

ENGL 321: Austen and Brontë and the New Woman Novel
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By submitting this essay, I attest that it is my own work, completed in accordance with University regulations. —Kira Berman

The Victorian Paradox of Self Control:
A Study of Narrative Strategy in Charlotte Brontë's *Villette*
by Kira Berman '25

In Victorian society, losing control meant losing everything—credibility, honor, and especially sanity itself—yet in her final novel *Villette*, Charlotte Brontë dares to examine this terrifying possibility through a narrator who chronicles not only her psychological struggles but her efforts to maintain authority over their telling. Published in 1853, the novel confronts Victorian anxieties around self-control, agency, and mental illness, and, ahead of its time, challenges the paradoxical frameworks that defined them. Drawing from her own experiences as a Protestant British teacher in the Catholic, French-speaking Brussels, Brontë crafts a narrative that examines the challenges faced by a woman stripped of family and comfort, forced to navigate an alien world alone. Through her protagonist Lucy Snowe, a self-conscious and guarded first-person narrator who carefully controls (and sometimes withholds) the release of her story, Brontë examines the impossible position of a Victorian woman caught between demands for perfect self-control and the medical establishment's assumption that women were fundamentally unfit to exercise it.

While scholars often analyze Lucy's various psychological states—her depression, nervous episode, and apparent illusions—collectively as evidence of Victorian attitudes toward mental illness, this essay argues Lucy's shifting narrative strategies reveal a more nuanced engagement with agency and control. Most notably, Lucy varies her narrative voice depending on the type of experience she describes, revealing distinctions that Victorian medical discourse

often refused to acknowledge. Through Lucy's interactions with Dr. John, the pensionnat physician who embodies medical authority, and her carefully constructed retrospective narrative, the novel powerfully and effectively challenges contemporary Victorian discourse, exemplifying its failure to account for the complexities of human experience.

“The Long Vacation”: Passivity and Psychological Suffering

Throughout all of Lucy's experiences, she maintains a striking self-awareness, but her narrative strategy shifts depending on the nature of her experience. This complex self-perception and self-portrayal becomes particularly evident during perhaps the height of her psychological suffering: throughout the chapter, “The Long Vacation.” During this period of intense isolation over school break, Lucy's narration is dominated by numerous metaphors, each highlighting her passivity and lack of agency:

My heart almost died within me; miserable longings strained its chords...My spirits had long been gradually sinking; now that the prop of employment was withdrawn, they went down fast. Even to look forward was not to hope: the dumb future spoke no comfort, offered no promise, gave no inducement to bear present evil in reliance on future good. A sorrowful indifference to existence often pressed on me...The hopes which are dear to youth, which bear it up and lead it on, I knew not and dared not know. If they knocked at my heart sometimes, an inhospitable bar to admission must be inwardly drawn. When they turned away thus rejected, tears sad enough sometimes flowed; but it could not be helped: I dared not give such guests lodging. So mortally did I fear the sin and weakness of presumption. (172-173¹)

When I read this passage, I am immediately overwhelmed by Lucy's lack of agency in any of these descriptions. Lucy is not acting; she is being acted *upon*. In fact, many parts of her seem to take on lives of their own—“my heart,” “miserable longings,” “my spirit,” “a sorrowful indifference,” “the hopes”—each becoming an autonomous agent with its own will and pronouns. Interestingly, the nouns that are either part of her or her emotions seem to be at *odds* with each other. For example, “miserable longings strained its chords” (“its” being her heart), or

¹ Unmarked page numbers in parentheses refer to Charlotte Brontë's *Villette*.

her “heart” turns away her “hopes.” Not only does she rarely use the pronoun “I,” but even those nouns that *belong* to her, such as the “heart,” are described with passive language: the heart’s chords are being strained, or the heart’s admission is being drawn. And then, on the flip side, it’s also *her own emotions* that take away her heart’s agency, such as her “miserable longings” or her “sorrowful indifference.” Parts of herself are tearing down other parts of herself in this inward battle, in which she is both the villain and the victim. To add to her sense of vulnerability, she also perceives her life as being decided by fate: her “dumb future” is in charge. She describes that her behavior “could not be helped,” as if it’s God’s will that she is torn apart in this battle—with herself.

Immediately after describing her intense psychological distress, she suddenly draws herself out from deep inside her head, in typical Lucy fashion, to consider her readers’ judgment:

Religious reader, you will preach to me a long sermon about what I have just written, and so will you, moralist; and you, stern sage: you, stoic, will frown; you, cynic, sneer; you, epicure, laugh. Well, each and all, take it your own way. I accept the sermon, frown, sneer and laugh; perhaps you are all right: and perhaps, circumstanced like me, you would have been, like me, wrong. (173)

Lucy’s direct address to her many types of readers—religious, moralist, sage, stoic, cynic, and epicure—demonstrates her acute awareness (or crippling self-consciousness?) of how Victorians will judge her mental state. In her specific predictions of her readers’ various responses—sermon, frown, sneer, and laugh—she demonstrates a sophisticated understanding of Victorian cultural frameworks for understanding psychological suffering. I am most fascinated by Lucy’s statement: “Perhaps, circumstanced like me, you would have been, like me, wrong.” This line suggests that Lucy believes her compromised mental state is *conditional*, not constitutional. By suggesting that her critics would be in a similar position to hers if in the same situation, Lucy is in some ways ridding herself of the blame. Based on this comment, Lucy’s nervous condition is

not an issue in her very being, but in her unique situation. Lucy continues the descriptions of her helplessness:

Three weeks of that vacation were hot, fair, and dry, but the fourth and fifth were tempestuous and wet. I do not know why that change in atmosphere made a cruel impression on me, why the raging storm and beating rain crushed me with a deadlier paralysis that I had experienced while the air remained serene: but so it was; and my nervous system could hardly support what it had for many days and nights to undergo in a huge, empty house. (173-174)

As in the earlier passage, Lucy's descriptions reveal a fascinating paradox in her understanding of her own psychological state. In the face of the weather, an external force, she is helpless—"paralyzed," even. When she writes "but so it was," she is indicating a similar attitude of passivity—acceptance, even. But at the same time, she attributes her compromised mental state to "[her] nervous system." In doing so, she is portraying herself as a victim of her own nervous system. Just as in the first passage we examined, she is both the villain and the victim; she is both responsible and passive. And yet in the next sentence, Lucy is again claiming complete passivity, turning to God as if her suffering is carved into Fate:

How I used to pray to Heaven for consolation and support! With what dread force the conviction would grasp me that Fate was my permanent foe, never to be conciliated...I concluded it to be a part of his great plan that some must deeply suffer while they live, and I thrilled in the certainty that of this number, I was one. (174)

Again, she is equalizing herself with others, as she did earlier with her critics, consoling herself with the "certainty" that she is just "*one*" of those who must suffer by God's Divine plan.

Furthermore, Lucy's understanding of her psychological state becomes more complex, considering that it's in direct contrast with that of "a poor deformed and imbecile pupil, a sort of cretin" whom she takes care of during this "Long Vacation." Interestingly, Lucy describes the disabled pupil as having clear similarities to herself, and especially to her own condition, even employing similar use of passive language in her descriptions. The pupil's individual body parts

take on lives of “their” own in Lucy’s description of “her weak faculties approved of inertia: her brain, her eyes, her ears, her heart slept content; they could not wake to work, so lethargy was their Paradise” (173). This pupil, too, is all alone at the pensionnat, left to cope with her “*her* weak faculties,” suggesting a condition that is simultaneously uncontrollable and part of the self. However, when Lucy states that “it was more like being prisoned with some strange tameless animal, than associating with a human being” (174), she reveals a crucial distinction. By characterizing the pupil as more animal than human, Lucy is engaging with Victorian assumptions about self-control and morality as defining features of humanity. This comparison complicates our understanding of how Lucy views her mental state: on the one hand, she and the pupil are both victims of their uncontrollable illnesses. In fact, in caring for her during shared isolation, Lucy’s suffering actually weighs on the pupil’s suffering. On the other hand, however, by mentioning the pupil, Lucy is highlighting her own agency. Lucy is at such an advantage that she is able to take care of the pupil, finally able to leave the pensionnat at her departure. Thus, the simultaneous similarity and distinction between their levels of control demonstrates a crucial aspect of Lucy’s sophisticated—or perhaps paradoxical—understanding of her condition.

As our understanding of Lucy’s intricate relationship with her own agency deepens, we see her express this duality with increasing clarity. As she prepares to leave the pensionnat, she clarifies, “I was not delirious: I was in my sane mind” (177), asserting her sense of control. Yet, in stark contrast to this declaration, her reasoning for venturing out reveals perhaps her clearest acknowledgment of submission to an uncontrollable force: specifically, a Divine will. She explains, “I felt...that the trail God had appointed me was gaining its climax, and must now be turned by my own hands, hot, feeble, trembling as they were” (177). Thus, when she goes to

confess to a Catholic priest, it is her own desperate attempt to take action *within* the framework of whatever God set out for her.

When Lucy wakes up after fainting, however, her immediate reflection demonstrates a *lack* of control over her actions. At the very beginning of the next chapter, she describes her “soul” as taking on a life of its own: “she travelled in her trance on that strange night,” and “she kept her own secret.” This depiction directly contradicts her earlier assertion of agency, as Lucy emphasizes her inability to fully comprehend or control her actions—it isn’t clear if she even *remembers* last night’s events. She is clearly struggling with the concept of her fragmented consciousness, stating that it’s as if “the divorced mates, Spirit and Substance, were hard to reunite: they greeted each other, not in an embrace, but a racking sort of struggle” (186). Yet by the next chapter, Lucy is able to grasp her internal “divorced mates” with more clarity, writing, “These struggles with the natural character, the strong native bent of the heart, may seem futile and fruitless, but in the end they do good” (200). Thus, Lucy clearly understands that some degree of her suffering is “natural” and “native,” written into her character, while simultaneously insisting on the value of actively struggling against it—a complex view of the self that has little room in the Victorian understanding, as epitomized by her interaction with Dr. John.

Lucy’s negotiation between responsibility and agency becomes especially pronounced as her actions come under external scrutiny, forcing her to articulate the contradictions within her understanding. When Dr. John brings up last night’s proceedings to Lucy—that she, as a Protestant, confessed in a Catholic church—Lucy’s *immediate* reaction is to deny personal responsibility, by submitting to her nervous condition. She responds:

I suppose it was all the fault of what you call my ‘nervous system.’ I cannot put the case into words, but, my days and nights were grown intolerable; a cruel sense of desolation pained my mind: a feeling that would make its way, rush out, or kill me – like (and you will understand, Dr John) the current which passes through the heart, and which, if

aneurism or any other morbid cause obstructs its natural channels, seeks abnormal outlet. I wanted counsel. I could find none of these in closet, or chamber, so I went and sought them in church and confessional. (206-207)

Again, Lucy uses passive language to describe her feelings, portraying her condition as overwhelming and beyond her control. She is keenly aware of how to appeal to Dr. John's medical perspective, explaining that the effects of her nervous system—a psychological condition—mirror those of a *physical* phenomenon, such as an “aneurism.” (We recognize the similarity between her technical description of a “current” that passes through the heart, with her earlier description of the “longings” that strained her heart.) But Lucy doesn't stop there, at this simple renunciation of responsibility. Her explanation becomes increasingly contradictory, blaming her nervous system in *conjunction* with providing a logical reason: she wanted to seek “counsel.” Furthermore, when Dr. John is quick to blame Madame Beck for the incident, Lucy suggests confusion about the question of accountability. She first insists “it is no living being's fault,” yet when pressed by Dr. John about who, then, is to blame, she shifts to a divided answer: “Me – Dr John – me; and a great abstraction on whose wide shoulders I like to lay the mountains of blame they were sculptured to bear: me and Fate” (207). Again, when Dr. John is eager to absolve Lucy of responsibility—attributing her actions either to her nervous system or to Madame Beck's influence—Lucy insists on a more complicated attribution of blame. When he suggests her actions might be explained by a “high fever,” she rebukes him directly: “No, Dr John: the fever took its turn that night – now, don't make out that I was delirious, for I know differently” (207). Surprisingly, in the face of absolvment, she becomes stubborn in insisting personal responsibility—and yet has proven to show ambivalence about this responsibility, understanding that she is subject to greater forces at work inside her.

Lucy's confusion about responsibility and agency is particularly significant in the broader context of the novel. Literary scholars widely recognize Lucy Snowe as a character dominated by forces of control—from her own rigid self-management to the relentless scrutiny she faces from others. As Beth Torgerson observes in *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture*, “Lucy, as a good Protestant, prides herself on her self-control and on her ability to repress her emotions” (Torgerson 62). This tendency manifests in Lucy's constant surveillance of her own feelings and desires, causing her to restrict her speech and behavior to a near-obsessive degree. In fact, some scholars even argue that her nervous breakdown is in response to this extreme vigilance. From the moment Lucy walks into Madame Beck's hands in Villette, the city, Lucy is under constant surveillance: Madame Beck spies on her, Dr. John and Monsieur Paul analyze her (though in vastly different ways), Catholic ideology enforces external control, and Protestantism—which Lucy, as a British foreigner, proudly represents—demands rigorous internal discipline. By exploring Lucy's perspective during a moment in which she *loses* control over herself, the reader gains insight into how she grapples with reconciling her experiences of mental illness—her “nervous condition”—with this deeply ingrained commitment to self-control. Lucy's intense ambivalence, as demonstrated throughout this reading, reveals the fragile balance she has to maintain between portraying herself as a victim of her suffering and as a woman who upholds the Victorian ideal of disciplined self-management. As the following section will explore, these tensions are not just personal or localized but are also shaped by broader historical and cultural forces beyond Lucy's sphere—forces that profoundly restrict her agency as a British woman navigating Victorian society.

Victorian Psychology: A History of Contradictions and Control

Lucy Snowe's confusion about responsibility and agency reflects one of the central tensions of 19th-century British thought: the struggle to reconcile rapid advancements in science and medicine with enduring moral and spiritual frameworks for understanding human experience. This tension was particularly evident in the emerging field of "mental science" (as psychiatry was then called), which introduced an entirely new understanding of individual subjectivity and agency. In particular, Protestant ideals of self-discipline and moral responsibility played a significant role in complicating Victorian attitudes toward mental health, emphasizing the necessity of individual self-control as both an ethical and social obligation. This cultural backdrop, as Sally Shuttleworth explains in her pioneering work *Charlotte Brontë and Victorian Psychology*, prompted a proliferation of psychological discourse across medical writings, newspapers, and even self-help books. Shuttleworth, a leading scholar in the field, describes how this new discourse introduced a profound shift in the understanding of selfhood, destabilizing traditional notions of identity and provoking new anxieties about agency and control. As Shuttleworth argues, while Brontë engaged with these ideas throughout her career, it is in *Villette* that she most explicitly confronts Victorian medical and psychological practices.

This new understanding of consciousness introduced profound anxiety into Victorian thought: one's inner selfhood could no longer be presumed based on exterior actions or behavior. Instead, as Shuttleworth explains, selfhood was understood to reside in a "new interior space, hidden from view, inaccessible even to the subject's open consciousness" (Shuttleworth 9). Or, as she cleverly phrases it, "The book of the self was not laid open for all to read; specific knowledge and skills were required to decode its language" (Shuttleworth 9). Ironically, we as readers are assuming some ability to peer inside Lucy Snowe's narrative and make assumptions.

So while no reader can claim to fully understand Lucy's complex and often contradictory consciousness, we can try to "decode" her narrative by collecting "specific knowledge and skills"—in this case, 19th century medical psychiatric culture. But what makes this attempt at 'decoding' particularly challenging—and fascinating—is that Victorian medical discourse itself struggled to reconcile competing theories about the nature of the human consciousness.

According to Foucault in his famous work *The Birth of the Clinic*, this shift in understanding selfhood and subjectivity signaled a fundamental change in medical practice at the end of the 18th century, ultimately laying the groundwork for the birth of modern medicine. The clinic's task was no longer "simply to read the visible: it had to discover its secrets" (Shuttleworth 15). With this new understanding of human consciousness, however, came an unsettling implication that threatened the Victorian social order: as Shuttleworth articulates, "Insanity was no longer a self-evident disease which demarcated the sufferer from the rest of humanity; it could lurk, Victorian psychiatrists suggested, within the most respectable breasts, to be spotted only by the trained eye. Identity, for the sane and the insane alike, was vested within the privacy of an internal space" (Shuttleworth 15). This shifting perception of mental illness led to significant institutional changes: in 1845, the Lunacy Act and the Lunatics Act established public asylums for the mentally ill, and, in doing so, differentiated "lunatics" from criminals and paupers. No longer were the mentally ill considered a "sub-human" category of people; they were now *patients*. As the line between sanity and insanity grew increasingly thin, the threat of lunacy became even more personal: whereas lunacy used to be thought of as some kind of "inescapable psychological destiny," "partial" lunacy could theoretically affect anyone. In response, Victorian society hooked itself on this one crucial principle—what seemed to be the only defense against lunacy: self-control (Shuttleworth 34-35).

This focus on vigilant individual self-regulation developed in parallel with other significant changes in Victorian society, as Britain underwent dramatic economic and social transformations. With the growth of individualist laissez-faire policies alongside Industrialization, Victorian society reorganized itself around principles of self-surveillance and self-interest. Just as the industrial workforce was expected to maintain rigid self-discipline, the mentally ill were preached the importance of self-regulation. As Reverend John Barlow argued in his 1843 book *On Man's Power Over Himself to Prevent or Control Insanity*, the core difference between sanity and insanity lies entirely in the individual's exercise of self-control. This emphasis on self-control reflected a broader Victorian understanding that mental illness was, at its core, a *moral* issue. Within this framework, insanity was not just a medical condition but a moral failure—a weakness of will that allowed for dangerous impulses to overcome proper restraint. The ability to maintain rigid self-control was thus seen not only as a sign of mental health but as evidence of an individual's moral character, requiring what Victorians referred to as “moral management.”

With this heightened emphasis on self-control across all spheres of life came an increasingly pressing sense of personal responsibility for one's mental state. As the use of the insanity plea dramatically increased in court, the question of individual responsibility and self-control became especially pressing. As Shuttleworth explains, the legal debate “crystallized” the rhetoric inherent in individualist laissez-faire policies: She writes, “The two conflicting models of psychology found in Victorian economic discourse also figure in the medical rhetoric of the time: the individual is figured both as an autonomous unit, gifted with powers of self-control, and also as a powerless material organism, caught within the operations of a wider field of force” (Shuttleworth 28). Just as the industrial worker was theoretically autonomous yet practically just

a cog in the machine, the mentally ill individual (or *every* individual, as differentiation disintegrates) was somehow expected to exert perfect self-control over forces that were beyond individual control.

Especially for women, this rhetoric was extremely limiting. The medical establishment often deemed the female body as an “automaton,” dominated by its own biological processes. Women were viewed as “helpless prisoners of their own bodies.” Thus, the notion of self-control was exerted differently based on gender: while a man’s health depended on his active exertion of self-control, a woman’s health paradoxically depended on her ability to *relinquish* control and let her body’s processes proceed naturally. For example, menstruation was often portrayed in Victorian medical discourse as a physiological marker of “social disruption,” with significant anxiety surrounding any deviation from its natural course. Thus, the mixed signals of demonstrating self-control versus *relinquishing* control—that itself becoming a form of self-control—spurred great *self*-distrust within women (Shuttleworth 92-93). Constantly threatened by the self-proposition of their own insanity, women found themselves particularly vulnerable to medical authority. The physician, as the external judge of their mental and physical health, became an incredibly powerful figure in the Victorian woman’s consciousness.

In an 1848 article titled “Moral Physiology; or, the Priest and the Physician,” a Victorian doctor explained the ways in which the doctor had taken over the position of the priest. He writes:

The medical man...is often called upon to be the priest. At the bedside of his dying patient, when the spirits are humbled by suffering, and nature is exhausted by disease, he is often able to drop the honey-dew of comfort, and smoothe the pillow of despair. Gratitude aids him in his task. When recruited through his agency, he is able, by a friendly word, to check the storm of passion, and divert the mind into a virtuous channel. Thus we may hope that, through the pious physician's means, many an errant soul has been redeemed. In truth, the two offices are inseparable to a certain extent. The physician is the priest, and the priest is the physician. (“Moral Psychology” 557-8)

Just like this doctor, many Victorians viewed the physician as the new priest, as the new “arbiter of normalcy, and license interpreter of the hidden secrets of individual and social life” (Shuttleworth 42). As the consciousness of the human body was newly understood to be an interior space, it became the doctor’s role to make the hidden workings of this interior explainable, to translate the metaphysical into the physical. With this expanded authority, moral management also became the doctor’s responsibility. As Shuttleworth explains, “The new role of the physician coincides with the development of theories of moral management which assumed not only that the patient could be cured, but that the personal influence of the doctor was a crucial factor in effecting a recovery” (44). Within this framework, treatment of the physical body was inseparable from the regulation of societal norms and behavior, positioning the physician as a key figure in maintaining both individual health and social order. Thus, through his medical help, *both* the patient’s physical and moral health could be restored to a productive role in society. The doctor was no longer merely a healer but was also a guide, whose role encompassed encouraging patients toward virtuous, socially acceptable behavior. With this dual authority over physical and moral health, the doctor became a critical figure in shaping the boundaries of defining health and normalcy in Victorian society.

This new understanding of the physician as both physical healer and moral guide paralleled a similar shift in literary discourse, as both physicians and writers sought to interpret the newly conceived “interior space” of human consciousness. As mental illness became increasingly viewed as a widespread possibility rather than a condition affecting only the obviously “insane,” both Victorian writers and physicians grappled with new understandings of the psychological experience. In her book *Somatic Fictions: Imagining Illness in Victorian Culture*, Athena Vrettos argues that “the power of illness to make one’s own body seem alien, to

transgress somatic and psychic boundaries...suggested the potential instability of human identity.” In response to this destabilizing approach, she argues, writers and physicians alike sought to “create a psychological blueprint that would...restore a sense of social and material order...[providing] a means of controlling potentially disturbing cultural issues by relocating them in questions of physiology” (Vrettos 3). Shuttleworth points to this parallel between literary and medical approaches, noting that “the goal of the novelist, like that of the physician, is to penetrate hidden recesses, to unveil the concealed inner processes of the social body or the individual mind” (Shuttleworth 14-15). In fact, she describes a mutual relationship: medical writers frequently turned to literature for case studies (14), while novelists like Dickens used metaphors of disease to explore what Vrettos calls “an explosion of the private body into the public domain” (Vrettos 5). This intersection between medical and literary discourse reveals how both fields struggled to contain and control the threatening implications of psychological instability, and, in doing so, treated the individual body as representative of broader social concerns.

This broader Victorian preoccupation with controlling the social body—through both self-regulation and medical authority—found particularly intense expression in the Brontë household, where medical discourse shaped not only literary creation but daily life itself. As Shuttleworth proves through thorough research, the Brontë household’s engagement with medical texts and practices provides important context for Charlotte’s fascination with psychological and medical themes, which would become central to her fiction. This environment was significantly shaped by her father, Reverend Patrick Brontë. As a clergyman in the rural Yorkshire town of Haworth, who also participated in parish medical care, Reverend Brontë was especially interested in the mind-body connection—on a broader, scientific level and on a

personal level as well. For Reverend Brontë, Dr. John Graham Bretton's 1827 work *Modern Domestic Medicine* was something of a "secular Bible"—so significant that Brontë would later name her character Dr. John Graham Bretton in *Villette* after the family's medical authoritative figure. Nearly every single page of Graham's book was covered in Reverend Brontë's annotations: observations of symptoms, evaluations of treatments, and scrutinization of Graham's wisdom compared to that of other doctors. Under the Reverend's direction, medical science dictated almost every aspect of family life, from diet to specific sleeping position to psychiatric health—especially in attempting to manage the almost constant illness that plagued the household. Reverend Brontë showed particular interest in "nervous disorders" and "insanity," significantly underlining the words "hereditary disposition" in Graham's section on the causes of insanity. While he personally struggled from what Graham called "a general weakness and derangement of the nerves" (Shuttleworth 26-32), he also documented concerns regarding his son Branwell's mental health. Under the heading "Insanity" in Graham's book, Reverend Brontë wrote about his only son Branwell: "The patient thinks himself haunted; by demons, sees luminous substans, [sic] in his imagination, has frequent tremors of the limbs." Interestingly, while Reverend Brontë highlighted ideas about inheritance in his notes, both Vrettos and Shuttleworth explain that while theories of inheritance were in circulation, they were not yet central to Victorian understanding of mental illness. It was only after Darwinian theory that the concept of inheritance gained prominence in Victorian discourse; until then, the emphasis remained firmly on self-control as both cause and potential cure for nervous conditions. This Victorian emphasis on self-help manifested in the family's library, which included books like *Strive and Thrive*, and works by the French physician Esquirol on insanity (Shuttleworth 26-32).

As the last surviving Brontë sibling who watched the rest of her siblings succumb to illness, and as someone who struggled with health issues herself, Charlotte had an intimate perspective on questions of illness and medical authority that were evolving rapidly in Victorian thought. She was especially interested in phrenology, a popular pseudoscience that sought to locate mental and moral qualities in the physical body. While phrenology will not be the focus of this essay, her interest reflects a clear engagement with broader Victorian ideas about the relationship between mind and body. But this engagement was not solely intellectual; it was deeply personal. When her younger sisters Emily and Anne became ill in 1848 and 1849, respectively, Charlotte often assumed the role of intermediary with medical authorities. Emily, in particular, was wary of medical assistance and refused to consult “no poisoning doctor” (“Letters” 152). Without telling her sister, Charlotte would bring Emily’s symptoms to doctors for advice. As Shuttleworth explains, Charlotte was forced “into collusion with the medical establishment”—but her view of the medical authority was certainly not unquestioning. After her sisters died, she became obsessed with her own health and her symptoms, describing her nervousness as a “horrid phantom.” Her letters from the winter of 1851-1852 reveal an obsession with trying to diagnose her own condition. Instead of trusting her doctor’s primarily physiological, material diagnosis, she adopted what Shuttleworth describes as the more contemporary, alternative view of the body—one that prioritized the immaterial effects of her poor mental health on her physical health (Shuttleworth 30-31). In a letter to her friend Elizabeth Gaskell, she articulates this more ambiguous understanding of her health:

For a month or six weeks about the equinox (autumnal or vernal) is a period of the year which, I have noticed, strangely tries me. Sometimes the strain falls on the mental, sometimes on the physical part of me; I am ill with neuralgic headache, or I am ground to the dust with deep dejection of spirits. (Shuttleworth 32)

Just like Lucy in *Villette*, Brontë emphasizes the control *external* factors, such as the weather, had over her health. In doing so, she is actually removing individual blame and emphasizing the limits of her own self-control over her mental and physical well-being. This personal struggle with questions of agency—combined with her growing resistance to purely physiological explanations of the psychological state—would find arguably its fullest expression in Brontë’s portrayal of Lucy Snowe, whose careful documentation of her psychological experiences reveals both the power and limitations of Victorian medical discourse.

Revisiting “The Long Vacation”: Lucy’s Encounter with Medical Discourse

Lucy’s most clear engagement with medical authority occurs in her relationship with Dr. John, whose very name—drawn from the Brontë family’s revered medical guide—exemplifies the pervasive influence of medical authority in both the novel and in Brontë’s own life. Much like the physician described in the 1848 article “Moral Physiology; or, the Priest and the Physician,” Dr. John steps into the role of a priest for Lucy, offering explanations and judgments that blur the line between moral and medical authority. (In fact, Dr. John is literally a replacement after her unsatisfying consultation with Père Silas.) During the “Long Vacation,” as Lucy grapples with the causes and accountability for her nervous episode, her conversation with Dr. John encapsulates the uncertainty that pervades her understanding of her condition—mirroring Brontë’s ambivalent relationship with medical authority.

During her description of her nervous episode, Lucy demonstrates her knowledge of medical discourse and terminology. Well before speaking with Dr. John, she attributes her experience to the “nervous system” (“my nervous system could hardly support what it had for many days and nights to undergo in that huge empty house”). Furthermore, when she says to herself, “I really believe my nerves are getting overstretched: my mind has suffered somewhat

too much a malady is growing upon it—what shall I do? How shall I keep well? Indeed there was no way to keep well under the circumstances” (176), her language mirrors 19th century medical discourse in various ways. As Vrettos points out, unlike today’s psychological understanding of “nerves,” Victorians understood nervous conditions more literally, attributed to physically “weak” or “deranged” nerves being stretched or overworked (Vrettos 51). Thus when Lucy says that her nerves are “overstretched,” she is attributing a material, physiological explanation to her symptoms. Furthermore, when Lucy asks herself the questions “what shall I do?” and “how shall I keep well?” she is demonstrating a desire to engage in the Victorian culture of self-help. And yet the way she immediately answers her own question, concluding that there is nothing she can do “under the circumstances,” suggests her helplessness and thus, the futility of self-help practices.

Lucy once again demonstrates her familiarity with medical discourse when she anticipates Dr. John’s diagnosis, telling him she knows he will say “it was all the fault of *what you call* my ‘nervous system.’” Next, when she compares her overwhelming emotions to the “current” that causes an “aneurism,” she provides impressive medical knowledge. Thus, when Dr. John attempts to explain away Lucy’s actions with physiological or material explanations—products of a fever, Madame Beck’s influence, or her “nervous system” (as expected)—he’s not totally contradicting Lucy. In some ways, he is actually *reinforcing* her own framing of her actions as being driven by involuntary physiological forces. Both he and Lucy are demonstrating what Vrettos and Shuttleworth describe as the common ground between physicians and writers: both are trying to “create a psychological blueprint that would...restore a sense of social and material order...by relocating them in questions of physiology” (Vrettos 3). And we are certainly seeing this: Lucy describes her body as taking on a life of its own, and Dr. John is endorsing this

perspective. But while Dr. John is picking up on one part of her explanation—the medical, materialist one—he is unable to conceive of the simultaneous agency she is describing in her experience.

In this way, Dr. John is contradicting Lucy—yet in the exact way that we’ve shown Lucy contradicts *herself*! Lucy’s narration and dialogue—as we have seen—portray her as *both* the villain and the victim. Furthermore, Lucy’s ambivalence—which both agrees with and rebukes Dr. John’s materialist perspective—becomes even more complicated as the dialogue continues. It seems that the more Dr. John blames physiological reasons, the more Lucy rebukes him and claims the opposite, that she was in control the entire time and is to blame. Throughout their dialogue, she becomes increasingly insistent on her agency, culminating in a *direct* rebuttal of Dr. John’s assumptions, as she cuts off his speech and says, “No, Dr John: the fever took its turn that night – now, don’t make out that I was delirious, for I know differently” (207). Why is Lucy so frustrated with Dr. John for framing her condition as involuntary and physiological, even when she herself has portrayed her suffering in the same way—both through passive narration and through explicit statements? Even at the cost of her pride, in the face of a man whose opinion she deeply values, Lucy *insists* on her own responsibility—despite the fact that, as a proud Protestant with anti-Catholic sentiments, she must acknowledge her agency in seeking counsel in a Catholic Church. Why, then, is she so adamant about owning her responsibility for her loss of control, when she could so easily absolve herself by accepting Dr. John’s medical explanation?

Lucy’s rebuttal of Dr. John’s materialist explanations is particularly interesting in light of Brontë’s statements, which similarly remove the blame from the mentally ill mind. As we have seen, Brontë’s personal letter to Gaskell reflects her recognition of the uncontrollable forces

shaping mental illness (in which she describes being moved by the weather). More explicitly, in an 1852 letter to her literary advisor written while working on *Villette*, Brontë applies her personal reflections on agency and self-control *directly* to her portrayal of Lucy:

You say that she may be thought morbid and weak, unless the history of her life be more fully given. I consider that she is both morbid and weak at times; her character sets up no pretensions to unmixed strength, and anybody living her life would necessarily become morbid. It was no impetus of healthy feeling which urged her to the confessional, for instance; it was the semi-delirium of solitary grief and sickness. (Shuttleworth 227)

Just like Lucy's statement to her readers, in which she writes, "perhaps, circumstanced like me, you would have been, like me, wrong," Brontë is suggesting that Lucy's condition, to a certain extent, is conditional; it could've happened to anyone. Furthermore, Brontë's word choice, "semi-delirium," suggests her deep engagement with evolving 19th century psychological discourse, specifically the unsettling concept of the "partial" lunatic. Brontë was keenly aware of how "[Lucy] may be thought," but in response to criticism, she reinforces the same type of nuanced, sophisticated—and seemingly contradictory—understanding that Lucy herself demonstrates in *Villette*. Lucy *is* "morbid and weak at times"; she's not *claiming* to have "unmixed strength." But at the same time, Brontë simultaneously insists—as Lucy insists—that "anybody living her life would necessarily become morbid." Lucy, as the "partial" lunatic, embodies the growing societal unease about the fragility of the human mind—an anxiety that we are picking up on as tensions within Lucy's own narration. Thus, Lucy's self-contradictions are not merely personal; they mirror the deeper contradictions embedded in Victorian moral and medical discourse, leaving the social body to grapple with their resolution and consequences.

As we saw earlier, Shuttleworth describes how the rhetoric of Victorian medical narratives hinges on a provocative contradiction: individuals are expected to exercise unwavering self-control, yet are also understood as powerless organisms, subject to the

overwhelming influence of external forces. The way women were perceived as “helpless prisoners of their own bodies” perfectly captures the way Dr. John—even perhaps unconsciously—treats Lucy and her experiences. Embodying the authoritative medical voice that Brontë knew so well, when Dr. John diagnoses Lucy with a nervous illness—and everything but her own personal failure—sure, he is letting her off the hook, but, in doing so, he is completely stripping her of her agency. According to Dr. John, Lucy isn’t responsible for her condition—because she isn’t truly in *control* of her body.

Furthermore, Dr. John’s unrelenting confidence in his ability to interpret Lucy’s inner workings, wielding his expert medical “license” to render the “invisible” “visible” (as Foucault phrases it), is particularly unsatisfying—considering Lucy’s ambivalence about her own experience. Especially as someone who *prides* herself on her exertion of self-control, the suggestion that she is not an autonomous agent strikes at the very core of her self-identity. Moreover, as an arbiter of “redemption,” Dr. John embodies the Victorian ideal of the doctor not only as a healer but as a moral guide. Thus, his role reveals another paradox inherent in Victorian medical discourse: how is Lucy expected to restore herself without the power of self-control or agency? In a society that demands individuals use the tools of “self-help” and self-regulation to reclaim health and normalcy, Dr. John’s diagnosis renders her powerless to meet those expectations. She is left with one choice: to submit to his medical authority, which holds the key to healing and redemption. But as Lucy recounts, soon after this interaction, “He always wished to heal – to relieve – when, physician as he was, neither cure nor alleviation were, perhaps, in his power” (254).

Before continuing, however, it’s important to note the following distinction: As scholar Piper Murray points out rather clearly in his essay “Brontë’s Lunatic Ball: Constituting ‘A Very

Safe Asylum' in *Villette*," "Clearly, Dr. John is no psychiatrist" (Murray 32). Dr. John himself admits to his limited knowledge, stating, "My art halts at the threshold of Hypochondria: she looks in and sees a chamber of torture, but can neither say nor do much" (205). However, as Murray explains, even as psychiatry became a specialized field in the 19th century, all physicians had unique authority in their understanding of the human brain, since "the mind was not a metaphysical entity but one 'placed firmly within the workings of the body'" (Murray 32). Dr. John may lack the tools to address the psychological complexities of her nervous episode, but his role as a physician still positions him as an authority, representing the medical gaze.

From this lens, taking into account Victorian perceptions of medical discourse and the figure who defined it, it makes sense why Lucy—despite her *own* descriptions of passive helplessness—becomes so frustrated at Dr. John's insistence on purely material causes for her nervous episode. It's like Lucy has to defend not only her medical health but her *moral* health; during a time when health and well-being were so often conflated with moral strength, Dr. John's proposition—undermining her self-control—is so damning.

Lucy's NUN: "Spectral Illusion" or Silent Rebuke?

Lucy is faced with a lose-lose situation. She can either accept Dr. John's judgment and surrender to a narrative that casts her struggles with mental health as entirely beyond her control, or she can challenge his interpretation, risking moral condemnation and further discreditation as someone who failed to exercise self-control in her "sane mind." In either case, she forfeits credibility in her moral strength, by Victorian standards. But through the situation with the nun, we see how she strategically crafts her narrative, using selective silence to subtly undermine his authority, preserve the complexity of her perspective, and uphold her moral integrity.

When Lucy encounters the nun in the attic while reading her treasured letter from Dr.

John, her narrative voice transforms dramatically:

Say what you will, reader – tell me I was nervous, or mad; affirm that I was unsettled by the excitement of that letter; declare that I dreamed: this I vow – I saw there – in that room – on that night – and image like – a NUN. I cried out; I sickened. Had the shape approached me I might have swooned. It receded: I made for the door. How I descended all the stairs I know not. By instinct I shunned the refectory, and shaped my course to Madame’s sitting-room: I burst in. (273)

Immediately, I am struck by Lucy’s shift to active first-person declarations. In this moment of extreme emotion, Lucy is actually *confident* in her declarations. Gone are the passages where Lucy’s emotions take on autonomous lives, where her heart and spirits act independently of her will, where fate and weather conspire to “crush” her. Instead, Lucy becomes the clear subject of her experience: “I vow,” “I saw,” “I sickened.” She narrates each action through forceful, concise first-person declarations: “I made for the door,” “I shunned the refectory,” “I burst in.” But this clear departure from the more typical passive emotional episode extends beyond mere grammatical agency.

As always, Lucy is keenly aware of her audience’s reaction. (In fact, she *proceeds* her mention of the nun with a nod to the reader’s response: “Say what you will, reader.”) Unlike in her last dramatic psychological experience, though, Lucy’s engagement with readers takes on a strikingly different tone. In both situations, Lucy predicts her readers’ response: during the long vacation, she anticipates their “sermon, frown, sneer and laugh,” and here, she knows they will claim she is “nervous, or mad,” “unsettled by the excitement of that letter.” Yet whereas last time she cannot reject their judgments, stating “I accept the sermon, frown, sneer and laugh; perhaps you are all right,” in this case, she refuses to entertain their skepticism. Instead, she meets her readers’ doubts—at least initially—with unwavering certainty. She insists that she is not making it up: “this I vow – I saw there – in that room – on that night – an image like – a NUN.” Her tone

is resolute and her language direct. Unlike last time, Lucy does not shift blame or mitigate responsibility; no strange force causes her to see a vision. No elaborate metaphors diffuse accountability. She makes no excuses for her experience.

After her second sighting, Dr. John again takes on the role of the priest for Lucy, the only person with whom she dares to confess her vision in the attic. However, she is not immediately convinced she can confide in him. At first, she resists sharing her vision, stating, “I shall be discredited and accused of dreaming” (276), to which he responds, “Tell me...I will hear it in my professional character: I look on you now from a professional point of view, and I read, perhaps, all you would conceal – in your eye, which is curiously vivid and restless; in your cheek, which the blood has forsaken; in your hand, which you cannot steady. Come, Lucy, speak and tell me” (276). Here, Dr. John asserts his professional authority, framing himself as uniquely capable of penetrating Lucy’s guarded interiority. Still, Lucy hesitates. He continues pressing her, confidently declaring (and vocalizing the dynamic we’ve observed), “Indeed, the doctor is perhaps the safer confessor of the two” (277). Eventually, “won to confidence,” Lucy admits that she has seen a nun. His response is as expected: “I think it a case of spectral illusion: I fear, following on and resulting from long-continued mental conflict” (278). As usual, Dr. John’s explanation strips Lucy of her credibility and agency, reducing her experience to a mere symptom of her mental state. Sure, he believes that she “*thought* she saw” something peculiar, but ultimately, he reduces her experience to an illusion. In doing so, Dr. John is simultaneously stripping her of agency while placing the responsibility for her mental state entirely on her internal weaknesses.

Interestingly, Dr. John’s use of the term “illusion” reveals Brontë’s deep engagement with contemporary medical literature. Written only a decade before *Villette*, Esquirol’s *Mental*

Maladies: A Treatise on Insanity—a book that sat on the Brontë family’s shelf—offers a detailed distinction between “hallucinations” and “illusions of the insane.” Whereas hallucinations arise entirely within the brain, requiring no external stimulus, illusions are caused by “actual impressions” on the brain or senses, distorted by “passions and the abnormal action of the extremities of nerves” (Esquirol 111). It’s as if Dr. John’s diagnosis is taken straight from that book; Lucy is like that insane patient, overcome by “passions and ideas which control the insane” (Esquirol 119). Even more intriguing is Lucy’s anticipation of her readers’ skepticism, predicting that they might think she was simply “unsettled by the excitement of that letter.” This explanation, which undermines Lucy’s sanity, may even directly invoke Esquirol’s text, in which he repeatedly describes how “many insane persons do not read, because the letters appear to be mingled in a confused mass... They are no longer correct in the appreciation of the qualities and properties of surrounding objects” (Esquirol 23). Lucy’s sighting of the nun occurs precisely while she is reading Dr. John’s letter. So while this may not be a direct engagement with Esquirol’s theory, it certainly underscores the extent to which Brontë’s work navigates medical ideas.

Whereas Dr. John frames Lucy’s experience strictly within the boundaries of Esquirol’s definition of “illusion,” Lucy herself seems to waver between asserting her mental clarity and doubting her perceptions. Whereas, during the “Long Vacation,” Lucy insists on her mental clarity, here, she appears to accept and even *fear* the possibility that she was making this all up. She could have insisted that she was in her right mind, as she did last time (“now, don’t make out that I was delirious, for I know differently”); after all, Lucy has consistently demonstrated a strong belief in her mental clarity, despite her self-awareness of her nervous disposition. Yet in this case, she seems to truly mistrust herself and instead rely on the doctor, responding, “Oh,

Doctor John, I shudder at the thought of being liable to such an illusion! It seemed so real. Is there no cure? – no preventive?” (278). Lucy’s response to Dr. John is startling: In comparison to her response last time (after her nervous episode), she is perplexingly receptive to his suggestion that she’s having a “spectral illusion.” She even wants to know his remedies! Especially after giving such an active, resolute account of her sighting of the nun, this willingness to accept his diagnosis is surprising. Perhaps she is being deceptive, or perhaps she is just appeasing him, but I believe that—in her extreme fright of the moment—she is genuinely worried she has distorted reality. I think her response of self-doubt is a prime example of the broader Victorian dynamic we discussed earlier, in which women lived under the constant threat of their own insanity, reliant on the judgments of their medical authority. But either way, whether or not she is being genuine, her narrative strategy has the same effect: her very willingness to consider Dr. John’s point of view serves to bolster her credibility. By presenting herself as genuinely concerned that she might be delirious—unlike her earlier assertion of mental clarity—Lucy positions herself as a more trustworthy character and narrator. Furthermore, her willingness—even her *desire*—to seek treatment from Dr. John starkly contrasts her earlier dismissal of his capabilities: “neither cure nor alleviation were, perhaps, in his power.” By reconsidering his authority, Lucy aligns herself with Victorian self-help culture and demonstrates a readiness to engage with medical oversight—an approach that makes her appear more open and credible to her reader, who is most likely questioning her sanity in this moment, as Lucy even acknowledged herself.

Lucy’s next encounter with the nun, however, restores her confidence in her own perceptions and, in doing so, complicates both Dr. John’s and her own credibility in several crucial ways. Prior to this sighting, Lucy uses the typical passive voice to describe her emotions—happiness included—as external forces acting upon her: “a new influence began to

act upon my life, and sadness, for a certain space, was held at bay” and “a new creed became mine - a belief in happiness” (281). Yet when she sees the nun, her narrative voice transforms:

I must fetch it. I got the key, and went aloft fearless, almost thoughtless. I unlocked the door, I plunged in. The reader may believe it or not, but when I thus suddenly entered, that garret was not wholly dark as it should have been: from one point there shone a solemn line, like a star, but broader... Instantly, silently, before my eyes, it vanished... I ventured no research; I had not time nor will...I rushed out... (284)

Like in describing her first encounter with the nun, Lucy maintains clear agency in both grammar and action. This time, though, she is in an exceptionally good mental state; the reader can no longer attribute her vision to being “unsettled by the excitement of that letter.” Moreover, this active voice cannot be attributed to a lack of overwhelming emotion: even while describing intense emotion (for example, “I trembled too much to dress myself” (285)), she maintains a clear and decisive tone.

The ensuing dialogue between Lucy and Dr. John reveals a quiet evolution in her approach, as she begins to challenge his authority in understated yet deliberate ways. “Looking down at [her] narrowly,” he states, “Here is the old excitement. Ha! the nun again?” (285). When Lucy denies his claim, “vexed to be suspected of a second illusion,” he insists on his ability to read her; he is “as sure as [he] lives.” Just as Brontë wrote about a Haworth doctor in 1852, Dr. John is “stick[ing] like a leech” (Shuttleworth 31)—so Lucy finally gives in. Although she tells him about her vision, her commentary reveals a notable shift from her earlier self-doubt: she writes, “Of course with him, it was held to be another effect of the same cause: it was all optical illusion – nervous malady, and so on. Not one bit did I believe him; but I dared not contradict: doctors are so self-opinionated, so immovable in their dry, materialist views” (285). Here, Lucy is offering what is perhaps her most direct critique of the medical profession, echoing Brontë’s own resistance to her doctor’s psychological, material diagnoses. Unlike after her *first* vision of

the nun, in this case, Lucy does not allow Dr. John to undermine her credibility or convince her that she is confused.

After her first encounter with the nun, when Lucy genuinely appears willing to consider Dr. John's diagnosis of "spectral illusion," Lucy's reader is now able to more comfortably trust her perspective. Since Lucy sees the nun again, remaining so confident in her clarity, her credibility is strengthened not only because her sighting proves not to be an isolated incident, but also because we remember her earlier willingness to doubt herself. Perhaps even more important for a Victorian reader, unlike during the "long vacation," this time, even though "not one bit did [she] believe him," Lucy chooses not to openly rebuke him. Her silence is far from passive. Instead, it serves a dual purpose: not only does she avoid appearing irrational by challenging male medical authority, but she also gains power through her restraint—narrating this story in hindsight, perhaps she knows his error will eventually speak for itself. Thus, Lucy achieves what a direct confrontation could not: she preserves her dignity, upholds her narrative authority, and undermines Dr. John's interpretation—all without relinquishing her agency or control over her story.

Unveiling the Nun: Blurring the Line Between Reality and Insanity

In hindsight, the stark contrast between Lucy's narration makes sense: the first recounts a nervous episode, while the second involves a sighting that turns out to have a material explanation. For the experienced reader, the nun's identity—a disguise worn by Ginevra's suitor, Alfred de Hamal, to facilitate their secret meetings—clarifies Lucy's reliability. However, for the first-time reader, both episodes might equally suggest mental instability: one is a nervous breakdown, while the other—especially given Lucy's established psychological "weakness"—seems to be an illusion. This contrast between these experiences raises a critical question: how

does Brontë's differentiation in narrative style shape our understanding of Lucy's agency and self-control?

Lucy's narrative style has been signaling this truth all along. The startlingly active, firm narration of her nun sightings perfectly aligns with what we eventually learn: she was, indeed, in her right mind, accurately perceiving a material reality. Similarly, her use of passive voice and numerous metaphors during the nervous episode authentically reflects a genuine struggle with forces beyond her control. In a time when self-control is considered one's primary defense against mental illness—especially for the control-obsessed character of Lucy—losing that control during the “long vacation” carries profound shame, reflected in her contradictory responses that simultaneously assert and deny agency. Looking back, this narrative honesty with the reader is especially significant, laying the groundwork for the eventual plot twist—and the confirmation of Lucy's sanity—to resonate with even greater impact.

I argue that this plot twist plays a significant role in Lucy's quiet critique of Victorian discourse. When the truth of the nun's identity is revealed, Lucy's sanity is confirmed without her needing to insist on it—she seems almost indifferent. In fact, rather than emphasizing the discovery herself, she simply writes, “I may as well transcribe [Ginevra's letter]” (523), making no comment on the explanation. Her understatement only enhances the power of her strategic silence: by allowing Dr. John's misjudgment to speak for itself, Lucy preserves her dignity and subtly undermines the authority that sought to discredit her. Ironically, it is her deliberate passivity and self-restrained composure that allows Lucy to assert agency over her narrative. By adhering to Victorian standards, she cleverly critiques those very standards. (Furthermore, even if one were to argue that Lucy's sightings of the nun are not fully explained by Ginevra's letter, Lucy's narrative strategy remains effective for the Victorian reader as it still undermines

contemporary discourse by explicitly providing an alternative explanation that rebukes Dr. John's authority.)

But how does her rebuke in the situation with the nun connect to her nervous episode, beyond their contrasting narrative styles? By placing Lucy's visions of the nun alongside her nervous episode, Brontë blurs the line between psychological reality and insanity, challenging the validity of such rigid categorizations. Her varying experiences are inevitably linked not by Lucy's own understanding, but by Dr. John's medical interpretation—and thus, the Victorian medical gaze—which diagnoses both situations as symptoms of the same underlying condition. His responses remain *consistent* across fundamentally different psychological experiences, automatically assuming delirium and stripping Lucy of both sanity and agency. Thus, when Lucy disproves his diagnosis for one of these experiences, she is effectively critiquing that same diagnosis for the other, quietly reclaiming retroactive authority over her vulnerable accounts of genuine psychological struggle.

Furthermore, I argue that this critique extends beyond Dr. John to Victorian culture as a whole, directly engaging the contemporary Victorian reader. Lucy's vindication in the clear-cut case of the nun allows her to quietly challenge the authority that dismissed her nervous episode as mere delirium. Readers, who may have aligned themselves with Dr. John's confident authority, must now question not only Dr. John's judgment but their *own* assumptions about Lucy's reliability. This revelation destabilizes more than just medical authority; it calls into question the entire framework through which Victorian society understood and interpreted a woman's psychological interiority.

Thus, Lucy's narrative strategy confronts a central paradox of Victorian psychology: in a society where self-control was the primary marker of sanity, how could a woman articulate

genuine psychological struggles without being dismissed as irrational or unstable? By simultaneously vindicating herself and exposing the flaws in Dr. John's authority, Lucy invites a more nuanced and unsettling understanding of her "nervous" condition. Like Brontë, who resisted reductive physiological explanations for psychological experiences, Lucy embodies the very figure Victorian society feared most: the "partial" lunatic, who resists simplistic medical or moral categorization. Through her careful narrative, she exposes the impossible expectations placed on women to exhibit perfect self-control. Even despite the shame and discomfort imposed on her by cultural contradictions—and those she imposes on *herself*—Lucy insists on the validity of her experiences, forced to navigate a society where the female social body is at the heart of such irreconcilable contradictions.

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