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GEORGE ELIOT AND PSYCHOSOMATIC ILLNESS: A FOOTNOTE TO THE BIOGRAPHIES.

By Brenda McKay.

A reader of George Eliot’s novels, with their luminous intelligence and authoritative command of a fictional world, might be surprised to learn that this author was actually frequently tormented by crises of confidence, exhaustion and bodily pain. Her illnesses were often exacerbated by her novel-writing; but certainly not always. ‘[M]y life’, as she wrote, ‘has always been much broken by physical malaise’. She later commented that, despite extensive medical tests, the doctors could find nothing wrong with her. The word ‘malaise’ suggests extreme somatic discomfort, not necessarily associated with disease, but also depression. Eliot herself was aware, as she acknowledged early on in a description of ‘rheumatism which sent me to bed’: ‘My troubles are purely psychical – self-dissatisfaction and despair at achieving anything’ (L, I, 166-6). Acknowledging Sara Hennell’s love and patience she concedes: ‘I have nothing to complain of but subjective maladies’ (L, I, 207). (It must be emphasized, however, that psychosomatic illnesses are, or can become, genuinely organic).

Having perused Eliot’s letters and journals, the reader, when turning to the biographies, becomes aware of lacunae, the absence of talk about the illnesses which regularly plagued and disrupted her routine. Psychiatric research into psychosomatic maladies is (and has been in the past) admittedly based on anecdotal evidence; but the medical profession has come increasingly to see the benefits of combining some treatments with the exploration of a patient’s emotional life, finding clear correlations in some cases between the vicissitudes of psychic struggle and metabolic processes. Today we detect motives and less conscious drives to which George Eliot, despite her astute insights, and her contemporaries may have been blind. This subject can, however, be bleak and difficult, and scholars have been reluctant to tackle it. In his abridged version of her correspondence, Selections from George Eliot’s Letters (1985), Gordon Haight cuts out most references to illnesses and expresses irritation about them; Nancy Henry, Eliot’s recent biographer, sees the constant ailments suffered by Lewes and Eliot as a result of overwork; George M. Gould, an American medical man, documented her somatic maladies from Cross’s Life, and concluded, curiously, that all her symptoms, from headaches and nervousness to sleeplessness and upset stomachs, could be put down to ‘old-fashioned […] eyestrain’. Jenny Uglow, on the other hand, posits that much of the sickness, from which female writers like Elizabeth Gaskell and Charlotte Bronte suffered (though to a lesser degree) was a consequence of the conflict of attempting to play out two roles: that of dutiful daughter or wife in a domestic setting; or the largely tabooed role of being a female artist and intellectual. The most convincing of these comments is Uglow’s, which acknowledges a psychological dimension. I shall argue that much of Eliot’s illness erupted because of psychic angst. However, there was certainly a ‘culture of illness’ which flourished in the nineteenth century – something Eliot herself would not have indulged, since she disliked what we now term hypochondria, and her descriptions of her ailments were reserved for her friends and private journals. But, elsewhere, the omnipresent – particularly female – invalid had prominent cultural status: Harriet Martineau, for example, who spent four years ‘chained to the couch’ with a prolapsed uterus during her years of religious orthodoxy, explained: ‘I was proud of my distinction […]; and I hoped for and expected an early death’ – an attitude
Martineau later deplored. The female body at this time was medicalized, thought to be compromised by woman's reproductive system, and sickness was sometimes validated as a God-given means of spiritual growth through suffering.

Alice James, Henry's sister, herself an hysterical and a professional invalid, was nevertheless not pleased on reading about Eliot's illnesses in Cross's biography:

What a lifeless, diseased, self-conscious being! [...] [Her] dank, moaning features haunt and pursue one through the book [...]. To think of those books compact of wisdom, humour, and the richest humanity, and of her as the creator of the immortal Maggie, in short, what a horrible disillusion! [...] What an abject coward [...] about physical pain.

Not that Alice James had room to speak, an envious, failed artist, who spent much of her time ill and writing letters with jocular references to her 'poor old carcass', the probable death of which would render her 'a delectably pathetic figure' (ibid, 135, 222). There appears to be a projection of James's own pathology onto Eliot here. Surely, though morbid in the view of some, it was valid for Eliot herself to write about illness when it was often part of everyday experience. Poised very vulnerably, possibly dangerously, near the border of melancholy, Eliot herself managed through the writing of magisterial novels to express - and often to hold together - her intense and complicated inward life. Though her writing could be deeply disturbing to her, it is true to say that the measure of containment her art offered - together with the bodily pain which probably helped purge the emotional disturbances of her strenuously affective life - prevented psychic implosion. She was, as Rosemarie Bodenheimer aptly puts it, battling 'internal threats of collapse into despair and loss of meaning, a woman using all the resources of her (immense) intellectual and imaginative capacity to redeem her life by reworking its elements within an aesthetic and moral order'.

The illnesses from which Eliot typically suffered included gastro-intestinal disturbances, intense headaches (her most common ailment), congested liver, hysteria, neuralgia, palpitations, respiratory infections. Medications when taken included quinine and the use of 'those dear little creatures' as she called them, leeches. Though her heroines are usually more robust than herself, allusions to sickness are always deft, as in Mr Irwine's visit to his permanently-ailing sister Anne's sickroom in Chapter 5 of Adam Bede:

Kate [...] was doing what required the dimmest light - sponging the aching head that lay on the pillow with fresh vinegar [...]. A small face, that of the poor sufferer; worn and sallow.

'She can't bear to be spoken to today'. Anne's eyes were closed, and her brow contracted as if from intense pain. Mr Irwine [...] took up one of the delicate hands and kissed it; a slight pressure from the small fingers told him that was worth while.

Apart from the kidney problems that Eliot probably inherited from her father later in life, which doubtless contributed to her death, all of the above ailments, when one looks at the medical and psychiatric literature, are common to those who suffer from psychosomatic complaints. In such cases, researchers have claimed, in the search for causation where psychic pain is experienced somatically, a disturbing event needs to be processed and then made sense of. Again and again in typical patients, physical illness starts particularly around painful times of separation and loss; or when a current event triggers a memory of past trauma; or there may be no awareness of a significant event, which then simply registers itself as bodily malaise. There is indeed a
parallel between emotional life and illness. We speak through the body, especially when other
routes are blocked. On some level pain is experienced more as feeling and emotion. Thus once
sadness has been registered psychically, it can be activated in the body without peripheral
stimulation. Neurotic angst or very real external trauma provokes this process. For example,
studies have shown that women under sixty-five who have experienced the death of a
‘significant other’ in the previous six months are six times more likely to suffer cardiac arrest
and die, than those who have not been bereaved. The British psychiatrist Colin Parkes found,
in a well-known series of studies, that terminal illness and mortality in men and women is
highest around six months after bereavement.9 We often see, again, that emotional states are
repressed, so that psychic anxiety is only registered by the body – defensive measures against
inexpressible pain, perhaps a fear of madness.9 The stimulus of energy and the need for its
discharge becomes somatic. The most vulnerable part of the subject’s body, at a particular time
of mental discomfort, comes under attack; and especially when human dialogue is curtailed,
and there is an inability to articulate distress, we fall ill at a symbolically charged moment.
Eliot seems, however, to have been one of those unlucky people in whom the trigger of a
suppressed memory, or an upsetting event, was registered emotionally as well as physically, as
in the following letter: ‘[C]ame seven large devils of toothache in place of one little devil that
has been teasing me now and then’. As a correlation, she likens her mood to a ‘frightful
energumen.’ She develops acute neuralgia, is dosed with quinine, has her wisdom tooth
extracted – and she is administered chloroform twice (L, II, 261). It seems probable that, faced
here with a difficult, unknown situation and ‘frightful’ depression, the body is marked by
illness or functional disturbance.

According to George Henry Lewes,10 ‘[E]very neural phenomenon involves the Whole
Organism, by which alone the influence of the body on the mind, and the mind on the body,
can be explained’; adding that whenever we ‘define an Organism it should always be with clear
vision of its relation to a Medium’, or the environment. This suggests that there is no fully
autonomous faculty of reason independent of bodily capacities, such as perception and
movement, and these in turn are mediated by experience. In Freud’s view,11 many physical
symptoms that seem to have no organic basis are in fact coded expressions of unconscious
fantasies or wishes.12 At times, he claimed, symptoms in parts of the body of the patient, which
were hysterical in nature, were actually non-existent in extreme cases – were ‘imaginary
bodies’ where pain or even paralysis did not tally with a correct knowledge of anatomy.
However, psychosomatic illnesses can become serious and cause organic illness and lead to
death; there is no room for complacency. Unconscious drives will use old associations, old
illnesses and previously vulnerable parts of the body, focusing on its weakest points.

The following description by Eliot of a bilious attack in 1858 might lead us to conclude
that its catalyst was a dislike of returning to London – doubtless re-enforced by older
associations, and accompanied ‘by the usual observance […] violent headache and sickness.’
Malaise and headache were still present two days later – ‘and of course I am in the worst spirits,
under the influence of [medicinal] blue […] pill’ (L, II, 53). Shortly after she writes: ‘The evil
[genius, ie, depression] has possession of me just now’ (II, 55); and she spent one week in bed.

According to Joyce McDougall, a leading researcher on psychosomatic illness, it is
when habitual psychological modes of coping with stress are overwhelmed that the body
expresses – or pantomimes – the mind’s distress. A withdrawn and depressed woman may have
 alarming psychosomatic pain which confirms her actual existence; for ‘a body that suffers is
also a body that is alive’. Somatic reactions to psychological distress are akin to reactions to physiological danger. At times, aggressive and sadistic impulses or forbidden libidinal longings may, even in cases where there is no organic defect, be converted to physical symptoms. In the words of the psychiatrist Henry Maudsley, ‘The sorrow that has no vent in tears makes the organs weep’.

In June 1852, with all the tensions of Eliot’s relationship to the Chapman household, her frustrated love for Herbert Spencer, her burgeoning friendship with Lewes, together with a week’s unusually frenetic activity, came depression and illness and an explosion of hysteria. Hints at fantasies of suicide, though couched in comic terms, should not be disregarded: the flower show, French play, &c, ‘brought their natural consequences of headache and hysteric’s all yesterday. At 5 o’clock I felt quite sure that life was unendurable and that I must consider the most feasible method of suicide as soon as the revises are gone to press. This morning, however, the weather and I are both better, having cried ourselves out […] and I can even contemplate living six months longer’ (L, II, 34).

Of Eliot’s basic unhappiness – especially during early life – there is ample evidence. Her fear of a perpetual lack of love in her life, for instance, aged twenty-one, leads to the invocation of a disembodied voice: “The bliss of reciprocated affection is not allotted to you under any form” (L, I, 70). Her nature’s unbelief in others’ love for her is so entrenched that no sort of fork will drive it out. In rebellious mood, she complains of ‘acting like a bullock unaccustomed to the yoke’ (L, I, 31). Though one should be cautious of one-to-one correspondences, clues can doubtless be found in the teenage experiences of Maggie Tulliver, as in Book 4, Ch. 3 of The Mill on the Floss. Maggie contemplates in a mood of hopelessness the ‘desert of the future’: she wishes ‘to see herself honoured for her attainments’, however unlikely; she seeks consolation ‘in masculine wisdom’ – in that ‘knowledge that made men contented, and even glad to live’; somehow her eyes ‘would fill with tears’, and sometimes ‘the studies would end in sobbing’. ‘She rebelled against her lot, she fainted under its loneliness’ – under ‘the burden of larger wants than others seemed to feel, [she] leaned her head against the window frame, with her hands clasped tighter and tighter, and her foot beating the ground’. Interestingly, in line with psychologists’ often-postulated belief in a correspondence between psychic and physical pain, when Maggie spurns Stephen after their brief ‘elopement’, and it is crucial to hurry home in an attempt to limit damage incurred, she is forced instead to spend two days in York in bed, afflicted with a chronic headache, the ailment to which Eliot herself was most vulnerable.

Hysteria, named from the Greek hystera, womb, was an attempt by doctors to connect this phenomenon to ‘pathological’ female bodily functions. But hysteria was, in many of its more extreme manifestations, an historically specific affliction. Such extremes are rare today amongst domestic women in Western societies, though of course a person can still be said to ‘behave hysterically’ or ‘lose control’ and scream. In the nineteenth century hysterical outbursts may well have been an unconscious protest at unbearable restrictions imposed on women. (Its analogous parallel in men, which raised its head spectacularly amongst soldiers in World War I, renamed ‘shell-shock’, demonstrated that it was not solely a female complaint). Hysteria has affinities with psychosomatic illness in that it is usually out of the subject’s conscious control, a functional disturbance of the nervous system. And like many women during her time, Eliot was not herself immune to outbursts. During her youthful phase of Evangelical piety at a party given by a Mrs Bull, disapproving of dancing and perhaps
mortified by the lack of attention, Mary Anne managed to put a stop to both: '[D]ancing, the sole amusement, produced first headache and then that most wretched and unpitied of afflictions, hysteria, so that I regularly disgraced myself. Mrs Bull was very kind' (L, I, 41).

Worse was a crisis, not much written about, during a visit to Anthony Trollope’s brother, Thomas Adolphus, in 1869 in Florence. Eliot had been afflicted with a sore throat and intense headache daily, culminating in an emotional explosion. She wrote afterwards a letter of apology to Mrs Trollope for ‘afflicting’ them with a combination of foolishness, hysteria, headache, and her helpless silence as Lewes bundled her off – though retrospectively, as she commented, she was not impervious to their kindness and concern. Bizarrely, she compares herself to a boiled fowl brought to their table in Ravenna, in masochistic imagery: ‘It lay on the dish with its head turned down in a martyr-like fashion; its body was yellow and blue, indicating some barbarous punishment of which being plucked & put in a pot alive was probably the finished climax [...]. On the whole I look a little less like the Boiled Fowl of Ravenna’ – she places these words in capitals, as if the title of a play – ‘than I was when I was afflicting your kind eyes. I can enjoy my friends’ goodness to me more now [...] than I could in those headachy moments [...] I have been recovering more of my usual self (not that I mean to pretend my usual self to be anything very delightful)’ (L,V, 27-8). Charles Bray referred to her as ‘the most delightful companion I have ever known; she knew everything... [but] hers was the temperament of genius, which has always its sunny and shady side. She was frequently very depressed.’

Another recorded episode of hysteria occurred in September, 1872. While visiting Mrs Cross, the latter’s widow’s streamers caught fire. This led to a fit of screaming by Eliot, though the flame was soon put out; but she remained unwell with headache and sickness the next day.

What were the causes of these hysterical illnesses? And why was Eliot at times so unhappy? A clue may lie in an hypothesis – and it remains just that, an hypothesis – of Joyce McDougall’s, but which is based on years of experience as a practising psychotherapist. The thought-processes of the psychosomatic sufferer, in McDougall’s view, frequently appear, at least in part with regard to trauma, to have drained language of its emotional significance, since the origin of bodily pain seems to have come from pre-verbal states of the infant. The body behaves in ‘delusional’ fashion. At an unconscious level, the symbolic analogies of painful experience, through language, have not developed. They are therefore transmitted from the mind straight to the body in a primitive, non-verbal way, producing the physical disorganization we call psychosomatic symptoms. Such maladies acquire a beneficial significance in that they create the unconscious conviction that the illness serves a protective function: defining one’s own body limits assuages a fear of merging – of being engulfed or abandoned – by an aggressive, rejecting mother. Sickness can reassure the less conscious self that the body is still alive, counteracting feelings of inner death that stem from a disturbed infancy.

In George Eliot and Intoxication, Kathleen McCormack argues persuasively that
Eliot’s mother may have been an alcoholic. Eliot rarely makes reference to her mother – a silence which has naturally interested biographers – and most of the mothers in the novels are largely inadequate, rejecting, or stressed by maternity, even minor characters like Mrs Irwine with her contempt for her sickly daughter’s headaches. Mrs Evans became a virtual invalid, it seems, shortly after Mary Ann’s birth (which was doubtless exacerbated later by the birth of still-born twins). A reference in a letter to Maria Lewis, written by Mary Ann, mentions that her ‘dear mother has suffered a great increase of pain [...] [W]e dare not hope that there will be permanent improvement’ (L, I, 3). What does ‘permanent improvement’ mean, given that Mrs Evans had been unwell for years by this time? Eliot writes with powerful accuracy in the novels about drug addiction and, particularly, dipsomania. Lawyer Dempster’s most authentic-seeming attack of delirium tremens in ‘Janet’s Repentance’ led J. W. Bennett in Literature and Medicine to state: ‘We learn more about delirium tremens from George Eliot than from DSM-III-R’ (McCormack, 202). Such details certainly alarmed Eliot’s publisher Blackwood, who was unhappy about a fictional alcoholic heroine and her evil, drunken husband. Moreover, Robert Evans’s own substantial alcohol purchases at Griff, recorded in his diary, are detailed by McCormack; she establishes that Christiana Evans had easy access to alcohol at home during the 1830s, as well as the opium/alcohol mixtures readily prescribed by doctors at that time. As McCormack observes too, ‘[T]he nearly complete silence about her mother in over forty years of diaries, journals, and letters conforms to the usual response of children of alcoholics [...] who try to deny a parent’s addiction’ (205). Never her mother’s favourite child, the infant Mary Ann – especially if we add to this her mother’s putative alcoholism – would have been much traumatized by a rejecting maternal figure with aggressive tendencies. Unusually, Eliot later writes sarcastically to Sara Hennell about the loaded nature of the saying, ‘We can have but one mother’, which ‘has worlds of meaning in it’ (L, n, 438). Robert Evans’s Diary at the time (equivocally?) mentions his wife’s death, their relief ‘to see her go’ (ibid). The (apparent) infant experiences would certainly have sown the primary seeds for the adult child with emotional and psychosomatic problems. Added to this, the Evans children were sent from home early, to school. That most reticent of biographers, Eliot’s husband John Cross, even tells us that, aged only five, she was sent to school at Attleborough to join her elder sister, Chrissey, on the grounds of her mother’s ‘delicate health’, and this action must have contributed to an acute sense of rejection:

[M]y wife mentioned that what chiefly remained in her recollection about this very early school-life was the difficulty of getting near enough to the fire in winter, to become thoroughly warmed, owing to the circle of [older] girls forming round too narrow a fireplace. The suffering from cold was the beginning of a low general state of health; also at this time she began to be subject to fears at night – ‘the susceptibility to terror’ – which she has described as haunting Gwendolen Harleth in her childhood. The other girls in the school [...] were naturally very much older; [...] but she also told me that this liability to have ‘all her soul become quivering fear’, which remained with her afterwards, had been one of the supremely important influences dominating at times her future life (Cross, I, p. 13).

Perhaps significantly, after Mary Ann had been sent aged eight to another school, a fellow pupil stated that ‘she always cried when the holidays came’, suggesting that she found home life unhappy. Maria Lewis described her as ‘unhappy, given to great bursts of weeping’. She was
allowed to return home permanently at sixteen, shortly before her mother’s death, as her father’s housekeeper. She was passionately attached to her brother Isaac, we know—feelings arising from their early playtime days. Thus we have the poignant (and somewhat transmogrified) childhood scenes from *The Mill on the Floss* and the ‘Brother and Sister’ sonnets. Isaac, though undoubtedly honourable, seems often to have been controlling, vindictive, even brutal. One wonders why Mary Ann was so desperate for his love. In her psychoanalytic study of *The Mill* in the search for clues, Laura Corner Emery suggests that Tom becomes the object of Maggie’s Oedipal wishes, since he is the child most like their mother, who rejects Maggie—Tom resembling the Dodson family, whereas Maggie more closely resembles the passionate Tullivers.

Once Eliot went to London, Isaac told her, with typical patriarchal indignation at her wish for personal independence, that she was no longer welcome at his home; and he disowned her—and compelled her sisters Fanny and Chrissey to do the same—after his discovery of her relationship with Lewes. But her kindly half-brother Robert was proud of her achievement, asking for Dinah’s sermon to be re-read to him as he lay dying, and Eliot certainly corresponded with his children and wife (inviting the latter to visit her and Lewes). But their attempts to reconcile Eliot with Fanny, who had earlier indulged in backbiting at Eliot’s expense, received a snub: ‘[I]t is too late, my dear Nephew, for your Aunt Fanny and me to meet again.[...] Life goes on [...], and those who willingly renounce a friendship cannot after a long lapse of years recover it at a given moment’ (*L*, IX, 134-5). She had seldom been accustomed to approval, and only received it retrospectively from Robert, and from a repentant Chrissey on her deathbed. Indubitably, rejection by kin, as psychologists testify, causes pain and depression.

For all these reasons—apparent rejection by her mother as an infant, which is said to be a major cause of psychosomatic maladies, as well as the episodes of being undervalued, even bullied, so poignantly recreated in *The Mill*, and having largely been kept away from home until near to her mother’s death—it is likely that as a result a neurotic condition set in. Again and again in Eliot’s letters and journals, the bodily malaise from which she frequently suffered was almost always accompanied by psychological stress as well.

Her extraordinary intelligence may also have made Eliot feel like an outsider, especially in a family not noteworthy for its cerebral abilities. Latimer’s words at the opening of ‘The Lifted Veil’ doubtless resonated with her own experience: ‘I am cursed with an exceptional physical constitution, as I am cursed with an exceptional mental character’. And to Sara Hennell: ‘[T]o be a failure of Nature and to know it is not [...] comfortable’ (*L*, II, 159-60). Her well-known plainness of feature is also known to have caused her distress. But in fact in appearance she was something of a chameleon. Many spoke of the ‘marvellous transformation of the heavy features when expression gave the alchemist’s touch’. The artist Frederick Leighton—who used Eliot’s face for his illustrations of the eponymous, attractive heroine of *Romola*—is described on one occasion as staring at her, transfixed: ‘After a mechanically uttered phrase [...] he burst out—a lover’s voice could hardly have been more impassioned: “How beautiful she is!”’ But Maggie’s foolish mother’s comment to her as a child in chapter nine of *The Mill* doubtless also had some personal resonance: ‘Don’t, Maggie, my dear—don’t make yourself so ugly!’

And Eliot’s own ambivalent feelings about herself would naturally have led to ambivalent feelings toward her creations, her novels. The creative process was often
excruciating for her. It seems that she was as afraid of failure as she was of success. She suffered especially during the writing of Romola, and her Journal entries at the time of the novel’s composition about her depression and multiple bouts of sickness make grim reading. She endured an almost fatal illness while working on Middlemarch, probably colitis. To Harriet Beecher Stowe, Eliot wrote: ‘[I] almost wish you could have a momentary vision of the discouragement, nay, paralyzing despondency in which many of my writing days have been past, in order that you might fully understand the good I find in such sympathy as yours […]. But I will not dwell on any mental sickness of mine’ (L, V, 29). It is truly astonishing that, despite all the psychic disturbances and illnesses she suffered, Eliot was still able to write her marvellous novels.

Notes


3 George M. Gould, Biographic Clinics, 6 vols (Redman: n.c., 1904), II, 82.


13 McDougall, 152.
With the current move against Freud, who is out of fashion, some claim that his 'analysands' would act out a role which, intuited subliminally, was expected of them in an analytic situation. Thus middle class, nineteenth-century female patients 'performed hysterically' in line with their analyst's expectations, just as patients in Jungian therapy tend to have complex, allegorical dreams which are congruent with Analytical Psychology. These 'reasons' for the swing of the pendulum don't quite account for the hysteria, for instance, of a Gwendolen Harleth, who was typical of her time, and – we have Cross's word for it – Gwendolen's outbursts were drawn partly from her creator's own experiences.


Ibid, 185.

Ibid, 33.

See, eg, McDougall, 17-29.


This argument is buttressed by Nancy Henry (32-37), and it was also developed by Gay Sibley from a different perspective in an article in *Social History of Alcohol and Drugs* (2007). As Henry points out, 'these speculations should be taken seriously' (35).