SICKNESS, THINNESS AND PUSHING THE BORDERS OF THE IDEAL VICTORIAN BODY IN CHARLOTTE BRONTË’S SHIRLEY

A RESEARCH PAPER
SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
MASTER OF ARTS

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JULY 2010
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in Charlotte Brontë’s *Shirley*

“Difference in People: Why Some Are Fat While Others Are Lean” and “For Fat and Thin Women: A Table of Relative Heights and Weights and Advice to Those of Abnormal Weights.” These sound like headlines from today’s newspapers as fat and thin are the topic of debate in social, political and economic circles today. Yet these two headlines are from the New York Times in 1894 and 1897, respectively. Interest in the body, its functions and the proper way it should look developed into an obsession during the Victorian era, an obsession which continues today. The change in these views on the body began in the mid-nineteenth century when Charlotte Brontë’s *Shirley* was written. Anna Silver tells us, “One can safely argue that the Victorians were already beginning to be preoccupied with slimness on a broad cultural scale by the 1840s, a concern that was almost wholly focused upon the slender waist” (26). Victorian views on the body have been the precursors for our modern views; the idea of a “normal” or “ideal” body began in the mid-19th century.

Obsession over the way the body should look influenced women across England leading to eating disorders such as anorexia, which was accepted as a new disease in the 1870s though was identified as early as the 1850s (Brumberg 100). Silver affirms this in her book, *Victorian Literature and the Anorexic Body* when she says: “…archival evidence reveals that body image concerns, and specifically a fear of fat, existed a century ago in incipient form” (26). Joan Jacobs Brumberg shows us in her book *Fasting*
Girls, that anorexic behavior began in the medieval era, though the purpose for such denial of food changed over time:

In the earlier era, control of appetite was linked to piety and belief; through fasting, the medieval ascetic strove for perfection in the eyes of her God. In the modern period, female control of appetite is embedded in patterns of class, gender, and family relations established in the nineteenth century; the modern anorectic strives for perfection in terms of society’s ideal of physical, rather than spiritual, beauty (48).

The idea of a full bodied woman as a desirable, woman of health degraded into ideas that being thinner was more attractive and therefore, more desirable. Patricia McEachern says: “there were ample social forces encouraging women to believe that restricting their food intake was both a moral imperative and a sign of their femininity” (quoting from Silver 28). Women were told in books and magazines the correct way to act in every manner; eating particularly was a social concern for women since it was a public act. Self-control, or lack there of could put a woman in jeopardy of public ridicule and alienation. Articles would let a woman know what was expected of her in regards to food and its consumption. For example, Brumberg asserts: “In advice books such as the 1875 Health Fragments; or Steps toward a True Life women were cautioned to be careful about what and how much they ate” (179). With the standards of what made an “ideal” woman set so high, the standards for the average woman also leapt higher. Lennard Davis gives us the consequences of a society that has redefined the “ideal” body:
First, the application of the idea of a norm to the human body creates the idea of deviance or a “deviant” body. Second, the idea of a norm pushes the normal variation of the body through a stricter template guiding the way the body “should” be. Third, the revision of the “normal curve of distribution” into quartiles, ranked in order, and so on, creates a new kind of “ideal.” This statistical ideal is unlike the classical ideal which contains no imperative to be the ideal (17).

Therefore, a “normal” body is envisioned more ideally and the idea of the “norm” forces people to conform or be considered deviant.

The deviant body was most undesirable for Victorians and is outlined by Mikhail Bakhtin. In his study of the Renaissance, Bakhtin describes the grotesque: the opposite of the classical ideal body; the grotesque opens bodily orifices to the influences of the world. Bakhtin tells us: “The very material bodily lower stratum of the grotesque image (food, wine, the genital force, the organs of the body) bears a deeply positive character. This principle is victorious, for the final result is always abundance, increase” (62).

While the grotesque was a positive idea for Bakhtin, it is something that would have been considered less than acceptable to Victorian society, a culture striving to be normal. Eating was a form of grotesquery, by opening an orifice of the body to consume food and beverage, a woman exposed herself to the influences, both good and bad of the society around her. Women were to be the classical idea of the “angel of the house” and to live in the clean, unpolluted home, lifted up on a pedestal to be admired and never allowed to stray too close to the boundaries set for them. Helena Michie helps us understand the
opposite of Bakhtin’s grotesque, the classical woman, in her article, *Under Victorian Skins*:

The classical body, associated with high culture, is often literally represented as being on a pedestal: something to be gazed up at. More importantly for our purposes, the classical body has been historically represented as being impermeable, a body perfect and whole in itself, without orifices or openings (408).

Michie is describing how the classical body was viewed in the Victorian period; the classical body is what Bakhtin calls the “old bodily canon.” Instead of saying what they thought, women were brought up to stay silent and to do womanly tasks such as sewing, drawing and entertaining other women, suitable tasks for a docile woman in a patriarchal society. A woman could not be on a pedestal if she was down in the dirt working with her hands or dirtying her mind with the problems of the world. These expectations of behavior were extended to the body; a woman must control what she eats and drinks and maintain a proper figure appropriate to her class and status in society.

In her novel, *Shirley*, Charlotte Brontë shows us through her two characters, Caroline and Shirley, that the binary opposition between grotesque and classical bodies is not exclusive. A woman can be between the two extremes; she does not have to choose one or the other in order to be accepted. The novel’s two heroines struggle against their differing roles in society; both women suffer illness because of their inability to express their frustrations with societal expectations. Through Caroline’s thinness Brontë questions the lines between the classical Victorian woman and the grotesque, gaping woman. Both Caroline and Shirley have to rely on others to aid them in their struggles;
they rely on community over the individual which is, according to Bakhtin, a positive attribute of the grotesque. By embracing aspects of the grotesque in Caroline and Shirley, Brontë shows us that grotesquerie does not have to be negative for Victorians. I will show by examples of the two illnesses in the novel, though mainly through that of Caroline Helstone, that Brontë does not accept the idea that a woman must be the “angel of the house,” the classical model of womanhood, but rather can fit between the two extremes.

Bakhtin, in his work, *Rabelais and His World*, defines in detail the grotesque body; considering the grotesque to be the opposite of the classical Victorian “angel in the house.” The grotesque body is open and gaping, readily taking in outside influences and is identified through the description of body parts. Often the grotesque body is described in animal terms or with animal traits. Bakhtin tells us, “Of all the features of the human face, the nose and mouth play the most important part in the grotesque image of the body; the head, ears, and nose also acquire a grotesque character when they adopt the animal form or that of inanimate objects” (316). The mouth is a main focus when identifying the grotesque; the mouth acts as an open space which allows the world to penetrate the body: “It dominates all else. The grotesque face is actually reduced to the gaping mouth; the other features are only a frame encasing this wide-open bodily abyss” (Bakhtin 317). The act of grotesquery can be defined as a body, “…in the act of becoming” and a body which “swallows the world and is itself swallowed by the world” (Bakhtin 317). The “angel in the house,” the opposing ideal of the grotesque, first appeared in the mid-nineteenth century and represented the ideal woman; she is closed off from outside influences, both socially and physically (“…the street [is] a place of moral danger”
(Under Victorian Skins 410), she is docile; a devoted and submissive wife and mother. This is in contrast to the grotesque: the “angel in the house” is cut off from the outside world and is solely encased in the domestic world, in the home, protected and put on a pedestal; the grotesque body is leaking, open and protruding. Eating and drinking are two key aspects of the grotesque that for Victorians brought sexual connotations on a woman, Michie tells us, “in conduct books, sex manuals, and in canonical and noncanonical novels of the period….all simultaneously admonish women to keep their mouths firmly shut, and emphasize the problem of female hunger” (Flesh Made Word 13-14). Female hunger was associated with sexual desires which was socially damaging for a Victorian woman; therefore they strove for the closed “angel” ideal as opposed to the open grotesque.

The maintenance of a classical body and the rejection of the grotesque was a constant struggle for Victorian women. As Joyce Huff reminds us: “The mid-Victorians saw the active management of the body as a willed activity” (46). Control of appetite for food, drink and sexuality was an important part of this management. The body was seen as being open to outside forces, particularly other bodies. The classical woman would try to avoid the outside influences both physically and mentally by staying away from certain foods and drinks, smells and environmental pollutants such as cigar smoke as well as avoiding images or language that could affect her mind negatively. Silver tells us that Victorians “…linked the small waist to affluence and high social standing” (28). Women of the lower classes, women who worked put themselves in a position away from the classical; they were accessible and were, “traditionally seen as coarse and robust” (Under Victorian Skins 410). In addition, Peter Stallybrass and Allon White remind us, “…the
poor were interpreted as also transgressing the boundaries of the ‘civilized’ body and the boundaries which separate the human from the animal” (132). Therefore, obtaining a classical image was nearly impossible for the lower classes while the upper classes strived for the ideal, part of which meant keeping their distance from the polluting lower classes. However, even with their most strident efforts, upper class women could not fully achieve the classical image because as women, they “leaked” (The Body Embarrassed). This leaking is seen best, as Sally Shuttleworth tells us in, “Menstruation, child birth, lactation……” (318). So even disassociation from the lower classes could not save a woman from losing the classical ideal; as a leaking woman, she could not obtain the full classical image. The classical woman was also sensitive to smell, taste and touch, which as Michie points out, may be paradoxical because the classical body is impermeable, but, “its very impermeability, depends on the fact of its sensitivity to being entered by stimuli from the outside world. The paradox is in part resolved by the very noticeable language of ‘nerves’ and ‘faculties’ instead of orifices” (Under Victorian Skins 412). Men, therefore, were careful not to smoke or speak roughly around the classical woman, lest she be contaminated and offended by the outside world men represent.

Lennard Davis extends this definition of the grotesque in terms of defining and obtaining normalcy; the goal of many during the Victorian era. Davis tells us: “…the grotesque as a visual form was inversely related to the concept of the ideal…” (10) and that “The identity of people becomes defined by irrepressible identificatory physical qualities that can be measured. Deviance from the norm can be identified and indeed criminalized…” (15). Variation from the norm made a person deviant and as Davis
explains, makes average or “normal” the new ideal. But Davis also tells us that this new strive to be in the “norm” made the categorization of “normal” that much stricter. So while grotesquery could be seen as being inevitable and even common because it was nearly impossible to be the perfect “angel;” for Victorians, it was undesirable and something considered abnormal and deviant. These bodily depictions were not just seen in the physical Victorian realm, but extended into the literature of the day. Davis clarifies, “If we accept that novels are a social practice that arose as part of the project of middle-class hegemony, then we can see that the plot and character development of novels tend to pull toward the normative” (21). This pull can be seen as authors shy away from bringing attention to the un-classical characteristics of women: “Conspicuously absent, however, in novels and conduct books that deal so closely with dinners, tea, and other social gatherings is any mention of the heroine eating” (Flesh Made Word 12). Authors avoided showing heroines in the act of eating or drinking, acts that would have put unwanted sexual connotations on the characters. The contrast of grotesque and the classical “angel in the house” will be further explored through Charlotte Brontë’s novel, Shirley.

This modern classification of Victorian women as either classical or grotesque overflowed to the dinner table where women were encouraged to eat little, drink only appropriate beverages and to never indulge lest they become more than appropriately plump and they become associated with lack of control, which had unwanted sexual implications as well. Shuttleworth, in her article, “Surveillance of a Sleepless Eye” agrees: “The mind, like the body, or the social economy, was to be treated as a system to be guided, regulated, and controlled” (325). This relates to what Huff said earlier about
the active management of the body; active management of the mind was important for women to keep themselves away from unwanted association (overeating and loss of control, hunger and sexual desire). The mind was considered an orifice that could be polluted as easily as the body. In Brumberg’s Fasting Girls, she lays out the difficulty with food and eating:

In Victorian society food and femininity were linked in such a way as to promote restrictive eating among privileged adolescent women. Bourgeois society generated anxieties about food and eating—especially among women. Where food was plentiful and domesticity venerated, eating became a highly charged emotional and social undertaking. (178)

Women wanted to achieve the ideal feminine status and Brumberg reminds us that denial of food showed a woman valued her soul over her body (179). The result for many women was to internalize their anxieties and become ill. Brumberg continues to say:

In Victorian society unhappy women (and men) had to employ physical complaints in order to be permitted to take on the privileged “sick role.” Because the most prevalent diseases in this period were those that involved “wasting,” it is no wonder that becoming thin, through noneating, became a focal symptom.

Wasting was in style. (171)

Women were under a great deal of pressure in this period; Brumberg writes that many girls became “fasting girls” because of fear of being fat; this pressure led to anorexia and wasting. Michie attests to this saying, “‘Ladylike anorexia’ became inscribed and
prescriptive as fashion began to decree smaller and smaller waists” (Flesh Made Word 21)

Huff reminds us of the importance of control over the body: “Body fat served as a focal point for competing attempts to define and control the meaning of the body at a time when the medical community and the capitalist free-enterprise system were attempting to consolidate their authority over the body” (42). Women were viewed as being either in control of their bodies and minds with small waists and no appetite, or they were out of control, eating and drinking which associated them with corpulence and sexual desire.

Control of the body went beyond fat and thin and led to the belief that lack of physical control meant a person was lacking morality: “The genteel woman responded not to the lower senses of taste and smell but to the highest senses—sight and hearing—which were for moral and aesthetic purposes. Once of the most convincing demonstrations of a spiritual orientation was a thin body—that is, a physique that symbolized rejection of all carnal appetites” (Brumberg 179). As an “angel of the house” a woman could not be associated with a reputation of being loose or lacking self-control, she was to be free from all the polluting elements of society, with rosy cheeks and fair, soft skin (since the skin was a barrier from outside influences on the body and should be exhibit good health); she must be chaste and this included appetite and food. Huff continues this idea, telling us that an out of control body, a fat body:

…was viewed as polluted and polluting because it was assumed to be more engaged with, and thus more vulnerable to, the world than the thin body was. The world had entered the corpulent body and remained within it. And the corpulent body was not simply a polluted body in and of itself; it also collapsed and thus corrupted
the categories of self and world, which in the Victorian era were seen as essentially and necessarily separate (45).

Women were thus forced to monitor and police their bodies because if they did not keep physical control, the implications were socially and morally reprehensible. Therefore, as Brumberg asserts, women often became ill through wasting in order to escape (by taking on the “sick role”) societal roles and its constraints on their bodies.

*Shirley* gives us Brontë's desire for women to stop striving for an unobtainable bodily ideal, to be content in the middle: neither classical nor grotesque. Deirdre Lashgari, author of “What Some Women Can’t Swallow,” sees *Shirley* as: “…a much larger picture, in which a dysfunctional society starves women, literally and metaphorically, and women internalize that dis/order as self-starvation” (141). The novel’s two heroines struggle against their differing roles in society; both women suffer illness because of their inability to express their frustrations with these societal restraints. Many other scholars (Gubar, Dolin, Bailin) have seen *Shirley* with a feminist lens, explaining that sickness in the characters points out the gaps and wrongs in society, particularly as concerns women. As Susan Gubar points out, Brontë uses, “imagery of imprisonment and starvation… [to] trace the suicidal effect of female confinement and submission in order to explore how traditional sex roles destroy women” (5). Brontë’s criticism of society’s restrictions and the consequences of those restrictions on women play a large role in *Shirley*. However, it is through not only sickness but thinness that Brontë draws attention to the forefront of patriarchal society. Through Caroline’s thinness she questions the lines between the classical Victorian woman and the grotesque, gaping woman. Brontë continues this questioning as she shows Caroline and Shirley
floundering between reliance on community (grotesque) and their own self-determination (classical). Brontë challenges these binaries using Caroline’s thinness; cannot a woman be feminine and delicate as well as thin, hungry and thirsty? Cannot she also keep her individuality and “angelic” reputation while having community with others, both men and women? A woman can be feminine and pure and intercorporeal at the same time, a struggle shown through Caroline’s journey to define her identity throughout the novel. By breaking the binary opposition of grotesque versus classical, Brontë is challenging, in her own limited way (as a 19th century woman), the structure Victorian society has set for women.

In Brontë’s novel, the main character, Caroline Helstone, opens herself to love but because of the disappointment that comes from not being loved in return, Caroline rejects food and sleep and becomes ill. The only signs of Caroline’s disappointment are her physical decline, her loss of bloom and the development of a thin and wasted figure. Rev. Helstone (Caroline’s guardian/uncle) does not notice Caroline’s poor heath until she changes physically and becomes thin and wasted. Caroline is discontented by internal struggle questioning her place in society; she does not know who she is and what she will become. This struggle begins to show itself outwardly, in her looks (“she could see she was altered” (171)), in her inability to sleep, in her rejection of food, and in her near-death illness.

Caroline, a previously content and classical woman, begins her move to the grotesque as she opens her heart to love Robert Moore; but by opening her heart she has to face the consequences of the disappointment of not being loved in return. Caroline we find out early in the novel, is the daughter of an abusive, dead father and a mother who
abandoned her and left her to the care of her uncle, a curate. We also learn that Caroline has distant relatives in the Moores: Robert, Louis and Hortense. Hortense has taken it upon herself to formally train Caroline as a Belgian schoolgirl and Caroline enjoys her company. However, we quickly see that Caroline has another reason for going so often to the Moore’s, and that is Robert. Robert also shares a similar attraction to Caroline, but because he is so involved with his business (textile mill) and is strapped for money, Robert brushes off his feelings for Caroline and becomes distant and aloof. With this disappointment in love, Caroline is forced to recognize that her future has changed:

‘I shall not be married, it appears,’ she continued. ‘I suppose, as Robert does not care for me, I shall never have a husband to love, nor little children to take care of. Till lately I had reckoned securely on the duties and affections of wife and mother to occupy my existence. I considered, somehow, as a matter of course, that I was growing up to the ordinary destiny, and never troubled myself to seek any other; but now, I perceive plainly, I may have been mistaken’ (169).

Caroline’s whole paradigm is changing, and she now has to consider other avenues for her life; acceptable avenues for a woman in her society. Caroline takes this heartbreak hard, and this is where we first see Caroline’s illness begin, though the characters in the novel will not see it until she begins to change physically. Caroline’s mental distress leads to her bodily wasting and loss of health, leading her away from the classical image of womanhood giving her grotesque traits.
It is important to point out that up to this point in the novel, Caroline has been as close to the ideal “angel in the house” as a woman can get. She has been a submissive niece and student; she does womanly tasks such as sewing, even though she does not like it; she has in fact, played the role society has given her. Caroline’s descriptions point out her classical traits, a picture of health, beauty and femininity: “…an uplifted face, flushed, smiling, happy, shaded with silky curls, lit with fine eyes” (82). Additionally, “Her cheek had a colour, her eyes a light, her countenance an expression….The sunshine was not shed on rough barrenness; it fell on soft bloom. Each lineament was turned with grace; the whole aspect was pleasing” (91-2). We should not take for granted Caroline’s perfections, she is put on a pedestal as others in the neighborhood idealize her as well: “‘She is nice; she is fair; she has a pretty white slender throat; she has long curls, not stiff ones, they hand loose and soft, their colour is brown but not dark; she speaks quietly, with a clear tone…’” (152). This description points out the normal physical traits Caroline possesses; she does not exhibit anything unusual in her appearance. Brontë makes a point of carefully describing Caroline as an ideal classical youth in her bloom (as physical health was an important trait of the classical image), so when her physical decay begins, it is seen all the more clearly and should be noticed by the reader. Caroline’s physical decay opens her to the world of the grotesque as she is affected by not being able to live up to the standards society has set for her (marriage).

Caroline love for Robert opens her mind to the world; it had been closed before, therefore unaffected, but now, she has loved and must also take in the effects of loving: heartbreak. Caroline would have been content playing the classical role set for women: she wanted to marry and be the submissive wife and doting mother. She had
encouragement from Robert that made her believe that future was set for her: “Impossible for her now to suspect that she was the sport of delusion: her expectations seemed warranted, the foundation on which they rested appeared solid. ‘When people love, the next step is they marry,’ was her argument” (96). But as we will see, she has to resign herself that this is not her destiny; this realization adds to the heartbreak she felt in losing Robert as a lover, but now she must decide what she is to do with her life. This is a decision Caroline is not prepared to make since life-altering decisions had been made for her up to this point; the stress of this decision and the expectations of society begin to take a toll on Caroline’s mind and body. Victorian women, especially those at Caroline’s age (late teens), were to be healthy, plump (though not too plump), and have a lively look to them, as we have seen Caroline had. But with her changing destiny, Caroline sees a change in her physical self, much before anyone else notices:

Caroline looked at the little mirror before her, and she thought there were some signs. She could see that she was altered within the last month; that the hues of her complexion were paler, her eyes changed - a wan shade seemed to circle them, her countenance was dejected: she was not, in short, so pretty or so fresh as she used to be (171).

Though these physical changes may be small, they foreshadow what is to come for Caroline as she struggles with her future. With Caroline’s complexion and skin color changing, she has been penetrated as a result of her opening herself to love. The skin is the barrier against the world and Caroline no longer exhibits healthy skin as is shown with its color changing. Also Caroline’s beauty is diminishing: she is losing her classical
traits. She has entered the grotesque, though she tries to prevent this by occupying her time in an attempt to distract her over-burdened (and newly penetrated) mind.

Caroline attempts to hold onto the classical after she sees the grotesque life of an old maid, yet by looking for a career Caroline continues in her path of grotesquerie. Throughout the novel, Caroline has a desire to be active in some type of employment: she tells Robert she should like to help him at the mill and in private she wishes she were a boy so she could be a clerk. Caroline recognizes the limitations put on her sex and desires something different for herself, a kind of life in which she has control and can make decisions about her future. This desire to work continues in Caroline particularly after she sees life as it would be for her as an old maid; she looks to the two old maids she knows as examples. Brontë’s description of Miss Mann, a well-known old maid and philanthropist to the poor is not a picture of happiness. By using the name, Miss Mann, Brontë associates the old maid with masculinity; but we see that even a masculine woman is not content and lives in a pre-determined way: she plays the role society has set for her as well. We are told that Miss Mann fixed her gaze on Caroline and, “This was no ordinary doom –to be fixed with Miss Mann’s eye. Robert Moore had undergone it once, and had never forgotten the circumstance. He considered it quite equal to anything Medusa could” (173). Immediately Miss Mann has become something other than human, her description places her into the grotesque: she loses her humanity and as we will see she is given animal traits, something specific to becoming grotesque. While the positive traits of Miss Mann are not disregarded by the narrator, they are overshadowed by her grotesquerie, which is emphasized at every turn, “Caroline had not sat five minutes ere her hostess, still keeping her under the spell of that dread and Gorgon gaze, began flaying
alive certain of the families in the neighborhood” (173). Miss Mann is again not human, but animalistic, even monstrously described. This representation of an old maid is certainly meant to show readers the negative aspects of growing into an old maid; one loses their humanity, their place in society (for Miss Mann was very lonely) and as an old maid, grotesquery should be expected. Miss Mann has not followed the traditional path of marriage and has associated herself with the sick and poor through her philanthropy opening herself to the grotesque. This is the future which Caroline thinks herself destined since she cannot marry Robert.

As the novel goes on Caroline does not accept the classical mantra to be silent and still and begins to lose all aspects of the classical body. Instead, Caroline attempts to quell her weariness of heart as she becomes determined that a career would help distract her. We also see Caroline begin to lose sleep from her distracted mind:

Day by day she came back in the evening, pale and wearied-looking, yet seemingly not fatigued; for still, as soon as she had thrown off her bonnet and shawl, she would, instead of resting, begin to pace her apartment: sometimes she would not sit down till she was literally faint. She said she did this to tire herself well, that she might sleep soundly at night. But if that was her aim it was unattained, for at night, when others slumbered, she was tossing on her pillow, or sitting at the foot of her couch in the darkness, forgetful, apparently, of the necessity of seeking repose. Often, unhappy girl! she was crying – crying in a sort of intolerable despair… (179).
For Bakhtin, Caroline is becoming, if not already become grotesque; she is no longer the classical ideal figure, she is crying: she is leaking out of an orifice which is exposing her to the world around her and in turn, exposing the world to her. Caroline’s grotesquerie began not with a physical openness, but with an openness of the mind and heart that we see spreading to affect her body. As we saw earlier and has again been emphasized, Caroline’s complexion has changed as well as her fine eyes, Michie writes:

Skin, with its “delicate hues” and “velvet” texture, is a sensuous as well as sensual object…. If skin is…a border… simultaneously of the inside and the outside. Skin’s beauty and softness belie its strength… (Under Victorian Skins 407).

The changes in Caroline’s skin tones and the darkness under her eyes are an indication of her loss of the ideal classical body. As Michie says, the skin is the first thing to show difference when there is a change; in Caroline’s case, her internal illness shows itself through her skin first, then other parts of her body soon follow. Gubar tells us: “As a female who has loved without being asked to love, she is chastised by the narrator….She must suffer and be still” (8). But this is something Caroline fails to do and her failure can be seen in her outward appearance. Caroline is showing that she does not want the ideal classical body; she is fighting the roles society has for her: she wants to choose her destiny but because society will not let her, she becomes ill mentally and physically. This inability to keep a healthy state, as was stated earlier, Victorians correlated with an unhealthy inner state or moral state. In her novels, Brontë often uses excess weight in female characters to critique their lack of self-control and “a fallen nature” (Flesh Made Word 22); Caroline can be judged in this light at the other end of the spectrum. As
Caroline becomes thinner, for Victorians she becomes more pious; but this is contrasted with the un-healthy look of her skin and complexion. Caroline not only looks different, but she has begun to lose sleep, a sign of her illness to come. Caroline at this point is still has aspects of the “angel in the house.” But she is in a position to lose it because of her inability to control her grief over Robert, as we will soon see.

Caroline’s inability to take the traditional role of marriage forces her to seek alternatives for her life; she needs community to help her find her place: Caroline begins to want a mother. Throughout the novel, Caroline’s need for her mother, for love and affection grows, partly because of her inability to see the Moores because of her uncle’s command, but also because she had always lacked that part of her life only a mother could fill. Previously, Caroline shared strong community with the Moore’s, particularly with Hortense who played the role of mother and teacher; this community was lost when her uncle forbade her to see the Moores. Caroline’s desire for love made her vulnerable for disappointment; she was striving to achieve domestic happiness, seeking a husband so she could become the classic model woman and fulfill the role society placed in front of her. Without the guidance of another, Caroline feels lost; she has never had to be alone, without the companionship of another woman. Brontë shows us through Caroline’s struggle that the need for community is a positive aspect of the grotesque that should be embraced.

By opening her heart to Robert, Caroline has metaphorically lost her chastity and allowed herself to be penetrated by the world; she has “leaked” into the world and has now become “thin.” As it becomes clear that disappointment in love is the main root cause for Caroline’s illness, it also becomes clear that Caroline is grotesque not only
physically, but mentally as well. She has allowed her mind to be polluted and penetrated; she opened herself up to others (Robert) and her mind was affected as a consequence—she metaphorically has lost her chastity by giving her heart and mind to Robert before any commitment was made in return (marriage). Caroline’s physically body has changed so much at this point that even her uncle notices: “He examined her. He discovered she had experienced a change, at any rate. Without his being aware of it, the rose has dwindled and faded to a mere snowdrop: bloom had vanished, flesh wasted; she sat before him drooping, colourless, and thin” (183). This is the first time in the novel Caroline is described as being “thin.” Victorians considered corpulence to be an over-consumption of the world; here we see Caroline is the opposite: by leaking herself into the world she has become thin. Caroline has gone from the classic Victorian woman to the grotesque in her thinness. She has lost more than just her bloom; she has lost her place as woman. By opening her heart, Caroline has opened her body, she is no longer static; she is permeable, vulnerable. Caroline’s desire to leave her uncle’s home and begin a career can be seen as rebellious, which is a release of control classifying her as grotesque again. Caroline has lost control over her body, which has moved her into the grotesque. Bakhtin describes grotesque style as, “Exaggeration, hyperbolism, excessiveness…” and Caroline’s behavior certainly puts her into this category. Many scholars including Michie think that Caroline is gaining control over her life through her illness, but instead she is simply losing any control she ever had, she is giving it up completely, begging someone to come in to fill the void (Mrs. Pryor and later Robert Moore). By losing the community she shared with Hortense, Caroline is left alone; she again needs community to find her place in society. Brontë set Caroline up as a classical
woman, but Caroline’s need for others and the value she has for community over the individual tell us that Caroline was never classical at all, she was in between classical and grotesque from the beginning. Caroline has given up any chance of becoming the classic model woman and in order to find herself, find who she wants to be, she needs the help of those around her; her grotesquery, her openness becomes positive as she allows Mrs. Pryor to nurse her body and mind back to health.

Caroline’s leaking begins to take physical form; as her illness progresses she continues to give up control. It was assumed that Caroline would die; her appearance had changed so drastically. She continued to lack sleep, but we also learn that “her appetite was diminished” (185). Caroline attributes her lack of appetite to her excessive weeping at night; however, we can determine is it because of her mental distress that she has changed. Her crying again emphasizes her grotesquery as she is literally leaking. The fact that a woman’s appetite is even being mentioned is a significant. Michie believes this is because the author doesn’t want to detract from the story being told, however, here, Brontë focuses on it so thoroughly; she wants us to see the change in Caroline’s daily habits.

Caroline continues to flounder between classical and grotesque as she opens and closes more orifices on her sick-bed and pines for community with another woman. Caroline wakes one morning to find herself unable to eat and the morning after wakes to find herself ill. She is grasping for the classical with denial of food, yet she develops a grotesque thirst which keeps her from being in either category. Caroline now becomes completely ill losing all control over herself and her body, condemning herself to a sick-room. Caroline is described as being “parched” and drinking a “cooling beverage,”
though she is still unable to eat. She late acknowledges her thirst, “I am thirsty: let me drink. She drank eagerly” (400). Caroline’s inability to eat can be a sign of something more. Susan Gubar asserts that Caroline is like Mary Cave, the deceased, and ignored wife of her uncle, Rev. Helstone: “She is an emblem, a warning that the fate of women inhabiting a male-controlled society involves suicidal self-renunciation” (Gubar 7).

However, Brontë will show us how Caroline can have a different fate than Mary Cave; Caroline will not die destitute she will recover and we are shown how. Not only is she an emblem of her inability to escape from her uncle’s home, to build a life for herself, but Caroline’s illness was not recognized until she became thin and refused food. It was not until she was physically seen as ill was her inner illness recognized (by Mrs. Pryor) and attended to. Caroline has found a different outlet than the usual hysteria suffered by so many Victorian women by allowing her body to become a symbol of her distress; she is straying away from the classical model as she draws attention to her struggle and eventually gets help. With a guardian who would not notice any other symbol of distress except severe illness (he did not notice her excessive walks at all hours of day and night nor her sobbing and not sleeping), Caroline gives up her struggle for the classical model. With the lack of control given to women, this was Caroline’s only avenue to cry for aid, though it is done unconsciously. But I would argue Caroline’s cry for help was not for more control over her life, but rather, to give up control; she wanted and needed to be taken care of by a mother. Brontë is quietly making the point that it is the isolation and dejection, not only in love, but in society, and even familial rejection that causes women to become sick and die. Caroline has to rely on others to aid her in her struggle; she relies on community over the individual which is, according to Bakhtin, a positive
attribute of the grotesque. Had it not been for Mrs. Pryor, Caroline would have died from her mental strife. Brontë is going against the norm of the novel, “the task of the novel, then, would be to show the heroine as impervious to her degrading surroundings” (Under Victorian Skins 411). Caroline, however, is not impervious; she absorbs what is around her and is affected by it. This is what keeps Caroline from the classical ideal; she is vulnerable and she is asking for help.

Through the community established between Caroline and her mother, Caroline is able to recover from her illness and find contentment with her place in society. Mrs. Pryor says of Caroline’s condition, “But your mind, Caroline: your mind is crushed: your heart is almost broken, you have been so neglected, so repulsed, left so desolate” (403). Brontë makes a connection between Mrs. Pryor and Caroline, not just in the relationship as mother and daughter, but also in their shared neglect from society. Mrs. Pryor had, “…too recently crawled from under the yoke of the fine gentleman – escaped, galled, crushed, paralysed, [sic] dying…” (408). Society had not helped Mrs. Pryor in her situation as an abused wife. They both had been at the whim of men, unprotected by laws, which were only to come in the mid/late 19th century. This experience helped her recognize Caroline’s angst and gave her the ability to help Caroline overcome her neglect, just as Mrs. Pryor had done years before. Soon after the tender care of Mrs. Pryor is brought to Caroline, she begins to regain her spirits:

It was not merely Caroline’s smile which was brighter, or her spirits which were cheered, but a certain look had passed from her face and eye – a look dread and indescribable…Long before the emaciated outlines of her aspect began to fill, or its departed colour
to return, a more subtle change took place: all grew softer and warmer (414).

While Caroline is beginning to move away from the grotesque and regain some of her classical traits; yet she will always retain her need for community in the form of Mrs. Pryor and later with Robert, keeping her between the two opposites. It is at this point that Caroline begins to eat again, “…all descriptions of food were no longer equally distasteful…” (414). As Caroline recovers, she becomes more of the “angel in the house” that she was before, safe in her home, cut off from the dangers of the world outside her house. However, we will see that Caroline never fully recovers her classical model of womanhood.

The important role of community in Caroline’s life reveals itself as only Mrs. Pryor’s aid nurses Caroline back to health. This important trait of the grotesque will stay with Caroline; she is unable to live without community. Caroline will become thirsty and hungry however Mrs. Pryor is only able to fulfill Caroline’s thirst; her appetite is controlled by her uncle. This suggests that Caroline’s desire for her mother was in fact a cause for her illness, not only her heart-break from Robert. Rev. Helstone still controls Caroline in this light as well, it is through him that Mrs. Pryor is allowed to stay will Caroline and he will give Caroline her first tastes of food after her illness from his own plate. This keeps Caroline still within the confines of patriarchy and grotesquity; she will eat and drink but only at the behest of her mother and uncle who are now here to control her every move, whereas before, she had only the stern eye of her uncle; she continues to need community. Caroline it seems is finding herself through others; her
illness has made her give up control over her own body, leaving her more complete and moving away from the classical view of the Victorian woman.

While Caroline’s returning health should begin her move back to the classical woman, other events push her toward the grotesque, keeping her in the middle. One example of this is her open fraternizing with the lower classes. We can see Caroline is moving away from her illness as Hortense congratulates Caroline on her recovery:

…her colour and her plump cheeks were returning…all about her seemed elastic; depression, fear, forlornness, were withdrawn: no longer crushed, and saddened, and slow, and drooping, she looked like one who had tasted the cordial of heart’s-ease, and been lifted on the wing of hope (562).

This description gives us the impression of the classical returning to Caroline as her skin recovers its health and color, but Brontë reigns us back to show us that Caroline is a positive example of a woman breaking the binary opposition between classical and grotesque. While recovering, Caroline revisits her garden and enjoys the company of William Farren, the gardener for many in the neighborhood, who kept up Caroline’s plants during her illness. Caroline, by engaging with the lower classes, is testing the border between what is proper for a middle-class woman, according to society, and what she wants/feels is right. Mrs. Pryor cannot join Caroline in her unassuming air with the lower classes because Mrs. Pryor has taken to the roles of society: she accepts them. Stalybrass and White tell us, “The body of the Other…it was to be surveyed…from ‘some high window’ or superior position” (126). This is a position Mrs. Pryor takes with the lower class Other; she views them as a contaminate to her bourgeois lifestyle. Brontë
has a different role for Caroline. Caroline does not accept the line drawn between the classes; Brontë wants us to accept Caroline’s place between the classical woman and the grotesque. By being staying away from the opposing extremes, Caroline can fight the societal rule and neglect that made her ill in the first place. By embracing aspects of the grotesque in Caroline, Brontë shows us that grotesquerie does not have to be negative for Victorians. Caroline will again fight societal rules when she later visits Robert’s sick-room at the trickery of Martin Yorke. Caroline’s recovery symbolizes her un-acceptance of societal roles and rules, much in the way that Shirley does not accept her role in society; we could say the heiress has had influence on the curate’s young niece since Shirley never accepted the classical model because of her financial independence.

Shirley Keeldar, the second illness and example of thinness and wasting in the novel also fits in between the classical woman and the grotesque. Shirley is introduced to Caroline via Rev. Helstone, who finds amusement in the heiress’s confidence and position. Shirley is everything Caroline is not, she is confident, wealthy and healthy, “Perfect health was Shirley’s enviable portion…” (331). Shirley is an example of a woman in the position of a man; her wealth gives her the freedom Caroline does not have:

That Shirley is Caroline’s double, a projection of all her repressed desire, becomes apparent in the acts she performs “for” Caroline. What Shirley does is what Caroline would like to do: …Caroline tries to repress her desire for Robert while Shirley gains his attention and proposal of marriage….Caroline wishes above all else for her long-lost mother and Shirley supplies her with just this person in the figure of Mrs. Pryor (Gubar 11).
This is an example of what Bakhtin calls “a double body” (318). Shirley and Caroline are linked as a part of what Bakhtin says is, “the endless chain of bodily life [that] retains the parts in which one link joins the other…” (318). Shirley represents everything Caroline is not and Caroline represents what Shirley would be if she were not wealthy. Shirley is one end of the spectrum representing life and Caroline represents death (through her lack of choices); Bakhtin explains: “One body offers its death, the other its birth, but they are merged in a two-bodied image” (322). Brontë shows us that regardless of the class status of a woman, community with another is a vital part of a woman's life. As Shirley has everything Caroline does not she still needs another to aid her in her time of need. Shirley is indeed a woman that women would want to be in this time period, she represents everything a woman cannot be, a man, “They gave me a man’s name; I hold a man’s position: it is enough to inspire me with a touch of manhood” (194). By giving Shirley masculine traits, Brontë has made her a hybrid; Bakhtin would see this as the combining of two grotesque natures. Shirley’s masculine name gives her the authority to function on her own, to make decisions and have power as a man; yet she is a woman, she is feminine and as we will see, she needs community to overcome obstacles. Shirley has power in a way that women of the Romantic and Victorian periods wished to have but, could not realize. Shirley’s own illness will give her a glimpse of the struggle Caroline faces when Shirley is faced with losing her power and control; Shirley too finds resolution to her problem by putting community over the individual.

Shirley Keeldar has fought society’s roles since her late introduction in the novel, however, her illness shows she is just as vulnerable as Caroline and needs community with another to help her overcome her struggle. Shirley hides that she has been bitten by
what was thought to be a rabies-sick dog; a violation of her classical status, a penetration that opens her to the grotesque. Shirley would never had been bitten if she took the place of the woman, indoors, away from the polluting outside and the dangers that lurk in the world. It is repression of the truth which causes Shirley’s illness to develop and cause others to take notice. Shirley’s illness is much like Caroline’s in that it is brought on by her own mind. Like Caroline, Shirley allows herself to be open and polluted, first physically through the bite, then mentally as she grows anxious and ill over the bite’s potential social consequences. Shirley’s fear of what will become of her when others find she has rabies causes her to lose weight and to lose her cheerful demeanor and healthy, bright looks. Shirley makes great attempts to hide her distressed mind; the change is noticed immediately to the concern of those around her:

The next day - the day - the week - the fortnight after - this new and peculiar shadow lingered on the countenance, in the manner of Miss Keeldar. A strange quietude settled over her look, her movements, her very voice. The alteration was not so marked as to court or permit frequent questioning, yet it was there, and it would not pass away: it hung over her like a cloud which no breeze could stir or disperse (464).

This event makes Shirley aware of her mortality and she even alters her will, as Henry tells Louis Moore in the schoolroom. Sally Shuttleworth’s essay on “Female Circulation” tells us:

Public medical writings, along with private diaries and letters of the era, suggest that we must discard our customary image of
Victorian middle-class women as isolated from physical contact and understanding of their own bodies, and in its place substitute a (perhaps even more disturbing picture) of women anxiously monitoring the slightest aspect of their bodily functions, constantly under threat of medical intervention in the most overtly physical forms (48).

Shirley has been penetrated through the bite and she has more to fear from the potential penetration of the medical community if she had rabies; Shirley did not want to open herself to additional worldly penetration. Shirley’s illness is certainly not of the same nature as Caroline’s, though they are both of the mind. Shirley’s connection to Caroline’s is that they both repressed their feelings and could not share their struggles with those around them for fear of being judged by society. Victorian society did not allow women to share their fears; Caroline and Shirley were lucky to have someone they could trust with their secrets, someone they could establish community with even though it would mean giving up the classical “angel” ideal. Shirley is terrified that she will become an object for people to poke and prod as she suffers before death. Shirley is afraid to be open as Caroline was on her sick-bed; Shirley asks that only Louis Moore be allowed to help her; she does not want to display her grotesqueness. Shirley trusts Louis because he had known her when she was younger and he knows her strengths and weaknesses based on their former teacher-student relationship. Shirley shares masculine traits in her independence which makes her more comfortable trusting a man than a woman in this situation. She also knows that what she will ask of the person she shares her struggle with must be a man; a woman would not have the authority to carry out her
wishes. If she had chosen a woman to help her, she would have chosen Caroline or Mrs. Pryor, but both these women were indisposed because of Caroline’s own illness. Shirley must rely on the community she shares with Louis to help her cope with her situation. Whereas Caroline relies on Mrs. Pryor, Shirley relies on Louis Moore.

Shirley’s illness is not, as Louis points out, a true sickness but rather a change both physically and mentally. Moore points out the ways in which Shirley has changed as she continually insists on her good-health; the conversation is worth looking at:

Shirley: 'Am I altered?'
Louis Moore: 'We will try: we will seek a proof.'
Shirley: 'How?''
L.M.: 'I ask, in the first place, do you sleep as you used to?'
Shirley: 'I do not: but it is not because I am ill.'
L.M.: 'Have you the appetite you once had?'
Shirley: 'No: but it is not because I am ill.'
L.M.: You remember this little ring fastened to my watch-chain? It was my mother's, and is too small to pass the joint of my little finger. You have many a time sportively purloined it: it fitted your fore-finger. Try now.' She permitted the test: the ring dropped from the wasted little hand. Louis picked it up, and re-attached it to the chain. An uneasy flush coloured his brow. Shirley again said - 'It is not because I am ill' (473).
Here we see a major connection of symptoms with Caroline’s illness; Shirley has a loss of sleep, loss of appetite, change in “flesh” and demeanor. Shirley has become grotesque even though she has tried to avoid anyone noticing. Being bitten, Shirley’s skin has been pierced; she has already been penetrated leaving her grotesque regardless of whether she can hide it. It is Shirley’s hybrid, manly nature that has made her vulnerable to the bite in the first place; she left the safety of her home to break up the dog fight leaving her polluted and penetrated. Bakhtin says, “…it is within them [orifices] that the confines between bodies and the between the body and the world are overcome: there is an interchange and and interorientation” (317). Shirley has let the world into her through the bite as a consequence to her fight against society’s feminine role for her. Shirley, views this intercorporeality as a negative, she therefore attempts to hide it from everyone around her. But her upfront personality and her compassion for animals put her in a situation which left her penetrated. Unlike Caroline, Shirley denies that anything is wrong and tries to hide her illness and the changes of her physical self. Shirley’s fear lies not only in what the disease (rabies) will do when it develops, but also, of what people will think of her and more importantly, what they will do to her. This distress has made a confident women into a shrinking, nervous woman. It was a fear of what would happen and a fear of losing her strength and independence which made her so distressed, so much so that even after she has revealed the circumstances to Louis, she asks him to protect her from her fears:

You know, in case the worst I have feared should happen, they will smother me…. Lock the chamber-door against the surgeons - turn them out, if they get in. Let neither the young nor the old MacTurk
lay a finger on me; nor Mr. Greaves, their colleague; and, lastly, if
I give trouble, with your own hand administer to me a strong
narcotic: such a sure dose of laudanum as shall leave no mistake.

_Promise to do this_ (478-79).

Here Shirley’s fears are laid out. She fears the reaction of her uncle, she fears that she
might hurt her beloved Henry and she fears the involvement of the doctor and his “nurse”
MacTurk. She fears her uncle because he is a man in a position to overthrow her
independence and authority in her own house. Shirley fears herself because she does not
know how the disease will affect her mind and lastly, she fears the doctor’s intrusion of
her body which would only add further penetration to her body. Shirley is afraid of
losing classical status, though she will never truly take on the grotesque fully either, she
will stay in between as Caroline does. Shirley is afraid that she will be forced into
societal roles that she has thus far been able to avoid obeying. This is seen earlier in the
novel when Shirley is able to win the admiration of Rev. Helstone, when no other woman
could. However, while Shirley feels she is protecting these freedoms in keeping the bite
a secret and by later revealing the truth to Louis Moore, she is actually doing the opposite.
Brontë shows through Shirley that intercoporeality, community should be valued over the
individual; this aspect of the grotesque is embraced and viewed positively through the
recovery of the two women with the help of others. Shirley, like Caroline does not fit
into either a classical nor grotesque model of womanhood. This is proven when she
confesses the situation to Moore, showing that without another person to support her, she
could not handle the situation on her own. Coincidentally, it turns out that the dog was
not mad, and if Shirley had been able to keep the incident secret and not allowed her
mental strife affect her physically, the event would have passed without having let her
fear of the grotesque and of bodily penetration win.

These two instances of illness in Shirley share common factors. Both Caroline
and Shirley suffer from illness of the mind, both are induced by the repression of their
feelings based on their fears and the unrealistic expectations of Victorian society. Both
women’s illnesses are noticed only when physical or bodily changes appear: thinning and
loss of health in their skin and complexion. Both women must rely on community with
others to help them overcome their struggles and in doing so, they balance between the
classical and grotesque models of womanhood.

Brontë shows us through the characters in Shirley that women do not have to
continually strive to be the “angel in the house” to live full and satisfying lives. Instead,
the space between classical and grotesque womanhood can be embraced and viewed
positively. The struggles of Caroline and Shirley and their movement away from the
classical model of womanhood breaks the binary opposition between classical and
grotesque. Brontë shows us that a woman can live between the two extremes; the
grotesque does not have to be viewed negatively but instead has positive aspects that can
help women. Brontë uses thinness as a way of drawing attention to the mental challenges
of the characters brought on by unobtainable social expectations; Brontë emphasizes the
physical effectss of Caroline and Shirley’s illnesses and also the other changes which
throw the characters between the borders of the classical and the grotesque.
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