Benevolence or Manipulation? The Treatment of Mr Dick

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Mr Dick in *David Copperfield* is one of the insane characters Charles Dickens scatters through his novels. He is mostly understood to be an amiable, innocent, and wise fool: few argue his psychosis in the medical context of Dickens’s time. The exceptions are Leonard Manheim, Nina Burgis, and Natalie McKnight. Analysing the onset of Mr Dick’s mental breakdown in terms of nineteenth-century aetiology, Manheim sees him as a schizophrenic with a paranoid tendency, and he suggests that Dickens confuses idiocy or imbecility with schizophrenia (87-88). On the other hand, in her introduction to the Clarendon edition of *David Copperfield*, Burgis refers to the topicality of the descriptions of Mr Dick, to Dickens’s advocacy in the humane treatment of the insane, and to the influence of John Conolly, his friend and a leading psychiatrist (xxxvi-xxxvii). McKnight argues that the relationship of Betsey Trotwood and Mr Dick represents Dickens’s negative attitude toward the incarceration of idiots and mad people, and she holds that ‘Like Foucault, Dickens feared the increasing dominance of imprisoning structures, of “discipline-mechanism[s]”, in society; the increase of asylums for the insane is just one instance’ (16). However, McKnight does not sufficiently discuss the nature of the treatment of Mr Dick by Betsey.

In addition to these studies, an article by J. M. Keyte and M. L. Robinson is worthy of attention. Based upon their clinical experience, the authors observe ‘thought disorder’ in Mr Dick’s discourse, and the authors identify him as schizophrenic. They conclude: ‘the fact that Dickens was able to describe these features clearly is evidence of his ability to identify the essence of this mental disorder without lapsing into the use of lay concepts of raving lunacy as did his contemporary, Charlotte Brontë, in her description of Mrs Rochester. This ability, together with the description of Miss Trotwood’s attitude to Mr Dick’s disorder, suggest that Dickens had considerable psychiatric insight’ (37-38). But, they do not argue how Mr Dick’s ‘thought disorder’ was understood in Victorian psychiatry. In expanding on these previous studies, this article assesses Mr Dick’s psychosis and his relationship with Betsey in terms of the socio-medical climate in those days, and also explores Dickens’s stance.

After a long journey when he had to endure hunger, cold, and persecution, the ten-year-old David finally finds his grand-aunt Betsey’s house, and he sees Mr Dick for the first time. He describes
a man, whom he happens to see at the upper window, as follows: ‘I saw a florid, pleasant-looking
gentleman, with a grey head, who shut up one eye in a grotesque manner, nodded his head at me
several times, shook it at me as often, laughed, and went away’ (163). David is exhausted and glimpses
this man only from some distance. Nonetheless, he is struck by the ‘grotesque’ wink, and the incessant
movements of the stranger’s head. In the original manuscript that first sighting read: ‘putting his
tongue out against the glass, and carrying it across the pane and back again: who [Mr Dick], when his
eyes caught mine, squinted at me in a most terrible manner.’ Nina Burgis suggests that in revision
Dickens might have omitted the tongue and the squinting to make Mr Dick’s behaviour less grotesque
(XXXVII). Despite its brevity, his first observation of Mr Dick neatly covers some general features of
a mania, which in 1849 Conolly pointed out in his lecture at the Royal College of Physicians, London.
Conolly says that in the middle stage of insanity there is often ‘great violence’ in physical movements,
illustrated by these traits: ‘the whole frame of body and mind is in commotion’; ‘the eyes have an
unnatural brightness and prominence, and the pupil is dilated or contracted’ (Some Forms 4).

Once allowed in the house, David has an opportunity to observe Mr Dick again. Although still
classified and excited, he can now closely examine the strange man nearby:

Mr. Dick, as I have already said, was grey-headed, and florid: I should have said all about
him, in saying so, had not his head been curiously bowed—not by age; it reminded me of
one of Mr. Creakle’s boys’ heads after a beating—and his grey eyes prominent and large,
with a strange kind of watery brightness in them that made me, in combination with his
vacant manner, his submission to my aunt, and his childish delight when she praised him,
suspect him of being a little mad; though, if he were mad, how he came to be there puzzled
me extremely. He was dressed like any other ordinary gentleman, in a loose grey morning
coat and waistcoat, and white trousers; and had his watch in his fob, and his money in his
pockets: which he rattled as if he were very proud of it. (165-66)

David’s second observation endorses the accuracy of the first. Mr Dick’s eyes are ‘prominent and large,
with a strange kind of watery brightness’, the same as the characteristic eyes of the mania Conolly
points to. And Mr Dick’s head is bent strangely. Conolly does not, however, refer to the shape of the
head of the mentally diseased. But the diagnosis by James Cowles Prichard, a psychiatrist known for
the introduction of the concept of moral insanity, provides a help. Prichard regards an ill-shaped or
ill-proportioned head as indicative of the idiotic (322-23). Mr Dick’s ‘vacant manner’ and ‘childish
delight’ additionally testify that his intellectual standard is lower than usual. According to David
Wright, a childish manner was an index of idiocy for the Victorian lay public (124). Before long David
knows that Mr Dick was called ‘almost a natural’ (174) by his dead father. ‘Natural’ or ‘natural fool’
was a synonym of ‘idiot’. In the studies by Manheim, and by Keyte and Robinson, Mr Dick is wholly
viewed as schizophrenic and his idiotic tendency is slighted or ignored. Yet, the concept of schizophrenia did not exist then. In Mr Dick’s appearance Dickens combines multiple types of mental disorder.

In describing Mr Dick’s behaviour, Dickens, with clinical accuracy, portrays ‘absent mindedness’ and ‘eccentricity’. Writing his Memorial, the image of Charles I’s head, and kite-flying are Mr Dick’s greatest concerns. After befriending Mr Dick, David explains why he is unable to finish his Memorial:

Every day of his life he had a long sitting at the Memorial, which never made the least progress, however hard he labored, for King Charles the First always strayed into it, sooner or later, and then it was thrown aside, and another one begun. The patience and hope with which he bore these perpetual disappointments, the mild perception he had that there was something wrong about King Charles the First, the feeble efforts he made to keep him out, and the certainty with which he came in, and tumbled the Memorial out of all shape, made a deep impression on me. (185)

On the other hand, Conolly’s explanation of ‘absent mind’ reads:

The absent man cannot thus spread his attention over many things at once: it is concentrated on one subject, or one train of thought; and the most trivial thoughts are sufficient for its exclusive occupation: he therefore commits a thousand extravagances,—puts on his friend’s hat, loses his way in his native town, goes to bed in the middle of the day because he finds himself in his bed-room, or forgets his own name when he knocks at a neighbour’s door. From what has been already said of the connexion between Attention and Memory, it may be supposed that when the former faculty is much limited, or long impaired, the latter suffers injury: and many cases of absence of mind present strong examples of it. Yet, the absent man is not mad. His attention is not lost, but only sluggish and inert. It is capable of being roused, and then he can compare, and judge, and act judiciously, which the madman cannot do. (Inquiry 121-22)

As in the descriptions by David and by Conolly, clearly, Mr Dick is unable to pay attention to multiple things at the same time. Once he thinks of Charles I’s head, his mind is fully occupied with it, and it is impossible to go on writing simultaneously. Once the association with Charles I disappears, were he to resume where he left off, the Memorial would have been completed. Yet, after being restored to soberness, he seems to forget what he has written so far, or even that he has been writing up to that point. To Betsey’s enquiry, David euphemistically replies, ‘is he at all out of his mind, then?’ (174). Mr Dick is indeed literally ‘out of his mind’. Inability to memorise is a major indicator of ‘absent mind’. His obsession with the Memorial and with Charles I and his frailty of memory and inattention make a vicious circle. Conolly says that when something makes a strong impression on ‘absent-minded’ people, they cannot pay attention to anything else because their capacity for memory, imagination and
comparison is damaged, though temporarily, and that it is absolutely impossible for the mad to direct their attention to many things at once (Inquiry 128). But Mr Dick’s mental faculty is not entirely impaired. He is able to start writing anew; he behaves sensibly whenever necessary, proved sufficiently by his aid in the settling and adoption of David. He is not mad in terms of psychiatry.

Why does Mr Dick ascribe his psychosis to Charles I and so overreact to his image as to relinquish the Memorial? Copperfield’s first readers might have recognised a significant anniversary: 1849, when the novel was started, was the bicentennial year of the execution of Charles I. As to the compulsive identification with Charles I, the following description of insanity by Conolly offers a medical suggestion: ‘In some cases the active imagination so predominates that the patient holds perpetual conversations with imaginary persons, and it is difficult to attract his attention to any real objects or real words’ (Some Forms 5). Conolly had a grasp of the symptoms of schizophrenia and his observation fits Mr Dick. As to Mr Dick’s over-reaction, Conolly’s diagnosis of eccentricity provides a clue. Conolly says that all eccentricity is estrangement from sound judgment, and the eccentric have problems in the faculty of memory, of imagination, and of comparison:

It will commonly be found, that eccentric persons have defects or excess of one or more of the sensations; or that the memory is partial, and, as it were, holds only certain circumstances, the recalling of which leads to certain peculiarities of conduct; or that the imagination has been unduly impressed by certain accidents, the colours of which it reflects on certain parts of life, which are distinguished by eccentric actions; and in so many cases this impairment of one of the other faculties, together with a total loss of the comparing power, produces actual insanity… (Inquiry 137-38)

Conolly’s analysis points to the mechanisms of Mr Dick’s panic-stricken responses. As is evident from the fact that he had a fever induced by grieving over his sister’s unhappy marriage, Mr Dick is very susceptible to every stimulus. In other words, his sensory powers function excessively. Whenever he remembers Charles I, his mental faculty is terribly deranged and the Memorial comes to nothing. His behaviour is almost the same as that of the mad. The boundary between eccentricity and madness was unclear. Yet, Conolly makes the distinction that the eccentric can justify and laugh at their behaviour, whereas the mad cannot do so (Inquiry 139). Mr Dick neither justifies nor defends, but, at least, he is able to laugh at his obsession: ‘I never can get that quite right. I never can make that perfectly clear. But no matter, no matter!’ he says cheerfully to David (173).
Along with the indications of psychosis, David’s second observation of Mr Dick grasps an important paradigm in the treatment of the insane. David’s doubt, ‘if he were mad, how he came to be there’ (165), testifies to a shift from home to institutional treatments of the insane. Andrew T. Scull and Anne Digby note that in the early modern period the cure for lunacy and idiocy was mostly left to a sufferer’s family, sometimes helped by the charity of a community (Scull, Museums 19; Digby 4). Public institutions specialising in handling the mad were thin on the ground. Pauper lunatics were incarcerated in a workhouse founded by each parish. In the eighteenth century workhouses became, in the words of Scull (Museums 24), ‘dumping grounds for the decrepit and dependent of all descriptions’, far from medical institutions for the exclusive use of the insane. Private institutions were expensive, and treatments and living conditions there were hardly better than those at workhouses.

Yet, from the mid-eighteenth century, hospitals dealing with the mad were founded in London and major cities, for instance, York, Manchester, and Liverpool. In addition to increasing the number of institutions, improving the poor conditions and the cruel treatments became the concerns of philanthropists and entrepreneurs. Their campaign aimed at controlling the existing institutions and establishing mandatory legislation to require all counties to build public asylums for pauper lunatics; it was realised in the form of the Lunatics Act and the Lunatic Asylums Act in 1845. Scull suggests that the principal paradigms in the treatment of the insane in the nineteenth century were ‘the substantial involvement of the state, and the emergence of a highly rationalized, centrally administered and directed social control apparatus’; ‘the treatment of many types of deviance in institutions providing a large measure of segregation from the surrounding community’; ‘the careful differentiation of different sorts of deviance, and the subsequent consignment of each variety to the ministrations of experts’ (Museums 17).

According to Joan Busfield, the success of the legislation for building public asylums lay in the belief of optimistic reformers and business-minded medical men that care by specialists in special institutions was more efficient and effective, and in the first half of the nineteenth century the so-called ‘cult of curability’ or ‘therapeutic optimism’ was widespread (245-46). In this light the incarceration of Mr Dick in a private asylum by his brother reflects the trend of secluding the insane and committing them to specialist handling. Betsey resentfully says that Mr Dick’s brother did so against their father’s will. The generation of Betsey and Mr Dick’s father, especially in the middle classes, deems the treatment of a mania the duty of the rest of the family. On the other hand, for the younger generation like Mr Dick’s brother and David, an institutional cure becomes common.
By the mid-nineteenth century, the sordid environments and the violent treatments at institutions for the insane were gradually improved. The York Retreat, a private lunatic asylum founded by William Tuke in 1792, was the first institution in Britain to adopt moral treatment, initiated by a French psychiatrist, Philippe Pinel—a psychotherapy which laid emphasis on the recovery of patients’ rationality with the minimal use of mechanical restraints. The success of the York Retreat became a model for other institutions. From 1839 to 1843 Conolly worked as the resident superintendent of the Hanwell Asylum, a large pauper lunatic asylum in Middlesex, and he improved the method of the York Retreat further in the form of non-restraint of the inmates. Non-restraint was not Conolly’s original idea, but Richard A. Hunter and Ida Macalpine say that Conolly’s non-restraint system is ‘one of the three great medical advances of the nineteenth century’ (534) together with anaesthesia and antisepsis.

In his first report (1839) Conolly writes that after all mechanical restraints were abolished, the patients began to behave with decency and quietness, to become cheerful, and to acquire the habit of cleanliness; on the other hand, to control their mind without any physical restraint, constant superintendence was required, and to do so, the number of attendants should be increased (Treatment 194-96). In the 1841 report he introduces several successful cases of non-restraint treatment. For instance, on entry, a young man looked as if he was going to die at any moment, and his wrists and ankles ulcerated because of handcuffs and fetters. He was ‘occasionally troublesome’ and sometimes needed seclusion from others. However, he gradually became ‘quiet in his behaviour’, ‘grew stout’, and began to work in the store room. In four months’ time, he recovered ‘quite well’ and gave thanks for his removal to Hanwell (Treatment 222). Conolly’s method was highly appreciated in The Times and other newspapers although criticised by other physicians. He became a national celebrity and contributed to the fame of Hanwell although its cure rate was ‘dismally low’, according to Scull (‘Brilliant Career’ 225). Elaine Showalter argues, ‘Ultimately, the goal of moral management was to cure insanity, and the prospect of cure was the major attraction of the new asylum techniques. Conolly’s vision of the reformed asylum was the most eloquent tribute to the power of moral management to bring about general social peace’, and she suggests that Conolly’s ‘therapeutic optimism’ clearly has an affinity with ‘the mid-Victorian belief in progress’ (33). Dickens became acquainted with Conolly in the early 1850s, but he was already an early supporter of moral treatment.

Betsey’s treatment of Mr Dick embodies the ideals of moral treatment. In his life with her, there is none of the cruelty, coercion, and misery that were rampant in lunatic asylums. Her house is maintained clean and tidy. He is given a room of ample space, where he can write his Memorial, even though hampered by the image of Charles I, and he is allowed to enjoy kite-flying any time he likes.
That he is well-fed is obvious in his florid complexion. He dresses neatly ‘like any other ordinary gentleman’ (165-66). Not only Betsey and David, but also their circle is friendly to him. Mr Dick knows that without Betsey, he would no doubt fare much worse. He says to David, ‘If she hadn’t stood my friend, sir, I should have been shut up, to lead a dismal life these many years’ (557). Mr Dick’s reflection is corroborated in an article Dickens published in *Household Words* on 6 September 1851, which contrasts ‘the comparatively humane and well-intentioned method’ in public asylums with ‘the still existing want of proper means and appliances’ in private asylums (Oliver 572). In another article in *Household Words* on 5 June 1852, Dickens’s staff writer Henry Morley problematises the shortage of asylums and overcrowding there (270-73). After five years, the circumstances were unchanged. In 1856 Conolly suggested that at more than half of the private asylums mechanical restraints were still in use: the causes were insufficient inspection by the Lunacy Commissioners and the poor training of attendants (*Treatment* 321-33). Overcrowding and the want of well-trained staff were the problems common to lunatic asylums including Hanwell. McKnight points out that county asylums did not have great success in the practice of moral treatment mainly because the number of staff did not increase in proportion to the upsurge in the number of inmates (13). And, in his speech in support of the Royal Hospital for Incurables on 21 May 1857, Dickens says, ‘Its present temporary establishment is in a very inconvenient old house, by no means suitable, with rooms not half high enough, and not half ample enough. The beds are much too crowded together, and I [should] say ventilation is exceedingly difficult. The furniture is excessively inadequate to the requirements of the establishment; and a great number of appliances are needed which healthy people would, perhaps, call mawkish, but are of the gravest importance in the presence of sickness’ (Fielding 234). Betsey’s assurance that she ‘shall not ill-treat him as some people (besides the asylum folks) have done’ (174-75), signals Dickens’s criticism of the delay in reforming treatment of the insane.

Betsey offers Mr Dick a better environment and physical freedom, but she never indulges him. She finds ways to interfere with his ludicrous behaviour tacitly. While disputing with the Murdstones, Betsey is attentive to her protégé and stops him jingling coins ‘with a look’ (180). When Mr Dick loses concentration at backgammon, she calls his attention benignly with ‘several admonitory raps on the knuckles with her dice-box’ (186). He possesses some fortune, but she takes steps to prevent a waste. Far from being dissatisfied or angry, he is glad at her interventions. His obedience proves that handling a patient in a gentle manner is better than by a sharp reproach. In the 1840 report Conolly stresses that ‘Perfect calmness of demeanour and countenance, forbearance from sharp rebuke, the occasional interposition of a soothing word, or of an idea that may divert the patient’s thoughts, are not only the
most useful measures at the time, but make some impression on the lunatic himself’; whereas an authoritative or violent manner caused the patients to lose self-reliance (Treatment 202, 204). Gentle persuasion like Betsey’s was helpful to encourage the moral awakening of the patients on their own.

To succeed by the new method was not easy because working on the residual sense and rationality of the insane without resorting to coercion and to mechanical restraints required a long-sustained effort. In the 1841 report Conolly writes, ‘The quality of management which a careful superintendent will be continually learning in a lunatic asylum is forbearance’ (Treatment 235). Most of all, the healers had to develop a good relationship with the inmates and to obtain their trust, because, according to Conolly, lunatics are generally suspicious and timid; once they feel they are deceived or ill-treated, all treatments come to nothing (Treatment 203-04). Mr Dick is no exception; just after Betsey’s bankruptcy, he is depressed because he considers himself useless. However, Betsey is always reliable and supportive, as verified by her fearless reaction to the malevolent Murdstones; she is supposed to have dealt with Mr Dick’s family likewise. His loyalty to her indicates that she holds his entire trust. It is hinted that before coming to her he was seized by violent paroxysms which terrified his family, but she pledged: ‘I am not afraid of him’ (174). In the course of ten years, she moulds him into ‘the most friendly and amenable creature in existence’ (175).

Scull’s study shows that moral treatment aimed at transforming the lunatic is based upon the bourgeois ideal; its focal point lay in the patients’ endeavours to exert self-control and to internalise moral standards; physical restraints were useless for this internalisation; instead, handling the patients as rational beings and rousing their desire to be esteemed by others were crucial (‘Moral Treatment’425). Betsey carries out these tasks. She repeatedly assures Mr Dick himself and others that he is wiser and more sensible than the sane: ‘nobody can be more discreet than you can, when you choose’ (164); ‘If there is anything in the world…that Mr. Dick is not [out of his mind], it’s that’ (174); ‘your common sense is invaluable’ (181). She shows her trust by consulting him. She never assumes the air of a guardian; she appoints him to be a joint guardian of David, and she asks him to take care of her. The achievement of her treatment is brilliant. David observes that Mr Dick ‘always desired to please her’ (213). Her moral standards are ‘[n]ever…be mean in anything; never be false; never be cruel’ (192). In her absence Mr Dick is as honest and affectionate as in her presence; it is obvious that he internalises her standards. He is not transformed into a man of quick mind, but his wisdom is always helpful, especially when he reconciles the conjugal discord of the Strongs. Betsey’s repeated praises point to the importance of helping a patient regain self-reliance in exercising moral treatment.

In addition to her prudence and fortitude, the greatest reason for Betsey’s successful handling of
Mr Dick is that she is also of ‘absent mind’ with one obsessive trait. She has phobia for donkeys and whenever they encroach on her garden, her response is violent. E. A. Fraser and Michael Slater view a donkey merely as a means to restrain Betsey from becoming emotional (Fraser 128-29; Slater 272-73). Yet her commotion while she is reacting to donkeys is akin to the symptoms caused by ‘absent mind’, as observed by David: ‘In whatever occupation she was engaged, however interesting to her the conversation in which she was taking part, a donkey turned the current of her ideas in a moment, and she was upon him straight’ (166). Betsey becomes panic-ridden once she sees a donkey, just as Mr Dick’s writing is hindered by the image of Charles I. Edwin M. Eigner points out that Dickens’s contemporary readers might have been familiar with the fact that a donkey’s erect penis is proportionally the longest among mammals (5). Following Eigner’s reading, rude donkeys are the metaphors for phallic power, and together with their riders and carriers, they arouse her memory of the break-up of her marriage to a trivial man. Obsession with a particular thing and incapacity to pay attention to multiple things at once are the quintessential characteristics of the eccentric. Betsey’s mental faculty is unspoiled, but, no doubt she has a grasp of the mechanisms of Mr Dick’s ‘absent-mind’: ‘nobody knows what that man’s mind is, except myself’, she says (175).

In the middle of the novel, David provides Mr Dick with a moral treatment superior to Betsey’s. Worrying about Mr Dick’s depression after her bankruptcy, he considers, ‘his malady would increase, unless we put some innocent deception upon him and caused him to believe that he was useful, or unless we could put him in the way of being really useful (which would be better)’ (450). Consulting with Traddles, he decides to offer Mr Dick copying work. David’s judgement is sensible because, according to Scull, in the moral treatment at the York Retreat regular employment was acknowledged to be the most effective to induce the patients to exercise self-restraint (‘Moral Treatment’ 425-26). David emphatically instructs Mr Dick to copy the documents precisely on the condition that he can write the Memorial any time he wants to do so, and he asks Betsey to supervise him; that is, David leaves the management of the work to Mr Dick’s decision. At first Mr Dick is distracted between the copying and the Memorial as David feared. But, he increasingly concentrates on copying in ‘an orderly business-like manner’ (451) and learns to postpone writing the Memorial until later. When finishing the work and showing Betsey his earnings, Mr Dick has ‘tears of joy and pride’ in his eyes. David’s admiration is heartfelt: ‘He was like one under the propitious influence of a charm, from the moment of his being usefully employed’ (452). The improvement of Mr Dick is motivated by his desire to be useful and thereby esteemed by Betsey and David. Hereafter Mr Dick’s obsessive behaviour appears less often and he seems to be reborn as sage of ‘a strange gleam of good sense’
Heather Pike is right in suggesting that ‘Dickens’s concentration on Mr Dick’s madness, illustrated by his kite-flying and Memorial, declines as Dickens loads his character with moral purpose’ (371).

In the chapter on *David Copperfield* in his third literary puzzle book *Who Betrays Elizabeth Bennet?* (1999), John Sutherland poses the following question: ‘It is unlikely that Mr Dick—a man of property—would be given away for adoption to an eccentric old woman who felt sorry for him in his asylum, and who had no near connection with him. What was she doing inspecting the inmates of asylums anyway? Was she perhaps locked up in one herself for a while, after the catastrophe of her marriage?’ (92-93). Both of Sutherland’s hypotheses are unlikely. However, taking custody of an adult called ‘mad’ is certainly too much for a distant relative of modest income, even though Mr Dick has some fortune. Betsey does not talk much about her motivation in taking charge of him, yet it is improbable that her decision stems from sentimentalism or from whims. The analysis of this point is helpful in assessing their relationship.

Critics point out two contrasting characteristics in Betsey’s temper: loving and nurturing nature; reason and strong mind; in other words, the representatives of feminine and masculine qualities. Fraser considers Betsey a woman of ‘fierce, hard nature’ and ‘innate tenderness’ (127). Françoise Basch holds that ‘Betsy [sic] is a character with several dimensions. At once motherly and independent, she develops from an eccentric spinster to an unselfish mother’ (147). Slater notes, ‘Her strong intelligence and her warm heart work together to dictate her actions’ (273). On the other hand, Natalie E. and Ronald A. Schroeder argue that before adopting David, Betsey is parallel to Miss Murdstone on the grounds that both are mannish, firm, misanthropic, especially to men, and both abuse David’s mother (268-75). They do not take Betsey’s kindness to and care for Mr Dick into consideration, but their argument is suggestive.

Where comparison of Betsey with Miss Murdstone clarifies her mannish tendency, comparison with Miss Havisham points to her feminine weakness. Their histories are alike: both were infatuated with, ill-treated and betrayed by an unscrupulous man in their youth, and both are still haunted by the trauma; they shun the world and retire to a house of their own, although different in its extent; they take care of the socially powerless. Miss Havisham confesses to Pip that she wanted a girl to love and rear. The same is true of Betsey. She wants a girl, but David is born, instead. Then, she decides to take charge of Mr Dick. Like Miss Havisham, Betsey has the capacity to love excessively, and even in
despair and grief she needs someone to love. Their greatest difference is that Betsey establishes a
friendly relationship with her protégé and does not use him as the instrument of revenge.

Betsey’s partiality for girls originates in her unhappy marriage and indicates her phobia for male
sexuality. She learns that her affection and tenderness are easily exploited by unprincipled men and
thereafter she acquires firmness and manliness as her second nature to defend her vulnerability. She
chooses Mr Dick as her companion because his childishness is far from violence and dissipation, the
negative embodiment of masculinity. Her fear of men is seen also in her attitude to David in the early
stages. When the ragged and unaided David comes to ask her for help, she intimidates him and informs
the Murdstones of his escape. After adopting him, her guard is in operation for a while; to check his
behaviour, she visits him at Dr Strong’s school without notice. Her anxiety is natural because David
might become delinquent. After he grows to be sober and diligent, a paragon of Victorian middle-class
virtue, her caution is completely wiped out. Betsey’s advice that David should become ‘a fine firm
fellow’ with ‘resolution’, ‘determination’, and ‘strength of character that is not to be influenced,
except on good reason, by anybody, or by anything’ (234-35), is applied also to herself.

Fraser and Slater suggest that along with donkeys David’s dead mother and the unborn Betsey
Trotwood function as Betsey’s defence systems to prevent her from revealing her femininity
unrestrainedly (Fraser 129; Slater 273). However, Mr Dick’s role as her safety guard has not been
argued yet. The following exchange just before David’s second observation of Mr Dick clearly
presents her shrewd control of Mr Dick:

“how can you pretend to be wool-gathering, Dick, when you are as sharp as a surgeon’s
lancet? Now, here you see young David Copperfield, and the question I put to you is, what
shall I do with him?”

“What shall you do with him?” said Mr. Dick, feebly, scratching his head. “Oh! do with
him?”

“Yes,” said my aunt, with a grave look and her forefinger held up. “Come! I want some
very sound advice.”

“Why, if I was you,” said Mr. Dick, considering, and looking vacantly at me, “I
should——” The contemplation of me seemed to inspire him with a sudden idea, and he added,
 briskly, “I should wash him!”

“Janet,” said my aunt, turning round with a quiet triumph, which I did not then
understand, “Mr. Dick sets us all right. Heat the bath!” (165)

Together with the exchange which took place just before this, here Mr Dick entirely parrots Betsey’s
remarks. Only the suggestion of a bath is his original idea, but she directs him to think of this answer.
‘A quiet triumph’ signals her satisfaction with a successful direction. She has already decided to give
David a rest at any rate. But she does not want to express her gentleness directly to her grandnephew,
whom she has not seen since his birth, and whose temper she has not yet known. So, she makes use of Mr Dick’s insight and his desire to please her to assume that she follows his decision. David is ‘deeply interested’ (165) because he is aware of her tactics. In the case of the adoption of David, the same stratagem is used again. While squabbling with the ‘firm’ Murdstones, she increasingly feels sorry for him and determines to adopt him. But she does not want them to detect and take advantage of her ‘softness’. So, she uses Mr Dick as a buffer. She apparently asks his counsel: he is virtually her spokesman.

Unlike these occasional directions, Betsey’s permanent control of Mr Dick’s ‘absent mind’ is influential and it exhibits the dark side of her treatment underlying her benevolence. Manheim says, ‘Miss Trotwood is also something of a psychotherapist. The activity in which she encourages him is a sort of occupational therapy in which Mr. Dick uses his skill with his fingers to manufacture huge kites’ (88). Yet, if Betsey had really wanted to cure Mr Dick, she would have done better to have given him work by which he could find himself useful to her interests, and she should have left the Memorial and Charles I to his self-management, just as David does. But Betsey does not do so. On the contrary, she repeatedly forbids Mr Dick’s writing about Charles I in the Memorial. Like Bluebeard’s wife, forbidden to write of Charles I, Mr Dick wants to write even more. But he is loyal to Betsey’s demand; whenever he tries to obey her, his mind is deranged. Is she unfamiliar with this universal truth? Of course not. She does not want to cure him because she wants to retain him as her consultant-spokesman. She says, ‘I have a selfish pleasure in saying he has been called mad, or I should not have had the benefit of his society and advice for these last ten years and upwards’ (174). She is not a villain, but her treatment of him is actively manipulative.

The possibility of Betsey’s controlling Mr Dick is generated by a theoretic change in the treatment of the insane. Scull holds that moral treatment is a product of the faith in ‘the capacity for human improvement through social and environmental manipulation’ brought by the industrialisation of society: individuals can manage their behaviour and destiny by their own will; so, violence or coercion is undesirable or useless to encourage them to exert self-restraint. In the new treatment the insane were pressured to transform themselves to conform to the social norm by implicit reward and punishment (‘Moral Treatment’ 426-28). Scull’s argument is suggestive because the endeavour to work on the patients’ self-discipline in moral treatment is inseparably linked with the Victorian social climate where self-help was highly appreciated and individuals were deemed responsible to themselves, as David Copperfield in his own development: ‘I, who had worked out my own destiny, and won what I had impetuously set my heart on, had no right to murmur, and must bear’ (734). That is,
the mind became a thing which human beings could deal with at will. Thus, not only the insane like Mr Dick but also the improvident like the Micawbers were relegated to the periphery of society as dropouts on account of their poor handling of their mind. Mr Micawber’s favourite phrase, ‘in case anything turned up’ (140), and Mrs Micawber’s habitual references to ‘her family’ (144) indicate that they cannot bear the responsibility for their behaviour, that they cannot actively manage their life, and that they cannot survive in competitive Victorian Britain. It is not until their emigration to the less competitive Australia that Mr Micawber is reborn to be a ‘Caesar of his own fortunes’ and occupy ‘his true position’ (692) in society. Emigration and the new environment work as a kind of moral treatment by which the Micawbers regain self-reliance and become the leading figures in the new community. Significantly, Betsey proposes their emigration.

Mr Dick also undergoes changes in his mind although not as dramatically as the Micawbers. When David talks with Mr Dick for the first time, he is surprised to hear his new friend say, ‘it’s a mad world. Mad as Bedlam, boy!’ (172). In spite of his ‘absent mind’, Mr Dick is the only character endowed with an insight into the universal spread of the invisible restraint in society. Michel Foucault argues, ‘What is now imposed on penal justice as its point of application, its “useful” object, will no longer be the body of the guilty man set up against the body of the king…. The ideal point of penality today would be an indefinite discipline…. The practice of placing individuals under “observation” is a natural extension of a justice imbued with disciplinary methods and examination procedures…. Is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?’ (227-28). Betsey does not impose the conventional bourgeois ideal on Mr Dick; he loves and esteems her. But in a vein similar to Foucault’s, she transforms him into her proxy by constant observation and encouragement. Her cosy house is in a sense a ‘prison’ for him as well as a private asylum where he is incarcerated. When he flies a kite made from his scrapped drafts, he looks the happiest as if lifting ‘his mind out of its confusion’ (185). Kite-flying is his unconscious defiance against his benevolent but manipulative guardian. In this respect, Dickens represents Mr Dick as a wise fool, not a powerless victim of psychosis.

However, after the successful moral treatment by David, Mr Dick increasingly involves himself in the business of others with rationality by reconciling the Strongs, by keeping a watch on Uriah Heep, and by taking care of Mr Wickfield. Nearly at the end of the novel, Betsey says that by copying whatever materials are available to him, Mr Dick keeps the image of Charles I ‘at a respectful distance’, and he is ‘free and happy’ (716). In the final chapter he is seen enjoying kite-flying with David’s sons. His engagement in copying is as obsessive as in writing the Memorial, but, now he is
able to get rid of the previous cause of his derangement by deliberately transferring his attention to an
alternative. Thereby he is able to prevent his mind being disordered. Mr Dick’s mental breakdown is
not completely cured, but by regaining the ability to discipline himself, he is assimilated into the
society of the sane. His happiness epitomises the belief in the curability of insanity, or, in the words of
Busfield and Showalter (Busfield 246; Showalter 33), ‘the cult of curability’ or ‘therapeutic optimism’
shared by psychiatrists and lay public in the mid-Victorian period.

By analyzing Mr Dick’s psychosis and his relationship with Betsey in the context of the
Victorian socio-medical climate, it can be concluded that Dickens had a good grasp of the diversity of
forms of insanity and of trends in the treatment of the insane. Dickens advocates the humanitarian
dimensions of moral treatment represented by the abolition of mechanical restraints and by the
improvement of physical environments. Betsey’s penchant for controlling Mr Dick’s mind points to
the manipulative nature of moral treatment, but still her treatment of him demonstrates her goodwill
and gains the narrator-hero David’s sympathy. Dickens is never sentimental in his appreciation of the
apparent gentleness of moral treatment. Yet, the recovery of some ‘sanity’ in Mr Dick signals
Dickens’s optimistic view of curing the insane when he was writing *David Copperfield*. 
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