

Miss Havisham and Victorian Psychiatry

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Charles Dickens had a great interest in psychiatry and the treatment of the insane. For instance, in *Household Words*, with W. H. Wills, he wrote about their visit to Saint Luke's Hospital at Christmastime in 1851. Dickens describes the patients' "oppressive silence," and return to their usual solitude after dancing. He says that the patients gathering round a Christmas tree gave him "a very sad and touching spectacle," and concludes, "the utmost is necessarily far inferior to the restoration of the senses of which they are deprived. To lighten the affliction of insanity by all human means, is not to restore the greatest of the Divine gifts; and those who devote themselves to the task do not pretend that it is. They find their sustainment and reward in the substitution of humanity for brutality, kindness for maltreatment, peace for raging fury."¹ Dickens, like many of his contemporaries, was an advocate of moral treatment, which aimed at treating the insane as rational beings and thereby recovering their self-restraint and reason, with the minimal use of standard medical techniques and mechanical restraints.

Further evidence of Dickens's interest is seen in his support of the asylum reform movement.² Besides Saint Luke's Hospital, he visited some asylums in Britain and the US. In *American Notes* (1842), he writes of the inhuman treatment and wretched environment in a lunatic asylum in New York: "everything had a lounging, listless, madhouse air, which was very painful. The moping idiot, cowering down with long dishevelled hair...there they were all, without disguise, in naked ugliness and horror. In the dining-room, a bare, dull, dreary place, with nothing for the eye to rest on but the empty walls, a woman was locked up alone...The terrible crowd with which these halls and galleries were filled, so shocked me, that I abridged my stay within the shortest limits, and declined to see that portion of the building in which the refractory and violent were under closer restraint."³ He made speeches in support of the Royal Hospital for Incurables in June 1856 and May 1857. In the speech in 1857, he pointed out the hospital's poor facilities and appealed for more funds.⁴ He thought that physical environments in asylums were crucial to cure illness.

In Dickens's circle, some people were professionally involved in the administration of the insane. The most notable were John Forster and John Conolly. In 1855, Forster was appointed as secretary to the Lunacy Commission. Conolly, who became a close acquaintance of Dickens in the early 1850s, was a leading psychiatrist renowned for his advocacy of the non-restraint of the insane. John Sutherland surmises that Forster and Conolly aided Dickens to win separation from his wife Catherine by hinting at incarceration in a lunatic asylum.⁵

However, Dickens's trust in psychological science gradually declined from the end of the 1850s. Firstly, in November 1857, it was disclosed that Conolly conspired with an owner-doctor of a private asylum and for his own gain deliberately issued a false certification for introducing a patient. His

certification was proved to be wrong and the released patient sued him. Secondly, the exposure of numerous erroneous diagnoses and wrong confinements provoked Britain's first lunacy panic in 1858-59 and laypersons' suspicion of psychiatry reached its peak. Nicholas Hervey argues that inadequate law and general practitioners' inexperience and poor knowledge of mental illness caused illegal or wrong confinements in lunatic asylums.⁶

All the Year Round, edited by Dickens, echoed the influence of this lunacy panic. The anonymous article, "M.D. and M.A.D" on 22 Feb. 1862 vehemently attacked the incompetence of doctors dealing with the mad. Charles Reade's *Hard Cash*, serialized from March 1863 for forty weeks, dealt with the hero's wrong confinement, and a doctor modeled on Conolly appeared as a villain. Although Dickens intervened with Reade to tone down the hostility to medical professionals in the work and published a statement to deny his responsibility as the editor with the final serialization of *Hard Cash*, his increasing distrust in psychiatry and the treatment of the mad was evident.⁷

Sutherland and Helen Small point out Dickens's change of position from his early support of mental science, and his acceptance of *Hard Cash* at least until its latest stage, but both hardly refer to the link between Dickens's fiction and his scepticism in relation to psychiatry. Sutherland only introduces Dickens's equivocal attitude to Conolly, quoting his evasive statement to *Hard Cash*. Small suggests that Miss Havisham's insistent emotional pain represents Dickens's resistance to the contemporary psychiatry's physiological explanation of mental disorders,⁸ but her argument does not fully explore Victorian psychological medicine. In *Great Expectations* (1860-61), written in the aftermath of the lunacy panic, Dickens, through Miss Havisham's traumatic illness, intensively presents the limitations of the current psychiatry.

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The origin of Miss Havisham is generally considered to be a woman attired in stark white, whom Dickens as a boy saw wandering in Berners Street and Oxford Street.⁹ This "White Woman" was rumored to become mad, rejected by a wealthy Quaker. Dickens's description of her is unfavorable: "She is a conceited old creature, cold and formal in manner... We observe in her mincing step and fishy eye that she intends to lead him [her suitor] a sharp life."¹⁰ Harry Stone identifies two other eccentric jilted old women known to Dickens: Miss Mildew, a character in Charles Mathews's play, *At Home* (1831), and Martha Joachim, whose solitary death at the age of sixty-two was reported in *Household Narrative of Current Events* in January 1851.¹¹ And Small surmises that Miss Havisham might be partly modeled on Lady Lytton, who was incarcerated in an asylum by her husband Bulwer-Lytton because of her public revenge on him.¹² Dickens had, in short, abundant evidence both from personal experience and from literary convention, on which to draw when he came to depict a lovelorn mad woman.

The book reviews of *Great Expectations* mostly saw unreality and exaggeration in Miss Havisham's aberration. The characterization was dismissed as a product of Dickens's "worst

mannerisms,”¹³ “morally and physically absurd,”¹⁴ “an obvious impossibility.”¹⁵ Miss Havisham’s illness was apparently incomprehensible to most Victorian readers because it was difficult to distinguish between eccentricity and insanity. Forbes Winslow says, “The difference between eccentricity and monomania is merely a difference of degree.”¹⁶ Yet, by reference to contemporary medical writing, we can understand that Miss Havisham’s symptoms are medically realistic and precise.

Miss Havisham’s alienation is symptomatic of hysterical insanity, which Conolly classifies. His definition reads:

There is a form of malady, by no means of rare occurrence, and more frequent among the wealthier classes than the poorer, in which apparent bodily ailments of a changeful or obstinate character become associated with an infirmity of mind, at first slight and occasional, but afterward more fixed and confirmed... This form of disorder is chiefly seen in hysterical women... the mind is agitated by every trifle, and every feeling is in excess, and seeks for sympathy with a morbid eagerness. It would seem as if to all the various portions of the brain, and to all the various ramifications of the nerves, some erratic influence or unrestrained energy were directed, and to each in turn, producing endless caprices of the mind and ever-changing bodily sensations... they are affectionate, suspicious, amatory, cold, and repulsive by turns... Incapable of steady friendship or affection, or of adherence to any of the duties of common life, they usually, by degrees, concentrate their attention on their own feelings and morbid sensations, and, laying claim to excessive sensibility, are really only regardful of themselves.¹⁷

The cardinal features of hysterical insanity are applicable to Miss Havisham. She belongs to the well-to-do, a social group which Conolly considers vulnerable to hysteria. She is extremely whimsical as she declares: “I sometimes have sick fancies.”¹⁸ She is pleased with Estella’s rapidly changing mood (*GE* 83), a copy of her own fickleness. Miss Havisham’s restless temper parallels her impatient bodily reactions. Whenever Pip visits her, he is aware of “impatient movement of her fingers” (*GE* 50, 72, 84, 86, 102) and her frequent hitting out with a stick in an irritation, equivalent to “ever-changing bodily sensations” in Conolly. To Pip as a child, Miss Havisham’s impatient finger movement is a cue of her whimsical demands to him. She apparently indulges Estella, but her “love” of her ward is egotistical. At the point of death, she is reconciled with Pip, but she cannot form “steady friendship or affection” with Estella. Her withdrawal into the deserted Satis House is, in other words, the renunciation of “the duties of common life,” which her wealth permits. Miss Havisham neatly fits Conolly’s classification.

The most remarkable symptom of Miss Havisham’s alienation is her disordered sense of time. Her continual wearing a rotten wedding dress for over twenty years most clearly visualizes her diseased mind. Her life is virtually stopped when she stops all clocks, shuts out the daylight, and no

longer uses a calendar. Henri Talon's comment is, "she has no present to speak of. Her life is the negation of the creativeness of time as the instrument of freedom."¹⁹ Miss Havisham is imprisoned in the confusion of reality and unreality, the "most perplexing part" of hysterical insanity (*I* 79). After her engagement is broken, the rest of her life is merely the continuation of lifeless moments: "I know nothing of the days of the week; I know nothing of weeks of the year" (*GE* 53), "I know nothing about times" (*GE* 86). Yet, she is sane enough to be aware of the lapse of time, for instance, in her ageing appearance, and in Pip's and Estella's physical growth. In Miss Havisham's mind, the reality (a lovelorn prematurely old woman) and unreality (a young bride) coexist and suddenly switch places with each other, as Pip observes: "At length, not coming out of her distraught state by degrees, but in an instant" (*GE* 78), she demands that Pip and Estella play cards. The older she becomes, the more she sees the reality. She sees Satis House as "So new to him...so old to me; so strange to him, so familiar to me; so melancholy to both of us!" (*GE* 51). Winslow states, "It is a fallacy to suppose that a person cannot be insane without being unconscious of his melancholy state" (*P* 171). Far from being unconscious of, Miss Havisham fully realizes her illness.

Miss Havisham's aberration is partial because her understanding and memory are unspoiled, though perverted. Estella says to Miss Havisham, "Why should I call you mad...Does any one live, who knows what set purposes you have, half as well as I do? Does any one live, who knows what a steady memory you have, half as well as I do?" (*GE* 272). Miss Havisham never forgets her traumatic life event. In her disillusion she is vengeful and manipulative, far from passively collapsing into grief as a victim. Her role in Pip's life is to puzzle and control him.

As Small states, Miss Havisham's insistent emotional pain signals Dickens's resistance to the current psychiatry's increasing emphasis on physical causes.²⁰ The first dialogue between Pip and Miss Havisham reads:

'Do you know what I touch here?' she said, laying her hands, one upon the other, on her left side.

'Yes, ma'am.' (It made me think of the young man.)

'What do I touch?'

'Your heart.'

'Broken!'

She uttered the word with an eager look, and with strong emphasis, and with a weird smile that had a kind of boast in it. Afterwards, she kept her hands there for a little while, and slowly took them away as if they were heavy. (*GE* 50)

Miss Havisham has just met Pip. Yet, characteristically of a hysterical insane patient, with "a morbid eagerness" (*I* 77), she seeks for his sympathy to her emotional suffering. Apart from this passage, she presses her heart twice (*GE* 78, 324). She demands that Pip should love Estella even though "she tears [his] heart to pieces" (*GE* 213). And, she reproaches Estella, "You cold, cold heart!" (*GE* 271). Miss

Havisham's obsession with the heart embodies Dickens's disagreement with contemporary psychiatric theory which overemphasized somatic causes, especially the brain.

Psychiatry in Dickens's day was characterized by exclusive emphasis on the brain as the organ of the human mind, influenced by technical advances in the brain anatomy and neurology in the first half of the century.²¹ Winslow states, "in every case of insanity—that in every deviation from a healthy condition of the mind, the brain is the seat of the affection. The idea of the mind being disordered independently of physical disease, has no existence except in the imagination of those who wilfully close their understandings to the reception of the truth" (*P* 165). And Conolly reports the result of the dissection of brains at the Hanwell Asylum, where he worked as superintendent. He specifies a lesion for each part in the brain, and we can see psychiatrists' understanding of the brain anatomy: "The cranium is found either thinner or thicker than natural; the dura mater strongly adherent to the cranium; the sac of the arachnoid full of serous fluid; there is effusion, more or less turbid, beneath the arachnoid; the anterior lobes are shrunk; the grey matter is pale; the white matter shows few or no bloody points" (*I* 31). In the 1850s, phrenology lost credit and the "brain theory" became a new pet theory in psychiatry.²² In the brain theory, mental illness was acknowledged as a corporal disease occasioned by brain dysfunction or impairment. As a result, the psychosomatic causes of mental illness were slighted or neglected.²³

In materialistic Victorian psychiatry, emotional suffering was explained in terms of physiological disorders: "Every part of the body is connected to the brain and spinal marrow by the medium of nerves; therefore any agitation of mind, producing an affection in the origin of the nervous system, must necessarily give rise to more or less derangement of the numerous organs of the body" (*P* 157). But, Miss Havisham has no particular physical disorders except muscular debility resulting from a sedentary lifestyle. In Miss Havisham's obsession with the heart, Dickens demonstrates that her aberration is a stark emotional disease independent of a physical or organic lesion.

Miss Havisham's infatuation and its disastrous results are presented to us via Mr Pocket, Herbert, and Pip. Herbert tells Pip her history as follows:

'The marriage day was fixed, the wedding dresses were bought, the wedding tour was planned out, the wedding guests were invited. The day came, but not the bridegroom. He wrote a letter—'

'Which she received,' I struck in, 'when she was dressing for her marriage? At twenty minutes to nine?'

'At the hour and minute,' said Herbert, nodding, 'at which she afterwards stopped all the clocks. What was in it, further than that it most heartlessly broke the marriage off, I can't tell you, because I don't know. When she recovered from a bad illness that she had, she laid the whole place waste, as you have seen it, and she has never since looked upon the light of day.'

(*GE* 160)

In Herbert's (and Pip's) narrative, what happens to Miss Havisham between her ill-fated wedding day and her becoming a recluse is omitted. Her "bad illness" is supposed to be hysteria because grief frequently causes it. Thomas Laycock states, "The causes of grief are rarely so sudden in their action as those of terror; the shock is therefore less violent; but they are more permanent, and so the symptoms they induce go on increasing in intensity, until the intestines ulcerate, the body wastes, the mind is debilitated, and the temper displays every variety of mood from hysteric capriciousness to absolute insanity."²⁴ Abandonment by Compeyson is a sudden blow to Miss Havisham. She has to suffer from violent shock and permanent agony together.

In the light of today's psychiatry, the process of Miss Havisham's illness is parallel to posttraumatic stress disorder (PTSD, cf. Table).²⁵ Dickens underscores the threatening effect of psychosomatic causes on mental illness by adding Pip's nightmare after rescuing Miss Havisham from the fire. Pip is, for a while, haunted by his fearful memory of the fire and of Miss Havisham in anguish. Dickens focuses more on Pip's emotional shock than on physical injury caused by the burns: "This pain of the mind was much harder to strive against than any bodily pain I suffered" (*GE* 360). Pip's affliction after the fire is characteristic of PTSD although it is immediately cured. He is restored to health thanks to Herbert's attempt to divert his attention from the stimuli linked to the trauma. Dickens's diagnosis and treatment of trauma are thus endorsed by today's psychiatric theory. He weaves his criticism of the material diagnosis of the current psychiatry into Miss Havisham's and Pip's mental disorders.

Table
Diagnostic Criteria for 309.81 Posttraumatic Stress Disorder

<p>A. The person has been exposed to a traumatic event in which both of the following were present:</p> <ol style="list-style-type: none"> (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior <p>B. The traumatic event is persistently reexperienced in one (or more) of the following ways:</p> <ol style="list-style-type: none"> (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed. (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content. (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur. (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event <p>C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:</p> <ol style="list-style-type: none"> (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma (2) efforts to avoid activities, places, or people that arouse recollections of the trauma (3) inability to recall an important aspect of the trauma (4) markedly diminished interest or participation in significant activities (5) feeling of detachment or estrangement from others (6) restricted range of affect (e.g., unable to have loving feelings) (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span) <p>D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:</p> <ol style="list-style-type: none"> (1) difficulty falling or staying asleep (2) irritability or outbursts of anger (3) difficulty concentrating (4) hypervigilance (5) exaggerated startle response <p>E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.</p> <p>F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p><i>Specify if:</i> Acute: if duration of symptoms is less than 3 months Chronic: if duration of symptoms is 3 months or more</p> <p><i>Specify if:</i> With Delayed Onset: if onset of symptoms is at least 6 months after the stressor</p>

Source: American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington, DC: American Psychiatric Assn., 1994) 427-29.

Miss Havisham is not sexually immoral, but desertion on the wedding day in the Victorian social climate causes her an irrecoverable social stigma in addition to agony. Her decaying body exhibits social pressure on deserted women: “she had the appearance of having dropped, body and soul, within and without, under the weight of a crushing blow” (*GE* 52). Elaine Showalter states, “women who reject sexuality and marriage (the two were synonymous for Victorian women) are muted or even driven mad by social disapproval.”²⁶ For the treatment of the insane, Conolly recommends exercise, open air, social contacts, and having occupation to restore nerve functions (*I* 80). Pip’s reproach of Miss Havisham echoes a general treatment of mental illness: “in seclusion, she had secluded herself from a thousand natural and healing influences” (*GE* 355). However, she is prohibited from these treatments because she is socially unwanted. As Michel Foucault discusses, detention or reclusion is a form of punishment.²⁷ Thanks to her wealth, Miss Havisham is saved from enforced incarceration in a lunatic asylum. But, she is compelled to confine herself apart from society by a social imperative because she fails to accomplish women’s normative social roles: marriage and mothering.

J. Hillis Miller argues that Satis House is a symbol of the wealth and power to which Pip aspires,²⁸ but it is, rather, Miss Havisham’s permanent asylum and a place for punishment. Its physical environment is the same as old-fashioned lunatic asylums’ in relation to confinement, uncleanliness, unhealthiness, dehumanization, and darkness. Dickens depicts a dreadful environment:

Coercion for the outward man, and rabid physicking for the inward man, were then the specifics for lunacy. Chains, straw, filthy solitude, darkness, and starvation; jalap, syrup of buckthorn, tartarised antimony, and ipecacuanha administered every spring and fall in fabulous doses to every patient, whether well or ill; spinning in whirligigs, corporal punishment, gagging, “continued intoxication;” nothing was too wildly extravagant, nothing too monstrously cruel to be prescribed by mad-doctors.²⁹

Dickens reproduces many of these characteristics in the description of Satis House. On Pip’s first visit to Satis House, its closed windows and many iron bars give him a “dismal” (*GE* 47) impression. Miss Havisham’s discolored wedding dress is practically her straitjacket and obstructs liberty both physically and mentally. The rooms are filled with dirt, squalor, and vermin. The air in the closed rooms for over twenty years is stagnant and suffocating. Its residents and visitors are degraded into the subhuman, similar to the inhuman treatment of patients in asylums. Miss Havisham seems to Pip to be a skeleton, waxwork, witch, and ghost (*GE* 49, 74, 270, 274, 324, 359). Her secret eating in the night is associated with the vermin crawling in Satis House. Estella calls Pip “little coarse monster” (*GE* 71) and feeds him as if he were a dog (*GE* 53, 78). The garden is desolated and covered with disfigured weeds, like Saint Luke’s Hospital’s garden.³⁰

The dark house without the daylight affects even an occasional visitor like Pip: “What could I

become with these surroundings? How could my character fail to be influenced by them? Is it to be wondered at if my thoughts were dazed, as my eyes were, when I came out into the natural light from the misty yellow rooms?" (*GE* 84). Miller claims that Miss Havisham's attempts to stop time render her betrayal the whole meaning of her life.³¹ Her shutting out the sunshine from Satis House is a means solely to freeze time. As her deranged state of mind makes an abnormal environment, the social isolation and deprived physical environment in Satis House distort the mental soundness of the residents and visitors, including hers. Typically of Dickens, character and environment are mutually interactive. Dorothy Van Ghent argues, "In Dickens, environment constantly exceeds its material limitations. Its mode of existence is altered by the human purposes and deeds it circumscribes, and its animation is antagonistic; it fearfully intrudes upon the soul."³² As seen in his eagerness to reform asylums' living conditions, Dickens understands that environment and the human mind are mutually interrelated. The success of the moral treatment in the York Retreat owed a lot to its relatively comfortable environment and relaxed atmosphere.³³

Brought up by Miss Havisham in the dark house so suggestive of a punitive asylum, Estella's mental soundness is perverted. Miss Havisham later confesses to Pip: "I stole her heart away and put ice in its place" (*GE* 356). Miss Havisham originally intends that Estella should not suffer the misery which arises from susceptibility. Yet, as Estella becomes handsome, Miss Havisham thinks of taking revenge on society which excludes her, using Estella as an instrument. In terms of the physiological explanation of the human mind, Miss Havisham hardens Estella's heart. Estella grows to be icy and heartless, unlike Miss Havisham whose susceptible heart is her ruin. Estella says to Pip, "I have a heart to be stabbed in or shot in...if it ceased to beat I should cease to be. But you know what I mean. I have no softness there, no—sympathy—sentiment—nonsense" (*GE* 211). As a result of the dehumanization by Miss Havisham, Estella views her heart merely as the organ of circulating blood. Her defiance of Miss Havisham is characteristic of a heartless woman. Miss Havisham, in a rage, curses her ward: "You stock and stone!...You cold, cold heart!" (*GE* 271). On the other hand, Estella, in the quarrel, composedly points out her guardian's illogic: "When have you found me giving admission here [the heart]...to anything that you excluded? Be just to me" (*GE* 272). Estella's immunity to sentiment embodies the somatic theory in psychiatry in an extreme way. She is not insane in terms of psychiatry, but mentally deformed.

Deceived by his social aspiration, and infatuated with Estella, Pip is oblivious to Miss Havisham's cunning, which is beyond a sane person's. Winslow says, "Lunatics often exhibit a great acuteness of intellect, which astonishes those ignorant of the peculiarities of mental alienation" (*P* 108). Pip, in the expectation of becoming a gentleman, assigns to himself the role as a fairy-tale hero—and lay doctor—to refurbish the asylum-like Satis House and rescue Miss Havisham and Estella from confinement: "She reserved it for me to restore the desolate house, admit the sunshine into the dark rooms, set the clocks a going and the cold hearths a blazing, tear down the cobwebs,

destroy the vermin—in short, do all the shining deeds of the young Knight of romance, and marry the Princess” (*GE* 206). Pip’s courtship of Estella is compared to moral treatment.

However, in his commitment to Estella, instead of rationally diagnosing his beloved as a doctor, Pip undergoes the same emotional suffering as Miss Havisham’s. Between Pip and Estella, the relation of Miss Havisham and Compeyson is inversely reproduced. Where Miss Havisham loves Compeyson with “blind devotion, unquestioning self-humiliation, utter submission, trust and belief against [herself] and against the whole world” (*GE* 213), Pip loves Estella “against reason, against promise, against peace, against hope, against happiness, against all discouragement that could be” (*GE* 206). Herbert tells Pip that Miss Havisham “perfectly idolized him [Compeyson]...she was too haughty and too much in love, to be advised by any one” (*GE* 159-60). Pip is aware of his unrequited love of Estella, but she is always “irresistible” (*GE* 206) from his boyhood. Where Miss Havisham ignores Mr Pocket’s advice, Pip does not listen to Biddy’s warning. In humiliation and agony, Miss Havisham is attacked with a self-destructive fit commencing with “a wild cry”: “she rose up in the chair, in her shroud of a dress, and struck at the air as if she would as soon have struck herself against the wall and fallen dead” (*GE* 213). Pip as a child shows a similar response to Estella’s cruelty: “As I cried, I kicked the wall, and took a hard twist at my hair; so bitter were my feelings, and so sharp was the smart without a name, that needed counteraction” (*GE* 53-54). Pip is a male version of Miss Havisham in love. By sharing the same emotional pain, he understands the true nature of her mental illness. Thus, he forgives her manipulation in the end. In Pip’s relation to Miss Havisham, Dickens contends that in remedying mental illness, treatment solely based upon scientific facts has limitation.

The disclosure of Pip’s real benefactor brings a climax to his relation with Miss Havisham and Estella. After accusing Miss Havisham of her deception, he confesses his love of Estella, only to be disappointed:

‘It seems,’ said Estella, very calmly, ‘that there are sentiments, fancies—I don’t know how to call them—which I am not able to comprehend. When you say you love me, I know what you mean, as a form of words; but nothing more. You address nothing in my breast, you touch nothing there. I don’t care for what you say at all. I have tried to warn you of this; now, have I not?’ (*GE* 321-22)

Pip’s desperate confession does not avail because Estella’s emotion and sentiment are distorted. Pip’s moral treatment is totally rejected by Estella, a heartless woman like “a superhuman goddess, unable to understand the sorrows of mere mortals.”³⁴ Her extraordinarily cold reaction indicates that moral treatment aiming at working on the human sentiment or emotion is fundamentally incompatible with the somatic theory: if mental illness were entirely caused by an organic lesion, how could non-medical treatment avail?

Pip’s anguish and confession of love work on Miss Havisham, not Estella. Miss Havisham sees her past grief in Pip, who is beaten and dejected. She understands that she has tortured Pip, whose

heart is as susceptible as hers, and that in addition to hers, she forms another morbid mind in Estella. The next time when Pip sees Miss Havisham, she is penitent and sheds tears in front of him for the first time. She says, "I am not all stone" (*GE* 352) and her human heart still remains. By her moral awakening and his sympathy, she returns to a human being and recovers her sanity. Yet, she is allowed to live in sanity just a moment. After the fire, because of emotional shock (and physical injury), she lapses into a coma accompanied by speech disorder. Natalie McKnight sees the fire as Miss Havisham's self-punishment and her muteness as a prelude to death.³⁵ Pip's remedy is too late for her to be cured.

The ending of *Great Expectations* is helpful in understanding Dickens's attitude to psychological medicine. The crucial changes from the original ending to the revised one are Estella's remarriage and the location where Pip and Estella meet again. In the original ending, after the death of Drummle, her brutal husband, Estella remarries a doctor and Pip sees her in Piccadilly Circus. In the revised ending, Estella is still a widow and Pip sees her in Satis House. The revised ending is usually considered to be a happy ending, compared to the original. For example, Edgar Rosenberg points out that Bulwer-Lytton's intervention was based upon market interest and/or his own preference of a conventional happy ending.³⁶ On the other hand, Miller sees the possibility of Pip and Estella's reunion and the recovery of order: "Both have come back from a kind of death to meet and join in the moonlight in Miss Havisham's ruined garden. The second ending is, in my opinion, the best."³⁷ Robin Gilmour, on the contrary, argues that the whole plot finishes when Pip belatedly comes back to propose to Biddy, and that the ending is a mere postscript.³⁸

In a medical context, however, the revised ending is more pessimistic than the original. In the original ending, Estella's second husband's kindness works on her and her past mental deficiency seems to be cured in marriage to a medical professional and a mundane family life of which she was deprived from her childhood. On the other hand, in the revised ending, her deformed mind is tamed and subdued by Drummle's cruelty, a reminiscence of coercion in lunatic asylums, but not completely restored to soundness: "I have been bent and broken" (*GE* 433). Pip and Estella's coming to Satis House implies that Miss Havisham's ghost still survives after her death and haunts them. It is expected that the final remedy for Estella is entrusted to Pip, but, in relation to psychological medicine, the revised ending is gloomy and signals Dickens's stance of scepticism of psychological medicine.

Leonard Manheim says that Dickens's interest in mental science is far from scholarly and originates from "his love of terrible."³⁹ Yet, Dickens's intensive reading of writing on psychological medicine is explicit in Miss Havisham's characterization and symptoms. He does not unqualifiedly disagree with the current psychiatry or medical professionals as in *Hard Cash* or his journals. Rather, he problematizes the limitation of the current psychiatric pet theory by emphasizing the emotional suffering of Miss Havisham and Pip. Estella's heartlessness is an extreme form of the brain theory.

Dickens, an expert in observing human beings, knows that the human mind cannot be understood fully only in terms of scientific explanation. His diagnosis of mental illness approaches the realm of today's psychiatry. Dickens is wiser about the true nature of the human mind than his contemporary psychiatrists.

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Notes

- ¹ Charles Dickens, and W. H. Wills, "A Curious Dance Round a Curious Tree," *Household Words* 17 Jan. 1852: 385-89.
- ² Helen Small, *Love's Madness: Medicine, the Novel, and Female Insanity 1800-1865* (Oxford: Clarendon, 1996) 186.
- ³ Charles Dickens, *American Notes*, introd. Sacheverell Sitwell (1842; London: Oxford UP, 1957) 93.
- ⁴ K. J. Fielding, ed., *The Speeches of Charles Dickens: A Complete Edition* (Hemel Hempstead, UK: Harvester Wheatsheaf, 1988) 222-25, 232-36.
- ⁵ John Sutherland, *Victorian Fiction: Writers, Publishers, Readers* (Basingstoke: Macmillan, 1995) 77-80.
- ⁶ For illegal or wrong confinements in lunatic asylums, see Nicholas Hervey, "Advocacy or Folly: The Alleged Lunatics' Friend Society, 1845-63," *Medical History* 30 (1986): 245-75. For Conolly's career, see Andrew Scull, Charlotte MacKenzie, and Nicholas Hervey, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton: Princeton UP, 1996), ch.3. For Conolly's scandal and Dickens's acquaintance with Conolly, see Sutherland 74-86; Scull, MacKenzie, and Hervey 76-77. See also Small 184; Heather Pike, "Madness, Lunacy, and Insanity," *Oxford Reader's Companion to Dickens*, ed. Paul Schlicke (1999; Oxford: Oxford UP, 2000) 370.
- ⁷ For the serialization of *Hard Cash* in *All the Year Round*, see Sutherland 55-61, Small 191-92.
- ⁸ Small 214.
- ⁹ Harry Stone, *Dickens and the Invisible World: Fairy Tales, Fantasy, and Novel-Making* (London: Macmillan, 1979) 280-81; Small 210-11; Pike 372.
- ¹⁰ Charles Dickens, "Where We Stopped Growing," *Household Words* 1 Jan. 1853: 363.
- ¹¹ Stone 281-83.
- ¹² Small 191. See also Sutherland 69-74.
- ¹³ "Great Expectations," *Times* 17 Oct. 1861: 6.
- ¹⁴ "Mr. Dickens's Last Novel," *Dublin University Magazine* Dec. 1861: 692.
- ¹⁵ "The Collected Works of Charles Dickens," *British Quarterly Review* Jan. 1862: 154.
- ¹⁶ Forbes Winslow, *On the Preservation of the Health of Body and Mind* (London, 1842) 107. The subsequent references are given in parentheses with the abbreviation *P*. Winslow was founder of *Journal of Psychological Medicine and Mental Pathology* and worked as president of the Association of Medical Officers of Asylums and Hospitals for the Insane. He was attacked in "M.D. and M.A.D."
- ¹⁷ John Conolly, *On Some of the Forms of Insanity* (London, c.1850) 77-78. The subsequent references are given in parentheses with the abbreviation *I*. Conolly privately presented this book to Dickens. Manheim surmises that Dickens may have never read presentation copies, but I disagree with Manheim. Cf. Leonard Manheim, "Dickens' Fools and Madmen," *Dickens Studies Annual* 2 (1972): 71.
- ¹⁸ Charles Dickens, *Great Expectations*, ed. Robin Gilmour (1860-61; London: Dent, 1994) 50. The subsequent references are given in parentheses with the abbreviation *GE*.
- ¹⁹ Henri Talon, "Space, Time, and Memory in *Great Expectations*," *Dickens Studies Annual* 3 (1974): 131-32.
- ²⁰ Small 214.
- ²¹ For the development of the brain anatomy and neurology in the first half of the nineteenth century, cf. John D. Spillane, *The Doctrine of the Nerves: Chapters in the History of Neurology* (Oxford: Oxford UP, 1981) 277; L. S. Jacyna, "Somatic Theories of Mind and the Interests of Medicine in Britain, 1850-1879," *Medical History* 26 (1982): 235.
- ²² For the history of the acceptance of phrenology by Victorian psychiatrists, cf. R. J. Cooter, "Phrenology and British Alienists, c.1825-1845," *Medical History* 20 (1976): 1-21, 135-51. In Magwitch's sneering "they measured my head...they had better a measured my stomach" (*GE* 307) Dickens's satire of phrenology is explicit. Cf. Robin Gilmour, Notes, *Great Expectations*, 442.

- ²³ Although physicians and surgeons, not psychiatrists, dealt with the emotional shock of the sufferers of railway accidents after the 1830s, it was not until the First World War, when shell shock became a social issue, that the influence of emotional stress on the human mind was systematically studied or examined. Cf. Allan Beveridge, "On the Origins of Post-Traumatic Stress Disorder," *Psychological Trauma: A Developmental Approach*, ed. Dora Black, et al. (London: Gaskell, 1997) 3-9.
- ²⁴ Thomas Laycock, *A Treatise on the Nervous Diseases of Women* (London, 1840) 175.
- ²⁵ In American Psychiatric Association's diagnostic criteria for PTSD in 1994, five criteria out of six are applicable to Miss Havisham's illness. The exception is "persistent avoidance of stimuli associated with the trauma" in the criterion C.
- ²⁶ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (1985; London: Virago, 1987) 63.
- ²⁷ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (1977; Harmondsworth: Penguin, 1991) 115.
- ²⁸ J. Hillis Miller, *Charles Dickens: The World of His Novels* (Cambridge, MA: Harvard UP, 1958) 267-68.
- ²⁹ Dickens and Wills 385.
- ³⁰ Dickens and Wills 388.
- ³¹ Miller 256.
- ³² Dorothy Van Ghent, "The Dickens World: A View from Todgers's," *The Dickens Critics*, ed. George H. Ford and Lauriat Lane, Jr. (1961; Westport, CT: Greenwood, 1972) 218.
- ³³ Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979) 69-70; Natalie McKnight, *Idiots, Madmen, and Other Prisoners in Dickens* (New York: St. Martin's, 1993) 12.
- ³⁴ Miller 259.
- ³⁵ McKnight 53.
- ³⁶ Edgar Rosenberg, "Last Words on *Great Expectations*: A Textual Brief on the Six Endings," *Dickens Studies Annual* 9 (1981): 90-91.
- ³⁷ Miller 278.
- ³⁸ Robin Gilmour, "Appendix: The Two Endings," *Great Expectations*, 447.
- ³⁹ Manheim 69.

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- Source: *The Japan Branch Bulletin of the Dickens Fellowship* No.25 (Oct. 2002): 39-54.