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Karen Beth Strovas
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Sleep and Sleeplessness in the Victorian Novel, *Jane Eyre* to *Dracula*

by

Karen Beth Strovas

A Dissertation submitted to the Faculty of Claremont Graduate University in partial fulfillment of the requirements for the degree of Doctor of Philosophy in English.

Claremont Graduate University
2011

APPROVAL OF THE REVIEW COMMITTEE

This dissertation has been duly read, reviewed, and critiqued by the Committee listed below, which hereby approves the manuscript of Karen Beth Strovas as fulfilling the scope and quality requirements for meriting the degree of Doctor of Philosophy.

Marc Redfield, Chair
Claremont Graduate University
Professor of English

Jolene Zigarovich
Claremont Graduate University
Research Assistant Professor of English

Sumangala Bhattacharya
Pitzer College
Assistant Professor of English and World Literature

Gayle Greene
Scripps College
Professor of English

Abstract

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Claremont Graduate University: 2011

Victorian inquisitiveness about sleep and dysfunctions of sleep is exemplified in novels published during the fifty-year period from *Jane Eyre* (1847) to *Dracula* (1897). This inquisitiveness foreshadows modern medical sleep science and immerses the reading public in a body of popular literature that subverts the concept of "normal" sleep. My dissertation explores the ways in which Victorian fiction brings physiological and psychological female concerns to the fore through the plot devices of sleep and sleeplessness. I examine the Victorians' diverse interpretations of illness, physical and sexual vulnerability, moral insanity, criminality, and anxiety to determine the thematic and narratological ways in which these issues are linked to sleeping and waking states. Drawing on feminist literary criticism, cultural historicism, and medical insight from the early nineteenth-century to the present, I argue that Charlotte Brontë, Wilkie Collins, and Bram Stoker use sleep and wakefulness as vehicles to navigate gendered fluctuations of power and loss.

Jane Eyre, *The Woman in White*, and *Dracula* each present sleep as a gendered space in which power is contested. I argue that sleeplessness and restlessness are the methods women adopt, either on purpose or unintentionally, to realize self-sufficiency and protect themselves from patriarchal jurisdiction and other social restrictions on women. Women must reject their instinctual desires for a certain amount of sleep so that they can maintain agency and authority over their bodies and narratives. Implicit in the

novels is the idea that deep sleep is a mechanism for achieving health and moral strength of character. However, explicitly and without apology, the novels use the trope of sleep for women as a violent instrument of loss, infection, powerlessness, and weakness. The cultural and medical artifacts of the time suggest that deep, indulgent sleep is the only way to achieve or maintain health. Yet Victorian authors write sleep as a sure road to incapacitation and subjugation. Brontë, Collins, and Stoker demonstrate that a woman's mind is only as healthy as her sleep, while her body is always safer awake.

Acknowledgements

While at Claremont Graduate University, I have had the good fortune to find a mentor—Dr. Marc Redfield—who has pushed me to argue with more confidence, write with more clarity, research with more vigor, and pursue an avenue of scholarship that has more significance. In my early coursework with Professor Redfield, I wrote a seminar paper about women's sleep in works by Ann Radcliffe, Matthew Lewis, and Bram Stoker. His comment in blue felt-tip ink is as true today as it was then: "This could be a dissertation!" Thank you, Professor Redfield, for believing in my topic as early as I did.

Additionally, I appreciate the feedback and enthusiasm I received from the remaining members of my committee, Dr. Jolene Zigarovich at Claremont Graduate University, Dr. Sumangala Bhattacharya at Pitzer College, and Dr. Gayle Greene at Scripps College. These women inspire me as I move forward in my career in higher education. I would also like to thank Claremont Graduate University, from which I received an Arts & Humanities Dissertation Grant, and the Honnold-Mudd Library of the Claremont University Consortium, whose librarians assisted me on an almost daily basis.

To my grandfather, Kight Lane, who saw the beginning of this dissertation but not the end of it: you will sleep in my loving memory forever. To my grandmother, Macie Smith, who is always impressed with my big books: I wrote this one with you in my heart.

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I owe loving gratitude to my parents, Sammy and Julia O'Dell, whose devotion, support, encouragement, and prayers know no bounds. You taught me to love literature at a very early age and, now, not a day goes by that I do not indulge in that first love. Thank you for seeing me through the biggest and most exciting goal I have ever worked to accomplish.

And, finally, to my best friend and partner in life, my wonderful husband, Scott Strovas: as I complete this dissertation on the sleep and sleeplessness of women, what *this* woman looks forward to most is spending more time in sleep, sleeplessness, and all the stages in between with *you*.

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CHAPTER 1

Introduction: Sleep and Victorian Women

Between 1885 and 1890, Edward Burne-Jones, an English painter of the Pre-Raphaelite school created a series of four paintings called *The Legend of Briar Rose* which depicts four simultaneous scenes from *Little Briar Rose* (1812) by the German folklorists Brothers Grimm. *Little Briar Rose* is one of the tamest versions of the Sleeping Beauty fairy tale, originally told by Charles Perrault. "The Briar Wood," "The Council Chamber," and "The Garden Court," the first three of the paintings in the series by Burne-Jones, depict sleepers all across the kingdom, from soldiers, to the royal court, to weavers at their looms (Fitzgerald 128-9). Roses, thorns, and brambles, which fill the backgrounds of the images have grown up around the people and invaded the kingdom during its slumber. The fourth painting of the series, titled "The Rose Bower," exhibits a beautiful woman lying recumbent on a bed, with vines of roses climbing up the walls of her bed chamber. Sleeping Beauty's female attendants are also asleep, slumped beside her bed on the floor. Burne-Jones's series shows not the course of the story of the sleeping beauty named Briar Rose, but one specific moment during her enchantment—one in which nature, unhindered by the spell of sleep, has taken over the kingdom and colonized the walls, floors, and in-between spaces as its own jurisdiction.

Whereas the Perrault and Grimm stories focus on the young beauty and the coming of her prince, the images depicted in *The Legend of Briar Rose*, in contrast, create the impression that the soldiers, in the spell of sleep placed on the kingdom, fall to the same fate as the beauty, and the weavers the same fate as the king. Each sleeps in his or her own spot, regardless of social status, royal connection, or gender. Knowing that the

beauty will be awakened by her prince, we can speculate on the ways in which her sleep is different from that of her countrymen and women; however, the series of paintings colors sleep as genderless and without bias. Through the magic spell, the entire kingdom has fallen into the *same* sleep, and together its inhabitants will wake when Sleeping Beauty does. In this series of paintings, art eases over the problem of gender in this story by showing Beauty asleep at the same time as her soldiers, who can no more protect her than her father can, while nature in the guise of briar rosebushes and vines reigns on high. Burne-Jones raises the rose alone to royal power.

Despite this artistic rendition that assimilates the male and female sexes and allows plant life to usurp power, the behavior of sleep in the Victorian era was not without gendered interpretations and connotations. Nature and culture and the unavoidable question of gender roles together affect the sleep of Victorian men and women in novels, and in different ways. Authors of Victorian fiction depict the sleep of women as distinctly different from the sleep of men.

In this dissertation, I argue that women's sleep appears as different from men's sleep in novels of the Victorian period from *Jane Eyre* to *Dracula* in that it signifies an inevitable and specific type of powerlessness, loss, or weakness for women and not for men. Sleep makes both genders vulnerable because one cannot see in sleep or have full cognition (or any cognition) of one's surroundings. However, the literature of the period seems to negate the likelihood of harm or loss to men in sleep, while women's sleep—whether it is a voluntary or an involuntary fall into sleep—is almost always a risk not worth taking. Even in a work such as *Jane Eyre*, in which Mr. Rochester is nearly burned alive in his bed by his mad wife, Bertha, the reader never feels particularly anxious on his

behalf because Jane, wide awake, manages the situation so efficiently. Likewise, in *Dracula*, when Jonathan Harker is surrounded and seduced by a trio of female vampires, Count Dracula arrives on the scene before any danger may come to him. Later, when the dancing vampire light of the female vamps enchants Harker, he somehow manages to snap out of his trance in the nick of time and run back to his room where he cannot be bitten. In the novels I analyze here, the male character always has the means or protection to save himself or be saved from any danger during the night. Although the men might not receive the amount of sleep that they need, they are more likely to sleep soundly, without disturbance, and in such a way that brings forth rejuvenation and renewed physical strength.

In contrast, the sleep of women in Victorian novels is plagued with disturbance, sexual transgression, the fierce cold of the elements and noise of domestic spaces, and a loss of agency over the lives of their loved ones or themselves. Women's sleep also appears as illness or infection, which further demonstrates that a woman does not choose to put herself into a weakened position of sleep unless her body gives out or cannot reject the impulse of sleep any longer. In both *The Woman in White* and *Dracula*, female narrators are put to sleep in order to move on and transition to a new narrative. Especially in *The Woman in White*, it is telling that Collins has no other way to move narratologically forward from Marian Halcombe's diary and voice of opinions without putting her to sleep. After Marian writes herself into a dangerous fever and collapses into a sleep-faint, Count Fosco literally takes her pen and writes in *her* diary, thereby usurping both her privacy and text, and positioning himself firmly as the next narrator. Marian sought to avoid Count Fosco's evil deeds by staying awake to warn her sister, but,

through Marian's illness-turned-sleep, Collins allows Fosco to take possession of Marian's body and words. I originally set out to read and analyze the various ways in which women's sleep is used in Victorian literature, but—once I discovered the literature's depiction of sleep's power to subjugate and weaken women—this dissertation additionally turned into an examination of the ways in which women seek power by staying awake.

Each of my four chapters tackles a unique aspect of sleeplessness and does so through the lens of cultural history and medicine. The research question that I began with was, why do female protagonists in *Jane Eyre*, *The Woman in White*, and *Dracula* so readily and so often avoid sleep? In other words, what is it about this space of sleep and notion of unconsciousness that is so unattractive to these women? My original hypothesis was that women desired to maintain consciousness as long as possible in order to deflect any potential physical or bodily dangers. With further examination of the novels, I discovered that women were not only staying awake to prevent harm, but to assert new and conscious agency over their own bodies, stories, decisions, and actions. Sleeplessness in the Victorian novel becomes a productive space in which women solve problems or take a difficult situation into their own hands to examine. Sleeplessness gives women the ability or opportunity to write at night—often fervently, feverishly, and informatively—and their words not only further plot and characterization in the novels, but they often provide some of the most pivotal moments and climaxes of the story. While women's sleep loss or sleep deprivation might weaken them in body and mind, one of the great ironies of the literature is that this same weakening sleeplessness nevertheless endows women with a unique agency over their bodies and their placement

within their social sphere. In other words, regardless of the physical or mental ramifications, which I do not discount in my analyses, *not* sleeping is a woman's gateway to control in action, thought, movement, and reason.

This project also takes time to discuss the ways in which Victorian authors represent the middle stages between sleep and wakefulness, and, in particular, the cognitive descent from the waking stage into sleep. Chapters Two and Three take particular care to note that Jane and Bertha's middle stages between sleep and waking are most often affected by physical and psychological hardships. Both women overreact emotionally to stimuli: Brontë depicts Jane as a hyperaroused, ever-vigilant woman who cannot risk what she perceives would be an inevitable loss if she were to fall asleep. Brontë depicts Bertha as a morally mad woman whose excesses and lapses of integrity in the night, paired with her mother's genetics, have brought about the ailment of restless insanity. Jane and Bertha are alike in that they live in restless, disappointed positions. Their bodies and minds are in a flux between the powerlessness of their social standings and the power that they assume through self-deprivation of sleep. In Chapter Four, in contrast to what we see in *Jane Eyre*, I show how Marian Halcombe's surges and losses of power in *The Woman in White* center on the psychological and physiological ways in which she suffers from anxiety and illness. Marian's mental and physical fluctuations between anxiety (which I depict as a form of hyper-arousal) and illness cause her to cycle between unladylike wakefulness and the incapacitation of an exhausted, sick body. My *Dracula* chapter, Chapter Five, enlists sleep science's concept of the hypnagogic trance to demonstrate how Stoker's novel showcases the in-between-ness of sleeping and waking. Stoker's work also exposes the vulnerability that lies within a woman's inability

to determine whether the images she sees are hallucinations or reality. This hypnagogic liminality further extends to the state of in-between-ness of life and death that the Un-dead vampires assume. Thus, through the abundance of ways in which sleep, sleeplessness, cognition, hypnagogia, and power work in Victorian literature, I have purposely pushed away from discussion of dreams and dream interpretation, because so much of that type of literary criticism already exists, whereas very few scholars give attention to sleep for its own sake.

This book takes an interdisciplinary methodological approach to research and materials and is situated in the fields of nineteenth-century Victorian fiction, cultural history, and medicine. My basic method for this project as a whole was to combine close readings of *Jane Eyre*, *The Woman in White*, and *Dracula* with deep and thorough cultural-historical analyses of medical and scientific texts, newspaper articles, diaries and memoirs, literary criticism, and other relevant cultural artifacts from the time. Throughout each chapter I work to contextualize my close readings of passages from the novels within a specific cultural problem or ideology that relates to the sleep and sleeplessness of women. For example, in Chapter Three, I have chosen moral insanity and the long-reigning stigma of the night as the rich soil in which to plant my readings of Bertha Mason Rochester's dysfunctional and erratic nighttime behavior. Additionally, in Chapter Five, I look specifically at the impact of electric lighting and new technologies on sleep behaviors. I incorporate readings of medicine and journalism into my discussion of how the characters of *Dracula*—in particular Mina Harker and Lucy Westenra—might have been affected by street lighting and a new cultural conception of the night.

In each chapter, I also tie in twentieth and twenty-first century medical angles, using recent data or examples from the fields of medicine, psychology, psychiatry, neuroscience, and other health sciences. I believe that, while there are ways in which it is anachronistic to apply today's sleep science to Victorian texts, or to superimpose our current understanding onto authors or characters, it is extremely helpful and eye-opening to look at the ways in which Victorian authors explain *descriptively* many of the issues we can prove quantifiably today. Therefore, my use of modern and current scientific research informs a reading of what the significance might be—beyond current critical and literary discourse—of a particular sleep problem, disturbance, or other psychological or physiological response as written in the Victorian novel.

My readings are eclectic in that they borrow across several eras and academic fields of study. However, my uses of theory and scholarly criticism are more confined to the works of prominent feminist theorists and literary theorists of cognition and science. This dissertation draws heavily on my own understanding and experience of feminism, women's studies, and the power differential in gender relations in order to inquire of the novels and other texts how women's sleep or wakefulness differs from men's. I draw specific feminist influences from Sandra Gilbert and Susan Gubar, Elaine Showalter, and Jane M. Ussher; additionally, I draw influences for my readings of literature, technology, and science from Nicholas Dames, Rick Rylance, Anne Stiles, Jill Matus, Sally Shuttleworth, Chris Otter, and Andreas Mavromatis. Within sleep science and the cultural history of sleep specifically, I find that my ideology most often aligns with those of Gayle Greene, Paul Martin, A. Roger Ekirch, and William Dement.

Though my influences and sources were many and multi-faceted, as of yet, I have not found any readings of sleep or sleeplessness similar or even in contrast to my own. Many current studies exist which look at the ways in which dreams, insomnia, and sleep function in the Bible, Chaucer, Shakespeare, Milton, Coleridge, Wordsworth, De Quincey, Keats, Kafka, Dickens, Joyce, and others, but nearly all of these studies take a metaphorical, symbolic, or Freudian approach to sleep rather than examining the deeper cultural and medical implications of what is happening to a woman's body during different stages of consciousness.[1] Also, the work of poetry lends itself, it seems, more often to the liminal readings of sleep and the relationship between sleep and writing, and thus more critical readings have looked at sleep in poetry than at any other genre.[2]

In spite of scholarly criticism's fascination with dreams and dream interpretation, or, perhaps, *because* of it, there are no existing references on the relationship between sleep and Victorian literature, and thus my own theories of sleep, wakefulness, consciousness, unconsciousness, vampiric hypnagogia, and the power or powerlessness therein, were all formed independent of established discourses in Victorian literary criticism. Currently, there is a vast gap between these interdisciplinary subjects, and my work examines crucial pieces around which to build rich and lively conversations about sleep and sleeplessness in the Victorian novel.

My chapters take the novels chronologically from *Jane Eyre* (1847) to *The Woman in White* (1860) to *Dracula* (1897). I have chosen texts which, in my readings,

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[1] See, for example, Ronald R. Thomas's *Dreams of Authority: Freud and Fictions of the Unconscious* (1990), Marjorie Garber's *Dream in Shakespeare: From Metaphor to Metamorphosis* (1974), Margaret Homans's *Bearing the Word: Language and Female Experience in Nineteenth-Century Women's Writing* (1986), and Mary Poovey's *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (1988).

[2] Many scholars are looking at the insomnia and dream poetry of Coleridge, Wordsworth, and Keats in particular.

actively participated in the wider Victorian discussion of sleep and unconsciousness. While this study could and should be widened to look at other works by Brontë, Collins, Stoker, and their contemporaries, these texts are exemplary of my argument because questions of the power and powerlessness inherent in the sleep and wakefulness of women are pervasive. In my selection of non-literary cultural and journalistic texts, medical or health periodicals, and diaries and letters, rather than choosing only well-known or reputable authors or publications, I instead use a wider range of texts to represent what the Victorians themselves might have been reading or writing as they thought about their own behaviors of sleep.

My first body chapter, "Reader, I Couldn't Sleep: Sleep Deprivation, Hyperarousal, and Loss in *Jane Eyre*," sets my objectives of interdisciplinary research at the forefront by bringing in medical research to examine the relationship between Charlotte Brontë's nervous and disturbed sleep and her character Jane's distaste for sleep. I introduce the medical condition of hyperarousal and a related condition, the hyperactivation of the sympathetic nervous system, in order to explore the ways in which modern science and medical research might inform our understanding of a character's and an author's physical, psychological, and emotional reactions. Using a study completed by Matthew Walker of the UC Berkeley Sleep and Neuroimaging Lab (Yoo 877), I compare the emotional responses of Brontë, Jane, and subjects at the sleep lab who suffer sleep deprivation. This comparison allows me to support my hypothesis that Brontë suffered from a hyperaroused and hyperactivated stress system, which provided her the descriptive vocabulary with which to write Jane as sleepless in *Jane Eyre*.

The chapter focuses on close readings of the gendered characterization of restlessness in the novel, but, additionally, I devote several sections to the following issues: 1) Gaskell's biographical evidence of Brontë's lifelong battle with sleep, 2) the function of beds and imagery of beds, which Brontë nearly always associates with vulnerability, and 3) the theme of devastating loss and Jane's deliberate resistance to sleep so as to prevent further loss. I argue that the consequences of a harsh climate, a noisy and distracting environment, domestic abuse, and fear cause Jane sleep difficulties early in her life. Later, given the chance, Jane will usually choose wakefulness over sleep in order to have control in a world in which she is generally powerless against her fate and social standing.

Chapter Three, "No Rest for the Wicked: Moral Implications of Insanity and Sleeplessness in *Jane Eyre*," moves from the psycho-physiological discussion of hyperarousal in Chapter Two into a mixture of cultural history and psychiatric medicine. This chapter focuses on the ways in which the cultural histories and stigmatizing of insomnia parallel those of female mental illness. I depict the ways in which Brontë purposely wrote Bertha as a morally mad woman, rather than only mentally impaired, and how her moral depravity led to a type of insanity that causes her to prey on others at night. I include close readings both of moral madness and insanity in Bertha's character, in conversation with the critical feminist literature, to detail the relationship Brontë creates between the stigma of nighttime wakefulness and the stereotype of insanity. Brontë is persistent in the way she relates Bertha's possible condition of insomnia and insanity to her immorality, which then allows us to read Bertha's active, nighttime misbehavior as a consequence of her restless nature as a woman of the night. Though we

do not have enough narrative material devoted to Bertha in *Jane Eyre* to deem whether or not she has a sleep disorder or merely chooses nighttime wakefulness, as we can with Jane, Brontë depicts Bertha as a woman who uses the night to express sexual deviance and passion. Chapter Three follows threads of cultural histories of the stigmas of insanity, insomnia, menstruation, lunacy, and criminality, blending them to show the ways Brontë's madwoman cannot escape the stereotypes of her author or British medicine.

Chapter Four, titled, "'Oh, my God! am I going to be ill?': Narratives of Sleep and the Sickbed in Wilkie Collins's *The Woman in White*," departs slightly from what comes before in order to read sleep through the lens of two subfields of literature and medicine, which are literature and the sickbed, and the pathography of illness. Taking cues from historian Roy Porter and pathography specialist Anne Hunsaker Hawkins, I look specifically at the ways in which Collins empowers and subjugates the narrative voice of Marian Halcombe in *The Woman in White*. I argue that Collins pairs sleeplessness in his novel with nervous anxiety. This anxiety and particular somatic restlessness keeps women awake in order to narrate, protect each other, and move forward within their objective to solve a mysterious crime. Furthermore, Collins pairs sleep with the sickbed. Specifically, he allows Marian to fall into sleep as she falls into sickness as a way to curtail her narrative agency and limit her sisterly influence over her weaker and nervous sister, Laura. In other words, Collins uses the trope of anxiety as a means to spur his characters on to create narrative accounts of their lives. Nervous anxiety accounts for nighttime wakefulness and the impulse to record one's thoughts and worries in writing. In contrast, he uses sickness and incapacitation as a means to prevent

any further narrative. Marian's diary entries stop abruptly when she falls ill. Thus, Marian's voice in writing is manipulated through the ways in which Collins holds her suspended in sleep or wakefulness. Additionally, this chapter reads the sleep and sleeplessness of Laura and Anne as alternative readings of narrative and power. While Laura and Anne play surprisingly minor roles in a novel that centers around their mysteries, their sleep behaviors directly influence the plot and confluence of events that leads to both of their downfalls.

My fifth chapter, "The Vampire's Night-Light: Artificial Light, Hypnagogia, and Quality of Sleep in *Dracula*," carries two major objectives. First, I explore the nineteenth-century technological advances in street lighting and use cultural and medical texts to support my argument that light had a marked effect on quality and quantity of sleep in 1890s London. Second, I liken the sleep state called "hypnagogia" to the vampiric state of the Un-dead. Hypnagogia is a state that describes the descent from wakefulness into sleeping, and Dracula holds his victims within the hypnagogic trance to assert his power over them in their weakened and liminal consciousness. Within hypnagogia, Dracula's female victims, like Dracula himself, are suspended between states of sleep and wakefulness, and dead and alive. Dracula displays his own technology of light to hypnotize and stun his Victorian prey, who have become obsessed with their search for light and brightness.

I have written Chapter Six, "Power and Beauty Sleep in the Victorian Novel," as a conclusion that problematizes the issue of beauty within the dimensions of power and powerlessness that pervade the dissertation as a whole. I read the three novels against a backdrop of Victorian and early Modernist journalism that says that beauty is power and

that good looks can be achieved by means of sleep. I ask, if sleep brings beauty, and if beauty is power, then where does the Victorian novel fit within this equation that suggests that sleeping is a behavioral path to power? Each in their own way, *Jane Eyre*, *The Woman in White*, and *Dracula* support or counter-argue the social ideals of sleep and beauty of the time.

The fifty years between *Jane Eyre* and *Dracula* saw a visible shift in technological and scientific advances, but the stereotypes of women, cultural stigmas of the night and nightlife, and loss of female agency during sleep remained relatively constant. This dissertation examines what is at stake in character, plot, and narratological development when a woman asserts control over her state of consciousness.

CHAPTER 2

Reader, I Couldn't Sleep: Sleep Deprivation, Hyperarousal, and Loss in *Jane Eyre*

"What hath night to do with sleep?"
John Milton, *Comus* (1637)

"Where was I? Did I wake or sleep? Had I been dreaming? Did I dream still?" (Brontë 172). When considering these questions posed by the heroine of *Jane Eyre* (1847), Charlotte Brontë's "dear reader" has much to contemplate from Jane's extended narrative, not only the scene from which these questions come. In this scene, Mr. Edward Rochester seemingly enchants his governess Jane with a gypsy scheme and costume, pretending to be an old fortune teller. As Rochester disrobes from his costume, Jane sees that she has not been and is not still dreaming, and has merely been under the strange influence of her employer. But, in contrast to her questions of dreaming, her first two questions of location and sleep are neither rhetorical, nor can they be answered with a simple yes or no. Jane is asking her own consciousness for specific answers that it can *only* answer if she is conscious. "Where was I? Did I wake or sleep?" quite consciously addresses the whole of *Jane Eyre*, an anthology of fictional-autobiographical moments whose meanings are intimately tied to setting and the body's vulnerability in sleep.

These are not new questions in the text, as Jane has swung on the liminal pendulum between sleeping and waking many times prior to the fortune-telling scene. We first see Jane struggle to sleep in the nursery at Gateshead Hall, and her sleep disturbances continue throughout her life and in each new setting, such as the Lowood Institution for Girls, Mr. Rochester's estate known as Thornfield Hall, and St. John Rivers's school in Morton. One of the most notable scenes of sleeplessness in the novel occurs on the turbulent night when Jane saves Rochester from burning to death in his bed,

set ablaze by Bertha. On the night of the fire, before hearing strange sounds in the hall and running to Rochester's aid, Jane tosses and turns in bed with her mind churning with conflicted feelings for Rochester. Jane remembers that she "could not sleep for thinking," but says, "I hardly know whether I had slept or not after this musing" (126). Jane may "hardly know," but readers, by this point, knowing her nighttime habits and eccentricities, can be sure that she did not sleep. In fact, Jane Eyre rarely sleeps through the night if she can help it.

Jane's story is chiefly nocturnal. Some of the most memorable scenes of the novel take place during night, and, thus, some of the most important elements of characters' motives and desires are exposed at night. This is why it is surprising that scholarship on Brontë has consistently ignored the ways in which Brontë uses sleeplessness as a narratological device, as they have also overlooked her complication of the notions of *good* and *safe* sleep. Although *Jane Eyre* boasts a wide body of criticism, scholars have hitherto disregarded this rather paradoxical element of the plot, that most of the climaxes of the narrative occur at night when the characters are expected to be asleep in bed.[1] Brontë circumvents the paradox by creating a main character who routinely has trouble achieving sound sleep, and she more than often tries to avoid sleep.

Jane's opinions of sleep and her seeming lack of need for it color her interpretation of her world and its liminality between safe and vulnerable, conscious and unconscious. It follows, then, that *Jane Eyre* is a pivotal text to study in the investigation of the role of sleep and sleeplessness in Victorian fiction for several reasons: first, Brontë's willingness to straddle the contested scientific boundaries of psychology and

[1] Eugenia C. DeLamotte's *Perils of the Night: A Feminist Study of Nineteenth-Century Gothic* is a possible exception in that she often refers to Jane's "perils of the night" in contrast to her day-to-day life, but she does not use sleep or sleeplessness as a lens through which to view these perils.

physiology for narrative material, and, second, Jane's drive for power and control within the alternating bounds of God and nature, which causes her to deny her need for sleep at the same time she is suffering mentally and physically from her deprivation. We spy the consequences of Jane's sleep deprivation even before the text confirms it: as early as the first chapter, burdened by fatigue, Jane overreacts to unpleasant images and thoughts, and she cannot understand these reactions. Jane's overreactions, what I will explain using the medical terms "hyperarousal" and "hyperactivation," are some of the most poignant signs from Brontë that link her own sleep problems to her heroine's.

If, as Nicholas Dames has written, in his discussion of the erasure of memory in Victorian literature, novelists have a "narratological imperative" to relate only what "signifies" (*Amnesiac* 7), then we have a foundational clue—besides her own personal interest and experiences with insomnia—as to why Brontë may have deprived her title character so continually of sleep. Similar to Dames's concept of Victorian nostalgia that elides memory,[2] sleep creates empty spaces and non-narratable holes that disrupt the continuity of a narrative. It is too easy to say that wakefulness is able to *signify* in ways that sleep cannot, for the waking state of fictional characters likely contains dialogue and character development in obvious ways that scenes of sleep cannot—particularly in a first-person narrative such as *Jane Eyre*. We know that the significance of a discussion of sleep and sleeplessness in Victorian fiction is more nuanced than that. Given that late eighteenth-century Gothic novels such as *The Mysteries of Udolpho* and *The Monk* paved

[2] See Nicholas Dames' *Amnesiac Selves: Nostalgia, Forgetting, and British Fiction, 1810-1870* for a thorough discussion of the role of memory and forgetting in Victorian literature. Dames contends that Victorians adopted a type of nostalgia that elides memory in such a way as to create cultural amnesia of the past. His chapter on Charlotte Brontë focuses on phrenological theories and explains that "everything is visible, and therefore visibility is everything" in Brontë's texts (81), which adds credence to my belief that she keeps Jane awake so that her surroundings and, thus, her vulnerabilities, will be visible to her.

the way for sleep to signify unambiguously as death and as an absence of consciousness leaving the sleeper prone to sexual predation, these signifiers would have been easily identifiable to the common Victorian reader.[3] *Jane Eyre*, which retains many elements of the Gothic,[4] was on what I see as the cusp of a new literary trend that empowered female characters through nighttime wakefulness, rather than allowing them to be violated in their sleep.[5] Jane plays the contrasting roles of the sleep-starved Victorian lady with agency and the Gothic victimized heroine, as Brontë navigates the boundaries between realist and Gothic styles and patterns.

It is my intention, then, to draw out the reasons why Jane's unanticipated arousals from bed, or even plot elements that arise from the internal conflict of tossing and turning, might *signify* in different ways than her normal daytime wakefulness or nighttime sleep. A character who is awake at night—active, mobile, and influential in narratological concerns of plot and structure—confounds readers' expectations of the norm. Additionally, for an unmarried female character without child-rearing or nursing responsibilities, nighttime activity demonstrates a break with propriety and decorum. Nevertheless, a woman's inability to sleep at night is somewhat exciting and relatable (because women wake at night twice as often as men [Horne 206-7][6]), so this is an attractive and realistic narrative thread to follow. Because of its relationship to both

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[3] One important element to note about the trope of sleep functioning as death in the Gothic novel is that this death is fragmented and disrupted, and it thus parallels the many other fragments common in the Gothic genre, such as fragments of notes, dialogue, etc.

[4] DeLamotte is emphatic about Brontë's use of the Gothic, claiming that "Charlotte Brontë, who of all nineteenth-century exploiters of the Gothic tradition saw most clearly, and portrayed most brilliantly, what the Gothic had always known: the way the perils of the soul in its darkest night reflect, in magnified and revealing forms, the quotidian realities of life in the daylit world of money, work, and social rank" (vii).

[5] Sensation fiction adopts this trend with enthusiasm. For example, Wilkie Collins's character Marian Halcombe and others often avoid sleep so as to have more control over their bodies and/or livelihoods.

[6] Jim Horne explains that the reason women are more likely to wake up than men is because of their higher sensitivity to sound (206-7).

psychology and physiology, persistent nocturnal wakefulness exemplifies one of literary criticism's recent debates concerning the ways in which Victorian authors such as Brontë approached their fiction: either through the interiority of the mind or the external, visible surface of the body.[7] As I will demonstrate in this chapter, *Jane Eyre* is a central text for contrasting the vulnerabilities inherent in the act of sleep with the negative health effects of sleep deprivation, as the latter magnifies distress of both the body and mind, which creates a rich playground for overreaction—hyperbole of characterization, we could say—and strips Jane of the rejuvenation of starting anew each morning, temporarily oblivious to the previous day's hardships.

Charlotte Brontë's sleep life, by her own account, was a perpetual struggle, with her "nights [often being] times of sick, dreary, wakeful misery" (Gaskell 207). Brontë did not seem to know what *good* sleep was; likewise, rarely does Jane Eyre exhibit a rested spirit. And, as will be explored in the next chapter, Bertha Mason Rochester, Gilbert and Gubar's now proverbial "Madwoman in the Attic," is arguably *worst* off in the trio, in terms of disrupted slumber. While critics such as Miriam Allott, Hsiao-Hung Lee, James O'Rourke, Annette Tromly, and others have commented on Brontë's autobiographical approach in *Jane Eyre*, as of yet, none have examined the ways in which Brontë's sleep deprivation informs Jane and Bertha's non-traditional sleep patterns, or connected this theme to what we know today about sleep disturbances. One of these disturbances, hyperarousal, prevents rational reactions to everyday stressors, and it is induced by the type of fatigue experienced by both Brontë and her protagonist.[8]

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[7] As I demonstrate a bit later in this chapter in regard to the "debate," I take a moderate stance that Brontë composed *Jane Eyre* using both exterior and interior models of cognition. See Dames, *Amnesiac Selves* 85-6 and Cohen 152 n. 20 for a more in depth discussion of this debate.

[8] Conversely, hyperarousal has been shown to induce sleep deprivation, so this is a cyclical health risk.

By exploring the medical condition of hyperarousal and a related condition, the hyperactivation of the sympathetic nervous system, I aim to show a few of the ways in which twenty-first century sleep research sheds light on narrative and characterization in *Jane Eyre*. First, I link emotional overreactions like those portrayed in *Jane Eyre* to the brain activity of subjects experiencing sleep deprivation. Drawing on primary source evidence that depicts her symptoms of stress and fatigue, I show how Brontë likely suffered from hyperarousal and a hyperactivated nervous system, or stress system, and I argue that Brontë's experiences that stemmed from her inability to sleep influenced and informed her characterization of Jane. Next, I detail and analyze Jane's sleep loss and its causes and significance within the narrative. Then, I analyze the ways Brontë equates imagery of beds and other such sleep spaces, such as the cradle, with vulnerability. Because of this underlying vulnerability, and because sleep functions as and symbolizes great loss in her life, Jane routinely chooses to forego sleep rather than relinquish agency over her body. Thus, Jane's sleep difficulties, at first a consequence of the harsh or noisy conditions of her environment, become self-perpetuating.

I. Sleep Science, Hyperarousal, and Psycho-physiological Responses to Sleep Deprivation

While examining brain function in sleep-deprived subjects, sleep researchers might have unlocked secrets about the relationship between *Jane Eyre*, Brontë, and sleep deprivation. In 2007, Dr. Matthew Walker, Director of the Sleep and Neuroimaging Lab of the University of California at Berkeley, published findings that even minor amounts of sleep deprivation can greatly impact a person's reactions to stress (Yoo et al. 877-878).

MRI scans show that, after as little as one night of missed sleep,[9] an individual's amygdala, an area of the brain known for sensing fear, grossly overreacts to unpleasant images compared to the more modest reaction of an amygdala of a well-rested subject (Swaminathan 1). Dr. Walker's research indicates that the reactions of the fatigued amygdala to images were not only about 60% greater in magnitude or intensity, but also the reactions activated about three times more brain matter than that of his well-rested control group (Yoo et al. 877). In other words, both the intensity of feeling and the volume of brain matter activated were significantly greater than normal. This condition is called "hyperarousal," and although sleep deprivation is not the only cause (or effect) of this problem, it is a common one.[10]

Additionally, in sleep-deprived patients, Walker describes a "disconnect" between the fear and stress sensors of the brain and the "brain's frontal lobe, the region that controls rational thought and decision-making" (Stahl). Put more simply, Walker discovered the relationship between sleep deficit and the inability to control emotional responses to fear and stress, or worse, the decreased ability to think rationally (Stahl; TS-Si News 1-2). Walker explains, "It's almost as though, without sleep, the brain had reverted back to more primitive patterns of activity, in that it was unable to put emotional experiences into context and produce controlled, appropriate responses" (qtd. in TS-Si News 1). In no uncertain terms, Walker's research assigns sleep deprivation as one of the causes of a subject's hyperarousal and his or her subsequent irrational thought patterns

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[9] Matthew Walker's laboratory subjects were kept awake for thirty-five hours before their MRI scans (Yoo et al. 877; Stahl).

[10] Stress is also a common trigger for symptoms of hyperarousal. Dr. William C. Dement and Christopher Vaughan, in *The Promise of Sleep* (1999), state that "hyperarousal caused by stress and worry is the most frequently mentioned cause of temporary sleeping difficulties" (136). Gayle Greene, in *Insomniac* (2008), argues from personal experience that sleep difficulties are just as likely *to cause* hyperarousal as *to be caused* by it (72).

and behavior. Ironically, Walker's discoveries of 2007 supply quantitative data which can be used to underline the significance of narratives of sleep deprivation that were fictionalized in *Jane Eyre* 160 years earlier.

Through *Jane Eyre*, we can see that Brontë's natural impulse and understanding of sleeplessness and its effects on the body mirror some twentieth-century findings in the field of neuroscience. To stress the importance of the connection between neuroscience and Victorian literature, critics such as Elaine Showalter, Helen Small, Rachel Malane, Sally Shuttleworth, and Nicholas Dames have written that Brontë was undoubtedly thinking about aspects of the mind and brain while she wrote *Jane Eyre*, and this interest has been interpreted as one of Brontë's feminist concerns.[11] Whereas Showalter takes on the mind and body in *Jane Eyre* from a psychoanalytic and feminist stance, using Freudian logic to analyze the "female inner space" and "secret compartments" in "the densely symbolic red-room" (*Literature* 114), Shuttleworth and Dames focus on Brontë's psychological interest in physiognomy and phrenology.[12] What Dames calls Brontë's "*unembarrassed* application of phrenological vocabulary" and the assumptions she makes therein, allows him to read Brontë's novels in contrast to literary theories of interiority, "the interiors of texts, and the interiors of characters within texts" that is privileged in *The Madwoman in the Attic* and Gilbert and Gubar's feminist disciples (Dames, *Amnesiac* 85). Shuttleworth and Dames, although they use differing

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[11] Many before me have devoted full works to Victorian psychology and neuroscience: See also Young, Gross, Rylance, and Davis. According to Rachel Malane, Brontë thought the female brain was more vulnerable to incursion than the male brain and, therefore, a feminist concern of Brontë's (69).

[12] Phrenology is an abandoned nineteenth-century, pre-evolutionary pseudo-science founded by Franz Joseph Gall (1758-1828) which dictates that human character can be determined by the size of the brain and the fitting of the skull over it, including analysis of the bumps on the skull (Young 9-17). Phrenology, humorously, has been called the "great *faux pas*" of psychology (J. C. Flugel qtd. in Young 9). For an in depth look at the history of phrenology and physiognomy, one needs to look no further than Robert M. Young.

terminology, see the way Brontë writes the "exterior," such as through social surveillance and gendered ideology of vision (Shuttleworth, *Charlotte*, chapter 7), or through the use of "visible behavior and legible bodies" (Dames, *Amnesiac* 85), as key indicators of Brontë's interest in phrenology and the gendered way a person's character is mapped through the exterior markings of the brain and skull. In spite of, or, perhaps, because of Brontë's gendered interest in brain science and the ways in which mental illness was thought to reveal itself externally,[13] our analysis of the brain, and even Brontë's understanding of the brain, should not be isolated from analysis of the female body.[14]

Gayle Greene, in *Insomniac* (2008), tries to bring physiology and matters of the body to the forefront, or at least alongside psychological matters, particularly because many medical doctors are unwilling to discuss non-psychological triggers of sleep disorders. To be sure, stress and sleeplessness impact physiological processes greatly. When a stressor causes hyperarousal in the amygdala, which is what happens after a night of lost sleep, sympathetic nerve endings throughout the body secrete the hormone epinephrine, or adrenaline, which primes the body's fight or flight reflexes (Greene 144). At this point, the kidneys pour the stress hormone *cortisol* into the bloodstream, which

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[13] Shuttleworth notes that Reverend Brontë, Charlotte's father, immersed himself "in the currents of contemporary concern" regarding nervous diseases (53). His interest in psychological diseases centered on how they presented themselves externally. Shuttleworth explains that the Brontë family library includes psychology and medical manuals, and "Virtually all manuals of psychological medicine of the era offered guidelines as to how the physician should interpret the physiognomical and pathognomic signs of their patients' outward appearance" (54). Brontë employs physiognomy in *Jane Eyre* so that her readers (and characters) may read the mind of a character based on his or her "external form" (54).

[14] Although interdisciplinary approaches to literature, particularly its intersections with science and medicine, are probing deeper and wider, none of the above-cited nineteenth-century critics or any others have brought sleep or sleeplessness into their interdisciplinary discussions of Victorian literature's use of psychology, physiognomy, phrenology, or pathology, with the exception of critics who focus on the psychoanalysis of dreams. This is why more recent, physiological studies are of use to me as I work to bridge the gap in this field. Jill L. Matus has recently argued that "theories of shock formed a crucial aspect of the way Victorians attempted to think through the relations between mind and body" (3), and I see theories of sleep and sleeplessness as being able to follow a similar trajectory of analysis in bringing together the interior and exterior spheres.

can cause a chain of negative reactions for sleep (Greene 144).[15] For those whose sleep is regularly disturbed, says Greene, "each awakening triggers a pulse of cortisol secretion, and the more sleep is disturbed, the more activated the stress system becomes," which is a physiological, embodied response to both physiological (exterior) and psychological (interior) triggers (148). Greene explains that sleep problems and the hyper-activation of the stress system are causal and cyclical, for each one elevates the other—and does so continually—until the cycle can be broken. Furthermore, losing sleep can cause an exponential amount of stress because "Sleep disturbance not only raises the levels of stress hormones, it keeps them elevated" (Greene 148). Thus, people who experience recurrent sleep loss, as Jane does throughout *Jane Eyre*, are more likely to overreact in both emotional and physiological responses to stress than those who achieve a full night of sleep.

Both the brain and body become hyper-reactive to disturbing images or thoughts (virtually any type of stressor) when trying to function on little or no sleep; to put it simply, regarding sleep deprivation, when the brain is hyperaroused, the body's stress system is likely to be hyper-active, and vice versa. Scientific findings show the painful irony that sleep deprivation leads to more sleep disturbances, thus perpetuating the cycle of fatigue, hyperarousal, and overreaction to stress. Critics might argue that *to diagnose* Jane, a fictional character, or even the long-deceased Brontë, with sleeping disorders as they are understood today would be anachronistic. Indeed, my goal is not merely to label Jane or Brontë's symptoms; what I aim to show here is that Brontë's experiences of sleep

[15] Paul Martin's *Counting Sheep* (2002) reports that only one night of lost sleep can raise cortisol levels by 45% by the following evening (82).

loss—and by extension, Jane's narratives of sleep loss—account for or contribute to the emotional climaxes of the novel.

II. Hyperarousal in Brontë's *Jane Eyre* and Gaskell's *The Life of Charlotte Brontë*

Jane's sleep is irregular, and she routinely overreacts to stimuli—two aspects of the novel which I argue are related. By her own account, Jane, as an adult, admits that she overreacted to her fears as a child, especially while locked in the red room. She reflects on her readiness to succumb to her fears, and "can now conjecture readily that" her mind played tricks on her: "prepared as [her] mind was for horror, shaken as [her] nerves were by agitation," she believed wholeheartedly in the wild evils conjured by her youthful imagination (13-4). Jane's childhood could be considered traumatic—any moment of it might have affected her sleep. Jill L. Matus, in *Shock, Memory and the Unconscious in Victorian Fiction* (2009), argues that "Few readers today would quarrel with the pronouncement that Brontë's heroine is traumatized by her experience in the red room" (2).[16] Whether we choose to link Jane's sleep difficulties to trauma is not as fundamental to my argument as linking Jane's character trait of fatigue with her hyper-emotional responses to stressors, traumatic or otherwise. It is unncessary to read Jane as a traumatized character.[17] Jane grows up as an orphan, orphanhood being a common Victorian trope used to depict stress and hardship; and, further, Jane's cousin John Reed multiplies this hardship by "bull[ying] and punish[ing her]…continually" (8).

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[16] For other discussions of trauma in *Jane Eyre*, see Hoeveler 149-173 and Wood 94-110.

[17] The definition of "trauma," as Richard J. McNally notes in *Remembering Trauma* (2003), is fraught with twenty-first-century legal, political, and medical complexities, but he relies on Bonnie Green's three variables when discerning whether an event is a trauma: "an objectively defined event, the person's subjective interpretation of its meaning, and the person's emotional reaction to it" (78). Although Jane reacts powerfully to her red room experience, as an adult she is able to describe it objectively.

Brontë constructs her narrative in such a way that John's domestic abuse is less impressive than Jane's reaction to it. Jane confesses, "every nerve I had feared him, and every morsel of flesh on my bones shrank when he came near" (8). After John throws a large book at Jane for her so-called impudence, an action which causes Jane to hit her head and split it open, she screams exaggerated similes, "You are like a murderer—you are like a slave-driver—you are like the Roman emperors!" (8). Jane, as older and wiser narrator, reasons that, at the time of John's assault, she had recently read Goldsmith's *History of Rome* and "had formed [her] opinion of Nero [and] Caligula" and "had drawn parallels in silence" (8-9). She confesses that in her moment of rage when she attacked John, the fourteen-year-old with a "dim and bleared eye and flabby cheeks," she "really saw in [John] a tyrant: a murderer" (7, 9). But what Jane calls "parallels" that she has drawn between Roman emperors and John are not parallels at all; they are gross overreactions to stimuli from books, recurrent domestic abuse, and her imagination. Perhaps this is why even something much less disturbing, such as "coming home in the raw twilight" from an afternoon walk, would have inspired fear or, as Jane says, been "dreadful" (5).[18] Jane as narrator acknowledges feeling confused about the intensity of her fear: she affirms, "There were moments when I was *bewildered* by the *terror* [John] inspired" (8; italics mine). Jane's reactions are more extreme than they should be, which is something she recognizes only when looking back and reflecting on her fear. It is possible that her fears are directly related to her lack of sleep, as Brontë's were.

[18] It is interesting to note that this opinion of Jane's repeats itself when she returns home to Thornfield after meeting Rochester for the first time in the lane, and also when she returns after Mrs. Reed's death. Jane claims she "did not like re-entering Thornfield. To pass its threshold was to return to stagnation….I lingered at the gates; I lingered on the lawn; I paced backwards and forwards on the pavement" to delay returning (99).

Obviously, Charlotte Brontë never spent time conversing with a sleep doctor or having an MRI scan taken of her brain, but she might have taken an interest in at least one book on sleep from her father's library, Dr. Robert MacNish's *The Philosophy of Sleep*, the first editions of which were published in Scotland in 1830 and in New York in 1834 (Shuttleworth, *Charlotte* 28, 240; "Quarterly List" 274).[19] We cannot presume to know whether Brontë was satisfied by the early nineteenth-century wisdom of MacNish, who writes, "Sleep is the intermediate state between *life* and *death*," and claims that "*oblivion* of feeling and imagination…is *essential* to…sleep" (MacNish 1, 2; italics mine). In fact, Brontë's accounts of imaginative and hallucinatory sleep states—particularly in her later novel, *Villette* (1853)—seem to contradict MacNish's views. It is impossible to know how fully, if at all, Brontë understood or relied on the sleep science of her day in her characterization of Jane. Notwithstanding, documented recollections of Brontë's many sleepless nights lead me to believe that she might have benefited from the wisdom gleaned from today's sleep science and technology.

Much of what we know about Brontë's sleep comes from Elizabeth Gaskell's *The Life of Charlotte Brontë* (1857), the first biography of Brontë, which was written soon after her death in 1855. *The Life of Charlotte Brontë*, despite its tendency to romanticize, weaves the story of Brontë's life through primary texts such as letters, journals, and anecdotes. Gaskell depicts Brontë as experiencing sleepless nights with regularity.

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[19] While it is unknown whether Charlotte read MacNish's *The Philosophy of Sleep*, one can be sure that Reverend Brontë was familiar with the book, as Sally Shuttleworth tells us that he made "extensive notes" while comparing MacNish's text to his own experiences, and he even consulted its views on recommended sleeping position for avoiding nightmares (28). Although Shuttleworth does not speculate on Charlotte's familiarity with MacNish's text, she provides evidence that Reverend Brontë made note of MacNish's writings on anaesthesia, and subsequently asked Charolotte to consult the distinguished physician John Forbes on "the newly discovered anaesthetizing powers of chloroform" (28). Charlotte's unique acquaintance with Forbes in the 1840s and 50s, it could be argued, arose from her father's fascination with MacNish's writings on sleep.

Many of these sleepless nights occurred after a disturbing sound, vision, apparition, or memory aroused her stress system and upset her. She could not account for the ways her mind was aroused.[20] William A. Cohen explains this phenomenon in *Embodied: Victorian Literature and the Senses* (2009), not in relation to Brontë, but to her characters, who "are open through their senses to incursions from the outside" (27). Brontë, it seems, had internalized her fears of sleep so fully that she created the same tendency toward hyperarousal in Jane; hence both Brontë and her heroine were unable to sleep.

Letters from one of Brontë's friends, Mary Taylor, provide special insight into Brontë's perpetual battle with sleep and her tendency to scare herself into not sleeping. Taylor writes that, one evening, Charlotte "had sat in the dressing-room until it was quite dark, and then observing [the dark] all at once, had taken sudden fright" (qtd. in Gaskell 111). Gaskell interrupts her reproduction of Taylor's letter to insert an almost verbatim passage from *Jane Eyre* that she recalls, and she interprets Jane's nervous agitation in the novel as originating in Charlotte's fear of the dark: "she remembered this well when she described a similar terror getting hold upon Jane Eyre" (111). Taylor's letters, even those not highlighted or fragmented by Gaskell's commentary, blame Brontë's hyperaroused imagination for her sleeplessness; "she could not…help thinking. She could not forget the gloom, could not sleep at night" (qtd. in Gaskell 111). According to Gaskell's account of a school vacation Brontë spent alone while teaching in Brussels, which Brontë later sensationalized in *Villette*, "[Charlotte] had never been a good sleeper, but now she

[20] Compare Brontë's inability to account for her reactions to the ways in which Matthew Walker's patients could account for their extreme and irrational reactions to visual stimuli in the UC Berkeley sleep lab.

could not sleep at all" (206). Brontë's overactive mind, and I argue, her hyperactivated stress system, disabled her from experiencing restful sleep, when she slept at all:

> Whatever had been disagreeable, or obnoxious, to her during the day, was presented [at night] with exaggerated vividness to her disordered fancy. In the dead of the night, lying awake…every fear…became a terrible reality, oppressing her and choking up the very life-blood in her heart. Those nights were times of sick, dreary, wakeful misery; precursors of many such in after years. (Gaskell 206-7)

These "many such" difficult nights "in after years" to which Gaskell refers are often referred to in the biography as "haunted night[s] of sleeplessness" (207). Although Brontë did not have the vocabulary of a sleep scientist, she writes vivid accounts of sleep *deprivation*. During one prolonged bout of insomnia, Brontë lamented, "The days pass in a slow, dark march [but] the nights are the test [with my] sudden wakings from restless sleep" (qtd. in Gaskell 297). Brontë put Jane through these same "tests" of sleepless nights by equating sleep and imagery of the bed with vulnerability.

III. Sleep loss

Most of Jane's periods of sleep are readily identifiable as unconscious behaviors and involuntary actions of her body. Brontë is forced to grapple with issues of the body in *Jane Eyre* as a means through which to try to understand the inner workings of the mind. "Writing about the body," Cohen explains, "supplies Victorian authors a concrete means of giving form to intangible thoughts and feelings" (27). If Jane could prevent sleep, she would, but she is trapped, or incarcerated, as Gilbert, Gubar, Showalter, or D. A. Miller might say, in a physical body that forces sleep upon her.

Imagery of the bed permeates the first few chapters, but when Jane falls asleep for the first time within the timeframe of the novel, it is only because she suffers "a species of fit" upon being abandoned in the red room, which brings about "unconsciousness" (14). Upon waking, her first conscious visions are of a hell-like "terrible red glare, crossed with thick black bars" (14-15). Once Jane's "bewilderment dissolve[s]," she realizes that the red glare comes from the nursery room fireplace, and the bars are not those of a prison, as it seems to Jane, but they are the sturdy bars of her nursery crib, and she has woken up in her own bed (15). Jane's initial reactions to her surroundings upon waking supply significant clues about how she feels about sleep. Jane's fit and subsequent confusion upon waking appear to be the residual effects of terror and, possibly, of trauma, but they predict behaviors and opinions that will resurface in later scenes. By this, I mean that Jane rarely sleeps *voluntarily*, and she only happens to fall into it when in the least control of her body, as she was in the red room. Furthermore, when Jane wakes from sleep, her practice is to vacate her bed as soon as possible, not wanting to stay in a space that would seem to be inviting, but appears more like a prison.

Jane chooses to let herself sleep (rather than seeming to fall into it involuntarily) only if she feels particularly secure, and usually warm, as is the case when she feels "an inexpressible relief, a soothing conviction of protection and security" when she realizes that a stranger, Mr. Lloyd the apothecary, is leaning over her bed after her red room accident—a stranger being of more comfort to little Jane than her usual housemates, the housekeeping staff, nurses, and the Reeds (15). "I felt so sheltered and befriended while he sat in the chair near my pillow," she says of Mr. Lloyd. She mourns his exit from her room with an "inexpressible sadness," and more importantly, with an aversion to sleep

(15). While Bessie and the housemaid Sarah sleep soundly, "the watches of that long night passed in ghastly wakefulness" for Jane (16). She calls wakefulness "ghastly," but it is really sleep that she fears.

Jane's fears are founded in her sensitivity to the outside world. Cohen writes of how the senses are used in Victorian literature, that "through the body's sensory channels and orifices, the material world comes into and goes out of the self" (64). Jane's body resists sleep because her senses are hyperaroused, and Brontë's diction confirms this theory: "ear, eye, and mind were alike strained by dread: such dread as children only can feel" (16). According to the narrative, Jane goes without sleep and is "up and dressed" and out of bed the next day, even though she "fe[els] physically weak and broken down" (16); these symptoms are most likely due to the combination of residual fear from the red room scare and a night of no sleep. Jane's worst childhood ailment, she remembers as an adult, was "an unutterable wretchedness of mind," which kept her senses and stress system hyper-alert, her mind continually open to fear. According to Cohen, "the senses open the subject to the world" (64), but this openness is a precarious position for a young girl to be in. Similar to Jane's confusion regarding her overreaction to John Reed, Jane puzzles over her situation of comparative leisure and isolation from the Reeds. The time "should have been to me a paradise of peace…; but, in fact, my racked nerves were now in such a state that no calm could soothe" (16). In characterizing Jane's distaste for sleep, Brontë suggests that it stems from the necessity to relax and let down her guard in order to nod off and experience the physical rejuvenation and "paradise" of deep sleep. Jane desires to remain vigilant and in control of her body. She cannot be in control while asleep.

Sometimes Brontë's text is ambiguous about whether Jane is an early riser or whether she sleeps at all on particular nights. Brontë's narrative of Jane's mornings usually starts not with her moment of waking, but, rather, a discussion of the time or circumstances in which she had already left her bed. Often, the next day's narrative will find Jane already out of bed and have to catch up, so to speak, with the character's plotline. For example, even though Jane's time of waking fluctuates, it seems that she is usually *ahead* of the reader. During her illness, we find her "up and dressed," sitting at the hearth (16). After her recovery, the narrative breaks in on the "fifteenth of January, about nine o'clock in the morning," when Jane is "making [her] bed" (24). On the morning she leaves Gateshead to travel to school, "Five o'clock had hardly struck…when Bessie brought a candle into my closet, and *found me already up* and nearly dressed. I had risen half an hour before her entrance" (33; italics mine). Though Jane "had risen" early, Brontë does not clarify whether Jane ever fell asleep the night before; she likely stayed awake all or most of the night. We learn that she "*at last* dropped asleep" in complete exhaustion in the coach while on the road to Lowood, finally safe away from the abusive Reeds (35; italics mine).

Exhaustion is a common theme expressed in *Jane Eyre*, for it is not uncommon for Jane to "*really* fe[el] fatigued" and "express…[her] *readiness* to retire," such as she does on her first night at Thornfield with Mrs. Fairfax (83; italics mine). But, instead of dropping into bed once left by herself in her bedroom, Jane "gaze[s] leisurely round," almost as if to delay her slumber (83). This same stalling pattern, paired with a desire for privacy, occurs earlier in the text. For example, when Jane seeks to leave Lowood for a governess position, she knows the only time to consider how to advertise her

accomplishments is when her talkative roommate, Miss Gryce, falls asleep. "I was not free to resume the interrupted chain of my reflections till bedtime," Jane explains, "How I wished sleep would silence her!" (72). When "Miss Gryce snored at last," Jane welcomed these usually bothersome "first deep notes with satisfaction" (72-3). Jane celebrates her roommate's snore-filled sleep as an opportunity to think in privacy, but her stress system, overworked by fatigue and sensation, clouds her ability to reason: she "ordered [her] brain to find a response, and quickly"; as if mechanically, "It worked and worked faster: I felt the pulses throb in my head and temples; but for nearly an hour it worked in chaos, and no result came of its efforts. Feverish with vain labour, I got up and took a turn in the room" (73). Jane's mind does not clear itself enough to calm down until she works out the wording for her advertisement in her head: "I had [the advertisement] in a clear practical form; I felt satisfied, and fell asleep" (73). Though Jane is weary from the long school day and her own private concerns, she postpones her bedtime by over an hour to mull over, however frenetically, her need for a "new servitude" (72, 73).

Because Jane so often postpones sleep without regard for her own physical need or emotional desire for it, much significance can be found in the moments when she does sleep "soon and soundly" upon going to bed (83). As mentioned above, Jane's leisurely pace at bedtime often contradicts her "readiness to retire," as is the case on her first night at Thornfield (83). We know Jane is exhausted on this night because, once she finally climbs into bed (though not before a further delay—kneeling and saying prayers of gratitude "where thanks were due"), she "sle[eps] soon and soundly" and does not wake until "broad day" (83). Her sleep on this night shows evidence of accumulated sleep

deficit, or "sleep debt." Dr. William C. Dement and Christopher Vaughan's *The Promise of Sleep* (1999) tells us that "The brain keeps an exact accounting of how much sleep it is owed," and that "the effect of each successive night of partial sleep loss carrie[s] over" (60). Dement and Vaughan "use the term 'sleep debt' because accumulated lost sleep is like a monetary debt: It must be paid back" (60). They argue that one good night of sleep does not repay the debt because one would need a good night's sleep *plus* the amount he or she had shorted the previous night (or many previous nights), in order to come out even.

Though Dement and Vaughan hypothesize that sleep debt must be paid back hour for hour, some sleep researchers tell us that the human body has evolved in such a way as to repay the debt more efficiently by skipping certain lighter cycles of sleep, by "rebounding"[21] and taking more REM[22] or slow-wave sleep than usual.[23] The deeper stages of sleep are the ones most vital to health, so, if Jane's sleep were monitored in a sleep lab, the computers probably would have registered rapid progression into deep

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[21] Greene explains, "When we're deprived of REM, the brain makes up for it: there is *rebound*, an increase in the amount and intensity of REM equivalent to the duration of the deprivation" (44). Michel Jouvet, who has done much of his sleep research on cats, argues that the rebound, the increase in REM (he calls it "paradoxical sleep"), is "proportional to the duration of the deprivation and tends to 'repay' in part (50% to 80%) the paradoxical sleep 'debt'" (152).

[22] REM is the state in which our dreams are most vivid and memorable, although scientists have now disproved the once-common notion that REM is the only stage in which we dream (Greene 43-4).

[23] Regarding sleep deficit, studies show that overly-fatigued sleepers do not go through the normal sleep stages of the night when they fall asleep, which are four stages of non-rapid-eye movement sleep (NREM) followed by a stage of rapid-eye movement sleep (REM) ("Stages of Sleep" 1). When a subject has gone too long without sleep, sleep researchers find that the subject is likely to do two things: first, to "rebound," or have more than usual REM, possibly experiencing this stage out of order (Jouvet 152, 160; Greene 44); second, to experience prolonged and indulgent stage 4 sleep, also referred to as deep, slow-wave, or "delta" sleep, without first navigating through the preliminary, lighter stages, so that the body can make up for its deficiencies more quickly and efficiently (Webb and Agnew 1745-6; Berger and Oswald 457). Since the mid-1960s, this second theory has been tested continually with different variables, but the original 1965 experiment results published by Wilse B. Webb and H. W. Agnew, Jr. still hold up to scrutiny. After deprivation, the deepest stages of sleep take up a greater percentage than usual of the early part of a sleeper's night, whereas a subject receiving a full night of sleep with no previous deprivation still has to pass through the lighter stages on the way to deep sleep (Webb and Agnew 1746).

sleep or REM in order to rebound from her sleep deficit on this night—and probably many other nights as well.

Upon waking on her first morning at Thornfield, Jane claims she slept until "broad day," but when the housekeeper Mrs. Fairfax sees her in the morning, she observes, "What! out already? ...I see you are an early riser" (83, 85). While Jane interprets her slumber as drawn out and indulgent (or idle and sinful, to consider it from Mr. Brocklehurst's puritanical point of view), Mrs. Fairfax would not have been surprised had Jane slept until much later. Clearly, Jane's interpretation of what is deemed a normal, or even adequate, amount of sleep is meager in comparison to the views of Mrs. Fairfax, who probably rises early out of necessity in order to manage the house and servants. If Jane actually did sleep for a lengthy amount of time, her prolonged sleep would be a rarity in the text, as her duties usually require her to be up early. In fact, phrases such as "I had not long slumbered," "The night passed rapidly," and "With earliest day I was up," appear more frequently in Brontë's text than any description of restful sleep (35, 37, 73). This raises the question as to whether someone like Jane in real life would be able to replenish the sleep deficit she accumulated, even if she were able to fall into deep sleep without navigating through light stages of sleep.

IV. Spaces of Sleep and Vulnerability

Jane acknowledges that the bed *should* be a place of safety, whether or not it usually is. In the cold winter months following Jane's illness that stemmed from her red room scare, Jane sometimes "*sought shelter* from cold and darkness in [her] crib," though she sits or lies awake in the bed more often than sleeps in it (23; italics mine). Furthermore, she "always took her doll" to bed with her, not being able to "sleep unless it

was folded in [her] night-gown" (23). The childhood habit of humanizing a baby doll allows Jane to practice the act of motherly affection that she never receives at Gateshead. Brontë's vision of nurturing is inherently related to sleep, because when the doll "lay[s] there safe and warm," Jane interprets this safety and warmth, likewise, as happiness (23). Although Jane may not relate to this happiness, she luxuriates in her doll's nighttime comfort, which drastically contrasts her own discomfort. One of Jane's discomforts must be the amount of time she is supposed to stay in bed. While lying in bed, she catalogues the length of her waking hours ("Long did the hours seem" [24]), and spends her time listening for "Bessie's step on the stairs" or other winter holiday sounds that might make their way up the staircase (24).

Brontë saturates her text in sensory-rich language. Jane's perpetual struggle with sensory elements during the night (for she is continually "open to being changed and reshaped" by the outside world [Cohen 64]) promotes the scientific viewpoint that her stress system is hyper-active. This condition, as discussed by Greene, would likely perform as both the cause and effect of sleep disturbance.[24] Jane's stress might *cause* her sleep problems, but her stress is probably also *worsened* by her sleep problems; based on Brontë's characterization of Jane, and using today's sleep science as a guide to understand the meaning behind symptoms, readers can interpret Jane as a child, and later, an adult, who is stuck in the cyclical pattern of sleep deprivation and hyperarousal.

In *Jane Eyre*, spaces of sleep are spaces of contradiction. As critics have noted, setting is a crucial element of the novel's narrative,[25] and, as such, a discussion of

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[24] Dr. Eve Van Cauter of the University of Chicago would agree with this cyclical reading and states, "Sleep affects everything in the body and everything in the body affects sleep" (qtd. in Saey 10).
[25] See Schorer 29-37; Gordon 43-51; Beaty 74-92. Schorer analyzes natural settings as representative of Jane's mental state, while Gordon reads each of the five major settings (Gateshead, Lowood, Thornfield,

specific settings—here, what I will call *spaces of sleep*—is relevant to the ways Brontë employs the trope of sleep disturbance. Most of Jane's sleeping environments are quite noisy. As a child, Jane lies awake listening to her nurse Bessie gossip with other housemaids, singing or telling stories. As a young adult, at Thornfield, Jane's bedroom is trespassed by sounds of dark laughter and movement in the hallways, and even the metallic rattling of someone trying her doorknob. One night, during the Ingram and Dent families' visit to Thornfield, Jane retires for the night while the company is still awake. Brontë describes Jane lying in bed listening to the guests enter their separate chambers, and also listening for Rochester's voice. Jane contradicts herself as she thinks back on the noises of that night, "At a late hour, after I had been in bed some time…I was soon asleep" (175). She was not *long* asleep, however, because "The night—its silence—its rest, was rent in twain, by a savage, a sharp, a shrilly sound that ran from end to end of Thornfield," the sound that emanates from Bertha's brother Mason when she tears his flesh with her teeth (175). In order to sleep, Jane must battle sensory elements that might propel her stress system into hyperarousal. More often than not, as is the case after Mason's attack, Jane stays awake in hyperarousal rather than attempting to return to sleep.

Spaces of sleep in *Jane Eyre* contradict their purpose in that the physical environments in which Jane must sleep are inhospitable to such an activity. In addition to the sounds of the night which likely disturb or prevent Jane from sleeping, beds and other spaces of sleep function as dangerous spaces that are unfriendly to the notion of a full

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Morton, and Ferndean) as structural and thematic devices that delineate the stages of Jane's development as a character. Beaty looks at the three volumes of *Jane Eyre* (roughly divided into her childhood, her time with Rochester, and her life after fleeing Thornfield) as intertextual, narrative dimensions that refused to be read in a linear, chronological fashion.

night of rest. Jane does not always have a bed or the leisure to sleep freely, and she suffers through frequent spells of hunger and chill. For example, Jane nearly freezes to death lying down on the moors after fleeing temptation at Thornfield: "my night was wretched, my rest broken: the ground was damp, the air cold: besides intruders passed near me more than once, and I had again and again to change my quarters: no sense of safety or tranquility befriended me" (280). Years earlier she suffered through similar wretched, freezing conditions, not outside, but in a bed at the Lowood Institution for Girls. For example, Jane describes a "wind, whistling through the crevices of our bedroom windows all night long, [which] had made us shiver in our beds, and turned the contents of the ewers to ice" (44). While at Lowood, Jane suffers from the combined force of malnutrition and freezing cold temperatures, a force which culminates in unsatisfying, if not insufficient, nights of sleep.

The inadequacies of rest at Lowood magnify the hardships of the residents' puritanical daily schedules. Students at Lowood experience such unhealthy sleep conditions that they literally fall asleep on their feet. On Sundays, the children's schedule is most rigorous. They travel on foot in the cold to and from Brocklebridge Church, and then recite and listen to long catechisms and sermons. Even the "yawns" of Jane's teacher Miss Miller "attested her weariness" (51). Brontë paints a painful picture of exhaustion, describing "some half dozen of little girls…who, overpowered with sleep" during Sunday night recitations "would fall down" from their risers like Eutychus[26] "and be taken up half dead" (51). Lowood students were not allowed to rest, even after collapsing. Instead, Mr. Brocklehurst had a different "remedy" in mind—"to thrust them forward into the centre of the schoolroom, and oblige them to stand there till the sermon

[26] Acts 20.9-12.

was finished. Sometimes their feet failed them, and they sank together in a heap; they were then propped up with the monitors' high stools" (51). Brocklehurst's punishment is as ineffective as it is inhumane, if his objective is to teach memorization of scripture, for as Dement and Vaughan observe, as one's "sleep debt grows…energy, mood, and cognition will be undermined" (61). Rather than using Sunday as a day of rest, as is common in the Judeo-Christian tradition, Brocklehurst expects the residents of Lowood to remain vigilant and studious throughout their weekends, a standard that modern science informs us is counter-productive.[27]

The events at Lowood rightly depict the dangers inherent in a child's inability to repay the debt of sleep accumulated during the week. The consequence of these dangers, regarding the combined psycho-physiological impact of sleep loss, is that residents of Lowood would have been more susceptible to numerous types of sleep disturbances, disorders, and other medical complaints, in addition to coping with notably weakened immune systems.[28] *Counting Sheep* (2002), by behavioral biologist and author Paul Martin, assigns the origin of many of the maladies of sleep deprivation to excess cortisol in the bloodstream, "since cortisol has a powerful suppressive effect on the immune system" (82). The immune system works in concert with the body's natural circadian rhythms, which alert the body when it should sleep or wake (Martin 82), and if people

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[27] One of Charlotte Brontë's early reviews in the *Critic*, published on 30 Oct. 1847, centers on the atrocities of Lowood as a major focus of the novel; 'Currer Bell's' heroine

> is sent to a Charitable Institution, whose wretched fare, exacting tyranny, puritanical pretension, and systematic hypocrisy are painted with a vividness which shews them to be no fiction, but a copy from the life, and it is evident that the author has aimed a well-directed blow at actually existing charities in more than one county, of which this one is a type. (Friesen)

The reviewer quotes an extended passage (longer than the review itself) of Jane's experience of Lowood, including the example of Brocklehurst's inhumane expectations of the girls on Sundays.

[28] Some of these ailments include night terrors, sleep walking or sleep talking, insomnia, depression, headaches, memory loss, high blood pressure, irregular or rapid heartbeats, abnormal hormone levels, arthritis, accelerated aging, muscle or joint pain, and any number of autoimmune problems (Greene 19-35). Additionally, Kira Cochrane of the *New Statesman* alerts us that "Sleep deprivation has been linked with heart disease, obesity, chronic infections, hypertension, depression…and death" (1).

fight their circadian clocks, as the Lowood girls are forced to do, their immune systems likely will be thrown off balance. In fact, Martin insists, "*Anything* that disrupts the normal cycle of sleep and wakefulness…tends to disturb the immune system, with potential consequences for the body's ability to defend itself against infection and disease" (82; italics mine). Dement and Vaughan concur, arguing that the "dangerous effects" of sleep debt are "definitely directly related to the amount of lost sleep" (60). Sleep and wellness—and, consequently, sleep loss and illness—are intimately connected.

To put this into context with *Jane Eyre*, Jane attributes the typhus outbreak at Lowood to malnutrition and neglect (she reasons that "Semi-starvation and neglected colds had predisposed most of the pupils to receive infection" [65]), but Jane's frequent tales of exhaustion, and the girls' subsequent *punishment* for exhaustion, justifies a reading of *Jane Eyre* that includes severe sleep deprivation among the major causes of the fever's outbreak. In essence, the conditions of Brocklehurst's school impede Jane's ambition to "keep in good health and not die" (27). Considering Jane's youthful interpretations of fire and brimstone teachings, sleep (and the health that comes with it) may very well be her only salvation from hell. The portion of *Jane Eyre* set in Lowood provides substantial evidence that this specific space of sleep leaves Jane vulnerable to the dangers of sleep deprivation—including physiological, psychological, *and* spiritual dangers—which is more than enough to trigger hyperarousal in the brain of even a well-rested person. Significantly, neither this narrative pattern, nor the triptych of vulnerability, is isolated to the Lowood setting, and these elements of plot and structure are revisited throughout the novel.

There is only one sustained period in Jane's narrative of her childhood during which she appears to sleep without disturbance, and this period can likewise be viewed through a framework of modern sleep science. After she settles in at Lowood, begins making friends, and succeeding in school, the teachers agree to let Jane take drawing and French lessons. All in one day, she learns two tenses of "*etre*" and makes her first sketches. "That night, on going to bed," Jane recalls, "I forgot to prepare in imagination the Barmecide supper of hot roast potatoes, or white bread and new milk, with which I was wont to amuse my inward cravings: I feasted instead on the spectacle of ideal drawings, which I saw in the dark; all the work of my own hands" (63). Brontë shows that the cold and hunger have less of an impact on Jane's sleep when she is content and doing work that satisfies her. Rather than having to pretend that her belly is full, she gorges on the idea of developing her creative abilities. In addition to feasting on the mental images of potential sketches, Jane also puzzles over "the possibility of…ever being able to translate currently a certain little French story-book" (63). Before she is able to work out the words and ideas fully in her head, she falls "sweetly asleep," happy in her newfound educational opportunities to dispense with the "luxuries" of Gateshead in exchange for the "privations" of Lowood (63). Although Brontë would have no knowledge of the future scientific research that would find a correlation between daytime learning and good nighttime sleep,[29] she likely knew from experience the positive and calming effects of contentment on the mind and body. Thus, her characterization of Jane in this scene embodies the physical benefits brought on by satisfying mental exertion.

[29] Psychologist Joseph De Koninck and his colleagues at the University of Ottawa have published findings that learning a language has a positive correlation to the amount of deep sleep someone receives. According to their research, learning a language increases the student's nightly involvement in REM sleep (De Koninck et al. 44).

In contrast, mental exertions which are unsatisfying to Jane cause her to feel listless and confess that "restlessness was in [her] nature," a statement confirmed by Jane's behavior before Rochester arrives at Thornfield from his travels abroad (93). Lee Anna Maynard, who writes on the nature of boredom in Victorian literature and culture, disputes the opinion that boredom, like sleep, is non-narratable and reads Jane's boredom as "a critique of the limited options Victorian women are offered" (11-12). The "tranquility" of her limited options as a governess "agitated" and pained her, to the point that her "sole relief" was to walk "backwards and forwards" while indulging in a daydream of make believe: "a tale my imagination created, and narrated continuously; quickened with all of incident, life, fire, feeling, that I desired and had not in my actual existence" (93). Jane allows her mind to savor its agitation and hyperarousal, for she uses this mental disturbance as a form of escaping from the tedium of her days as "October, November, December passed away" (93-4).[30] Human sleep suffers more during periods of decreased mental activity and boredom than during mental exertion (Angus and Heslegrave 56).[31] Jane's sleep goes unmentioned during this time period in her narrative, but one can hypothesize that Brontë, who worked at various points in her life as a teacher and governess, knew the first-hand disappointments of tedious, unsatisfying mental labor, as well as the nighttime ramifications of this type of employment.

In speaking of Jane's restlessness and hunger for mental stimulation at Thornfield, it is not irrelevant to return to a discussion of the origin of Jane's sleep problems. I argue

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[30] Brontë's diction reminds us of Jane's similar wintertime *ennui* at Gateshead, when "November, December, and half of January passed away" (23).
[31] These findings come from military studies at the Defence and Civil Institute of Environmental Medicine in Ontario, Canada.

above that the opening pages of *Jane Eyre* show evidence that Jane is already a prisoner to symptoms of sleep deprivation when we meet her. Though we do not see Jane sleep until she faints at the close of the second chapter, the novel's opening chapters provide insight into the protagonist's young sleep life, thus providing reason to believe that Brontë worked Jane's sleep problems deliberately into her novel, even from the start. The portion of narrative set at Gateshead Hall during Jane's childhood treats the bed as a space that is, if not dangerous, then not particularly compatible with sleep. Brontë's description of the bars on Jane's crib reiterates notions of the bed as a prison and of sleeping as an obligatory, undesirable ritual.

If we move the discussion beyond the literal bed, we can see that imagery of the bed is prevalent in *Jane Eyre*. Jane even speaks of her windowseat in chapter one like a bed—"having drawn the red moreen curtain nearly close, I was shrined in double retirement. Folds of scarlet drapery shut in my view" (5). Brontë's diction suggests lush and sensual bedding, the same type of drapery Jane will encounter in the red room.[32] While the curtains are close and secretive and she seems protected, even doubly so, this is not a safe space because the drapes "shut in [her] view" and disable her from seeing what might come at her. Brontë's imagery of the sleep space evokes a sense of vulnerability equal to that of the bed, where Jane dislikes the thought of forfeiting agency over her body. Even though the shroud-like curtains hide her, Jane "tremble[s] at the idea of

[32] Madeleine Wood contrasts my view of the bed as a dangerous space with her reading of the bed as sacred, but she concedes that its implications are troublesome, particularly in that the bed symbolizes an altar for sacrifice: "Brontë creates a sense of sanctity, even blessedness: the bed is like a crimson altar, suggesting that a sacrifice has taken place in the betrayal of Jane and her uncle by Mrs. Reed; Jane's use of the word 'tabernacle' implies that the bed and its past occupant had a sacred role in the household. The room is sensuous and luxurious, awash with a range of reds and pinks: […] The sensuality of Brontë's description [of the bed] problematizes the red room's perceived status as a grim patriarchal prison" (98). Martin Gliserman, in alignment with my reading, calls the "vast red room" a "bedroom, death room, punishment room" (109).

being dragged forth" by John Reed and, for this reason, jumps out of the windowseat as soon as he knows her location (7). At the slightest provocation, Jane empties her bed or other spaces of bed imagery, often not having fallen asleep yet.

Jane's sleep-deprived body naturally craves sleep, but this feeling contradicts her desire for authority over her body, and she does not feel she can hold this authority when in bed. Even when the physical environment of the bed has "no thorns," as Brontë writes (83), sleep is a psychologically dangerous space for Jane. So much so, that sleep becomes somewhat of a risky behavior, while *not* sleeping—not even attempting to sleep—becomes the more desirable choice. This choice is not surprising, as Brontë's imagery and diction describing sleep spaces proves that beds are not always desirable settings. For example, Jane trembles at the thought of John yanking her from the lush, bed-like windowseat, and the "forest-dell, where Lowood lay, was the *cradle* of fog and fog-bred *pestilence*," a metaphorical bed of disease (64; italics mine). Neither a bed, nor a bed-like space, nor Mother Nature can provide a satisfying resting place. Jane's sleep problems often inhabit the space between environmentally-inflicted and self-inflicted. Though Brontë does not construct spaces that are conducive to healthy, restful sleep, Jane also does not make an effort to sleep. She takes pains not to sleep.[33]

Brontë's depictions and symbolism of the bed evoke a sense of danger and loss instead of rejuvenation. At times, Jane actively chooses to forego sleep rather than relinquish agency over her body. Jane makes this choice because, when she does sleep, she suffers terrible losses that contrast the potential for good fortune during her waking

[33] Greene speaks feelingly about the pain of not sleeping: put simply, "sleep loss hurts…Sleep loss increases pain sensitivity, exacerbating existing aches and pains and creating new ones. If you deprive young, healthy adults of deep sleep for several nights, you can produce in them the pain, discomfort, and inflammatory skin responses of fibromyalgia" (35).

nights, such as the emotion-filled conversation Jane has with Rochester on a sleepless night after his bed is set on fire. I will now look at several key moments in the text when Jane *does* go to bed, where we will see her realization of the danger inherent in the sleep space.

V. Sleep as loss

One night at Lowood, "not having been able to fall asleep" after two hours in bed,[34] Jane sneaks across the length of the school to find the sickroom of her best friend Helen who suffers from consumption (68). Jane "recoiled at the dread of seeing a corpse," a recurrent stressor from her Red Room incident, to which she frequently overreacts (68). Upon finding Helen's sickroom, Helen invites her into the bed: "lie down and cover yourself with my quilt…I feel as if I could sleep: but don't leave me, Jane" (69-70). The last thing Helen asks Jane is whether she is warm, to which Jane answers in the affirmative. Helen's bed connotes warmth, comfort, security, and relaxation, as opposed to Jane's cold and unfriendly dormitory bed. Jane recollects, "She kissed me, and I her; and we both soon slumbered" (70). In what is one of the most memorable scenes in the novel, Jane wakes up to discover that Helen has died with Jane's "arms around her neck. I was asleep, and Helen was—dead" (70). Jane feels Helen's death deeply ("with her was gone every settled feeling" [92]), and, as surely as she equates Lowood with Helen's death, so too does she equate death—and this great loss—with sleep.

Other than the one brief period in her youth when Jane felt contentment in her mental exertions, Brontë depicts her as unable to sleep unless she feels warm and safe.

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[34] Catherine Judd, in *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880*, calls Jane "the insomnious Eyre" in reference to the scene where she searches for Helen's sickroom (75).

Jane sleeps "soon and soundly" on her first night at Thornfield, her "couch ha[ving] no thorns in it that night" (83). This is a memorable description because sound sleep for Jane is so rare. Jane believes the room is a safe haven, and is glad of its "small dimensions" (83). If we compare this diction to the windowseat scene, we see a pattern in Jane's desire for her sleep space to be close and confined—though not oppressive—because she yearns for freedom and room to grow.[35] Months pass before we glimpse another episode of sleep that is meaningful to the narrative, though it is Mr. Rochester's sleep, and not Jane's. Jane saves Rochester from burning to death while sound asleep in his bed that Bertha has set on fire. Brontë builds up anticipation for a sudden reversal in fortune for Jane—a *peripeteia* of sorts—because saving Rochester in the night draws them physically and intimately closer.

Rochester sends Jane back to her own bedroom in the early hours of the morning, but Brontë writes, Jane "never thought of sleep" (129). She cannot stop thinking of Mr. Rochester and the excitement of the previous night:

> Till morning dawned I was tossed on a buoyant but unquiet sea, where billows of trouble rolled under surges of joy. I thought sometimes I saw beyond its wild waters a shore, sweet as the hills of Beulah; and now and then a freshening gale wakened by hope, bore my spirit triumphantly towards the bourne: but I could not reach it, even in fancy,—a counteracting breeze blew off land, and continually drove me back. Sense

[35] Jane is glad of her bedroom's "small dimensions," but she would never want a bed enclosed by panel walls, she explains, as she takes a tour of the third floor and gazes in interest at the old-fashioned furniture: "I by no means coveted a night's repose on one of those wide and heavy beds: shut in, some of them, with doors of oak; shaded, others, with wrought old-English hangings crusted with thick work, portraying effigies of strange flowers, and stranger birds, and strangest human beings,—all which would have looked strange, indeed, by the pallid gleam of moonlight" (90).

> would resist delirium: judgment would warn passion. Too feverish to rest, I rose as soon as day dawned. (129-30)

Jane's bloodstream by now, researchers would say, would be coursing with cortisol and adrenaline, and though she believes she "resist[s] delirium [and] passion," her "feverish" state prevents her from falling asleep (129-30). Jane's *peripeteia* of good change never arrives, and instead Brontë writes a reversal of fortune for the worse. While Jane lies sleepless in hopeful anticipation, Rochester leaves his estate to spend a fortnight with Jane's perceived rival, Blanche Ingram. Although Jane does not sleep, the act of retiring, undressing, and reclining weakens her agency as a character. Jane's attempt to sleep brings about—at least in her mind—a great loss when she discovers that Rochester left her for Blanche after their night together.

Rochester is aware of and takes advantage of Jane's nervous condition and hyper-sensitivity to stress. And, because of Jane's alertness and vigilance on the nights of the fire and, later, of Mason's injury, Rochester is also familiar with her irregular sleep patterns, and he is able to use this information to try to control Jane's awareness of Bertha's presence in his house. Two nights before the date scheduled for Jane and Rochester's nuptials, while Rochester is away from Thornfield, Jane is stricken with nightmares.[36] Upon waking from frightful visions of powerlessness and struggle, she

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[36] As critics have long discussed dreams and nightmares in Jane Eyre and other works of the Brontë sisters, it is not my intention to revisit or analyze dreams since it would be tangential to my argument, and especially since the acts of sleep and sleeplessness themselves are crucial narrative moments without discussion of dreams. It is not uncommon for critics to psychoanalyze Jane's specific dreams at length but never mention more general and foundational aspects of her sleep and sleeplessness. For example, while Margaret Homans purports that the helpless infants in Jane's dreams are intricately tied to her fraught views on motherhood and childbearing, she neglects to hypothesize why the "cradle" shows up so frequently in the novel as a sleepless or unhealthy space, nor is there any attempt to tie Jane's sleep problems (and the possible root of Jane's turbulent dreams) to the loss of her most important parent figure, Uncle Reed. See especially Homans and Poovey for examples of psychoanalytic criticism of dreams in Jane Eyre. Poovey asks and answers, "Why does dreaming of children signify 'trouble' in these

notes, "first, surprise, then bewilderment, came over me; and then my blood crept cold through my veins" (241). Jane saw what "seemed…a woman, tall and large, with thick and dark hair hanging long down her back…[the face] was a discoloured face—it was a savage face [with] red eyes and the fearful blackened inflation of the lineaments" (242). Jane "lost consciousness" and "became insensible from terror" for the "second time…*only* the second time" in her life, referring back to her red room fit (242; italics mine). By pairing these fits of unconsciousness and emphasizing their exceptionality, Brontë does two things. First, she attempts to assure the reader (as Jane attempts to assure Rochester) that there was something in the room for Jane to be legitimately afraid of, since she does not experience frequent fainting spells. The logic here is that Jane dislikes falling into regular sleep, so she certainly is not going to succumb easily to fainting fits. Second, Brontë attempts to link the significance that these two acts of unconsciousness, or sleep, have in her life. The first time, the red room fainting accident leads to Jane's grateful isolation from the Reeds and her subsequent journey to school; the second time, Jane might have been killed by Bertha, but she is spared: Rochester exclaims of the event, "Thank God!...that if anything malignant did come near you last night, it was only the veil that was harmed.—Oh, to think what might have happened!" (243).

Although she is not sure whom she sees (she asks Rochester later, "sir, tell me who and what that woman was?" [242]), her confessed "bewilderment" does not diminish her confidence that an unknown woman was actually in her room. Furthermore, even though the vision caused her to faint, she believes that what she has seen is not a figment

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sequences, and why does the trouble take this form? When Jane dreams of children, some disaster follows that is a displaced expression of the anger against kin that the character denies" (41).

of her imagination. Jane, who usually experiences hyperarousal to any stimuli in the night, insists that she was thinking clearly, however horrified she was by the woman in her room. Upon Rochester's return to Thornfield, he asks Jane for her confidence, to "relieve your mind of any weight that oppresses it by imparting it to me" (238). Jane tells him her narrative of the bad dreams and the visitor to her room. However, rather than providing her relief, he downplays her feelings and experiences with claims such as "This is hypochondria, Jane. You have been over excited, or over fatigued" (238). Rochester is aware of Jane's dual-tendency toward fatigue and mental excitement. In fact, he increases her fatigue by enforcing her promise "to wake with me the night before my wedding" (238). She agrees to keep her promise at least until one in the morning, as, not surprisingly, she has "no wish to go to bed" (238). Instead of tending to Jane's needs and encouraging her to rest, he uses her own sleep habits against her in order to blame her dislike of sleep on her "nerves" (238). But Jane refuses to let him blame her nerves for these upsetting dreams, and she confesses that she feels neither calm nor nervous, "but happy—to the heart's core" (238). Rochester tries to goad her into acknowledging that her nerves have played a trick on her, and that she must be feeling stress about her upcoming wedding.

Rochester calls Jane "melancholy" and a "Little nervous subject!" (240).[37] He maintains that her fears are "not…anything important" and "warns [her] of incredulity" before she tells him what has happened to her (241). When asked what was in her room, he laughs off her worries and says it was only "The creature of an over-stimulated brain;

[37] See Chapters Three and Four of this dissertation for further discussion about the relationships between sleeplessness and female hysteria, and sleeplessness and nervous anxiety.

that is certain" (242). He teases Jane, belittles her concerns, and endeavors to throw her off the scent of any knowledge of Bertha:

> "I must be careful of you, my treasure: nerves like yours were not made for rough handling."
>
> "Sir, depend on it, my nerves were not in fault; the thing was real: the transaction actually took place."
>
> "…when we are once united, there shall be no recurrence of these mental terrors: I guarantee that."
>
> "Mental terrors, sir! I wish I could believe them to be only such: I wish it more now than ever; since even you cannot explain to me the mystery of that awful visitant."
>
> "And since I cannot do it, Jane, it must have been unreal."
>
> ….
>
> "Now, Janet, I'll explain to you all about it. It was half dream, half reality: a woman did, I doubt not, enter your room: and that woman was—must have been—Grace Poole…Are you satisfied, Jane? Do you accept my solution of the mystery?"
>
> I reflected, and in truth it appeared to me the only possible one: satisfied I was not, but to please him I endeavoured to appear so… (242-3)

Although Rochester's version of Jane's terror does not convince her that she is wrong, it causes her to reconsider whose "truth" could be "the only possible one" (243). Rochester shakes Jane's confidence in herself and knowingly deceives her, which foreshadows the

discovery of the much larger deception of the following morning, that Jane's "awful visitant" was Bertha, Rochester's living wife.

Rochester, knowing that he lies to Jane, makes some reparation for his actions by encouraging Jane to sleep in bed with her pupil, where she is more likely to be safe: "there is room enough in Adéle's little bed for you. You must share it with her to-night, Jane: it is no wonder that the incident you have related should make you nervous, and I would rather you did not sleep alone: promise me to go to the nursery" (243-4). Jane makes and fulfills this promise, though she "never slept at all" (244). As we see repeatedly throughout the novel, Jane slips out of the bed early so that she will not have to stay in it, but more importantly, she leaves so that she will not wake Adéle with the sound of her tears. In a moment of beautiful concern, on the night before Jane's anticipated wedding, Brontë prevents Jane from sleeping but allows her to reflect on childhood innocence—a state she is surely leaving behind the next day, if she has not already. Instead of sleeping, with Adéle in her arms like she used to hold the baby doll, Jane watches what she calls "the slumber of childhood—so tranquil, so passionless, so innocent" (244), though this description of childhood slumber distinctly contrasts to Jane's own experience. Jane sees Adéle as "the emblem of [her] past," but readers remember no occasion on which Jane's sleep, of her past or present, is innocent or tranquil (244). Because "all [her] life was awake and astir," she slips out of bed with the sun, never having slept, and sobs as she leaves behind Adéle in her "still sound repose" (244).

Jane's sleep and even the attempt to sleep lead to several devastating losses and a terrifying fright, when she could have lost her life; however, one major reversal—the loss

of a husband and the reclamation of religion—leads Jane forward into sleep. When Rochester's bigamy is uncovered on their wedding day, Rochester drags Jane to the third floor to see his sequestered wife, Bertha Mason. Jane retires to her room after the event in shock and removes her wedding dress "mechanically" (252). Brontë's diction transitions from melancholy to gruesome and is heavy with metaphor as Jane reflects over the past twenty-four hours: "I looked on my cherished wishes, yesterday so blooming and glowing; they lay stark, chill, livid corpses that could never revive" (252). In comparing her "wishes" to "corpses," another apt example of Jane's hyper-reaction to stress and fatigue, Jane transforms her desire into a human, but one without life. While trying to collect her thoughts, Jane personifies her love, which she says "shivered in my heart, like a suffering child in a cold cradle" (252). Jane metaphorically places her heart into a cradle, but cruelly renders the "suffering" and "shivering" heart unable to rest. Jane's heart, in this simile, resembles her own childhood memories of a cold, little body in a crib, wide awake and suffering. In essence, not only her heart, but the *character* Jane has linguistically, if not symbolically, become her own inability to sleep. She closes her eyes, "longing to be dead" like her wishes from yesterday, and it is only the "flood" and "torrent" of religion, the "remembrance of God" that sinks Jane into what she calls the "deep waters" of sleep (253). Jane wakes and hears a clear voice in her mind speak the words, "Leave Thornfield at once" (253). Jane must gather up her sick heart, enshrouded with corpses, and *choose* to leave Rochester and her vulnerable cradle behind.

Jane's escape from the temptation to stay with Mr. Rochester, whom she has discovered is already married to Bertha Mason, comes at the price of leaving her beloved master's home and, by extension, leaving the only bedroom and sleep space that has been

hers only.[38] Even within Jane's last hours and preparatory moments before leaving Thornfield, Brontë highlights Jane's disinterest in sleep. She had "never thought to sleep," though "slumber fell on [her] as soon as [she] lay down in bed" (272). The diction suggests that Jane has no control over her own body, and that it is subject to sleep as an involuntary, obligatory, undesirable function. Indeed, most of Jane's narrated moments of sleep occur unintentionally or catch her off guard, which adds motive to Jane's actions when she slips out of bed after as short a period as possible. If Jane's sleep is unintentional, it would make sense for her to try to empty her bed quickly, to distance herself from signifiers of vulnerability inherent in sleep and spaces of sleep. Jane's periods of slumber are out of her control, primarily, one could argue, because her body must alleviate a portion of its dangerously high sleep debt before rejoining the narrative. When she has the mental capacity and health to make a choice, though, she chooses wakefulness, albeit with its hyperarousal, over sleep.

Clearly, Brontë could not write an entire novel about a sleeping heroine, and thus it makes narratological sense for Jane's waking moments to exceed her sleeping ones. But she did write a novel about a *sleepy* heroine, one for whom sleeping seems a great nuisance, if not a great risk to take. Brontë instilled in her sleepy heroine the fortitude to resist sleep as long as possible until fatigue conquers her. Many of the most memorable, climactic moments of the novel revolve around sleep, night, fatigue-induced hyperarousal, and Jane's ability and agency to be awake while others are asleep, or at least while they think that she is.

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[38] Of course, even as a space designated to Jane only, Jane's bedroom is not a haven safe from intrusion, as depicted in Chapter 25 when Jane wakes from turbulent, dream-filled sleep to discover Bertha in her room tearing her wedding veil.

Modern sleep science reveals the secrets behind Brontë's sleepless nights and the emotional turbulence she must have experienced due to her exhaustion, which would have compounded her stress. While not wanting to fall into a common critical *faux pas* of merely comparing Brontë to her fictional character Jane, I have argued here that there is a strong relationship between Brontë's sleep difficulties and her protagonist's. Brontë characterizes sleep as a battlefield, one in which the participant in the battle is only sometimes victorious, but never fully safe from the loss of control it requires. Brontë's novel and Gaskell's biography show so much attention to the emotional consequences of sleep deprivation that we can conclude that Brontë experienced hyperarousal firsthand.

Jane, too, suffers from hyperarousal and a hyperactivated stress system, most likely because her fictional sleep inhabits a space of vulnerability, death, and loss. French philosopher Jean-Luc Nancy has made an observation about the vulnerability and powerlessness in sleep, that "If I'm falling asleep, it's because already sleep has begun to take control of me and invade me even before I sleep, before I've begun to fall. We say that sleep conquers us" (3). Nevertheless, Brontë does not often let sleep conquer or invade Jane; she provides her with the agency to choose power over weakness, and, by extension, wakefulness over sleep. Exhaustion naturally weakens a person, so this power does not come without negative effects entirely. Still, in Jane's mind, the power is worth the physical cost of exhaustion and fatigue. Jane explains her own condition best, saying she is "At once weary and content" (83). By using modern sleep research as a framework through which to analyze *Jane Eyre*, we understand clearly why Jane had little occasion to confess, "Reader, I slept."

CHAPTER 3

No Rest for the Wicked:

Moral Implications of Insanity and Sleeplessness in *Jane Eyre*

"[Women] have been kept unjustly in confinement by their well-intentioned relations, as unfit to be trusted with liberty. In fact, in almost every family, one sees a keeper, or two or three keepers, and a lunatic. Happy for the poor lunatics if there are two of them in one family! They may combine."
Florence Nightingale, *Suggestions for Thought*, Vol. 2, Ed. Lynn McDonald, 436.

"On one hand, night's darkness could be an imposed, self-destructive living out of alienation's ultimate negativity. On the other, freed from certain conventions of the day, its shadows shielding the oppressed from the glare and gaze of power, night could be the positive moment of alienation's transcendence, a space for the self's realization in acts of rebellious alternative."
Bryan Palmer, *Cultures of Darkness: Night Travels in the Histories of Transgression*, 9.

"Sleep, like insomnia, is not just about what happens at night: it's about what happens to the day. When you lose sleep, you lose the better part of yourself…"
Gayle Greene, *Insomniac*, 48.

In the twenty-first century, sleep is a big business. According to the National Institutes of Health, Americans spend more than $16 billion annually in health care expenses due to issues of sleep—or, more precisely, the inability to sleep enough, though doctors disagree on how much "enough" is (Wells 1; Greene 7).[1] And while pharmaceuticals and specialized sleep aids[2] account for stunning annual profits,[3] the truly surprising number is how many medical centers and labs dedicated solely to the study of sleep are springing up around the country.[4] As of 2008, there were nearly 1,400

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[1] For the controversy on how much sleep some scientists say we need, see Chambers 649-66.
[2] Examples of these products are breathing machines, masks, or other equipment to assist patients with sleep-disordered-breathing, or special pillows and mattresses to healthfully align the neck and spine.
[3] U.S. consumers spent $3.6 billion on prescription sleep medications in 2006 (Petrecca 1). Says *Kansas City Star* columnist Julius A. Karash in "Selling Sleep…from A to ZZZZZZZs," prescription drug sales reached $3.8 billion in 2007, and IMS Health, Inc., a health research firm expects annual growth to continue at a rate of 3 to 6 percent through 2012 (1-2).
[4] In the literature, the terms "sleep lab," "sleep center," and "sleep clinic" are used interchangeably with no noticeable difference in their objectives or the way they operate. I use the term "sleep clinic" in this chapter. Many critics of these establishments call them clinics, while the businesses themselves often have "sleep center" in their name. Sleep clinics are medical establishments that allow patients to spend the night, or several nights, or possibly weeks, to have their sleep wave patterns recorded, measured, and analyzed. This is a process which often ends in a sleeping disorder of some kind being diagnosed.

accredited sleep clinics open for business in the United States, and about 3,500 total, accredited and unaccredited ("Sleep Centers, Sleep Labs"). Two years earlier, there were only about 650 ("Sleep Centers, Sleep Labs" 1; Wells 1). Compare that to numbers from the mid-1970s, when few existed (Wells 1). This is not the first time a stay-the-night, make-yourself-at-home type of medical facility has cropped up in large numbers, seemingly overnight.

This same type of extraordinary construction occurred on the other side of the Atlantic Ocean in 1845, when Queen Victoria's government passed a law which required all counties and major boroughs of England and Wales to offer local care for their insane residents, an increasing percentage of which was female. According to Elaine Showalter, The Lunatics Act of 1845 spurred an "unprecedented period of asylum construction," during which nearly seventy percent of the counties in England and Wales built asylums within a two-year period of the legislation (*Female Malady*, 17).[5] Although some hospitals gained a reputation for clinical asceticism, Victorian asylums strove to create a homelike atmosphere, complete with domestic and hierarchical family structures meant to "tame and domesticate [female] madness and bring it into the sphere of rationality" (Showalter, *Female Malady* 17-8). These were necessary measures, Victorian physicians believed, because the population of women *deemed* mad was increasing,[6] which continually reinforced "the close association between femininity and pathology" and the woman's mind and irrationality (Ussher 64). The Lunatics Act of 1845 and the

[5] Showalter's research shows that thirty-six of the fifty-two counties built asylums (*Female Malady*, 17).
[6] Denise Russell tells us that there was a "predominance of women in public mental hospitals" in England by the middle of the century, and by the end of the century, women had also surpassed the number of men in private mental hospitals (10). A parallel increase of incarcerated women was also occurring in France. Yannick Ripa writes, "Between 1845 and 1849 there were 9,930 madwomen concealed behind the walls of asylums [in France], and this had risen to 19,692 in 1871" (1).

subsequent construction boom of asylums could not have bypassed the attention of Charlotte Brontë, whose *Jane Eyre*, published only two years later, showcases a man who chooses *not* to institutionalize his wife who has been deemed "mad" by "medical men," though the narrative explains that he has that option, and instead locks her in a third story attic on his family's estate, a place named Thornfield Hall (Brontë 262).

Comparing the Victorian lunatic asylum "boom" to that of present-day sleep clinics is not an entirely incongruent association; the sudden increase in asylums and sleep clinics, during their respective eras, overshadows and seemingly erases all evidence of those who need medical attention but choose not to participate in the economy of institutionalization. Even though the numbers of sleep clinics and the market demand for sleep products and pharmaceuticals have risen drastically in recent years, millions of Americans who suffer from sleep disturbances might not be seeking medical consultation at all,[7] or they might be suffering silently after being blamed for their problems by their physician during their diagnosis.[8] Similar to this distrust of the medical system, even though directors of asylums in the nineteenth century worked to create a tame and controlled space for women unlike the filthy and chaotic conditions of madhouses of the 1700s and earlier, *Jane Eyre*'s Mr. Edward Rochester still questions the quality and health of asylum life. He decides to keep his sick wife in the attic, to confine her in what he calls "safety and comfort," but really to "shelter her degradation with secrecy, and leave her" with a drunken nurse whose only qualification is her "fidelity" to secrecy

[7] Karash cites the federal Agency for Healthcare Research and Quality, whose research estimates that 40-70 million Americans suffer from sleep problems (3). Studies estimate that seventy to eight-five percent of the population with sleep problems never discusses their symptoms with a doctor (Greene 3; Jacobs 6).

[8] Greene exposes the disturbing trend that many sleep clinic patients and insomniacs in general are often blamed for their sleep troubles by their doctors, friends, and family, and they worry about the stigma against 'night people' that carries over to insomniacs, thus they feel "reluctant to complain about insomnia to doctors" and choose to suffer silently rather than seek medical assistance (3, 76). See Greene's chapter titled "Blame the Victim," 49-78.

(263-4). He distances her from any of the medical men in the West Indies who diagnosed her and her mother as mad, and he segregates her from English doctors who might be able to help her.

Rochester and his family are "anxious to conceal" Bertha's condition and feel "urgent" about "keep[ing] it secret" (263-4), but Rochester does not want to send her away to any house or asylum where she might be in an unhealthy environment. He does not even want to keep her at Ferndean Manor, his "retired and hidden" forest residence, whose "damp walls" might have caused Bertha to catch sickness (256). Instead, he lets "her identity, her connection with [him]self, be buried in oblivion" at Thornfield (263), since she "can be maintained in the social order only as a dead body" (Bronfen 200). Rochester tells Jane, "I was wrong ever to bring you to Thornfield Hall, knowing as I did how it was haunted" by Bertha (256). Essentially, he treats Bertha as deceased, perhaps not "buried," but as a ghost of his past, trapped in the attics of both his conscience and his infrequent home.[9] Rochester's choice to hide Bertha demonstrates that he is embarrassed by this "filthy burden…bound to" him (263). He "confine[s] her with due attendance and precautions" in an attic room with no windows rather than take the risk of institutionalizing her, so that they would not be associated in England as husband and wife where "it is not known what a sullied name [he] bear[s]" (263). Rochester "shunned [Thornfield] like a great plague-house!" so as to avoid Bertha's tainted living space (121).

Like madness, sleep problems carry cultural stereotypes and the taint of weakness, however unwarranted: it is generally assumed that what is keeping a person

[9] Ghosts, as Christopher Dewdney tells us in *Acquainted with the Night*, "are disembodied spirits that have risen to roam through the night" (192).

awake is the plague of a character flaw, such as a lack of willpower or a tendency to over-worry. Richard Coleman, of the Stanford University Medical School, confirms the stereotype that "Insomniacs are seen as neurotics who should have more will power," which is why many people with sleep problems keep them secret (qtd. in Greene 3), hiding them away as Rochester tries to hide Bertha, since they know little sympathy is to be garnered from medical professionals who might also be working on minimal sleep. The cultural histories of mental illness and sleeplessness share a variety of similarities. Two of these similarities, the moral stigma attached to the conditions, and the medical field's (and family members') misogynistic treatment of women with these conditions, can be analyzed in relation to Bertha Mason Rochester, yielding new insight into Brontë's *Jane Eyre*. Critics of Brontë's work have devoted much feminist and psychoanalytic discussion to the character of Bertha in relation to Jane,[10] but, as of yet, Bertha's frightening nighttime behavior has not been analyzed within the framework of sleep science or sleep science's affiliation with psychiatry. Furthermore, while feminist literary theorists and historians of psychiatry have long discussed the relationship between women and madness,[11] noting in particular the many subjugations and embarrassments of women during their treatment for insanity, as of yet no one has

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[10] Bertha is usually discussed in terms of race through national, colonial, or imperial lines of argument, such as in Spivak, Boumelha, and Meyer. Spivak reads Bertha's death as a necessary sacrifice for the successful construction of British national identity and the glorification of the colonizer, while Meyer reads Bertha's race as ambiguously-coded, but still subjugated through imperialist ideology and destruction of the Other. Gilbert and Gubar read Bertha's outbursts as demonstrations of the author's anger, but they also see Bertha as a phase of Jane's development as a character. Essentially, the "Bertha in Jane" must die before Jane can marry Rochester (Gilbert and Gubar 362). Nancy Armstrong sees the main difference between Jane and Bertha as class instead of race, though she sees the monster and angel images (images of Bertha and Jane) as working together to suppress views of feminine sexuality that did not support Victorian monogamy.

[11] The discourse of women and madness is firmly established and contains many impressive studies, including Showalter's *Female Malady*, which discusses the nineteenth-century British context, and Ripa's *Women and Madness*, which discusses the nineteenth-century French context, and also Chesler, Ussher, Russell, Scull, Skultans, Small, Denmark and Paludi, who discuss female mental illness in other literary and/or sociological and medical contexts.

published a similar study of women's sleep.[12] As Showalter remarks, "Brontë's treatment of the myth of the Mad Wife is brilliantly comprehensive and reverberative, and rich with historical, medical, and sociological implications, as well as with psychological force" (*Literature* 118-9), but it is also rich with implications of the criminality of night, which remain yet unexplored in Brontë criticism. Beyond the issues taken into consideration by most critics—specifically Bertha's presence in the background, the sub-text, the repressed narrative of the author's anger from which Bertha wakes other characters with her laughter and destructive behavior—there is a deeper, more culturally relevant motive for character analysis.

I. Why Bertha? Why *Jane Eyre*?

Bertha first warrants discussion in the context of Jane's sleep deprivation because she is often its cause. Brontë did not devote enough narrative to Bertha for us to state confidently that Bertha experiences sleep deprivation, as we can with the character of Jane Eyre, or to be able to diagnose her with a sleeping disorder. Nevertheless, she is a major component in Jane's inability to sleep at Thornfield, as well as a cause of other characters' nighttime wakings. Brontë neither wrote Bertha specifically as an insomniac character nor do we need to read her this way, because Brontë instead borrowed from the vocabulary of various stigmas of insomnia, which thus allowed her to write Bertha (and,

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[12] Until this century, few researchers were willing to study women's sleep because of its extreme variability and unpredictability compared to men's sleep. "Because of women's changing hormone levels, both monthly and throughout the life span," Amy R. Wolfson explains, "women have often been excluded from research on sleep, circadian rhythms, and other sleep-related factors" (16). Most sleep studies are conducted on healthy, young men (Greene 82). Even among the few published works on women's sleep, some titles could be interpreted as offensive to women or as playing into traditional gender roles and cultural expectations of women.

A few recommended studies that stand out from the sea of studies on men's sleep are by Kryger, Attarian, Driver, Walsleben and Baron-Faust, Wolfson, Greene, Bjorkelund et al., Hislop and Arber, Park, and *National Sleep Disorders Research Plan*, sec. 4, "Sleep, Sex Differences, and Women's Health."

subsequently, Jane) as nocturnal characters without physiological justification or apology.

Whereas Jane suffers from hyperarousal, which creates a cyclical condition of sleep deprivation and further arousal of the senses, Bertha's wakeful nights shadow Jane's and mimic them but serve a different purpose. Jane derives her perpetual vigilance from the vulnerability and painful losses she experiences when asleep. Jane's sleep deprivation, partially self-inflicted, acts as a *defense* mechanism. Bertha's wakefulness, in contrast, is a measure of *offense*. In speaking of the havoc Bertha wreaks during the night, Rochester couches his interpretation of it in terms of her mental sharpness and ability to plan her attacks. He even contradicts himself, demeaning Bertha's intelligence by calling her "cast of mind common, low, narrow, and singularly incapable of being led to anything higher, expanded to anything larger," though twice he refers to her craftiness, which also evokes a sense of proactive restlessness: "she is so cunning: it is not in mortal discretion to fathom her craft," and "The lunatic is both cunning and malignant; she has never failed to take advantage of her guardian's temporary lapses" (261, 250, 264). Additionally, the host at Millcote Inn, who tells Jane of Bertha's suicide and the destruction of Thornfield Hall, describes Bertha as "cunning as a witch" (364). According to both male characters, Bertha derives her intellect from evil and malevolence: she displays the cunning of immorality and pairs it with active wakefulness.

Brontë consciously wrote Bertha, as I will demonstrate in this chapter, as a *morally* mad woman. Bertha's mental illness, according to Brontë, is a moral depravity that stems from genetic and moral taint passed down from her mother, and this moral

depravity developed into animalistic, demonic insanity that causes her to act out and prey on others with evil.[13]/[14] In writing mental illness as a derivative of immorality, Brontë ascribed onto Bertha's madness the cultural stigmas, stereotypes, and taboos that went along with it in the England of 1847.[15] Interestingly, many of the ways in which Bertha is "mad," according to the text and criticism, can be directly associated with Bertha's restless, deviant behavior at night—at least in the moments readers are privy to narrative concerning her.

Through my reading of *Jane Eyre* in general and the character of Bertha more specifically, this chapter offers a comparative analysis of viewpoints surrounding sleeplessness and insanity, and the ways in which the cultural history of insomnia parallels the cultural history of the moral insanity of women.[16] Brontë's text pairs Bertha's persistent wakefulness with insanity in intimate ways, nearly equating the two, by imbedding stigmas shared by both conditions, such as excessive sexual appetite, pathological criminality, and especially the effects of menstrual periods, into the few moments we have with Bertha. I first present a reading of Brontë's understanding and literary embrace of moral insanity, and then contextualize the work of Brontë in relation to the prevailing Victorian stigmas of moral insanity. While doing this, I consider the

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[13] Helen Small writes that "This is madness carried through the female line, and expressing itself with particular virulence in women" (165).

[14] Like mental illness, insomnia might be hereditary too. According to the 2005 edition of *The International Classification of Sleep Disorders, Diagnostic & Coding Manual*, the American Academy of Sleep Medicine (AASM) explains, "The familial patterns for insomnia due to mental disorder are primarily those associated with the primary mental disorder" (15).

[15] This holds true even though the novel is set in a slightly pre-Victorian time period. Brontë does not verify the specific time period of her novel, and critics disagree widely, but context clues give us a time period anywhere from the late 1790s to 1820s.

[16] According to the AASM, "Insomnia is a symptom that often arises from primary medical illnesses, mental disorders and other sleep disorders" (1). In writing about the cultural history of insomnia, which is different from periodic sleeplessness, I do not make the claim that Bertha has secondary (symptomatic) insomnia as related to primary mental disorder, meaning that I do not argue that Bertha is sleepless solely because of a mental illness, although that might be the case, nor do I argue the reverse, that she is mentally ill solely because of sleeplessness.

deeper implications of Brontë's multiple constructs of "restlessness" and their associations with immoral nighttime behavior, which tie into the influences of *Jane Eyre* on various representations of women at night in Victorian literature and culture, and which will be discussed in my subsequent chapters. In a dissertation such as this one, where I am looking at issues of sleep and sleeplessness of female characters in mid- to late-Victorian fiction through the three-way lens of cultural historicism, nineteenth-century scientific inquiry, and present-day medical knowledge, this chapter examines how the narratives perpetuated by cultural history have held a prevailing power over the medical and domestic treatment of women. A woman's mind, Brontë would have us conclude, is only as healthy as her sleep, while her body is always safer awake.

Brontë only writes a handful of "Bertha narratives" in *Jane Eyre*, primarily because it is Jane's "autobiography," but also because Bertha's identity must remain secret in order to maintain forward plot movement and narrative suspense.[17] The narratives we *do* get are almost all nighttime narratives. Bertha prowls the hallways, laughing with a "low, slow ha! ha!" or projecting "eccentric murmurs," scratching at doors, "snarling, snatching…almost like a dog," quarrelling with and preying on those who have confined her to the attic, such as Mr. Rochester and her brother Richard Mason, and scaring Jane who attempts (albeit unknowingly) to displace her as Mrs. Rochester (93, 178). Most of the text's allusions to Bertha's restless presence at Thornfield are set at night, but there are several indications of her presence during the day as well. Jane

[17] Deborah Anna Logan likewise admits the difficulty of writing an entire analysis only on Bertha, since "The narrative provides relatively little information about Bertha, aside from the fact that she is clearly an impediment to the heroine's romantic progress" (Logan 23).

Patsy Stoneman writes of the problem the limited number of scenes for Bertha creates for adaptations of *Jane Eyre*, particularly stage and film productions. She notes that many adaptations, from the nineteenth century to the present, have increased Bertha's presence on stage or screen in order to maximize the potential of her sensational effect on the plot, as well as to provide more of a reason for the audience to sympathize with her (Stoneman 197-8).

recounts two separate days of hearing a "curious laugh; distinct, formal, mirthless" emanating from one of the attic rooms (91). Mrs. Fairfax immediately blames the noise on servants, "perhaps Grace Poole," though Jane questions this explanation of its origin, describing the "laugh…as tragic, as preternatural a laugh as any I ever heard" (91). The now infamous scene in which Rochester, Jane, and the small cast of wedding-day characters invade *Bertha's* private space occurs during the morning. They seek *her* out to stare, ridicule, and cause destruction and pain, as Bertha does to them during the night. According to Brontë's limited description of Bertha, she neither sleeps through the nights, nor does she sleep during the daytime. In none of the narratives of or allusions to the madwoman, whether they are Jane's descriptions or Rochester's testimony of his married past, do we have any mention of her sleeping.[18] The text provides only the *excesses* of her sleepless, restless spirit.

Restlessness is a theme to which Brontë returns in each of her novels, particularly, for example, in the activity mirrored between Jane and Bertha.[19] Before Rochester arrives at Thornfield, Jane feels "agitated" and confined by "tranquility" (93). Her "sole relief" is to escape from the Thornfield drawing rooms, from Adéle and Mrs. Fairfax, and pace "backwards and forwards" in one of the rooms of the third story attic (93). Though she hears the "mirthless" and "tragic" peals of laughter that "echo in every lonely chamber," she continues to return to this place to wear out her pent up energy, let her

[18] In reference to whether or not we can trust Rochester's testimony of Bertha's condition, Helen Small has gone against many recent critics' efforts to sympathize with the character, saying "Rochester has every reason to exaggerate his wife's viciousness, but it is important to remember that the weight of the novel is behind him. There is nothing in what we hear from others, or from Jane herself, to qualify either this catalogue of symptoms or the case history Rochester provides" (166). In other words, Brontë's novel is consistent in its treatment of Bertha.

[19] Gilbert and Gubar's oft-quoted line about the mirror relationship between Jane and Bertha reads, "it is disturbingly clear from recurrent images in the novel that Bertha not only acts *for* Jane, she also acts *like* Jane" (361).

mind's imagination soar, and exert herself since she is mentally and physically unsatisfied on the lower floors of the estate (91, 93).[20] Little does Jane know that only a thin partition separates her from the mad Bertha, not the servant Grace Poole. Bertha suffers from a more literal imprisonment than Jane, who is metaphorically imprisoned in mental stasis. Jane indulges in make-believe tales as she paces the floor. Ironically, Bertha is likewise trapped in the attic with nothing to do but laugh at her real-life tragedy, run "backwards and forwards," and, perhaps, indulge in cunning thoughts of escape and revenge (250).

II. Moral Insanity

A few short months after the publication of *Jane Eyre*, Charlotte Brontë was still paying close attention to reviews of her novel, often sharing letters back and forth with her literary connection, Mr. W. S. Williams, about the contents of the reviews. Williams, a literary advisor to Brontë's publishers, Messrs. Smith & Elder, wrote to Brontë that her characterization of Bertha Mason Rochester was seen by some as shocking,[21] and that, perhaps, she should have shown more pity on the madwoman.[22] Brontë's reply, dated 4 January 1848, concedes, "It is true that profound pity ought to be the only sentiment elicited by the view of such degradation" (Shorter 1.383). Though she felt she had "not sufficiently dwelt on that feeling" of pity, and "erred in making *horror* too predominant" in Bertha's character, Brontë's letter shows no remorse (Shorter 1.383-4). In fact, the

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[20] As we see here, restlessness exacerbates the woman's ostensible propensity for madness. Ripa notes that, for this reason, "Idleness was not tolerated in asylums. It was seen as synonymous with chaos. It was seen as inimical to mental balance; unstructured time was the breach through which reverie, fantasy and frenzy might penetrate the asylum" (106).

[21] Brontë's letter responds "to complaints from Leigh Hunt and the popular novelist Julia Kavanagh that Bertha Mason was unnaturally hideous" (Small 164-5).

[22] Williams's letter is not present among Brontë's published letters, but we can assume its contents from Brontë's reply—particularly in her discussion of the points on which she agrees and disagrees with her critics.

letter defends her characterization, writing as though it was thoroughly justified, since Bertha's sinfulness, in Brontë's opinion, signified more in the narrative than her deformity of mind.

Brontë subscribed to a view of women's insanity called moral madness, or "moral insanity," which was coined by Dr. James Cowles Prichard in 1833 (Skultans 6). He defined it as a mental disease which "consist[s] of a morbid perversion of the feelings, affections, habits, *without any hallucination* or erroneous conviction impressed upon the understanding; it sometimes coexists with an *apparently unimpaired state of the intellectual faculties*" (qtd. in Matus, *Unstable Bodies* 196; italics mine).[23] Prichard saw vice as intimately related to insanity—in effect, a subcategory of mental disease—in which bad or deviant behavior is a symptom (Matus, *Unstable Bodies* 197). Once Prichard's definition of moral insanity became mainstream in Europe, "It became difficult [for physicians and the public] to distinguish between the symptoms, the disease itself and the different forms it took" (Ripa 5). If we look closely at the text of *Jane Eyre*, Bertha seems to suffer from mental unrest far beyond vice. However, Brontë borrowed Prichard's term and definition for her characterization of Bertha, and her letter to Williams insists that Bertha's nature has turned demonic by means of immorality:

> There is a phase of insanity which may be called moral madness, in which all that is good or even human seems to disappear from the mind, and a fiend-nature replaces it. The sole aim and desire of the being thus possessed is to exasperate, to molest, to destroy, and preternatural ingenuity and energy are often exercised to that dreadful end…*all seems*

[23] Showalter argues, "This definition could be stretched to take in almost any kind of behavior regarded as abnormal or disruptive by community standards" (*Female Malady* 29).

> *demonized*....Mrs. Rochester, indeed, lived a sinful life before she was insane, but *sin is itself a species of insanity*—the truly good behold and compassionate it as such. (Shorter 1.383-4; italics mine).

Brontë's claim that the "truly good" see sin as a "species" of madness is an interpretational argument in itself—meaning that those who are *not* truly good are less inclined to interpret sin as insanity, and conversely, insanity as sin. Put another way, those committing the 'sins' are less likely to think of them as acts of insanity. Therefore, by basing Bertha's insanity on a moral rather than a psycho-physiological imbalance, and by writing insanity in a context of "truly good" versus "demonized," Brontë is able to complicate Bertha's character as well as Jane's, since, as critics rarely fail to point out, Bertha performs as a mirror of Jane, a reflection or creative portrait of her inner psyche, and the only impediment preventing Jane's legal marriage to Rochester.[24] Rochester reads Jane as truly good. He envies Jane's "peace of mind," "clean conscience," and "unpolluted memory" (115).[25] Thus Bertha, in contrast to Jane's goodness and cleanliness of body and character, must be mad.

The complexities of the characters and their narratives, then, are nearly all moral problems, since the Bertha's "giant propensities" and "excesses" are eruptions of sin, and thus eruptions of insanity (261). Rochester exclaims that even legal proceedings could not separate him from the sinful woman (whom he often calls "it") because sin had been paired medically with mental disease: "And I could not rid myself of it by any legal

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[24] See Gilbert and Gubar; Showalter, *A Literature of their Own*; Meyer; and Berg.

[25] As I have elsewhere demonstrated, Jane is not at peace, and thus this is an ironic reading on Rochester's part. Though Rochester sets up Jane and Bertha as binary opposites, the two women resemble each other more than they contrast each other, regardless of physical appearances. Gilbert and Gubar write, "on a figurative and psychological level it seems suspiciously clear that the specter of Bertha is still another—indeed the most threatening—avatar of Jane" (359).

proceedings: for the doctors now discovered that *my wife* was mad—her excesses had prematurely developed the germs of insanity" (261). Helen Small's *Love's Madness: Medicine, the Novel, and Female Insanity, 1800-1865* (1996) envisions Brontë's conception of Bertha's body as "a mere compilation of its own vices and excesses, without the possibility of reparation or even regret" (166). As explained by Rachel Malane, in reference to Brontë's neurological understanding of the female brain, "Bertha's insanity is the result of an emptying or 'disappearing' of her brain's moral contents, creating a void that is susceptible to being …filled with devilish inclinations that manifests as unnatural energies" (78-9).

These energies and eruptions are stigmatized in Victorian culture and literature as perversions of good, and the presentation of insanity in the novel cannot be separated from its stereotypes. Bertha cannot be read as merely ill or troubled; she always displays criminality and is the materialization of crime itself. Jane asks, "What *crime* was this, that lived incarnate in this sequestered mansion, and could neither be expelled nor subdued by the owner?" (179; italics mine). After Bertha had set fire to Rochester's bed Jane had pondered, "He had almost as much declared his conviction of her criminality last night: what mysterious cause withheld him from accusing her?" (132). Later, she admits to Rochester, "it seems to me your life is hardly secure while she stays" (184). It is Bertha's criminality, her wholly *bad* nature, her appetite for blood and murder, that Jane is most worried about, not her troubled mental health.

Nineteenth-century fiction exhibits a strict moral line of demarcation between sane and insane characters. Rick Rylance discusses this line of demarcation in literature as conditioned by medical men's demands for clear social distinctions and binaries.

Theorists of mental pathology saw the diagnosis as an "all-or-nothing game," meaning "that insanity was either all there, and the lunatic is therefore a pariah to the human community (as in literary representations like that of Bertha Mason in *Jane Eyre*), or not there at all" (Rylance 113-4). Though, as Rylance shows, the all-or-nothing position of insanity "was increasingly contested as the century progressed (not least in Charlotte Brontë's later *Villette*)" (114) and Mary Elizabeth Braddon's sensation fiction of the 1860s, which further blurs the binary oppositions. But unlike Braddon, who in *Lady Audley's Secret* teases her readers into wondering whether Lady Audley is actually mad by way of her tainted maternal bloodline or just a bad woman (with a clear distinction between the two), Brontë fuses "madness and badness, vice and insanity" (Matus, *Unstable Bodies* 191). Without question, Brontë wrote Bertha as morally mad because she believed in the authenticity of such an infirmity. The relationship between vice and madness had so thoroughly pervaded the mainstream culture of Britain in the 1840s that even Brontë, living in the rather isolated community in Haworth, had not only heard of moral insanity, but also chose to join its discourse and further disseminate Dr. Prichard's doctrine through the literary market.

Victorian moral madness was a condition that was both a way for a woman (or female character in a novel) to reject proper decorum, stasis, sexual apathy, and domestic responsibility, as well as a punishment for doing so. That which madness signifies is a highly-contested arena in feminist criticism, particularly in the areas of defining hysteria and protest. Hysteria most often takes the form in nineteenth-century writings of psychiatry as an outburst derived from suppressed sexuality. Jane Wood claims in *Passion and Pathology in Victorian Fiction* (2001) that "Disappointments, unfulfilled

hopes, and unrequited love are frequently cited by doctors among the causes of hysteria" (33). Hysteria, which critical psychologist Jane M. Ussher defines as female madness that has been compounded by additional female maladies, has been "reinterpreted by feminists as an expression of women's anger, women's oppression, and of the power of the misogynistic discourse to define what 'woman' means, and to exert control over women's lives" (75). However, many theorists still insist that outward rage, such as Rochester's remembrance of Bertha "mingl[ing his] name with such a tone of demon-hate, with such language!" (262), and that type of authorial rage which is discussed in Gilbert and Gubar's *The Madwoman in the Attic* (1979), should not be celebrated as a successful rebellion, however marginal, against the patriarchal tradition (338). Opposing Ussher's view that "diagnosis and treatment were used as methods of social control, and that symptoms were in reality a form of protest" (76), Shoshana Felman says that madness is "quite the opposite of rebellion," and Showalter agrees, arguing that we should avoid romanticizing it or reading it as a desirable form of protest (qtd. in *Female Malady* 5). Bertha's hysterics, which Brontë defines as her "continued outbreaks of her violent and unreasonable temper, or the vexations of her absurd, contradictory, exacting orders" force Rochester "to devour [his] repentance and disgust in secret," never making an effort to find her the help she needs (261). He interprets her temper not as protest but as her evil will to vex him. She has ample willpower but uses it for malice instead of good, for poise and refinement, like Jane.

In contrast to the debate in recent feminist criticism concerning whether madness and its symptoms are forms of protest or "desperate communication[s] of the

powerlessness" (Showalter, *Female Malady* 5),[26] the Victorians believed a woman's tendency to act out or defy her responsibilities was sinful and mad. Excessive female emotions, if unrestrained and unchecked, could develop into serious mental pathology, which could render a woman unable to ward off immorality, especially sexual immorality, through willpower alone. Hence, Bertha's insanity, and the pathology of each insane woman in mid-nineteenth-century Britain,[27] carried implications of immorality and the dishonor not only of being "bad," but also—most importantly—that this badness was ultimately preventable.[28] Victorian doctors often saw willpower as the golden key to solving the problem of moral insanity; for this reason the stereotype developed that moral insanity was derived from a lack of self-control on the woman's part (Showalter, *Female Malady* 30).[29]

We saw one example of this, as described above, in Rochester's suggestion that Bertha's cunning nature is the intelligence of evil, which manifests itself as madness run amok rather than the intellect and reason of a suitable domestic partner. Rochester seemingly borrows his logic from Anglican clergyman John Barlow's *On Man's Power over Himself to Prevent or Control Insanity* (1843), a treatise which offers readers the

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[26] Showalter expands this idea later to say, "murderous madwomen do not escape male domination; they escape one specific, intolerable exercise of women's wrongs by assuming an idealized, poetic form of pure femininity as the male culture had construed it: absolutely irrational, absolutely emotional, and, once the single act is accomplished, absolutely passive" (*Female Malady* 17).

[27] Showalter is less conservative than I am with this claim and would say that *all women*, not only the insane, carry the stigma, since madness has been imbedded in culture as a specifically "female malady." She writes, "These dual images of female insanity—madness as one of the wrongs of woman; madness as the essential feminine unveiling itself before scientific male rationality—suggest the two ways that the relationship between women and madness has been perceived" (*Female Malady* 3). See "Introduction" to *Female Malady* for an elaboration of this discussion.

[28] This stereotype was also prevalent in France. Ripa writes of the implications of morality in French asylums, "It is no coincidence that the peak of the importance of asylums (from 1830 to 1860) was a period which had a symptom-based approach to disease. This involved rejecting all organic causes and only believing in moral causes. From 1790 to 1800 onwards, psychiatry took on a moralizing tone." (Ripa 5).

[29] "Mental health was to be achieved by a life of moderation and by the energetic exercise of the will" (Showalter, *Female Malady* 30).

"assurance of professional men well experienced in the treatment of the insane, that nothing is more rare than to find among [the insane] a person of a judiciously cultivated mind," and that lack of will-power reverses a lady's cultivation (Bourne Taylor and Shuttleworth 245).[30] Rochester describes the point at which his disgust hit its apex, saying, "when I found that I could not pass a single evening, nor even a single hour of the day, with her in comfort: that kindly conversation could not be sustained between us, because whatever topic I started immediately received from her a turn at once coarse and trite, perverse and imbecile" (261). Bertha's inability to sustain conversation demonstrates her inability (or unwillingness) to control herself in a ladylike manner. Choosing perverse conversation is her way of cultivating the seeds of insanity instead of cultivating her mind positively. Barlow's treatise seemingly erases the physiological line between sane and insane. Instead of physiology, "the difference between sanity and insanity consists in the degree of self-control exercised" (Barlow qtd. in Bourne Taylor and Shuttleworth 245). English neurophysiologist and trained surgeon, Thomas Laycock (1812-1876), similarly declared in 1860 that "wisdom, and love, and moral power" and not "the manifestation of force of intellect and energy of will" marks "[w]oman's excellence over man" (Bourne Taylor and Shuttleworth 177). Without moral power, Laycock more than implies, the woman has no excellence whatsoever, since her will is naturally weak.

Theorists of sleep write about willpower much like theorists of moral insanity, claiming, such as American statesman and diplomat John Bigelow in *The Mystery of Sleep* (1897), that "It would be well for every one to realize that all the *virtues favor sleep* and all the *vices discourage it*" (200; italics mine). For Bigelow, "vice" is a

[30] Barlow (1799-1869) was also the Secretary of the Royal Institution of Great Britain from 1843-1860.

comprehensive label: "All the appetites, propensities, lusts, and passions which we cannot control are incidental to, and evidences of, our unregenerate nature" (200). Bigelow calls these passions "enemies of sleep" and tells readers that their "highest duty [is] to respect the laws of our being," namely our need for sleep, "which impose self-control" (201). In other words, self-control and willpower are the friends of sleep and morality, while vices are their enemies. But night, unlike the day, seems to invite and encourage the slipping away of willpower. "Nocturnal life escapes control," writes *Nights in the Big City* (1998) author and cultural scientist Joachim Schlör; "if it is restricted in one place it will find an outlet somewhere else" (197). In 1915, *Sleep and Sleeplessness* by H. Addington Bruce, a journalist and writer of popular psychology, implored parents to protect their children from developing disorders of sleep by "developing their will-power and turning their thoughts to interests so absorbing that they will have neither time nor inclination to become morbidly self-centered" (144-5), as apparently the strength of willpower over self-centeredness improves sleep and wards off sleeplessness.

Willpower plays a controversial role in the diagnoses of moral insanity and insomnia: the general public as well as the medical industry tends to assign blame to patients for their apparent lack of self-control over their condition. Greene's *Insomniac* laments the trend of "blaming the victim" in the treatment (and, consequently, the non-treatment) of insomnia. Doctors are often unwilling to discuss medical treatments with people whom they believe "bring their insomnia upon themselves" (Greene 64). Dr. Julius Segal, formerly at the National Institute of Mental Health, believes much of the suffering of insomniacs is "voluntary—that many of the sleep problems that beset us are

of our own making" (qtd. in Greene 64). Like madness, chronic insomnia is perceived as a weakness of character. In *The Noonday Demon: An Atlas for Depression*, which won the 2001 National Book Award, Andrew Solomon argues that, as insomnia might be thought of as a personal weakness, health insurance companies are more likely to cover "lung cancer brought on by a lifetime of heavy smoking" than "a problem that's rooted in character" (Greene 62). Since the majority of the population loses sleep periodically over worry, stress, or depression, society at large believes that those are the roots of an insomniac's problem (Greene 18). Either that, or the insomniac is thought to be "crazy"—at which point the insomniac is, of course, blamed for being crazy:

> They don't get it that there are those of us whose sleep is never right, no matter what's going on in our lives, no matter what our lifestyle, habits, frame of mind….Referring a problem to the neurosis or psychopathology or the attitude of the sufferer is a way of shifting responsibility to the sufferer—a way, in effect, of blaming the victim. (Greene 18, 62)

Blaming the victim is neither medically responsible nor useful in treatment, but the theory and general opinion is that insomnia, like immorality and moral insanity, is preventable.

In this line of discourse, the condition of insomnia, like moral insanity of the Victorian era, is a said to be a *learned* response. The theory and treatment of mental illness has undergone extensive changes in the past two-hundred years, allowing for the falling away of many misogynistic practices. More than a decade into the twenty-first century, though, sleep scientists continue to play the blame game. Whereas political correctness urges physicians not to blame those who are mentally ill for their own

illnesses, it seems that the affliction of insomnia carries no similar political protection (Greene 60).[31] The sufferers are their "own worst enemies," as journalist Douglas Colligan writes in *Creative Insomnia* (33 qtd. in Greene 64), and, thus, disciples of the willpower 'doctrine' call for 'bad sleep habits' to be unlearned, by means of restraint, strict regimes of sleep hygiene,[32] and the learning of new techniques to compensate for weaknesses of character. For example, Gregg D. Jacobs, one of the nation's leading specialists of insomnia, in *Say Good Night to Insomnia* (2009), tells his readers that insomnia is a "learned problem that can be unlearned," as long as one "develop[s] a sense of control over sleep," "chang[es] negative, stressful thoughts about sleep" into more positive emotions, and maximizes "self-control and empowerment" (10-11). He propagates the belief that "all the underlying causes" are "in most cases…thoughts and behaviors" (Jacobs 10), which brings us back full circle to the willpower component of sleep deprivation.

Victorians were trying to control exactly that—"thoughts and behaviors"—through their diagnoses of moral insanity. If a physician could control the behavior of a sinner, or deter a woman from deviating from the "angel in the house" ideal, then he could prove the problem was a preventable blemish of character in the first place.[33] *Jane Eyre* examines a woman whose intemperance flares during the day (Grace Poole reports

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[31] One of the reasons for this is that insomnia still has no known etiology, which is why it has no medical clout as a termed "disease," instead of only a "syndrome" (Greene 60). It was, luckily, upgraded from "symptom" to "syndrome" in the 2004 *International Classification of Sleep Disorders*, although the terminology is still problematic (Greene 60). Without classification as "disease," researchers of insomnia fail to raise adequate funding.

[32] Sleep hygiene sounds like cleanliness, but has nothing to do with bodily hygiene, and instead consists of everyday habits such as "reducing excessive time in bed and getting out of bed at the same time" (Jacobs 10).

[33] Coventry Patmore's immensely popular poem, "The Angel in the House" (1854-6) solidified the stereotype of the ideal woman. Gilbert and Gubar insist, by way of Virginia Woolf's logic, that "Before we women can write…women must kill the aesthetic ideal through which they themselves have been 'killed' into art. And similarly, all women writers must kill the angel's necessary opposite and double, the 'monster' in the house, whose Medusa-face also kills female creativity" (17).

that Bertha is "rather snappish, but not 'rageous" in the daytime [250]), but her true evil nature—the root of her insanity—flares at night. The night setting, particularly the monthly full moon, calls forth her propensity for passion, sex, crime, and revenge. In the following section of the chapter, I offer a comparative analysis of insomnia and moral insanity which focuses on stigmas and stereotypes most relevant to these two conditions, and which relate to the willpower debate, namely the menstrual taboo and psychological consequences of the reproductive system and night's association with danger or criminality.

III. Stigmas of Insomnia and Insanity: Menstruation

Without ever mentioning menstruation directly, Brontë is able to evoke the stigma and effects of women's periods by engorging her prose with the cultural signifiers of blood, redness, and large full moons, the crowned jewel of the twenty-eight day lunar cycle. The stigma upon the menstruating woman is ancient and deeply-ingrained in culture. Jenny Bourne Taylor and Sally Shuttleworth write that "Menstruation was seen to hold the key to female health," and quote early nineteenth-century author and physician of the insane, George Man Burrows, who believed menstruation to be "the moral and physical barometer of the female constitution" (165). The stories, old wives' tales, and supposed maladies caused by "these raging hormones, now elevated to the status of psychiatric syndrome, are legion" (Ussher 250). Historically, the fields of gynecology and psychiatry have been thoroughly misguided by misogyny in the treatment of women after the onset of puberty. The primary reason for the stigma and

mistreatment, many have argued,[34] lies in the myth that menstruation has the power to bring out madness in a woman. Only women with the most willpower were thought to be able to fight off the mental instability aroused by their biological clocks. Even during the nineteenth-century in Britain, when medicine and empirical logic were advancing rapidly, the cultural consensus about women's periods was still that they were dangerous both for the woman and those around her. Showalter and Ripa both write that the "danger" alluded to in the literature was mental illness (Showalter, *Female Malady* 56; Ripa 129).

Victorians believed that the onset of a period and the few days prior to menstruation caused biological disturbances so violent that a woman would be susceptible to losing her mind. One nineteenth-century physician declared his misogyny outright, writing that women "should for their own good and that of society be incarcerated for the length of their menstrual years" (Showalter, *Literature* 121). Luckily, any madness related to menstruation only lasted for a "period," after which the body would be "cleansed…of harmful impurities" that, as physicians reported, "disposed women to suicide, personality disorders and apathy, and made them disgusted with life" (Ripa 129). Premenstrual symptoms were interpreted as the onset of an illness, an illness that watered the seeds of insanity every woman supposedly carried, and one which only menstruation could cure. "In this theory," Ripa explains, "periods were responsible both for the illness and for the cure" (130).

Medical theories which sound bizarre by today's standards persisted late into the Victorian era, smacking of antiquated gynecological (mis)understandings of the female

[34] Many of the same scholars who have written on women and madness have written on Victorian beliefs about menstruation, though, surprisingly, Chesler's *Women and Madness* does not connect these two issues. See Showalter, Elaine and English Showalter, Ripa, and Ussher.

body.[35] In ancient times up through the late 1600s, the woman's womb (*hyster*) was thought to wander about the body, rendering weaker women helpless to hormonal fluctuations during their menstrual cycle.[36] This ominous and unstable wandering womb "act[ed] as an enormous sponge which sucked the life-energy or intellect from vulnerable women" (Ussher 74). Medical practitioners in the nineteenth century no longer thought the womb a 'wandering' presence of female instability; however, the uterus, or "repressed sexual, or uterine, energy" was generally understood to be a dominant cause of hysteria (Bourne Taylor and Shuttleworth 166). Ussher notes that it was not only menstruation that caused distress for physicians (and, we can deduce, their female patients). On the contrary, all elements of the woman's life as a uterus-bearing, reproductive creature were medically troublesome: madness was closely associated with menarche, menopause, and all the periods in between, as well as stages of pregnancy and lactation (Ussher 74). Essentially, no time of a woman's life post-puberty was exempt from doctors' misogyny. Indeed, writes Showalter, the entire female life-cycle marked stages of life particularly at-risk, but "doctors regarded puberty as one of the most psychologically dangerous periods…Doctors argued that the menstrual discharge in itself predisposed women to insanity" (*Female Malady* 56).

Though, it seems, all women of menstruating age were in danger of the madness taking over, medical writings concede that each woman's body reacts uniquely to her menstrual maladies. S. Icard, author of *La femme pendant la periode menstruelle* (1890), reported that menstruation affects each woman differently, "creat[ing] a mental condition

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[35] Actually, they might not sound bizarre to all. As Mary Lefkowitz wrote in *The New Yorker*, "For women, certainly, anatomy is destiny. Not so much because of what they lack as because of what they possess, which is to say wombs, vaginas, breasts: the female reproductive system is a weakness of both the body and the mind. That, at any rate, is how men seem to have thought of it for millennia" (194).
[36] See Heather Meek, who provides a timeline of medical understanding regarding the womb.

varying from…a simple moral malaise, a simple troubling of the soul, to actual insanity, to a complete loss of reason, and modifying the acts of a woman from simple weakness to absolute irresponsibility" (qtd. in Russell 62). Menstruation cultivated a "fertile breeding grounds for madness, or even caused it" (Ripa 129). The menstrual period sparked what was called "reflex insanity in women" (Showalter, *Female Malady* 55). Thus, considering the powerful stigma of menstruation that attaches to it a susceptibility to insanity, doctors observed with much more rigor menstruating women who were already deemed mad. Since menstruation predisposed women to insanity, periods were believed to thrust madwomen further along in their affliction. Even though Bertha was under home surveillance rather than under the watchful eyes of asylum physicians, the menstrual cycles of a woman in her situation would have most certainly been scrutinized and possibly feared.

Brontë criticism commonly refers to the discourse surrounding references to menstruation in the novel, most often labeling Bertha's attacks as "cyclical" or "periodic." "One of the 'feminine' aspects of Bertha's madness," argues Small, "is that her sense of time is cyclical, bound by the periodicity of the moon" (165-6). Showalter reads the relationship between the red room at Gateshead and the attic room at Thornfield where Bertha resides as grounded in the interplay between menstruation and insanity. Jane's surprise mental attack occurs in a room of red furnishings and paraphernalia; likewise, Bertha's "worst attacks come when the moon is 'blood-red', or 'broad and red'" (Showalter, *Female Malady* 67). The "mad cat" or "bad animal," as Jane is nicknamed by John Reed, "will reappear later in the novel as the totally animalistic, maddened, and brutalized Bertha Mason; *her* secret chamber is simply another red-room at the top of

another house" (Showalter, *Literature* 115). I would like to complicate Showalter's and Small's readings with the component of sleeplessness and restlessness, as related to women's biological symptoms during menstruation.

Brontë uses the moon liberally in nighttime scenes that include Bertha. It is never a new moon or partially round, but "full and bright" (175) or "broad and red, like a hot cannon-ball" (262). Bertha, whose residence is an attic room with no windows, does not need to see the moon to experience its cycles. She does, however, display curiosity of the great beyond, just like Jane, who calls Bertha an "it": while trespassing in Jane's bedroom, which *does* have windows and a view, Bertha "drew aside the window-curtain and looked out; perhaps it saw dawn approaching, for, taking the candle, it retreated to the door" (242). We see Bertha more confident in her crimes—more likely to terrorize—in the middle of the night, when the moon is still high. Instead of hurting Jane as day dawns, she only scares her. Rather than setting Jane's room on fire with her candle, as she did to her husband's bed, she only tears her wedding veil, a piece of cloth readers know has discomfited Jane by its elegance and expense. Beyond feeling the effects of the moon's cycles, Bertha actually resembles a previous West Indies moon in Brontë's prose moments before she commits suicide: "she," the *moon*, "threw her last bloody glance over a world quivering with the ferment of tempest" (262), while Bertha "was standing, waving her arms, above the battlements, [her hair] streaming against the flames…she yelled, and gave a spring, and the next minute she lay smashed on the pavement" (365). Bertha creates her own bloody glances and tempest night by setting fire to Thornfield and leaping off its battlements.

Aside from lunar imagery, Brontë uses cyclical language to evoke the days *between* menstrual periods, for Jane notices that "There were days when [Bertha] was quite silent; but there were others when I could not account for the sounds she made"; and Rochester admits, "she had lucid intervals of days—sometimes weeks—which she filled up with abuse of me" (93, 264). Interestingly, Bertha's lucid moments are the ones where she is most likely to "abuse" Rochester verbally. When she is most coherent and least affected by hormonal fluctuations, she voices her discontentment and disrespect for her husband.[37] However, during her non-lucid intervals, Bertha uses the fully-mooned night and her inability or unwillingness to sleep as weapons and physically preys on and vexes those around her: for example, Rochester is "awakened by her yells" and "wolfish cries" during their married life in the West Indies (262). At Thornfield, Bertha sets fire to Rochester's occupied bed and, later, his entire estate, both by night. Also at night, Bertha crouches "at the very key-hole of [Jane's] chamber-door," uttering a "demoniac laugh—low, suppressed, and deep" (126), and later sneaks into Jane's room, reminiscent of the "German spectre—the Vampyre," and rends her wedding veil in two (242). Furthermore, she stabs and bites her brother when the moon is "silver-white and crystal-clear," and bright enough to wake Jane up through her bedroom window (175). While Bertha presumably suffers menstrual blood loss, Richard Mason mourns for his own blood loss, "She sucked the blood: she said she'd drain my head" (181). Brontë exaggerates Bertha's insanity by having her react to her period by craving both blood and revenge; Bertha makes full use of her sleeplessness to satisfy her craving.

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[37] Deborah Anna Logan writes, "Bertha is capable of periods of lucidity, and it would be a mistake to underestimate her understanding of the implications of Jane's presence at Thornfield Hall. Her profoundly symbolic setting fire to Rochester's bed and rending Jane's bridal veil demonstrate that Bertha is clear on this point long before Jane, and perhaps even Rochester, are" (150).

Within mental asylums, Victorian psychiatrists allowed statistics and numbers to guide their diagnoses and plans for treatment. Just like insomnia, which Greene says "gets pegged as 'a woman's thing'" since it "affects nearly twice as many women as men" (63), hormone imbalances are assumed only to affect women.[38] Since the number of women in asylums was growing at a faster rate than that of men, doctors looked for gendered reasons—issues directly related to the woman's menses—to explain this phenomenon:

> the prevailing view among Victorian psychiatrists was that the statistics proved what they had suspected all along: that women were more vulnerable to insanity than men because the instability of their reproductive systems interfered with their sexual, emotional, and rational control. (Showalter, *Female Malady* 55)

If the typical woman was supposed to have had biological crises every month which put her mental health, already weakened by gendered biological differences, at risk, then it can be inferred that mental patients, both at home and in asylums, were treated with extreme precaution during their periods, which prolonged and intensified stereotypes within the mental health industry.[39] Each woman's diverse needs during the menstrual period were lumped under the category of insanity, thus the menstruating woman was categorically misrepresented as dangerous, unhealthy, and mentally unstable. Brontë borrows these stigmas for Jane's nemesis: in literature, Brontë would have us believe, the menstruating woman is scarier than the alternative. The menstruating madwoman is terrifying.

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[38] Wolfson concurs: "Women are twice as likely to complain of insufficient and poor sleep than men" (15).
[39] See Ripa 129-130 for more discussion of treatments and ways in which mental doctors complicated women's periods.

Though nineteenth-century specialists believed the period was strong enough to trigger insanity, modern doctors have virtually ignored the period's affect on sleep until this century. Even as recent as the early 1990s, sleep researchers at Stanford University, a school which holds one of the most prestigious sleep clinics in the United States, did not take the menstrual cycle into account when monitoring a woman's sleep patterns (Greene 20). The former head of Stanford's sleep clinic, William Dement, belatedly admits, "It may not be news to many women that the menstrual cycle can independently affect sleep…but for sleep scientists it has been a relatively recent discovery" (qtd. in Greene 21). It was not until 1998 that menstrual issues were polled by the National Sleep Foundation, at which point it was learned that the sleep of at least one in four women polled was affected by their menstrual cycles (Greene 21), with those women who experience PMS more markedly than others being "at particular risk for sleep difficulties" (Wolfson 19).[40] For women, it is practically a universally known fact that our reproductive cycles often prevent us from getting sufficient, satisfying rest. Perhaps it was *too* well-known, too obvious a symptom, that women did not think to talk about it. But women, Brontë in particular, were *writing* about it, however coded in metaphor and imagery. If we can interpret Bertha's cyclical appearances in the text and the periodicity of her passion as thinly veiled references to menstruation, then we should also be able to interpret Bertha's emergence into Jane's autobiography as blatant *periods* of disturbed sleep.

[40] More specifically, Wolfson notes, "25-50 percent of the women reported that menstruation could disturb their sleep for at least 2-3 days a month" (19). She continues, "The most common sleep-related problems reported by women who experience PMS are: insomnia (difficulty falling asleep, difficulty staying asleep, or waking up too early), hypersomnia (sleeping too much), unpleasant dreams, difficulty waking up in the morning, and morning and daytime tiredness" (Wolfson 20).

IV. Stigmas of Insomnia and Insanity: Criminality and Sexuality

Bertha's inability or unwillingness to sleep has far-reaching consequences for the safety of the inhabitants at Thornfield Hall. As I have demonstrated above, night is when Bertha seeks blood-revenge and wreaks havoc on those around her. Night is when Bertha is most likely to commit criminal offenses. Much as menstruation has a close connection to insanity in medical and psychiatric literature, criminality has a close connection to the night and darkness. Brontë uses nighttime not only as a setting, but as an atmosphere of foreboding—a kingdom of possibilities of malevolence. As madness does, sleep problems carry signifiers of suspicious behavior, although these signifiers are, by and large, unwarranted. In *The Space of Literature*, Maurice Blanchot makes the bold statement that "People who sleep badly always appear more or less guilty" because they "make night present"—and night is the factor that unites insomnia to suspicious behavior (265).

As I argued in the previous chapter, nights in *Jane Eyre* are rarely used for sleep for the main characters; they bleed into day, particularly when a character does not sleep through the night, and this continuum of night-day-night allows Brontë to exhaust her characters and make them more vulnerable to loss, as in the case of Jane, and also more susceptible to disorder in mental condition, as in the case of Bertha. As Bertha persists through the novel as a sleepless woman, the cultural signifiers of criminality multiply. Brontë borrows the vocabulary of criminality to pair with the atmosphere of night's foreboding in order to exaggerate Bertha's character development as morally insane. Brontë makes wide use of the stigmas of crime as a nighttime activity, and she encourages a reading of Bertha as unwilling to sleep, purposely restless in order to

commit crimes through cunning, rather than only unable to sleep, as the medical definition of insomnia implies.[41]

Victorian writings very clearly link menstruation to the twenty-eight day lunar cycle; however, it is important to note that mental illness and the criminality of both sexes has been (and, for some people, continues to be) linked to the moon. Daniel F. Danzl, M.D., explains, "The evil eye in the sky has been a convenient scapegoat for aberrant human behavior since medieval days," with the moon making appearances in Old and New Testament writings, and those of Hippocrates, Plutarch, Shakespeare, Milton, and Tennyson, among countless other authors (92). One 1985 study which completely discounts the connection between the moon and madness, discusses the lunar effect as a "given" in popular culture: "it is our guess that most readers…are aware of the many deviant, abnormal, and peculiar behaviors attributed to the moon: alcoholism, madness, epilepsy, somnambulism ("moon walking"), suicide, homicide, arson, and, of course, lycanthropy" (Rotton and Kelly 287). It might surprise some that modern doctors and scientists continue to write about "lunar madness" and debate its validity and how to justify lunar symptoms of ill health in an otherwise healthy body. For example, "The Moon and Madness Reconsidered" (1999), by Charles L. Raison, Haven M. Klein, and Morgan Steckler, re-opens discussion regarding why "the full moon is associated with psychiatric disturbance…despite 50 years research showing no association" (99). They state that "The moon has been associated with mental disorder since antiquity," and

[41] The AASM defines insomnia as "a repeated difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate time and opportunity for sleep and results in some form of daytime impairment…In milder cases, daytime symptoms may include fatigue, decreased mood or irritability, general malaise, and cognitive impairment. Among adults, chronic insomnia may impair social or vocational functioning and reduce quality of life….Others with more severe forms of insomnia may be at increased risk for….psychiatric disorders" (1).

"Belief in the moon's power to disorder the mind, especially by causing insanity and epilepsy when full, did not perish with the ancient world, but persisted unabated and with few challenges until well into the 19th century" (Raison et al. 99). According to two separate studies, stereotypes of lunar madness are widespread in both higher education and the health industry. Rottom and Kelly found in 1983 that a stunning 49.4 percent of undergraduate students believed in the strange behaviors induced by the moon (286). Another 1983 study showed that 42 percent of psychology students believed in the "lunar effect," while a 1986 study titled "Lunacy"[42] showed that 80 percent of nurses and 60 percent of physicians "believe that the moon affects our patients and their mental health" (Danzl 91).[43] In other words, ancient stereotypes of madness and other afflictions that cause seizures have persisted although modern medical research finds no reason for there to be a connection.

Although the authors find no direct correlation and no evidence that the moon caused actual distortions in the physiological processes of the body or mental disturbances in people throughout the centuries, they do make a convincing hypothesis about the effect—not of the moon—but of its *light*. Raison and his colleagues make the argument that it was sleep-loss caused by the light of the full moon (which is twelve times stronger than the light of a half-full moon) that led to temporary mental disturbance, not a supernatural force of the moon itself (102). A brighter night sky means falling asleep later in the night, which leads to sleep loss on a wide scale across communities. Because "nearly 50%" of patients hospitalized from lunar "manic episodes" recovered within their first full night of sleep, several studies have concluded

[42] "Lunacy" is a word that was derived from "Luna," who was the mythological Roman goddess of the moon.
[43] Ninety-two percent of these nurses "feel that they should receive lunar pay differentials" (Danzl 91).

that "sleep deprivation may be a final common pathway in the genesis of mania" (Raison et al. 102). Also, it is hypothesized that "ongoing sleep disturbance" of patients with a history of mental problems, as Bertha Mason has in *Jane Eyre*, "may function as a self-sustaining positive feedback loop once a manic episode has begun" (Raison et al. 102). Put most simply, not only is it likely that light from the full moon causes sleep disturbance which leads to episodes of mental disturbance and further sleep loss, but it has also been hypothesized that continual sleep loss triggers the ongoing cycle of insanity.

The studies are not wholly medical in subject because they address the likelihood and empirical evidence of increased criminal behavior in addition to increased mental distress. Rottom and Kelly claim that, "If individuals took advantage of the light provided by a full moon, there would be more opportunities for some of them to engage in unusual or bizarre types of behavior. In contrast, it could also be argued that criminals and deviants would prefer to take advantage of the dark provided by a new moon, especially because there is some evidence (Page & Moss, 1976) that darkness is deindividuating" (288). Corroborating this latter claim, Danzl writes that "No correlation could be established" between a full moon and an increase of crime, "perhaps because pre-Edison deviants preferred the new moon darkness for cover" (93). Perhaps most telling about these studies is that, full moon or new moon, modern *medical* doctors are connecting criminal behavior to nighttime and perpetuating the stigma of the criminality of night.

Roger A. Ekirch, historian and author of *At Day's Close: Night in Times Past* (2005), outlines the widespread stigma of night throughout history. "Crime posed the

greatest menace" at night and "appeared to increase in magnitude and ferocity during the hours of darkness," writes Ekirch; he speaks for the criminal, "Our time is in the deep, and silent night" (31-3). A 1585 dictionary defined "thieves" as "felons 'that sleepeth by daye' that they 'may steale by night,'" and, as promised, night provided criminals the most cover and protection under which to steal, murder, commit arson. (Ekirch 33). While neither day nor night were exempt from "the chronic fear bred by human malevolence," and a crime could be committed at any time, night in the middle ages and on through the early modern period was particularly dangerous (Ekirch 31). King Edward I (1239-1307) authorized in 1285 that any suspicious person out at night could be arrested (Ekirch 31). Even with this law, participation in "works of darkness," a literal and metaphorical phrase used to describe criminal activity persisted (Ekirch 31). The Latin term *noctivagator*, later more commonly referred to as the 'nightwalker,' was first applied to nighttime criminals and later prostitute women: one London author in 1659 described the first nightwalkers as "idle *fellows* who…sleep by day and walk abroad by night and are suspected to live by dishonest courses" (Ekirch 32). Elizabethan dramatist Thomas Kyd believed night to be a "coverer of accursed crimes," while hymnist and English preacher Isaac Watts claimed night did not cover us but, rather, exposed us "to the violence and plunder of wicked men" (qtd. in Ekirch 33). And, as was written by William Buchan, author of the acclaimed *Domestic Medicine*, published in 1769 as a medical reference book for households, even "Nature" has decided that nighttime restlessness is improper, as well as "destructive to health" (79):

> Nature points out night as the proper time for sleep. Those who think it too vulgar to sleep in that season, seldom enjoy health. Nothing

> more certainly destroys the constitution than night-watching. It is great pity that a practice so destructive to health should be so much in fashion. How quickly the want of rest in due season will blast the most blooming complexion, or ruin the best constitution, is evident from the ghastly countenances of those who, as the phrase is, turn day into night, and night into day. (79)

Though Buchan primarily addresses health issues, his rhetoric adopts language seeking to condemn those who trade night for day, and he even implies that those "night-watch[ers]" *deserve* their ill health, as anyone who disregards the "proper time for sleep" has merited their own moral and medical downfalls.

Even though probably only a small percentage of insomniacs were criminals, because crime was seen as a nocturnal activity, insomniacs became associated with sinful, criminal behavior. Early stigmas against insomniacs might have developed as religious fears, explains Eluned Summers-Bremner's *Insomnia: A Cultural History* (2008):

> The Devil himself was seen as an insomniac, and required a corresponding vigilance on the part of Christians. In a Renaissance essay on demonology…Leon d'Alexis describes him as an "angelic spirit" with "a relentlessly active nature" who can neither turn to God nor "find…rest and solace" in the contemplation of his own image. Thus, "wandering on earth in search of rest," he ceaselessly fastens on the affairs of human beings. (52)

There is something specifically unsettling—restless-making, one could say—about the thought of sleeping while others are awake, particularly if the other resembles the insomniac Devil. "Was that Grace Poole?" Jane wonders of the night sounds she hears, "and is she possessed with a devil?" (126). We also recall Brontë's letter to Williams justifying her morally mad characterization of Bertha, in whom "all seems demonized" (Shorter 1.383). Jane Eyre's sleep is continually disturbed, her senses hyperaroused by the noise Bertha makes during the night. She cannot sleep and would not think to sleep knowing that some*thing* equally awake and maliciously curious lurks outside her door.

The inherent lack of agency in the sleeping body immediately puts the sleeper in a position of powerlessness, while the person who is awake—whether innocent of malice or awake specifically for ill ends—rises to a position of power. Thus, the nighttime criminal, in this logic, has more than usual power and freer rein for causing trouble. Those in society who are usually the least powerful—the poor, imprisoned, even the women—shed their low caste at night. Explains Bryan D. Palmer, historian of radical politics and author of *Cultures of Darkness: Night Travels in the Histories of Transgression* (2000), "night's association with darkness has cast the shadowy hours of evening and early morning as an environment of *transgression*, a time and place where power's constraints might be shed and *powerlessness's aspirations articulated*" (6; italics mine). Bertha articulates her aspirations of revenge at night because it is the one time she holds the upper hand. During the day, Rochester and Grace can lock her away and bind her hands with rope if need be. Jane tells us that Rochester "would not strike" his wife during the day, "he would only wrestle," but he was always able to "master…her arms; Grace Poole gave him a cord, and he pinioned them behind her: with a rope, which was

at hand, he bound her to a chair" (250). But during the night, with Rochester metaphorically bound to his bed in deep sleep, Bertha is not afraid to strike.

Historically in Britain, while burglaries and pick-pocketing were the most common night crimes, the crimes most dangerous and feared were murder and arson. "Night witnessed the worst bloodletting": one English resident of a large city lamented, "seldom not a night passes but some body is found murdered" (Ekirch 43, 34). But those walking the streets were not the only people at risk. Night was the optimal time to commit crimes that were more personal and vengeful; "no more frightening crime existed" than setting another's home or personal property afire, particularly if the objective was to murder individuals inside, and the penalty for such a crime, as one can imagine, was hefty (Ekirch 52). Ekirch writes that nearly all crimes of arson in England, whether a death occurred or not, were punishable by death, sometimes by burning to death (52). In Denmark, the *mordbroender* or "murderer by fire" would have been beheaded (Ekirch 54). It is not unreasonable for Jane Eyre to wonder why Grace Poole, the supposed fire-setter, "had not been given into custody that morning" (132). Had Rochester "openly charge[d] her with the attempt" of arson and attempted murder, Grace Poole would have been imprisoned and sentenced to death.

Bertha, the true arsonist, uses the cover of night to slip downstairs and cause mischief. Rochester tells Jane, on what would have been their wedding night, that as far as he knows, each of Bertha's escapes have been planned during daytime and committed during nighttime:

> she has never failed to take advantage of her guardian's temporary lapses; […] twice to possess herself of the key of her cell, *and issue therefrom in*

> *the night-time*. On the first of these occasions she perpetrated the attempt to burn me in my bed; on the second she paid that ghastly visit to you. […] When I think of the thing which flew at my throat this morning hanging its black and scarlet visage over the nest of my dove my blood curdles. (264; italics mine)

Rochester feels particularly desperate to keep Jane with him after the exposure of his attempted bigamy, yet he continues to point the finger of blame at Bertha, saying that she took "advantage" of Grace's insobriety and used night as her playground when she knew the house would be asleep. The gossip Jane gathers at Millcote confirms Rochester's story: when Mrs. Poole would fall into her occasional drunken stupor, Bertha would steal the keys to use at night: "when Mrs. Poole was fast asleep, after the gin-and-water, the mad lady…would take the keys out of her pocket, let herself out of her chamber, and go roaming about the house, doing any wild mischief that came into her head" (364). Bertha uses night because she has the most freedom and least surveillance during this time: her potential victims are asleep, her nurse (her guard) is drunkenly so, and she is least likely to be seen. Here, Brontë invigorates the stigma of night as akin to criminality. She substantiates in literature what seemed to be held as a common belief, that "Night affords the most convenient shade for works of darkness" (qtd. in Ekirch 31).[44]

Bertha's "works of darkness" might not all occur at night, but they are related to nighttime immorality, such as Victorian notions of sexual deviance and passion. In *Cultures of Darkness*, Bryan Palmer equates many such deviancies with metaphorical night (7). In this vein, Rochester likens Bertha's insanity to her dark sexual immorality, a characteristic of the madwoman which is implied several times in the novel but always

[44] Ekirch takes this statement from the author of *The Ordinary of Newgate* (1750).

left inexplicit.[45] Rochester alleges that "her vices sprang up fast and rank: they were so strong [… she] dragged me through all the hideous and degrading agonies which must attend a man bound to a wife *at once intemperate and unchaste*" (261; italics mine). He claims "no professed harlot" used fouler language than Bertha, perhaps because she was not a *professed* harlot, but behaved like one (262). He labels her "nature," her innermost self, "the most gross, *impure*, depraved, I ever saw," and one with no apparent "virtue" (261, 260; italics mine). The Victorian stigma against excessive sexuality saw these passions as belonging to the realm of night. This is evidenced not only in the use of the term "nightwalker" for prostitutes, but also in that night provided cover for sins that were invisible in the morning.

Rochester gives us few but poignant reasons to believe that his wife is promiscuous with her sexuality. Not the least of these reasons is that her passionate "yells" awaken him on "fiery West Indian night[s]" (262).[46] Her presumed harlotry, unchaste lifestyle, and impure nature, paired with her ability to "dazzle" "all the men in her circle," imply Bertha's appetite for sex and, potentially, for infidelity (260). One of the reasons Rochester was first drawn to her when he first arrived in Jamaica as a young man was "her beauty," but also the envy the men of the village expressed for his union with Bertha, which "excited" his "senses" and aroused him sexually (260). But in telling her narrative for her, he uses her ability to delight multiple men *against* her. Although Rochester has brazenly sought sexual escapades throughout Europe, as he tells Jane about Bertha's sexuality, he only voices disgust. He married Bertha, knowing she brought "neither modesty nor benevolence" into their marriage, the memory of which brings upon

[45] Discourses of the "unsaid" or "hidden" are discourses of the night. (Palmer 7).
[46] This foreshadows the later "fiery" night when Bertha's arson wakes Rochester, when she attempts to burn him to death in his bed.

him "an agony of inward contempt" (260). "Sexual appetite," or the appearance of sexual enthusiasm (which again stems from supposed lack of willpower and self-control), "was considered one of the chief symptoms of moral insanity in women" and considered "abnormal or pathological," while men's sexual appetite—unless perverse—was deemed quite normal and healthy; this is yet another reason women were believed to be "more susceptible" to mental illness than men (Showalter, *A Literature of Their Own* 120).

V. Conclusion: Complications of Sleep and Morality in *Jane Eyre*

Through her development of characters that indulge in or suffer from varieties of restlessness, sleeplessness, wakefulness, hyperarousal, and willful sleep deprivation, Brontë attempts to navigate the complicated nature of morality and its relationship to sleep. *Jane Eyre* still holds relevance with readers today, and it is likely that one reason this is true is the readers' empathy for or familiarity with the female characters' agitated sleeplessness, exhaustion, and seeming confinement in a society that might not understand their appetite for agency over their bodies or, more probably, their need for help; instead, they are blamed for their fatigue and restless natures, and stereotypes continue to spread. Even with the astounding rise in the number of corporations and clinics selling the *product* of sleep, the population of sleep-disordered or sleep-disturbed individuals continues to rise.[47]

Jane and Bertha mirror each other's restlessness and often self-deprive themselves of the healthful sleep they need. Jane's narrative and the narratives told about Bertha depict a literary world in which they either are not allowed to sleep or do not allow themselves to sleep. They probably could not sleep long or sleep well, even if they

[47] As forcefully as corporations try to sell the product of sleep, entertainment and business industries and the "twenty-four-seven" outlook of modern lifestyles are cultivating and selling the product(s) of insomnia.

wanted to. The dangers and fears of being powerless women prevent sleep from being a desirable state to be in. Our clearest conclusion through this analysis is that Bertha's sleep suffers from mental insanity, which Brontë and others socially construct as a moral, menstrual, sexual, criminal, and gendered offense. Bertha's crime is that she is a bad woman, and her punishment is that she cannot sleep. She deviates from the shame of this punishment by acting out even worse and perpetrating crimes of passion.

For her title character, Brontë provides ample evidence that Jane takes pains to avoid sleep, night or day, to avoid all of the signifiers of death, loss, and vulnerability that sleep entails. We know that Jane lives a waking existence at almost all hours, and suffers from severe sleep deprivation, yet it is a deprivation that begets power and agency over her body. Jane experiences such total exhaustion that one would expect her to faint in weakness often, but, instead, her body and mind, her organs and her senses likewise overreact to external stimuli and stressors, to the point that Jane is hyper-vigilant—always keeping vigil—throughout her entire narrative.

Bertha's narrative, in contrast, is fragmented, suppressed, and mediated through other storytellers; we do not know enough about her to hypothesize about her views of sleep. However, because Brontë keeps Bertha awake for each of her appearances in the text, she also keeps active a silent dialogue concerning the ethical principles that are socially and culturally imbedded in the act of sleep. By treating Jane and Bertha's wakefulness in different ways—with Jane's as defense and Bertha's as offense—Brontë perpetuates stereotypes of good versus bad forms of restlessness. Furthermore, she emboldens several stigmas passed along through historical narrative and mythology: first, that the menstruating woman is dangerous and has a predisposition for mental

illness; second, that the sleepless are inherently criminal, taking the view that night is the ideal setting for crime; and third, that only unyielding willpower in a woman—persistent and longsuffering poise—will allow her to fight off the evils of menstrual and moral insanity and insomnia.

Jane Eyre is a pivotal text to analyze within a framework of questions regarding the nineteenth-century relationship between sleeplessness and immorality, and its seeming converse, sleep and moral health. Later authors indebted to the innovation and domestic realism of *Jane Eyre* would be able to complicate and blur Brontë's strict binaries of mental health, but only because she had first written them within the discourse of cultural stigmas with such clarity and conviction.

CHAPTER 4

"Oh, my God! am I going to be ill?": Narratives of Sleep and the Sickbed in Wilkie Collins's *The Woman in White*

"We are not ourselves/ When nature, being oppressed, commands the mind/
To suffer with the body."
William Shakespeare, *King Lear* Act II, Scene IV.

"…it is an error—symptomatic of the gross materialism of our age—to regard a bed merely as a place in which to sleep, it is also a mistake to regard sleep as dull, devoid of entertainment or even unprofitable."
Reginald Reynolds, *Beds, With Many Noteworthy Instances of Lying On, Under, Or About Them* (1952), 88.

"Nothing is more impossible to represent in words, even to one's self in meditative moments, than what it is to lie on the verge of life and watch, with nothing to do but to think, and learn from what we behold."
Harriet Martineau, *Life in the Sick-Room* (1844), 78.

"I find M.D.'s peeping at me from everywhere in the stacks of the library, far from the shelves of medical books."
William B. Ready, "Medicine and Literature: Doctors in Both Faculties," (1962), 61.

On July 22, 1905, *The British Medical Journal* (*BMJ*) published an anonymous article titled "Bedside Books," which claimed that "most men, except such as go in terror of their wives, read in bed" (200). The article makes the observation that even men who swear by reading in bed feel the need to justify their behavior, as if to make an excuse for bringing a book to bed. Luckily, the *Journal* assures its readers that reading in bed is acceptable, and even advisable. Dr. Osler, the Regius Professor of Medicine at Oxford "advises every one to read for half an hour before going to sleep" ("Bedside" 200). This article (printed on the very same page as news items on gastric secretions, underfed school children, small-pox vaccinations, and osteopathy, no less) makes a national medical issue out of what type of books turn-of-the-century British men should read before falling asleep, or in order to fall asleep. This prompts the author to ask the

inevitable question, "What books are most suitable for reading in bed…?" ("Bedside" 200).

"Bedside Books" suggests that the choice of book "depends on the object with which he reads," but, whatever the choice—since the object is surely that of "wooing sleep" or "to obtain the full effect of the *virtus dormitiva*" of literature—it is a serious matter of health (200). The book should not be too heavy for the wrists or too stimulating: "Sterne is too jerky to be restful," "that of Marie Corelli annoys by its frothy impertinence," and "Ibsen, Zola, Maxim Gorki, and Dostoiewsky should…be left to persons of robust mental digestion, who can sup full of literary horrors without suffering nightmare" ("Bedside" 201). Additionally, the author, "Having reached the period of old fogeydom," cannot help but suggest his "favourites," Scott, Dickens, and Thackeray ("Bedside" 201). Though he offers a variety of *suggestions*, the author makes only one *rule* about bedside books: "As a rule, Wilkie Collins and other masters of plot-weaving should be avoided, as likely to *murder sleep*" (201; italics mine).[1]

This memorable phrase characterizes the act of sleeping not only as something that can die, but what is more fearsome, be killed; it also singles out Wilkie Collins as the author most likely to murder one's sleep, if one is unwise enough to take his tales to bed. While the author of "Bedside Books" does not substantiate his allegation that Collins murders sleep except to allude to the wakeful effect of books that plot-weave, it is true that Collins's stories and novels *might* discourage sleep for the very reason that they so often feature sleep as a fragile and dangerous state. Collins continually manipulates the state of his characters' sleep so that the reader never knows what to expect. Certainly,

[1] The author's phrase is borrowed from William Shakespeare's *Macbeth*. Macbeth, speaking in the third person, says, "Macbeth doth murder sleep" (2.2.47).

sleeplessness is rampant in Collins's novels. His characters are often woken or kept awake by noises or predatory fears. Also, Collins uses sleeplessness as a common plot tactic so that his characters (some of whom are first-person narrators) can get their writing done before the action picks up again the next day. Many of the "entries" in his novels are written by characters that write long into the dead of night, or even until sunrise. It is no surprise, then, that his characters can write so much at once, considering that they are supposedly writing through the night. Collins's characters' inability to sleep, the "Bedside Books" author probably would have told us, is far too frequently mentioned to make novels such as *The Woman in White* (1860), *Armadale* (1866), or *The Moonstone* (1868) effective choices as bedside books. Indeed, they are particularly inappropriate for those readers who adopt the suggestive characteristics of their favorite Victorian characters. That is, *if* the readers' object is to woo sleep.

I. Sleep and Sleeplessness in the Collins Canon

Unlike Charlotte Brontë's *Jane Eyre*, Collins's writings exhibit no gendered exclusion from nighttime vulnerability. Collins's male characters experience disturbed sleep regularly, probably even more so than his female characters do, in the form of prophetic dreams or ominous nightmares, sleepwalking or sleep-talking, feverish excitement or tossing and turning, or, simply, transient or intermittent insomnia brought on by restless agitation.[2] At least two of his male characters are stabbed to death (or nearly so) by their wives or sweethearts in their sleep, as in the short fiction pieces "The Dream-Woman" and "Mr. Policeman and the Cook."[3] In April of 1852, in the second

[2] For simple and helpful definitions of different kinds of insomnia, see Schenck 16.
[3] "The Dream-Woman" appeared in Collins's second collection of short stories, titled *The Queen of Hearts* (1859). Collins extended "Dream-Woman" into a longer story and republished it in *The Frozen Deep and Other Tales* (two volumes, 1874). "Mr. Policeman and the Cook was originally titled "Who Killed

short story ever published by Collins, "A Terribly Strange Bed," which was also his first contribution to Charles Dickens's *Household Words*,[4] a young male traveler is nearly smothered to death in his canopy bed at an inn. Rather, he is nearly smothered *by* his bed, which has been rigged into a killing device by roguish French gamblers. The English traveler, fortunately awake instead of asleep, watches dumbfounded as the bed closes in on the space he had occupied moments before:

> It descended—the whole canopy, with the fringe round it, came down—down—close down; so close that there was not room now to squeeze my finger between the bed-top and the bed....Amid a dead and awful silence I beheld before me—in the nineteenth century, and in the civilized capital of France—such a machine for secret murder by suffocation as might have existed in the worst days of the Inquisition…I discovered the murderous conspiracy framed against me in all its horror….How many men…had slept, as I had proposed to sleep, in that bed, and had never been seen or heard of more! ("Terribly Strange" 37-8)

The writing is somewhat juvenile, for Collins was still developing his style and rhythm in prose. Even so, the themes depicted throughout this early publication—sleep, sleeplessness, murder, ill health, treachery, and the importance of recording these events on paper—are themes he returned to with more maturity throughout the entirety of his career.

The male characters in Collins's more famous writings, his sensation novels of the 1860s, fare only marginally better in their sleep, if at all, than his earlier male characters. Amateur detective Franklin Blake of *The Moonstone* sets out to solve the

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Zebedee?" This story first appeared on 25 Dec. 1880 in *The Spirit of the Times*, and was later included in of Collins's short story collection titled *Little Novels* (two volumes, 1887).

[4] This story was published on 24 Apr. 1852.

mystery of a missing diamond that, unbeknownst to him, *he* has stolen while sleepwalking. Then, a second thief, Godfrey Ablewhite, steals the jewel from the still-sleeping Franklin. Ultimately, Godfrey Ablewhite is murdered, smothered in bed by a pillow by the Indians from whom the diamond was first stolen. In *Armadale*, a lengthy mystery by Collins which immediately preceded *The Moonstone* in publication, Allan Armadale experiences a prophetic dream after accidentally falling asleep on the deck of *La Grâce de Dieu*. This is the wreckage of the ship where his father was murdered by the father of his best friend, Ozias Midwinter. The fates of all four men—Armadale and Midwinter, whose real name is also Allan Armadale, and their two fathers, whose names are also both Allan Armadale—collide in murderous treachery as events in the dream play out in their lives after that night. Admittedly, the plot is confusing enough to "murder" the sleep of its readers, as *BMJ* suggests. The real concern for Collins's characters, however, is not losing sleep, but losing life while asleep, or losing their beloved friends while asleep, which nearly amounts to the same thing in fiction.

It would only take a bumbling Superintendent Seegrave type of Collins detective, rather than a Sergeant Cuff, to discover that Collins's major plots are nearly all connected to sleep in some way, and particularly dysfunctional or disturbed sleep at that.[5] His fiction is perhaps not *all* consumed, but often consumed by the intermingling of issues of sleep, illness, anxiety, and the creation of first-person narratives of first-hand experience, a narratological device of realism[6] on which nearly all of Collins's texts rely, however

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[5] Seegrave and Cuff, who appear in *The Moonstone*, are Collins's most memorable police detectives; Collins creates a vivid distinction between "country" police and "city" sleuth, and his stereotypes of law enforcement and detection live on today in fiction, film, and pop culture.

[6] Of course, as George Levine convincingly argues in his "Realism" chapter of *Realism, Ethics and Secularism: Essays on Victorian Literature and Science*, realism is a difficult literary form because of its ambiguity and "(perhaps ideologically dangerous) naïveté": "In the ambiguous status of realism, it should be enough to say that it remained throughout its long career a very literary mode, one which even now

sensational they are.[7] Collins's male characters see and feel strange, evil, and sometimes supernatural happenings "after dark"[8] in relation to their sleep. The dangers Collins's male characters face are most often the malicious deeds of other men or supernatural spirits and fate, or their own *hamartia*, a tragic flaw. This contrasts what his female characters experience. The ways in which his female characters are susceptible to danger might originate in the evil impulses or desires of others, as is true with the males. However, the dangers themselves often transpire because a particular woman comes down with an illness or a nervous affliction.

In *The Woman in White*, Collins allows his male characters to sleep surprisingly well. Famously, Sir Percival Glyde's evil Italian counterpart, Count Fosco, can "command…sleep at will" by falling asleep and waking on the instant of his choosing, "feel[ing] infinitely refreshed" (610).[9] However, Collins's female characters have bad luck in almost all aspects of sleep. The intelligent, capable Marian Halcombe, her delicate, charming sister Laura Fairlie, and the "Woman in White," Anne Catherick, whose mental and physical illnesses are as mysterious as she is, each sleep poorly and are taken advantage of in their sleep during periods of ill health. Marian in particular always

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often tries to disguise its literariness and one that must remain partial in its representations, and therefore vulnerable" to a variety of critiques (208). He continues, "whatever its limits and its ideological complicities, realism is always interesting" (185, 209).

[7] Realism and sensationalism, historically, have been set at odds with each other in critical discourse. In *Victorian Sensations: Essays on a Scandalous Genre* (2006), Kimberly Harrison and Richard Fantina note that, until recent decades, "critics considered sensation fiction the bastard child of classic Victorian realism, something to be read as a curiosity but certainly not to be taken too seriously…And among some guardians of the Western canon, the sensation genre even today remains critically suspect and inferior in comparison to 'classic' Victorian realism" (x).

[8] The notion of the dangers inherent in life "after dark" is an important concept to which Collins returns frequently in his writings. So much so, that he named one of his thematic collections of short fiction *After Dark* (1856).

[9] At one point, Fosco tells Walter, "Time for my restorative snooze. I personally resemble Napoleon the Great, as you may have remarked, Mr. Hartright—I also resemble that immortal man in my power of commanding sleep at will. Excuse me, one moment" (610). He falls asleep, and then "opened his eyes and rose from the sofa, accurately to an hour from when he had gone to sleep" (610).

seems to be waking when she wants to sleep, and falling asleep while she is trying to stay alert.

Collins first portrays sleeplessness in relation to nervous afflictions. Second, he portrays sleep in relation to illness and the sickbed. Collins adopts this two-pronged approach to depict these two states of being (sleep and sleeplessness) as physiological, as innately related to the woman's body, and thus sensational.[10] Put most simply, I argue that Collins must put his women "to bed" before they can be preyed upon effectively—and the narrative method he uses to put them to bed is illness. For Brontë, as I demonstrated in Chapters Two and Three, a woman is at risk when she sleeps, and because of this, she often prevents herself from going to sleep in order to protect herself or prey on others. Although Collins likewise uses the trope of sleep to symbolize the element of risk, what is more notable is that he uses anxiety via sleeplessness as a plot device to stimulate his female character Marian Halcombe into creating new narratives at night, and then uses sleep as a means to prevent her from creating new narratives.

The act of writing and creating text is pivotal in the Collins canon. Most of Collins' novels skip from one narrator to the next, with each narrator being charged with the responsibility to record all that he or she remembers, but to limit the narrative to personal experience rather than hearsay or hindsight. Winifred Hughes explains this tactic as an experiment in point of view which "encouraged a new relativism by offering conflicting perspectives on the same empirical evidence" (190). To quote Franklin Blake's instructions to Gabriel Betteredge, for example, "we should all write the story of

[10] When Winifred Hughes, in *The Maniac in the Cellar: Sensation Novels of the 1860s* (1980), stated that "the key to [domestic] invasion is the sensation novel's assault on the heroine," she was making a bold argument that sensation fiction requires a female component for intrigue, although the actual lives of Victorian women did not make for exciting plots or mysteries (44). Hughes argues that women's bodies and words must be manipulated before they provide the appropriate tone for sensational literature.

the Moonstone in turn—as far as our own personal experience extends, and no farther" (*Moonstone* 8). Franklin makes this rule to try to eliminate subjectivity in the account of the diamond, its owners, and its theft(s). However, it is arguable that Collins uses a variety of narrators specifically for the purpose of manipulating their individual and subjective views, which is often how Collins injects humor, personality, and evidence into his intricately-woven plots.

There is a clear difference in tone between a narrator's account of an event long after it happened and an entry taken from a narrator's diary that was written soon after the event itself, or close to "real time." When Collins uses a character's pre-existing diary as a narrative excerpt rather than a newly created text, such as one that is assigned to the character to be written specifically for the detective case at hand,[11] the diary narrative reflects the intimacies of the character's life that might be otherwise forgotten in time. As critics Pericles Lewis and Nicholas Dames demonstrate, all memory in literature is suspect, or even purposely effaced.[12] Still, diarists in the Victorian novel usually record elements of everyday events more organically than someone writing from a long-past memory. Mentions of passing anxiety, brief illnesses, and bad nights in bed, such as we see in the journal entries of Marian Halcombe in *The Woman in White* and Lydia Gwilt in *Armadale*, occur in Collins' ladies diaries more often than in his men's retrospective narratives.

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[11] Examples of these retrospective narratives come from Gabriel Betteredge, Druscilla Clack, and Franklin Blake in *The Moonstone*, and Walter Hartright, Mr. Gilmore, and Mr. Fairlie in *The Woman in White*.

[12] Author Pericles Lewis questions memory in novels such as *The Woman in White* that use a series of first-person narratives. In "Dracula and the Epistemology of the Victorian Gothic Novel," he uses *Dracula* as his primary text about which to ask "whether any memory can be perfectly accurate, even the memory of a day's events recorded in a journal at the end of the day" (Lewis 72). See also Dames, *Amnesiac Selves*.

Marian's illness occurs *as* she writes her narrative, and thus her writing marks her transition from keen observation to delirium and confusion. It is Collins's means to an end, very literally. Readers of *The Woman in White* understand that only a serious debility would prevent Marian from documenting her experiences and the treachery waged against her sister at Blackwater Park, thus Collins manipulates her physical health in order to move the narrative forward to the next narrator, so that a new voice with a new perspective and different motivations can take over. The creation of texts by women—mainly journals and private accounts—and the cessation of these same texts in *The Woman in White* are intimately woven with sleep, sleeplessness, sickness, and the isolated physical space of the sickbed. By intermingling sleep and illness as twin plot devices, Collins not only complicates the theme of sleep deprivation as depicted by Charlotte Brontë, but he also critiques and joins the discourse of nineteenth-century medical practices and sickbed narratives.

II. The Sickroom and Nineteenth-Century Literary Criticism

The oft-quoted line by philosopher and critic George Henry Lewes (1817-1878), "Whoso speaks on Health is sure of a large audience," speaks to the driving force of literary readership and its relation to material product in the discussion of Victorian literature containing references to health, ill or otherwise (qtd. in Haley 3).[13] To claim that the Victorians were preoccupied with narratives of sickness and death is not an exaggeration. In *The Sickroom in Victorian Fiction: The Art of Being Ill* (1994), Miriam Bailin speaks to the "pervasive presence of the sickroom scene in Victorian fiction" and

[13] Lewes wrote this statement in an 1864 essay for *Cornhill Magazine*. For more information on science periodicals of the era, see "Science in the Nineteenth-Century Periodical" at http://www.hrionline.ac.uk/sciper/index.html, which is a searchable electronic index to nineteenth-century science periodicals and general periodicals with science publications.

pinpoints "sickroom strateg[ies]" of particular authors; she argues in part that the late nineteenth-century novel "reshapes the sickroom for its own purposes and in the process undoes its recuperative compromise" (1). Bailin takes for granted that the original "purpose" of the sickroom was first to remove a sick person from the company of those who are well and, second, to provide a sequestered space for healing and recuperation; she observes that the Victorian sickroom alters that initial objective. If the sickroom in Victorian fiction is not used for the means of embodying a character's narratological recuperation—meaning, being used neither for the healing and physical wellness of the body nor the body's wellness in alignment with narrative—then authors have ulterior motives in sequestering the body in an isolated domestic space that negotiates power struggles between health and death.

English art critic John Ruskin (1819-1900), in "Fiction—Fair and Foul"[14] (1880-81), complained that the popular authors of his day used death not so much for plot as for entertainment, for "the further enlivenment of a narrative intended to be amusing" (159). He took particular offense in the nine deaths accounted for in Dickens's *Bleak House* (1852-53) because they were not "totally and deeply tragic," nor were they all "heroic, deserved, or quiet and natural" (Ruskin 160). However, the abundance of seemingly off-the-cuff deaths in the manuscripts of Dickens and his like-minded contemporaries offended Ruskin less than authors' use of the sickroom to provoke a specific emotional response from an audience. He called this "the suspense, the pathos, and the more or less by all felt, and recognised, *mortal phenomena of the sick-room*" (Ruskin 161; italics mine). That Ruskin's sensibilities were bristled more by narratives of the literary sickbed

[14] This collection of essays was first serialized in the periodical *Nineteenth Century* in the years 1880-81 and later published in volume 34 of *The Works of John Ruskin*, edited by E. T. Cook and Alexander Wedderburn. I am quoting from an alternate edition.

than by the literary deathbed and grave reveals to us that he still held the sickbed (and that which it signified) as untouchable, as sacrosanct in a way that death was no longer. In contrast to many of his literary adversaries who found both death and illness to be useful and universal tropes for eliciting a calculated response from the reading public, Ruskin felt that his contemporaries used sickroom scenes as devices to cover up poor writing skills, knowing that they would pull the heart-strings of the readers regardless of style, beauty, or imagination:

> The easily rendered, and too surely recognised, image of familiar suffering is felt at once to be real where all else had been false; and the historian of the gestures of fever and words of delirium can count on the applause of a gratified audience as surely as the dramatist who introduces on the stage of his flagging action a carriage that can be driven or a fountain that will flow. But the masters of strong imagination disdain such work, and those of deep sensibility shrink from it. (Ruskin 161)

Audiences, Ruskin feared, would automatically gravitate toward fiction of this sort because of the "familiar suffering" it expresses, and the empathy it evokes. After praising Sir Walter Scott who "never once withdrew the sacred curtain of the sick-chamber," Ruskin directed his criticism at "the entire product of modern infidel imagination, amusing itself with destruction of the body, and busying itself with aberration of the mind" (161-2, 166).

Collins, who on more than one occasion defended his genre of sensation fiction in the prefaces of his novels and other periodical articles,[15] arguably did not use the

[15] Mario Ortiz Robles writes in *The Novel as Event* (2010), "When Wilkie Collins claims in the 1861 preface to the second edition of *The Woman in White* (1860) that 'the effect produced by any narrative of

sickroom merely for entertainment but, instead, to write with "human interest" (Robles 189) and a "plausibility [and] concern for detail" (Win. Hughes 173), though it cannot be denied that the genre he helped to create depended largely on the vulnerability of the female body and its tenuous authority within the British social cult of domesticity. Alison Milbank in *Daughters of the House* (1992) calls Collins an "aggressively contemporary" author who in his writings emphasized "Victorian medicine, law, psychology and science," which includes the sickbed in a multiplicity of ways (25). Still, even with these emphases, Collins was not morbid in his medical and scientific writings, nor was he "amus[ed]…with the destruction of the body," male or female. Indeed, his own gout-ridden body—one of addiction, illness, and invalidity in its later years—was one of the ones destroyed.[16] Thus, the fictional sickroom depicted had qualities in it that he knew first-hand. Collins uses the sickroom in fiction to depict isolation, pain, and secrecy, and especially a loss of agency over the body.[17]

However, to acknowledge the validity of Ruskin's complaint, Victorian literature seems to use the sickbed to great lengths, if not to excess. Female characters in general suffer from regular and often serious afflictions that surpass the reasonable objectives of realism.[18] If the sickbed in nineteenth-century fiction "manipulated vision and

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events is essentially dependent, not on the events themselves, but on the human interest which is directly connected with them,' he is defending the 'old-fashioned opinion' that a work of fiction should be primarily concerned with the telling a story by being defensive about the public's perception of sensation fiction" (189).

[16] See Peters 256-7 and 336-7 for more explanation of Collins's addiction to laudanum and other health afflictions.

[17] Although Collins's novels are quite humorous and quirky, his sickroom scenes are usually somber and dark in tone. A few somber and serious sickbed scenes of Collins's that come to mind are as follows: Lady Verinder's illness and death in *The Moonstone*, Doctor Candy's prolonged illness which involves delirium and fever in *The Moonstone*, Sara Macallan's invalidity and hyper-self-consciousness about her looks and her marriage in *The Law and the Lady*, and Eustace's near death and prolonged unconsciousness in his sickbed after being shot during battle in *The Law and the Lady*.

[18] See note seven above for a discussion on the general disapproval in criticism of discussing sensation fiction as realism.

sympathy" to reassert connections between a sick body and its gender, as Athena Vrettos writes in *Somatic Fictions: Imagining Illness in Victorian Culture* (1995), then "Victorian attitudes toward health expressed a similar desire to convert the physical into the ideological" and align with idealized gender roles (125). We push forward, then, asking how the sickbed narratives of female characters influence the gender paradigms of Collins's novels as a whole, to discover not only whether they seek to idealize or subjugate the woman's words and behaviors, but, more broadly, what the sickbed narrative reveals about the trope of the sleep of women in the sensation novel.

In this chapter, I join some of the recent voices in the discourse of interdisciplinary studies of literature and medicine which address and seek to understand the frequency with which illness appears in the Victorian novel, and I aim to turn a new angle on the field as I examine the connection between sleep, illness, and narrative. Since around the late 1970s to 1980s, literary critics have become increasingly interested in the intersections of medicine and literature,[19] specifically medicine and nineteenth-century literature, for this era provides a wealth of texts from various genres worthy of examination in this context.[20]

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[19] As the interdisciplinary field of literature and medicine comes of age, there are several texts that are invaluable to scholars looking to enter into the field or add nuanced understanding to the fundamental discussions of medicine and illness in literature from different eras, including the nineteenth century. These include the numerous volumes of *Literature and Medicine*, published by The Johns Hopkins University Press, with a variety of editors. For a more pedagogical approach to the field, see Hawkins and McEntyre, eds.

This is not the same family of criticism that I used in the previous chapter, ushered into popularity by Gilbert and Gubar and Showalter, a well-established canon of criticism that unfolds what Vrettos calls "the debilitating ways in which medicine, psychiatry, and the biological sciences constructed definitions of womanhood and pathologized female reproductive processes" (9).

[20] For example, nearly every Dickens novel deals with death, illness, or the sickbed in some way; some examples are *Bleak House*, *Dombey and Son*, and *The Old Curiosity Shop*. George Eliot's *Middlemarch*, Gustave Flaubert's *Madame Bovary*, and Anthony Trollope's *Dr. Thorne* provide remarkable insights into the varying practices in of mid-nineteenth-century doctors, clinics, and hospitals, while Robert Louis Stevenson's *Dr. Jekyll and Mr. Hyde* explores the pharmacological and laboratorial dangers involved in new science and medical innovation.

Responding to Lewes's remark, that "Whoso speaks on Health is sure of a large audience," Bruce Haley agrees in *The Healthy Body and Victorian Culture* (1978), saying that "No topic more occupied the Victorian mind than Health—not religion, or politics, or Improvement, or Darwinism," which were four of the hottest topics in nineteenth-century journalism (3). Two notable monographs in Victorian criticism of literature and medicine, Vrettos's *Somatic Fictions* (1995), and Mariam Bailin's *The Sickroom in Victorian Fiction: The Art of Being Ill* (1994), question why narratives of health, illness, and sickbed burgeoned in the Victorian period. Vrettos observes like Lewes that "It is difficult to find many Victorian novels that do not participate in a general dialogue about sickness and health," and she points out that this dialogue comes in many forms, whether the sickness is a metaphor for a deeper psychological ailment or weakness, or a disease that represents a greater *social*, as opposed to physical, ill (1).[21] For this reason, she takes an interdisciplinary approach, drawing from both literary and medical narratives, to pursue an understanding of how "somatic fictions" navigate through cultural anxieties and theories. For Vrettos, the physical body and social body are intimately woven and are interdependent in their private and public spheres. The illness or disease in fiction is a pivotal link between the self and outside world, and in this way one could argue that illness parallels the nature of the sleeping/waking body in the liminal space between consciousness and unconsciousness, and public and private (and private even from the self).

Miriam Bailin covers much of the same ground as Vrettos but writes with a narrower, more literary focus and more conservative approach to the topic of illness in literature, purposely excluding contemporary nineteenth-century medical discourse by

[21] See Susan Sontag for more on illness as metaphor.

way of arguing that it had "relatively little impact upon the representation of illness and recovery in early and mid-Victorian fiction" (3). Sally Shuttleworth has gently critiqued this approach by stating that she disagrees with but understands Bailin's methodology, for relying too heavily on an assumed impact would be just as irresponsible as ignoring it altogether, and for this reason she finds that reading Bailin and Vrettos together as complementary texts assists in evening out their biases ("Review" 740-1). Though Vrettos and Bailin differ in methodology, their texts share several guiding assumptions, particularly about the relation between the sickroom scene and the constraints or needs of the realist mode, as has elsewhere been argued convincingly by Humphrey House and Alexander Welsh in regard to novels by Charles Dickens (Bailin 137; Vrettos 29; Judd 18). Vrettos takes a critical position that illnesses of the private and public body cannot be read separately. Bailin like Vrettos feels obliged to connect the two bodies in her criticism; however, she argues that realism of Victorian literature forces unnatural "links between circumstance and consciousness, between self and society, between beginnings, middles, and ends," and that illness itself doubles as that which never truly be represented in a text (Bailin 137).[22] For Collins, I would say that illness doubles as the sleep or sleeplessness that starts or stops a narrative, which speaks directly to the "entanglement between bodies and narratives" so aptly described in Vrettos's work (4).

Catherine Judd, in *Bedside Seduction: Nursing and the Victorian Imagination, 1830-1880* (1998), observes, in agreement with Vrettos and Bailin, that some critics read Victorian authors' fascination with illness and death as more than a byproduct of fictional realism; instead, it might be a "counterphobic reaction to morbidity itself" (18). She

[22] For a fuller and more recent discussion of medical realism in medical and literary Victorian writings, see Meegan Kennedy.

writes, "No longer able to derive comfort or justification or suffering from religion, the argument goes, the Victorians were compelled to concentrate on that which they could not master" (Judd 18).[23] My reading of *The Woman in White* uses a framework that buys into both notions of the Victorian fascination with illness: the realist mode justifies the relevance and usefulness of the everyday bodily functions of good and ill health , while sensation fiction capitalizes on Victorian fear and allurement of the body's mysteries, alive or dead. Additionally, I borrow and test the imperatives set forth in studies that are seminal to cultural studies of the sick body, namely those by the late Roy Porter, an eminent cultural and medical historian, and by Anne Hunsaker Hawkins, a professor and historian of pathography, which is the study of writing and narrative that deals primarily with illness, disease, and dying.[24] Porter and Hawkins insist that the voice coming from the sickbed should be given prominence over the voices subjugating the patient.

There is no one appropriate way to read illness or ill bodies in Victorian literature, though more recent criticism relies on the exigencies of post-structuralism, which moves its followers to destabilize the authority of the author and instead make connections between a physical body and the body of a text. For example, Peter Melvillle Logan, author of *Nerves and Narratives* (1997), sees the most exciting developments between literary criticism and the history of medicine as being "mediated through studies of the

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[23] Judd herself follows a more Foucaultian reading of the clinical aspect of the gaze and power differentials within literary and medical narratives of nursing. Although I do not share her methodology, I have found interesting and helpful insights in her close readings of literary texts, particularly in her chapter on *Jane Eyre*.

[24] In addition to the dozens of volumes Roy Porter has published on the history of British medicine and madness, Porter and Dorothy Porter have written an impressive volume on the cultures of health and illness in Georgian England, relegating medicine and doctors to the background and focusing on sick people, and many critics use some of their conclusions as fundamental elements of their arguments. See also Hawkins, *Reconstructing Illness: Studies.* Hawkins is known for her comment that, "it is in restoring the patient's voice to the medical enterprise that the study of pathography has its greatest important and offers its greatest promise" (xii).

body" (xi). Pamela K. Gilbert adds that "Bodies are never 'just themselves' in any meaningful way" (16).[25] Likewise, Maria Frawley has observed in her studies of Victorian invalidism that most literary critics come at this interdisciplinary subject from an angle which reads the "body as a site where social and political conflicts are inscribed, contested, and *resolved*" (5; Frawley's italics). This theoretical angle is complicated and compromised by the nature of illness and the sickbed, which removes and isolates the body from many of those very same social and political conflicts.

Just as today's critics debate which is the most effective method for reading illness in the nineteenth-century novel, the doctors and clinicians of the period demonstrated inconsistencies of medicine in practice: for example, "Representations of illness in nineteenth-century novels manifest many of the same contradictions about emotional iterability and readability that we find in the medical literature of the period" (Vrettos 29). Thus, authors of medical fiction (or authors relying heavily on medical discourse in the sickroom) also demonstrated variability in their terminology and their medical plot structures and diagnoses of illnesses. Additionally, we must account for the many authors of medical fiction who were medical doctors themselves. This in no way erases the contradictions of medical representation that abound in the genre, though, but it does allow for a greater taste of realism and detail. Speaking to this trend of doctors as literary men, in 1961, William B. Ready wrote, "doctors of medicine…have shown themselves as doctors of letters as well as of medicine, themselves not least, but honored among the greatest writers of the world" (57). Current scholarship of medicine and

[25] Gilbert elaborates on the notion of the meaningful body, "The body—despised, adorned, represented, medicated, ignored, dissected, and desired—is ineradicably entwined in subjectivity. What we do, feel, believe, know is as embodied beings. The body, uncertainly poised between nature and culture, practices and signifies identity. It is the fundamental trope of human experience" (15).

literature attempts to navigate and acknowledge the inconsistencies of the medical fiction and the medical industry of nineteenth-century England. The literature depicting illnesses was sure to complicate many of these same contradictions through the subjective understanding between author and audience, and through the relationship between a cultural moment and its material product.[26]

Interestingly, the growth of nineteenth-century literary criticism of mental health, hysteria, and insanity in the 1970s and 1980s has greatly impacted the broader, more diverse interdisciplinary field of literature and general medicine. In fact, the rich influx of criticism on the literary depiction of mental health arguably has gone a long way in spurring on the field of literary criticism on physiological wellness and illness. To be sure, many recent analyses of the many sub-areas of medicine (such as physicians, medical women, clinics and hospitals, nurses and nursing practices, the sickroom and sickbed, and illness and disease) are influenced by Roy Porter and Anne Hunsaker Hawkins as much as by Michel Foucault's *The Birth of the Clinic* or *Power/Knowledge* (which includes "The Politics of Health in the Eighteenth Century"). This *locus* of influence tells us that critics are searching more fervently for the patient's voice and an understanding of disease and illness, and that various angles of medical or clinical criticism must inevitably intersect at the subject of the affliction. Furthermore, the field continues to widen its relevance to cultural historicism, which is bringing about new approaches to reading nineteenth-century literature each year.

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[26] To elaborate on medical text as a material project, Kennedy makes the argument that, while audiences understood the differences between medical literature written by physicians and medical fiction, readers often read medical literature for entertainment. Medical periodicals and periodicals that included medical articles or editorials were wildly popular, as were volume of "domestic medicine," which is a genre of medical texts written specifically for the home and domestic rather than clinical use. Kennedy writes, for example, that "William Buchan's *Domestic Medicine* required a reprinting or new edition in 83 of the 102 years from its first publication in 1769 to its last in 1871" (71).

Regardless of why this interest in literature and medicine has increased widely in recent years, or what the inspiration is for these theories, the junctions between medicine and Victorian studies are looking more every day like busy intersections than accidental crossroads. Until now, the study of sleep in literature has been absent at these intersections of scholarly discovery, with the exception of dream theory and dream interpretation, two subjects which pertain much more to psychology than physiology. The field of sleep studies has not broken into the budding interdisciplinary fields of nineteenth-century literature and history the way, for example, nursing and pathographic studies have. There is much material yet unexplored.

III. Anxiety and Sleeplessness as Combined Motivations for Narrative

None of Charlotte Brontë's novels soliloquize the health benefits of sleep, though two of Brontë's heroine's, Jane Eyre and *Villette*'s Lucy Snowe, have every reason to demand more sleep in their lines of educational work the same way they demand respect and equality. Nor does Collins's *The Woman in White* choose to deliberate the universal goodness of sleep, because it is already implicit within the narrative.[27] While his characters refer to sleep in passing as something that should be done for one's own health and peace of mind, sleep is the very thing that is often disturbed or postponed by one's anxiety about ill-health, or one's anxiety about a loved one. The connection between

[27] Victorian physicians had much to say about the goodness of sleep—not only in terms of health, but in terms of actual *moral* goodness. For example, Thomas Laycock in "A Chapter on Some Organic Laws of Personal and Ancestral Memory" (1875) wrote of those that live temperate and good lives, "we ensure refreshing sleep, undisturbed by dreaming visions of any kind, and our lives would then be useful to others, agreeable to ourselves, and ensure a lasting satisfaction" (qtd. in Bernard 201). See the previous chapter of this dissertation for a broader discussion of morality and sleep, as well as its seeming converse, immorality and sleeplessness.

anxiety and sleeplessness has long been discussed in medical literature and other works.[28] Significantly, Collins uses sleepless anxiety as an illustration of affection between half-sisters Marian Halcombe and Laura Fairlie (later named Lady Glyde after her marriage to Sir Percival Glyde).[29] At one point, Marian's journal reads, "13th.—A sleepless night, through uneasiness about Laura" (179). At a later date, she writes "long after midnight, [I have] just come back from a stolen look at Laura in her pretty little white bed" (196). Marian cannot fall asleep without first checking on the condition of her sister, hoping she is sound asleep. Laura, though, is "not sleeping. The glimmer of the night-light showed me that her eyes were only partially closed—the traces of tears glistened between her eyelids" (196). Collins uses anxiety and sadness here as a roadblock to sleep. Laura's tears glisten "between her eyelids" where sleep should reside. Her eyes, "partially closed," might be trying to sleep, but can only achieve partial success—which really amounts to no sleep at all. After leaving Laura, seeing her unable to sleep, Marian returns to her room to write in her journal of her anxieties about Laura's unhappiness regarding her upcoming nuptials. In another entry, Marian writes, "Poor dear Laura hardly leaves me for a moment, all day; and, last night, when neither of us could sleep, she came and crept into my bed to talk to me there. 'I shall lose you so soon, Marian,' she said; 'I must make the most of you while I can'" (189). Making "the most of" Marian, apparently, means keeping her awake—keeping her talking. Laura's inability to sleep

[28] To provide just one of many examples, as was stated by William Buchan in *Domestic Medicine* (1769), an eighteenth-century household guide to matters of illness, "Too little sleep exhausts the spirits, weakens the nerves, and occasions diseases" (78).

[29] Helena Michie argues that Victorian literature often portrays sisters as opposing each other through sexual differences or as the light to one's dark. She writes that Victorian texts "spectacularly undermine our most dearly cherished tropes of female unity" (408). While one could make this argument in relation to *The Woman in White*, I see that their sisterly unity is still intact, particularly in how they share habits of sleep hygiene and sleeplessness.

translates into Marian's inability to sleep; Marian usurps her half-sister's emotions and claims ownership of them as she writes them into being.

The leading ladies of *The Woman in White* lose sleep over each other, as well as over their other anxieties and hardships. After Laura's marriage to Sir Percival Glyde, when Marian falls ill at Blackwater Park, Laura returns the favor of her half-sister's anxious sleeplessness. Laura is the "first to come in" to the sickroom "from her own bedroom," but "she was so dreadfully alarmed and distressed, that she was quite useless" (365). Mrs. Michelson, the housekeeper at Blackwater, notes that Laura stayed awake attending to her sister's sickbed for lack of better judgment: "Lady Glyde, *most unwisely*, insisted on sitting up with us. She was much too nervous and too delicate in health to bear the *anxiety* of Miss Halcombe's illness calmly" (366; italics mine). Laura remained steadfast at Marian's bedside until there was risk of acquiring typhus fever through contagion, and even then came "into the sick-room, two or three times every day" (380). The nurse laments Laura's "persisting in sitting up with us, though we both entreated her to take some rest. 'My place is by Marian's bedside,' was her only answer" (367). Laura's health, for a short time, is actually "*supported*…by the constant strain of her suspense on her sister's account," and she appears to "*rall[y] in the most extraordinary manner*," according to the doctor Mr. Dawson and Mrs. Michelson (380; italics mine). This deceptive rally of strength ("for which [Mrs. Michelson would have] never given her credit") prolongs Laura's "insist[ence] on coming into the sick-room" and weakens her against the coming shock and change (380). Laura dismisses the nurses' logic and, instead, chooses to watch over Marian, even though her consequential fatigue, both a

bodily and emotional exhaustion, succeeds in making *her* sick, to the point where she can no longer protect her sister during the vulnerability of her own illness.

Ailments of the nerves lead characters to speak about them repeatedly and directly, and these discussions develop and press forward the plot of the novel. For example, the uninhibited gossip of the housekeeper, Mrs. Michelson, interspersed with unsettled feelings about Laura's vigilance to remain at her sister's bedside, reads as an ostensible digression. But it is not a digression, for her remarks foreshadow and trace the ladies' entire downfall, a fall which depends upon the narrative lynch-pin that holds together the Count's plans—his scheme to fake Laura's death without Marian's knowledge or protection and steal her inheritance.

Mrs. Michelson notes that, on the tenth day of Marian's bout with typhus, "it pleased a merciful Providence to relieve our household from all further anxiety and alarm" (380). However, the same "relie[f]" from that "anxiety and alarm," the very "effect of the good news," was "quite overpowering" and brought about an adverse reaction from Laura, Lady Glyde (380):

> She was *too weak to bear the violent reaction*, and in another day or two she sank into a state of debility and depression which obliged her to keep her room. Rest and quiet, and change of air afterwards, were the best remedies which Mr. Dawson could suggest for her benefit….*she was in no state to bear any fresh anxieties*. (380-1, 382; italics mine).

The illness brought on by Laura's "violent reaction" of relief, of all things, left her "still sadly weak and nervous" after several days, but was "feeling no worse effect from the exertion than a slight sensation of fatigue" (387). Although anxiety sends Laura to bed,

the after-effect of being placed on bed-rest, ironically, is fatigue. Her anxieties do not go away and continue to eat away at her reserves of mental strength, for "She had been made a little anxious that morning about Miss Halcombe, through having received no news of her from any one," and still believing her sister to be confined to bed (387). Readers later discover that Laura's confinement to bed, brought on by her exhaustion and restless agitation during Marian's illness, provides the Count with the spatial freedom he needs to move Marian's bed to an unused wing of the estate. Mrs. Michelson, trusting the Count implicitly, refers to this plot as "the cruel deception by which [Sir Percival] had separated Lady Glyde from her sister, and had sent her uselessly to London, when she was half distracted with anxiety on Miss Halcombe's account" (401). Laura responds to this "cruel deception," crying, "I must go where she has gone, I must see that she is alive and well with my own eyes" (390). So Laura does leave, of course, not knowing that Marian remains unconscious on her secluded sickbed at Blackwater Park.

Collins makes it clear in this chapter that Laura is hurting her own health by nursing her sister night and day without rest. The same year that *The Woman in White* was published, author and invalid Harriet Martineau wrote to her friend Florence Nightingale, the acclaimed nurse from the Crimean War, that she believed that nurses by the sickbed should *always* be allowed adequate opportunity to rest, and that it was the nurse's fault ultimately if she did not bargain for this fair and humane treatment. In her letter, Martineau repeats one of her claims from her 1844 work, *Life in the Sick-Room*, that she believes sick patients far too often keep their nurses up all night, and it ends up hurting the patient more than if the patient had an empty bedside: "the sick themselves lamentably fail—and that is in expecting nurses to 'sit up' night after night without any

proper provision for quiet & regular sleep during the day" (qtd. in Martineau, *Life*, appendix E., 217).[30]

Other evidence beyond the correspondence between Martineau and Nightingale survives which confirms that sitting too long at the sickbed was a controversial issue for ladies in the late nineteenth century: an anonymous newspaper clipping collected in a woman's scrapbook of medical articles published between the years 1874-1898 instructs its readers not to "remain as a watcher or nurse until you feel almost exhausted," presumably because the watcher is more likely to catch illness if she "feel[s] almost exhausted" (*Scrapbook* 3).[31] In the same scrapbook, a different clipping titled "Care While Nursing the Sick" explains, "To those who are called upon to nurse the sick through a long and severe illness, it is of the utmost importance, *not only to themselves, but to their patients*, that their own health should be preserved and their strength maintained" (*Scrapbook* 4; italics mine). The article has the following serious advice for watchers, though it reads somewhat humorously today:

> To keep one's own strength in a case of prolonged care, and particularly if obliged to sit up all night for many nights in succession, great benefit would be derived from taking a warm bath early in the morning and

[30] In *Life in the Sick-Room,* Martineau writes with abhorrence at the thought of how poorly some nurses are treated, simply because they are the patient's favorite nurse. She explains the situation, "One attendant is usually preferred to all others by a dying person: and I have seen the favorite nurse worn out by the incessant service required day and night by the sufferer, in ignorance how time passes,--even in mistake of the night for the day. I have known the most devoted and benevolent of women all up her young nurse from a snatch of sleep at two in the morning to read aloud, when she had been reading aloud for six or seven hours of the preceding day. I have known a kind-hearted and self-denying man require of two or three members of his family to sit and talk and be merry in his chamber, two or three hours after midnight:—and both for want of a mere intimation that it was night, and time for the nurse's rest. How it makes one shudder to think of this being one's own case!" (Martineau 64).

[31] The full quotation reads, "Do not enter a sick chamber on an empty stomach, nor remain as a watcher or nurse until you feel almost exhausted, nor sit between the patient and the fire, nor in the direction of a current of air from the patient towards yourself, nor eat or drink anything after being in a sick room, until you have rinsed your mouth thoroughly" (*Scrapbook* 3).

> putting on fresh undergarments every second morning…It will be found that the warm bath, followed by brisk rubbing of the whole body with a coarse Turkish towel or flesh brush, … will refresh the wearied body almost as much as sleep. (*Scrapbook* 4)[32]

Laura has no interest in her own ill-health or exhaustion, though, and is unwilling to take any advice from those around her. Marian means more to her than her own life. The medical advice of professionals, and even the basic suggestions circulating through periodicals of the time, warn Victorian women to beware the evils of nursing too long and not receiving adequate rest (although these publications *do* suggest cautious alternatives for sleep, such as bathing and exfoliating). The writings insist that the patient's quality of life will always be at risk if the nurse's quality of life is at risk.

Laura does not have the foresight to see that the decline of her own health will eventually hurt Marian. It will bring about the sisters' forced separation from each other and their consequent manipulation. After their separation, Laura's nurse notices that, even when Laura does sleep, she cannot rest well without her sister: "I fear your ladyship rested badly last night," Mrs. Michelson says to Laura. Laura replies, "Yes, I was terribly disturbed by dreams" (396). Laura and Marian's collective moments of sleepless anxiety over each other's mental and physical health demonstrate that Collins uses the condition of acute insomnia, sometimes unprovoked, and sometimes self-inflicted, as a side-effect of emotion. Eluned Summers-Bremner's *Insomnia: A Cultural History* (2008) observes

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[32] The entire quotation reads, "To keep one's own strength in a case of prolonged care, and particularly if obliged to sit up all night for many nights in succession, great benefit would be derived from taking a warm bath early in the morning and putting on fresh undergarments every second morning; or if the disease be particularly infectious in its nature, it is best to change the underclothing every morning. It will be found that the warm bath, followed by brisk rubbing of the whole body with a coarse Turkish towel or flesh brush, which will refresh the wearied body almost as much as sleep. Keep up the appetite and strength by small doses of quinine (two and five grains three times a day) and nourishing diet" (*Scrapbook* 4).

that "Insomnia often occurs when night harbours a surfeit of daytime matters" (23). This is because "Night's restorative powers are depleted when night work in the form of unspecified anxiety is borrowed for the day" (Summers-Bremner 23). Although the health benefits of sleep are written into the nineteenth-century novel as implicit, we see that the need for sleep is often overridden by the excess of powerful, female emotion and the woman's proclivity to make "daytime matters" the work of night.

Anxiety in *The Woman in White* appears in several forms, but Collins repeatedly draws on sleeplessness as an outward sign of this affliction.[33] Nerves and anxiety create what Vrettos calls a "troublesome middle category" in the Victorians' "comfortable duality of body and mind" (50-1). Neuroses, as nerves were often called, lacked a clear link to disease, but they did bring on "physical symptoms" which thus "separated such disorders from madness" (Vrettos 51). The Victorian understanding of neuroses, according to Vrettos, was not a "unified community of discourse," and though more physicians and scientists began to "recognize[e] the role of the psyche in nervous disease, at any given time competing physiological and psychological theories of causation could and did coexist" (51-2). Because Victorians "routinely collapsed," confused, or otherwise connected bodily illnesses with emotional ones (Vrettos 52), it is not surprising that nerves were re-categorized and often misdiagnosed throughout the era.

The hype of "hysteria" became another complication in the diagnoses of women with non-chronic anxiety. *Nerves and Narratives* by Peter Melvillle Logan analyzes the "nervous body" as the cultural sign for hysteria of either gender and claims that a character's outward expression of anxiety is shorthand for an author's critique of society

[33] In this chapter I use the terms "anxiety," "nerves," "nervousness," and "nervous affliction" interchangeably, but unlike some critics, I do not include "hysteria" as a synonym that belongs in this group.

(2). At several points in *The Woman in White*, the female characters' nervousness reaches a level of panic and energy which critics might refer to as hysteria, but Collins's description of the women's nerves requires neither a hysterical reading nor an implicit social critique. Instead, I argue that it the anxieties are plot-driven. Or, more specifically, the anxieties are plot-*driving* and plot-creating. Logan's study, though it relates primarily to eighteenth-century English literature, notes that one of the "central characteristics of the nervous body" is "its tendency to talk, especially to talk about itself" (2). Collins adheres to this notion of nervous anxiety and uses it as a vehicle to create a first-person singular text by way of sleeplessness.

Nerves create narrative in *The Woman in White* because the women write their narratives as a way to work out their feelings about a situation, or to report their experiences that have been meaningful or upsetting to them. We read Marian's distressed prose, "This last day has been all confusion and wretchedness. How can I write about it?—and yet, I must write" (195). She recognizes that writing her thoughts, creating narratological sense out of the wretched confusion "is better than brooding over my own gloomy thoughts" (195).[34] She writes of writing itself as an imperative: she "must write" the seemingly un-writeable. She must untangle "confusion and wretchedness" through the act of writing, and she attempts this task at night.

Sleeplessness during the night hours performs as a plot device that gives upper class ladies, particularly Marian, the privacy, time, and opportunity to clear their heads without any interruption. To be sure, nighttime is Marian's metaphorical "room of one's

[34] Refer to Janet Oppenheim for much information the relationship between Victorian depression and insomnia or other dysfunctions of sleep in relation to nerves.

own," where she can write freely and at length.[35] As Jane Eyre did, Marian routinely delays her bedtime hour; but whereas Jane would often stay awake out of an unwillingness or physiological inability to sleep, Marian's bedtime delays are almost all due to her writing activity. It is not uncommon for her to use writing as an excuse to stay awake. For example, she writes in typical fashion one night, "I have a few lines more to add to this day's entry before I go to bed to-night" (228). But her "few lines" amount to about seventeen pages of text in the novel, and it is unclear whether she ever finds her way to bed. Marian does not mind losing sleep, especially since she feels that her documentation of her sister's hardship is a necessary labor of love. Collins uses wakeful nights as a setting as well as as a plot device, because the night acts as a major element in Marian's creation of text and her ability to express herself and her anxieties through language.

Marian uses writing instead of reading to try to fall asleep, for her sleep has already been "murdered," to return to the ominous word choice from "Bedside Books." One night, prior to Sir Percival and Lady Glyde's return to Blackwater from their honeymoon trip through Italy and France, Marian cannot sleep for thinking about Laura's new life since marriage. She questions herself, "The servants are evidently going to bed. Shall I follow their example?" (199). Her response reads much like a passage from *Jane Eyre*, one in which Jane paces around the attic out of boredom and dissatisfaction with the quiet domestic life of women. Marian answers herself:

> No, I am not half sleepy enough. Sleepy, did I say? I feel as if I should never close my eyes again. The bare anticipation of seeing [Laura] to-morrow, keeps me in a perpetual fever of excitement. If I only had the

[35] See Virginia Woolf's *A Room of One's Own* (1929) for the full context of this metaphor.

> privileges of a man, I would order out Sir Percival's best horse instantly, and tear away on a night-gallop, eastward, to meet the rising sun—a long, hard, heavy, ceaseless gallop of hours and hours, like the famous highwayman's ride to York. Being, however, nothing but a woman, condemned to patience, propriety, and petticoats for life, I must…try to compose myself in some feeble and feminine way. (199-200)

As we saw in *Jane Eyre*, Jane's inner passion eventually broke free from suppression through her romance with Mr. Rochester and her financial independence from him; tellingly, she did not feel compelled to write her "autobiography" until a decade had passed since their marriage. Unlike Jane, Marian has neither the romantic notions nor the luxury of time to waste. She writes her accounts and feelings right away, and not for an audience, but for herself. Indeed, she states that she will "compose" herself at night, and she does so quite literally through writing, through the *composition* of her narrative. She fantasizes about riding a horse for "hours and hours" through the night, with "ceaseless" energy, but eventually settles down to write, knowing that a ride is not possible, being, as she says, "nothing but a woman."

The fact that Marian as a woman cannot, without total disregard for propriety, release her energy in an athletic, physical way, disappoints and aggravates her. In addition to harking back to the inner passions of Jane Eyre, this passage also reflects the fervor of one of Florence Nightingale's early characters, a girl named Cassandra who cries out, "Why have women passion, intellect, moral activity – these three – and a place in society where no one of the three can be exercised?" (Poovey, *Cassandra* 205).

Cassandra places the blame of the sleep problems of a young lady directly on the woman's domestic containment and her consequential pent up energy:

> What these [women] suffer – even physically – *from the want of such work* no one can tell. The accumulation of nervous energy, which has had nothing to do during the day, makes them feel every night, *when they go to bed, as if they were going mad*; and they are obliged to lie long in bed in the morning to let it evaporate and keep it down. (Poovey, *Cassandra* 221; italics mine)

"Look at the poor lives we lead," Cassandra further stirs up her readers, voicing viewpoints that could be Jane's, Bertha's, or Marian's. "It is a wonder that we are so good as we are, not that we are so bad" (Poovey, *Cassandra* 209). Notable Victorian women authors and characters regularly voiced the same frustrations Collins allows Marian to vent in writing. Still, though she is not alone in these feelings, Marian laments her mental agitation. It limits her interest in any socially acceptable, ladylike activities: "Reading is out of the question—I can't fix my attention on books. Let me try if I can write myself into sleepiness and fatigue" (200). Marian believes that sleep is something that she can write herself "into," as if it were a chosen destination. Here, Collins's text suggests that the act of writing stirs sleep into being, it hints at its arrival, sets up the characters and plot, and creates sleep out of words.[36] Writing *is* sleep, Marian might say, if one only writes long enough.

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[36] Ozias Midwinter, at a crucial point in *Armadale*, nearly falls asleep while writing, and it could be argued that he writes himself to sleep: "The language was barely intelligible—sentences were left unfinished; words were misplaced one for the other—every line recorded the protest of the weary brain against the merciless will that had forced it into action. Midwinter tore up the sheet of paper as he had torn up the other sheets before it—and sinking under the struggle at last, laid his weary head on the pillow. Almost on the instant, exhaustion overcame him; and before he could put the light out he fell asleep" (328). Compare

However, *The Woman in White* calls into question this very notion of writing as sleep, proving it false and unreliable, because writing is too powerful a tool. For Marian, it is also too physical a tool. Marian embodies her writing. She becomes her writing, and it becomes her, too: she is, as she writes it, "deeply absorbed in my letters," and this process of absorption affects the health of her mind and body. Although she claims that writing is a way of "compos[ing her]self in some feeble and feminine way," in reality, it stirs her up and discomposes her. When writing something upsetting, her "very fingers burn as I write it!" (179). It is a true in*corp*oration, to reach back to the word's Latin roots, of body into writing and writing into body, and Marian repeatedly confuses the two. When repeating gossip or assumptions about the behavior of her sister's husband, she admits that the "pen is running away into mere speculation," by which she really means that her mind has "run away" with the unknown (193). The vehicle of writing is what drives her mind away. She "return[s] to sober matter of fact," although it is a forced return and sobriety (193). Her emotions calm as soon as her writing does. This calm does not equate rest or sleep, however, because Marian writes long, meticulously detailed journal entries, and when she does finally sign off, it is not usually because of sleep, but because her writing has caught up to the present of her narrative and there is nothing left to write until the next day.

Throughout Marian's narratives, she routinely tries to "write [her]self into sleepiness and fatigue," but she fails because her life—more specifically, her *narrative* of *Laura's* life—is too stimulating. Writing the story in its entirety means more to her than allowing the lull of language and the steady rhythm of the pen to put her to sleep. Indeed,

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this scene to one in *The Woman in White* in which Marian's journal leaves off in "blots and scratches" when she falls unconscious (343), which is discussed later in the chapter.

language does not lull her; instead, it enlivens her and rushes out with a kind of violence. She exerts much energy and puts bodily weight into it. Marian self-admittedly "write[s] with a heavy hand and a quill pen, scraping and scratching noisily over the paper" (313). The somewhat aggressive force of Marian's writing utensil on her paper actually endangers her and her half-sister. The noise provides an unlikely advantage to Count Fosco's wife, who spies on the young ladies and tries to intercept their outgoing correspondence: "It was more likely that Madame Fosco would hear the scraping of my pen than that I should hear the rustling of her dress" (313). Because of the vivacity and strength of Marian as a character, Collins knew that he would have to weaken her or remove her from the narrative in some way before his male characters could successfully prey on Laura. He attempts to make her write herself to sleep on numerous occasions. However, Marian as a character is even too strong for what seem to be Collins's intentions, because she continues to be able to write until the end of her narrative train of thought, instead of only writing until the end of her consciousness. Knowing the corner he had written himself into, it seems as though Collins knew illness was the most reliable plot device to use to isolate Marian from her sister and force sleep upon her since she would not sleep of her own accord. In fact, by creating an illness that is brought on by her own actions, Collins puts the illness into Marian's own hands. Literally, she writes herself into illness, and—consequently—into sleep.

IV. Writing Illness and Sleep: Marian Hartright, Victorian Pathosomnographer

Marian's illness comes to her not immediately after several hours of being "drenched to the skin, cramped in every limb, cold to the bones" (341), but after trying to write about it. She spends the night at Blackwater Park huddled in a rainy corner of an

upstairs balcony eavesdropping on a conversation below between Sir Percival Glyde and Count Fosco. She listens to them discuss the possibility of killing Laura to collect her inheritance to pay their sizeable debts. In what might be one of the most captivating scenes in sensation literature, not far in line behind the Woman in White's unexpected appearance to Walter Hartright on the road to London, Marian creeps across outside balconies, practically scaling a wall, to get back to her room at Blackwater Park without being caught by the men.[37] Marian understands the immediate danger she and her sister are in:

> I remember the persuasion settling itself in my mind that *the words* those two men had said to each other would furnish us, not only with our justification for leaving the house, but with our *weapons of defence* against them as well. I recall the impulse that awakened in me *to preserve those words in writing*, exactly as they were spoken, while the time was my own, and while my memory vividly retained them. All this I remember plainly: *there is no confusion in my head yet*. (341; italics mine)

When she reaches her bedroom, she knows she must write down as evidence everything she heard between Sir Percival and the count before she forgets anything. But, once in her room, she "sank down in the darkness, here, on the floor for hours" ("and those hours seem like weeks," Marian writes), because she has started to feel disoriented and feverish

[37] Dames has pin-pointed the scene in which Walter Hartright is first approached by the woman in white as a moment in literary history that forever changed the direction of the novel. He has written at length on the Victorian understanding of unconsciousness. In his essay "1825-1880: The Network of Nerves" in *The Emergence of Mind* (2011), he performs a close reading of the scene in which Walter Hartright is first approached by Anne Catherick, the Woman in White, to analyze the ways in which sensation "made visible, and even schematic, a dynamic that mainstream Victorian fiction grappled with in its own ways: the developing sense that consciousness was at least partly comprised of, and possibly even dominated by, the formerly debased realm of automatic, nervous functions" (218). The Victorians' developing understanding of the body greatly affected "how the narrative representation of consciousness might function" (Dames, "1825-1880" 219).

(341). She asks her journal, "Can I even remember when the chilled, cramped feeling left me, and the throbbing heat came in its place?" (341). As Marian often writes through the night, we are not surprised that her journal records the "bright stillness of the morning" on this morning (341). Still, this entry is different from the records of her other late nights. "I have not been near my bed," Marian admits. "I have not once closed my weary, wakeful eyes" (341). Instead of sleeping, Marian writes her story regarding the conversation between Count Fosco and Sir Percival, and then she writes the *story of herself* writing the story, in order to catch her journal up to the present.

Though she is able to chronicle with clarity what she heard between Count Fosco and Sir Percival, as there was "no confusion…yet" (341), the tone of Marian's writing comes off as strangely uncertain and unfamiliar to the reader once she begins to narrate her illness. Collins uses plot to affect style, for Marian—at least to the reader's knowledge—does not fall ill until she writes that she is falling ill. As Vrettos argues, "to be ill is to produce narrative" (2), but Collins reverses this methodology: to produce narrative is to be ill, or to produce narrative regarding an illness is to create that very illness. Marian blames the rain for her worsening condition ("Oh, the rain, the rain—the cruel rain that chilled me last night!" [342]), but she equates her developing illness with her unwillingness to sleep and her continued persistence to write. Marian even asks herself why she has not gone to bed, though her journal implies that it is more dangerous to fall asleep into the unknown than to be awake in pain and in fever:

> Why do I sit here still? Why do I weary my hot eyes and my burning head by writing more? Why not lie down and rest myself, and try to quench the fever that consumes me, in sleep?

> I dare not attempt it. A fear beyond all other fears has got possession of me. I am afraid of this heat that parches my skin. I am afraid of the creeping and throbbing that I feel in my head. If I lie down now, how do I know that I may have the sense and the strength to rise again? (342)

The fear that "possess[es]" Marian to stay awake also prods her to keep writing—as if she believes she truly is writing for her life and the life of her sister. She fears the fever and chills in her limbs and the pain in her head, but mostly she fears the pen in her hand. She exhibits alarm at her confusion and does not recognize herself without control over her body and words. She laments, "My head—I am sadly afraid of my head," but what she really means is that she is sadly afraid of her inability to express herself in writing anymore. "I can write," she explains her previous statement, "but the lines all run together" (342). The character Marian can no longer tell us her story; instead, her writing and its inconsistencies, holes, and inadequacies tell us her story, which is that she has written herself ill.

She writes herself into the illness, creating what little of her own pathography (her account of her illness) for which she can stay conscious. Marian's fever, on the brink of incapacitating her completely, is not only a bodily fever but a fever of writing. She recalls engaging in "ceaseless writing," to try to get her story out before no longer having the opportunity, writing "faster and faster, hotter and hotter, driving on more and more wakefully" (342). As she is embodied in her writing, the language and body exhibit unbridled anxiety and frenzy. This frenzy keeps Marian awake just long enough to become wholly ill and out of control. She is not even sure whether she is awake or asleep

anymore, but the reader knows she is awake because she continues to write: "Have I been sitting here asleep? I don't know what I have been doing" (342). Once she realizes that she has lost control of memory and language, she cries, "Oh, my God! am I going to be ill? Ill, at such a time as this!" (342). The fact that she asks in the interrogative, "am I going to be ill?" instead of writing in the declarative, "Oh, my God! I am ill!", shows that no longer has any grip on reality. The reader can already tell that Marian is ill. Her body is weakened, feverish, and possibly hysterical,[38] and the act of writing until this point had been Marian's only defense in keeping her mind from joining her body completely in sickness.

Marian also writes "ill" in that she writes badly, by which I mean that, once her mind gives way to illness, she no longer writes coherently, grammatically, or even legibly. As she tells us, she "*can* write, but the lines all run together" (342; italics mine). She sees words but does not quite understand them. She writes the words but cannot make them stay still on the page through her delirium. She tries to count the sound of the clock chimes in order to determine the hour, remembering that she needs to warn Laura of danger in the morning, but "the strokes I can't count, keep striking in my head—" (342). Collins, by way of his narrator Walter Hartright who is the managing editor of the collection of evidence against Fosco and Sir Percival, attempts to explain the confusion

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38 While Marian is not traditionally read as a hysteric character, some critical literature on hysteria helps us understand her character because hysteria has been linked to the female writer. If Marian has any occupation in this novel, it is that of author. Juliet Mitchell, in "Femininity, Narrative and Psychoanalysis," writes that the "woman novelist must be an hysteric" (qtd. in Herndl 54). Mitchell uses Lacan to read language as male-founded and male-dominated, and does not believe that "there is such a thing as female writing…There is the hysteric's voice which is the woman's masculine language…talking about feminine experience" (qtd. in Herndl 54; Mitchell's italics). Diane Price Herndl writes in response to Mitchell, "Psychoanalysis risks defining hysteria as a normal state for women," thus many feminists cannot see psychoanalysis as an appropriate "basis for feminist study" (55). Still, through the writings of important woman authors, such as Charlotte Perkins Gilman, who is said to have cured her hysteria through writing about it, the feminist literary theorist can at least see hysteria as something that is expelled through women's writing, rather than caused by it.

on Marian's page by writing in his own account of the case: "NOTE: [At this place the entry in the Diary ceases to be legible. The two or three lines which follow contain fragments of words only, mingled with blots and scratches of the pen. The last marks on the paper bear some resemblance to the first two letters (L and A) of the name of Lady Glyde…" (342-3). Collins combines the effects of three medical concerns to lead up to Marian's state of unconsciousness: severe exhaustion from a routine of abbreviated sleep complicated by no sleep the previous night, fever brought on by exposure to the elements, and nervous anxiety over the safety of her sister.

Through the literary implementation of these three medical concerns, Collins maintains control over how his characters start and stop their narratives. First, Collins is able to create a physiological and mental state of being for his character that is ideal for the creation of narrative, and a sizeable amount of narrative at that. Marian's anxiety keeps her awake throughout nearly the entirety of the novel except for during her illness, even in narratives other than her own, as in that of Walter Hartright, who often comes home later in the novel to find Laura in bed with Marian awake, keeping vigil. Her nerves spur on discussions about her nerves, and, in turn, these discussions are documented to use as evidence or as a record of the case. Second, Collins is able to create a sick, fevered body that can no longer physically or mentally support its emotional need to write. Mrs. Michelson, the housekeeper, finds Marian "walking about her room with a pen in her hand, quite light-headed, in a state of burning fever," at which point Laura and Mrs. Michelson put Marian straight to bed (365).[39] In order to move forward in his sensationalized plot, which necessitates Marian's removal and Laura's

[39] See Porter and Porter, who claim that fevers formed the direst disease family" (140), for much more information on fevers and their diagnosis and care.

manipulation in order that Fosco can succeed in the falsification of her death, Collins need Marian's narrative to end and another, more sinister narrative to begin.

The end of Marian's narrative, when she finally succumbs fully to illness, and the segue to the next section, narrated by her worthy nemesis, is likely to bring chills to even the most seasoned readers of Collins's sensation fiction. As Hartright notes, Marian leaves off in "blots and scratches," but even though it is the end of her narrative, surprisingly, it is not the end of the text in her journal. Count Fosco, once notified of the "Admirable" Marian's illness (343), finds her journal and not only reads what she has written, but he writes in it! Hartright tells us, "On the next page of the Diary" after Marian's blots mark her unconsciousness, "another entry appears. It is in a man's handwriting, large, bold, and firmly regular…It contains these lines—" (343):

> POSTSCRIPT BY A SINCERE FRIEND
>
> The illness of our excellent Miss Halcombe has afforded me the opportunity of enjoying an unexpected intellectual pleasure.
>
> I refer to the perusal (which I have just completed) of this interesting Diary.
>
> There are many hundred pages here. I can lay my hand on my heart, and declare that every page has charmed, refreshed, delighted me.
>
> To a man of my sentiments it is unspeakably gratifying to be able to say this.
>
> Admirable woman!
>
> I allude to Miss Halcombe.
>
> Stupendous effort!

> I refer to the Diary.
>
> Yes! these pages are amazing. (343)

Collins, via Fosco, celebrates the clever way in which he has brought about Marian's exit, but in doing so, he also celebrates the very sleeplessness that instigated the narrative text. Without Marian's many bouts with anxiety that caused her sleepless nights, she would not have written the diary. Additionally, Fosco would have had nothing to glorify and esteem as "Stupendous" and "amazing," no property of hers to so flamboyantly vandalize, and no private narrative of hers to usurp. In Marian's journal, Fosco writes his perspective of the story—that he has read Marian's conversation between himself and Sir Percival, and that she has documented it correctly, and that he does, in fact, desire to do away with Laura. Through her narrative, he sees "[v]ast perspectives of success unroll themselves before [his] eyes," because he has just read the manuscript with which she literally wrote herself out of his way, on his path to hurt her sister. Marian, weakened by illness, finally succeeds in writing herself to sleep and, consequently, her sleep is the link in the chain reaction that allows Count Fosco and Sir Percival Glyde to fake the death of Laura, Lady Glyde, institutionalize her for insanity, steal her inheritance, and trick Marian into thinking she has lost her sister forever.

Count Fosco asserts his new authority in the very place that she has contemplated and constructed hers—the journal. There are no obstacles left in his way. Though he claims that "her Diary will in no respect help me to contribute to [the sisters'] failure," it does give him access to private insight and family secrets yet unknown to him before he read it. "I accomplish my destiny with a calmness which is terrible to myself," he writes. "I condole with [Miss Halcombe] on the inevitable failure of every plan that she formed

for her sister's benefit" (344). Fosco's handwriting in Marian's journal marks an extreme, unforgivable violation, one far worse than taking it and reading it without her permission. It is a rape of privacy which only an avid diarist can understand. A woman's diary is private not only because it presumably holds secrets, but because it is hers alone, as is Marian's "room of one's own" for writing that she made out of nighttime.[40] Her writing space is not meant to be a shared space. Her sleep is likewise a part of her life that cannot be shared, either. Thus, the secrets of her sleep and *her* writing in her diary are intended solely to be her property. Winifred Hughes, in *The Maniac in the Cellar*, observes that one of the quintessential characteristics of sensation fiction is a "direct, full-scale invasion of the middle-class domestic paradise," and that "The key to this invasion is the sensation novel's assault on the heroine" (43). For Collins's *The Woman in White*, the invasion and penetration of Fosco's pen in Marian's diary results in a direct assault on Marian—direct specifically because she has embodied herself in the writing, and now her writing must suffer to reside in the same space as her enemy's writing.

V. Sleeping and Waking *The Woman in White*: Plot Development and Puzzles

My extended analysis above of chapters nine and ten of "The Second Epoch" of *The Woman in White* brings to light many of the ways in which Collins wrote himself in and out of mystery and crime stories, particularly in relation to the ways his characters fall in and out of sleep and illness to support the plot. Collins used medical conditions,

[40] Readers of *The Woman in White* can be sure that Fosco's writing in Marian's journal is a great violation, especially since she does not even let her best friend and sister's true love, Walter Hartright, *read* the diary. She insists that Hartright can hear parts of it that she reads to him, but she will not let him see it. He explains how he comes to use Marian's journal as evidence in their case, which was a tiresome and sleepless process, but one which helped Hartright attain the information he needed: "The first source of information to which I applied was the journal kept at Blackwater Park by Marian Halcombe. There were passages in this diary relating to myself which she thought it best that I should not see. Accordingly, she read to me from the manuscript, and I took the notes I wanted as she went on. We could only find time to pursue this occupation by sitting up late at night. Three nights were devoted to the purpose, and were enough to put me in possession of all that Marian could tell." (444-5).

physiological as well as psychological, to instigate the creation and cessation of a narrative. Anxiety and nervous narration make up a sizeable portion of Marian's journal entries, even though Marian largely comes off as a character with a sound mind, sound judgment, and none of the belittling feminine hindrances of delicacy that afflict most Victorian heroines, at least in Walter Hartright's account of her. In conjunction with Marian's anxiety and her proclivity to narrate her nerves, is the element of sleeplessness. Marian usually functions with vivacity during the day, which pushes us away from a reading of nighttime insomnia.[41] Rather, Marian keeps herself awake through her need to stay busy and active and her drive, if not to "ride" away on a horse, then to try to "write [her]self into sleepiness and fatigue" (200). Once Marian falls ill, various narrators express anxiety and create their own pieces of nervous narration, in part regarding Marian's condition, but mostly regarding domestic affairs at Blackwater, such as the hiring and firing of servants and nurses, the anger and impatience of Sir Percival and his emotions' effect on the help, and the relationships between residents, visitors, and their numerous employees. Though the characters update the readers regularly on Marian's condition, she is no longer the focal point, and—like Count Fosco, who isolates her from her sister—Collins limits and replaces Marian's voice in the text.

One of the voices replacing Marian's is that of Frederick Fairlie, Laura's uncle, legal guardian, and a hypochondriac invalid. In line with Collins's use of anxiety to stimulate narrative, Fairlie composes his narrative almost entirely out of a discussion about nerves. To express his displeasure at being asked to contribute to Hartright's

[41] Charles M. Morin tells us that an important component to making a correct diagnosis of insomnia is the presence of "objective daytime impairments" regardless of the quantity of sleep detected by tests in sleep clinics (483).

collection of evidence, Mr. Fairlie opens his narrative with a series of lamentations about never being "let alone":

> Why—I ask everybody—why worry *me*? Nobody answers that question, and nobody lets me alone. Relatives, friends, and strangers all combine to annoy me. What have I done? I ask myself, I ask my servant, Louis, fifty times a day—what have I done? Neither of us can tell. Most extraordinary!
>
> The last annoyance that has assailed me is the annoyance of being called upon to write this Narrative. Is a man in my state of nervous wretchedness capable of writing narratives? (345)

Even amid his complaints that a man of "nervous wretchedness" is incapable of such a task, Mr. Fairlie acknowledges that his nerves regularly create narrative. One needs only to look to the servant, Louis, for evidence of this, at whom at least "fifty times a day" these nervous narratives are directed. And while Fairlie questions his competence, his narrative achieves its objectives in spite of, and perhaps, I would argue, *because of* his aptitude for embodying his anxiety in words and texts.

One of the questions often returned to in Collins criticism is why Laura and Anne have such minor parts to play in a novel centered directly on them. Hartright invites the voices of many people, such as the unendurable Mr. Fairlie, housekeepers, nurses, doctors, and servants, many of whom are unremarkable as characters outside of the specific intricacies of Collins's plot. But even though Laura and Anne do not speak much, their behaviors and desires regarding sleeping and waking directly influence the

confluence of events—which Hartright calls amid his attempts at detection, the "windings of the labyrinth" (477).

Collins uses sickbed sleep and what turns out to be its converse in *The Woman in White*, anxious wakefulness, as the means through which Fosco sees his plan through to fruition. Besides Marian, Collins created several other female characters that fit into the sleeping-waking, and ill-healthy binary oppositions. Laura Fairlie and her pale, mysterious look-alike, Anne Catherick,[42] neither of whom are allowed narratives of their own,[43] share more than their startling physical similarities and inability to speak for themselves. They share the distinct character trait of sleeping in the text almost as often as they are awake.

Laura plays a minor speaking role in the last third of the novel, namely because she cannot engage in the same investigative work as her husband Hartright (whom Laura marries after the death of Sir Percival) and Marian. Hartright and Marian put nothing else above protecting Laura's nerves. In fact, he confesses, "Marian and I were careful to keep Laura in ignorance" (576). After her disposal by Fosco into the asylum, Laura had suffered from marked anxiety, weakness, and confusion, and her loved ones' aim to

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[42] Hartright observes the changing and growing resemblance between Anne and Laura, "The outward changes wrought by the suffering and the terror of the past had fearfully, almost hopelessly, strengthened the fatal resemblance between Anne Catherick and herself. In my narrative of events at the time of my residence in Limmeridge House, I have recorded, from my own observation of the two, how the likeness, striking as it was when viewed generally, failed in many important points of similarity when tested in detail. In those former days, if they had both been seen together side by side, no person could for a moment have mistaken them one for the other—as has happened often in the instances of twins. I could not say this now. The sorrow and suffering which I had once blamed myself for associating even by a passing thought with the future of Laura Fairlie, *had* set their profaning marks on the youth and beauty of her face; and the fatal resemblance which I had once seen and shuddered at seeing, in idea only, was now a real and living resemblance which asserted itself before my own eyes. Strangers, acquaintances, friends even who could not look at her as we looked, if she had been shown to them in the first days of her rescue from the Asylum, might have doubted if she were the Laura Fairlie they had once seen, and doubted without blame" (442-3).
[43] The one small exception is a letter that Anne sends to Laura to warn her not to marry Sir Percival, a letter which is reprinted in Hartright's early narrative.
[45] Hartright discovers with near certainty that Anne is the illegitimate daughter of Laura's father.

shield her from their objective, which is to prove that the woman buried under the name of "Laura, Lady Glyde," was Anne Catherick instead of Laura. In order for the plot to come together smoothly, it seems Collins wanted to account for and legitimize Hartright and Marian's need to be able to speak to each other alone at night and voice their plans and evidence freely. For this reason, I argue, Collins writes Laura's character as asleep more often than one would expect of a major character in a novel. Ironically, Collins has to put her to sleep in order for the plot—as well as discussions of anxiety and discomfort—to move forward, because Laura cannot take part in the investigation in her frail condition.

At night, Hartright comes home to his roommates, Marian and Laura, whom he lives with as sisters, but Laura is often in bed already—either out of weakness and illness, or out of fatigue and physical need for sleep. One night, Hartright remembers, "I found Marian waiting for me, alone in the little sitting-room. She had persuaded Laura to go to rest" (456). Laura's sleep and its vulnerability plays more of a role in Hartright and Marian's evening than Laura's *person* does, for Hartright confesses, "The partition which divided us from the next room was so thin that we could almost hear Laura's breathing, and we might have disturbed her if we had spoken aloud" (456). At a later point in the novel, Marian tells Hartright, "[Laura] had one of her bad headaches this evening, and I advised her to go to bed when we had done tea" (596). This being the night of Walter's intended confrontation with Count Fosco, Hartright is more than usually emotional. He knows the night might be his last, and knows Fosco's willingness to kill anyone who tries to obscure his path to financial (and criminal) independence. Hartright finds his wife

asleep, and her delicacy and love causes him to question his resolution to confront the Count:

> When I entered the bedchamber…my wife was asleep.
>
> We had not been married quite a month yet. If my heart was heavy, if my resolution for a moment faltered again, when I looked at her face turned faithfully to my pillow in her sleep—when I saw her hand resting open on the coverlid, as if it was waiting unconsciously for mine—surely there was some excuse for me? I only allowed myself a few minutes to kneel down at the bedside, and to look close at her—so close that her breath, as it came and went, fluttered on my face. I only touched her hand and her cheek with my lips at parting. She stirred in her sleep and murmured my name, but without waking. I lingered for an instant at the door to look at her again. "God bless and keep you, my darling!" I whispered, and left her. (596-7)

Hartright wants to see something in Laura's sleeping face and recumbent body that will keep him from leaving home. He reads the direction of her face (leaning toward his pillow) as fidelity, the repose of her hand (in reaching for his) as expressing desire, and the transient breath that comes and goes touches him like a butterfly that "flutter[s]," delicate and nervous. She "murmur[s his] name" without waking, and it is her engagement in sleep and the unlikelihood of her waking that allows him to walk out the door to Fosco's residence, either to return victorious with a signed confession, or to die trying to clear his wife's name off of Anne's headstone at Limmeridge Church. Collins

could not allow Laura to wake and say goodbye in his plot, because readers know Hartright would have wanted to stay with her.

Laura's sleep holds Hartright admittedly captive. He watches her sleep several times in the novel, and while doing so, he animates and tries to interpret the meanings of her body parts as well as her mental state. "At times," Hartright discovers during Laura's sleep, his wife's "dreams of the terrible past still disconnectedly recalled to her, in the mystery of sleep, the events of which her waking memory had lost all trace" (577). Laura's unconscious holds onto the fear of her incarceration and manipulation though her conscious has let go. "One night…when I was watching her at rest," Hartright narrates his gaze, "I saw the tears come slowly through her closed eyelids," much in the same way Marian had narrated Laura's teary eyes months earlier. "That unconscious appeal, so touching and so awful in the sacredness of her sleep, ran through me like fire" (577). Laura's sleep activates both the plotline, by keeping other characters moving forward while she lies unconscious, and the nervous system of her husband. The "fire" he experiences can be likened to Marian's "fever" of anxiety over Laura and her experiences of writing just before she falls ill. Collins periodically "wakes" Laura to reinforce the frequency of delicate moments between her and her sister, or her and her husband, but—by and large—Laura slumbers through the end of the novel while her loved ones vindicate her faked death, and her faked eternal sleep, which, in reality, is slept by Anne Catherick.

The real tragedy of *The Woman in White* is not that of the briefly-separated sisters, but that of Anne, a woman who, throughout most of her life, suffers from others' misunderstandings of her mental state. Collins reveals Anne's familial relationship to

Laura at the close of the novel, long after her death and after any recompense can be made for her sad life and mistreatment.[45] Collins's descriptions and explanations of the life of Anne Catherick are non-committal regarding her true mental state, though it is clear that she was neither completely without her faculties, nor in a healthy mental state of mind. In order to preserve the secret sins of Sir Percival's early life, and at Percival's prodding, Count Fosco realizes the need to eliminate Anne from the picture, despite her mental disadvantages, as she is the only person that has threatened to expose Percival's wrongdoings and one of the only characters besides Marian who could potentially ruin Fosco's plans. Fosco conceives the plan to kill Anne and institutionalize Laura in her place once he discovers their uncanny likeness to each other. There would be a body to bury to answer for Laura's disappearance, and nobody would question Laura's objections to the asylum if they thought she was mad.

Laura's considerable amount of sleep in the novel relates to Anne's, but they do not function in the exact same way. Collins writes Laura asleep in order to forward Hartright's case and to allow various characters to work around her—without distraction or interruption. In contrast, he puts Anne to sleep and wakes her up in unusual ways as a means to further Fosco's plot, and to ensure that the pieces of the novel's overall literary puzzle fit together. Anne's sleep during her terminal illness is a crucial piece of Collins's "labyrinth."

Anne's sleep allows the Count to gaze at her sick body and contemplate her likeness to Laura without anyone suspecting his malevolence. Anne's close friend, Mrs. Clements, unknowingly brings Count Fosco to assist Anne on what he implies to be the behalf of Lady Glyde, not aware that the Count was to become one of Anne's greatest

foes. The first time he ever sees Anne, "The Count started at the sight of her (evidently from astonishment at her resemblance to Lady Glyde). Poor Mrs. Clements supposed that he was only shocked to see how ill she was" (472). Similar to the way Hartright tried to protect the "sacredness" of Laura's sleep (577), the Count "would not allow [Anne] to be awakened—he was contented with putting questions to Mrs. Clements about her symptoms, with looking at her, and with lightly touching her pulse" (472). Count Fosco, who has the ability and desire to shorten Anne's life, strokes her and speaks about her, using her sleep and illness to shield his own fascination with Laura's look-alike.

Anne's unexpected natural death is the only clue on which Hartright can lean to solve his case. Count Fosco continues to speak of Anne after her death in terms of sleep, using similar style and phrasing as he did when he spoke earlier of her as a "spectacle of suffering," on whom he "instantly set [him]self to impart relief" (617). "If Anne Catherick had not died when she did," Count Fosco declares without inhibition, "I should, in that case, have assisted worn-out Nature in finding permanent repose. I should have opened the doors of the Prison of Life, and have extended to the captive (incurably afflicted in mind and body both) a happy release" (628). Fosco, at the distance of many months after the event, continues to feel justified in his near-murder of Anne, speaking of her end merely as "repose" and "happy release." Her "incurably afflicted" state, compounded by her confusion while awake and mixed-identity with Laura while asleep, provides him with a feeling of justice in his deadly schemes even though she died of illness and not by his hand. He feels compelled to remind the reader in his confession at the close of the novel that it was Anne's *act of sleep* and not his immorality, necessarily, that brought about his scheme: "When I first saw Anne Catherick she was asleep. I was

electrified by the likeness between this unhappy woman and Lady Glyde. The details of the grand scheme which had suggested themselves in outline only, up to that period, occurred to me, in all their masterly combination, at the sight of the sleeping face" (616-7).

Collins accounts for both Laura's and Anne's journeys to London, and he intricately ties in ill sleep and healthy, anxious wakefulness. Although anxious wakefulness in other texts, such as *Jane Eyre*, is read as an unhealthy state that one chooses to assume more power over one's body and narrative, in *The Woman in White*, Collins distinctly contrasts illness to anxiety by means of contrasting their effects, which are sleep and wakefulness. Thus, anxiety—though it wreaks havoc on the mind—is still the "healthier" state of the two. Count Fosco actually relieves Anne, however briefly, of the sleep into which Collins had cast her for much of the novel. Fosco's confession letter speaks of feeling sympathy for her in her illness, and he wants to alter her condition to relieve her at the same time as furthering his plot against her: "I instantly set myself to impart relief. In other words, I provided the necessary stimulant for strengthening Anne Catherick to perform the journey to London" (617). Ironically, he defines his treatment of relief as a stimulant, whereas all other treatments in the novel include bed-rest and sleep as prescriptions for relief and healing. Through his chemical and pharmaceutical wiles, Fosco prescribes a "medicine" that "was a powerful stimulant," which raises Anne briefly from her deathbed to travel to London: the Count's prescription "would certainly give Anne strength to get up and bear the fatigue of a journey to London of only a few hours" (472). Anne's unnatural vigor, which temporarily masks the ill condition of heart disease, provides her with the strength and energy to travel to London before her death.

Once in London, the Count can control her movements and healthcare, though, Collins ensures, not her rapidly declining health, and she will no longer have agency over her body or her identity, which he usurps for Laura.

Laura, in contrast to Anne, prefaces her trip to London (which arrives out of manipulation and the lie that her sister is already there) with adamant wishes to stay away from the Count, and, in particular, to stay away from his house at bedtime. Sir Percival explains his itinerary for his wife, "[Count Fosco] will meet you at the station, when you get to London, and take you on to sleep at your aunt's [Madame Fosco's], in St. John's Wood" (391). "I would rather not stay in London to sleep," she asserts (391). "You must….You must rest a night in London," Sir Percival counters. "I would rather not go there," Laura repeats her wishes. "I would rather not stay a night in London" (392). But Percival insists and has the final word, that "You are to sleep at Fosco's, tomorrow night, as your sister did" (393). As Laura discovers various pieces of the Count's treachery, such as his infuriation of the doctor which left Marian without professional medical care, she confesses her anger, which is understandably mixed with fear:

> My horror of [Count Fosco] is such, that *nothing…would induce me*, if I had only my own feelings to consult, *to eat, drink, or sleep* under his roof….I am afraid [Marian] is still in that man's house. If I am wrong—if she has really gone on to Limmeridge—I am resolved *I will not sleep to-morrow night under Count Fosco's roof*. I mean to write, and propose to sleep at [Mrs. Vesey's] house…*to that refuge I will escape* in some way… (394-5; italics mine)

Laura equates sleeping under the Count's roof with fear and, possibly, with death. As the plot develops and the Count's scheme progresses, it becomes evident that Laura could not escape to the refuge of Mrs. Vesey's house, as was her stern resolution. Instead, as she fears but never could have envisioned, her sleep, drugged by the Count's impressive knowledge of chemicals and sedatives, leads to her wrongful incarceration for mental disease, and to the counterfeit death certificate of Laura in place of Anne Catherick. Fosco steals any agency Laura has over her identity, her body, and even her sleep patterns, through the malevolence of forced, pharmaceutical somnolence.

VI. Unconsciousness and Illness-in-Sleep

In my analysis of mid- to late-nineteenth-century British fiction in general and sensationalized fiction more specifically, it would be difficult for me to overstate the relationship between sickness, the sickbed, and narratives of sleep. Especially in *The Woman in White*, and looking forward to Collins's 1875 lady detective novel, *The Law and the Lady*, Collins's entwinement of sleep and illness, and, similarly, of wakeful sleeplessness and anxiety, does not fashion the medical connections of these bodily states with their ailments, he *presupposes* them. This allows him, instead, to fashion narratological connections that transcend plot and character and grow to affect the form of the entire novel. To be sure, issues of sleep and sleeplessness determine when and where a character's narrative starts and stops, as well as the ways in which it connects to the narrative body as a whole. By weaving a character's state of consciousness into his or her state of health, Collins creates embodied narratives that depend, on fundamental levels, on what the body experiences, feels, and expresses. Articulating this new literary

concept as a question, Nicholas Dames asks on behalf of Victorian authors and audiences, "what is the mind if not body?" ("1825-1880" 218).

Collins's melting pot novel of bodily and mental instability plays right into what Dames has recently observed as the Victorian preoccupation with and philosophically-altered notion of nervousness. He defines nervousness as "the life of the nerves rather than, or even *as*, the life of the mind—[which] suggests a new way to understand the stresses and complexities of the Victorian narration of consciousness" ("1825-1880" 236). But to complicate Dames's understanding of narration of consciousness, and to give direct voice to characters expressing symptoms of mental and/or physical illness (per the theories set forth by Hawkins and Porter), this chapter has investigated several dimensions of Victorian narration into *unconsciousness*—of literary illness-in-sleep, which could even be interpreted as sensation fiction's take on Gothic and Romanticism's "Death-in-Life." Illness-in-sleep is an unpredictable and tenuous state of unconsciousness, but one that authors use as a device all too readily, which, as we recall, Ruskin so memorably bemoaned in his essay, "Fiction—Fair and Foul."

Collins, as early as his first sensation novel, risks impressing upon his readers the concept that illness is an intrinsic component of sleep, rather than writing one's desire or need for sleep as an obligatory characteristic of illness. To sleep might be to rejuvenate, but it is also to be in some way ill—some way weakened, vulnerable, and temporarily liable for what happens both inside and outside of the body while asleep, even when the body has no agency over those happenings. Collins negotiates these challenges of form and meaning, if with the gimmicky puzzles and labyrinths, then also with an undeniable understanding of what is at stake in unconsciousness and the trappings of the enfeebled

and pathologic body unconsciousness brings with it. In this way, Collins introduces a new body into Victorian literature and fiction to come—a body perpetually at the crossroads between nervous wakefulness and a symbolic and interruptible death, which comes out in the thematic trope of illness-in-sleep. Authors such as Bram Stoker, who will be discussed in the next chapter, who reach back to the Gothic for thematic ideas and symbols, but who use contemporary motivations, inclinations, and technologies for the framework of their fiction, are seemingly obliged to pick up the trope of illness-in-sleep and mutate or distort what it means to be ill or infected, as well as what it means to be asleep.

The women in *The Woman in White* share with Jane and Bertha from *Jane Eyre* a world in which sleep is never easy to achieve, or at least a world in which the achievement of sleep signifies more than simple rest. For Bertha, sleeplessness equates to madness and anger, but it further implies dangerous and passionate immorality as well as female mental and gynecological dysfunction. Collins's women—Marian Halcombe, Laura Fairlie, and Anne Catherick—must be either neurotic or ill, with one choice mandating prolonged sleep while the other mandates prolonged wakefulness, and with both choices authorizing a lack of control and a fevered, misread body. *Dracula* adopts Collins's binaries and forges them into one, with prolonged sleep and prolonged wakefulness turning into one and eternally the same. So, perhaps the author of "Bedside Books" was right, that, "As a rule, Wilkie Collins and other masters of plot-weaving should be avoided, as likely to murder sleep" (201). But what the author did not know was that Collins's murder of sleep was not merely a murder of the *reader*'s sleep, but

actually a murder—a slow, calculated, and intentional murder—of the prospect of women to achieve restful, rejuvenating, and, above all, healthy sleep in literature.

CHAPTER 5

The Vampire's Night-Light:

Artificial Light, Hypnagogia, and Quality of Sleep in *Dracula*

"Mr. Utterson beheld a marvelous number of degrees and hues of twilight; for here it would be dark like the backend of evening; and there would be a glow of a rich, lurid brown, like the light of some strange conflagration; and here, for a moment, the fog would be quite broken up, and a haggard shaft of daylight would glance in between the swirling wreaths. The dismal quarter of Soho seen under these changing glimpses, with its muddy ways, and slatternly passengers, and its lamps, which had never been extinguished or had been kindled afresh to combat this mournful reinvasion of darkness, seemed, in the lawyer's eyes, like a district of some city in a nightmare."
Robert Louis Stevenson, *Dr. Jekyll and Mr. Hyde* (1886), 23.

"[Sleep is] a death whereby we live.
A middle moderating point between life and death and is like death."
Sir Thomas Brown qtd. in Anne Stiles, 142.

The media likes to paint our affluent and instant-gratification society as one that is forever young and full of life, but many of us probably feel as though we are dead on our feet. We consume our energy in portable pick-me-ups named "grande" and "venti," and we drive through convenient drive-thrus for take-out more often than we take pleasant drives. Dr. William Dement, an oft-quoted leader in the field of sleep medicine, bemoans our nation's lifestyle of little sleep as a widespread "pandemic of fatigue" (Dement and Vaughan 218). Paul Martin likewise blames our "sleep-sick society" on our "24-hour society," calling us "the great unslept," and asking why we would want it this way, particularly since "Sleep is far more than just a biological necessity. It is also a neglected source of pleasure" (346, 5, 15). To *try* to reach the sometimes unimaginable apex of eight hours of sleep each night—this "Blessed oblivion" in our beds, Martin calls it (343)—the United States has turned sleep into a $20 billion giant in the healthcare industry (Sullivan 1497).

It is not difficult to think of sleep disorders, sleep disturbances, and other sleep problems as the inevitable consequences of a fast, modern age. Not surprisingly, our

modern age sees a staggering increase in pharmaceutical sleep aids annually. Prescription sleeping pill use in America rose an unprecedented 60 percent in a five-year period, between 2000 and 2005 (Sullivan 1497), which led to the more than $3 billion Americans spent on fifty-four different kinds of sleeping pills a few years later, in 2007 (Price 114).[1] Of course, to get a more realistic picture of the entire sleep aid market in America, we must also consider over-the-counter sleep aids, a market which Mark Dolliver from *Brandweek* tells us will ring up a tab approaching $760 million by 2013. When we read such statistics, it is too easy to think of our society's loss of sleep as a recent problem—a current affair—but this is simply not true.

In reality, this seeming epidemic of sleep loss is less of a *recent* problem than a *modern* problem—actually, a technological problem of sorts. According to sleep historian A. Roger Ekirch, technological advancements that allowed humans to light the night thereby allowed them to work (and play) longer and later before going to bed, which brought about profound changes in people's attitudes about night and the value of sleep (304). Additionally, as Roger Schmidt writes in "Caffeine and the Coming of the Enlightenment," inhabitants of England as early as the mid-1600s were also using caffeine and the new genre of the novel as excuses for sleeping less. Caffeine was introduced to London around 1650, and caffeine (in the form of coffee and tea) and the birth of the novel are "both implicated in the historical devaluation of sleep as a meaningful activity," according to Schmidt (131-2). Schmidt, in opposition to Ekirch,

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[1] This, sadly, is only a mere fraction of the estimated $56 billion spent on the 25,000 deaths and 2.5 million injuries caused by sleepy accidents on the road, at work, and at home ("Why rest?").

[3] Polyphasic sleep was phased out earlier in higher classes than lower classes, primarily because the lower classes were less likely able to afford candles (Alvarez 14). Says A. Alvarez, "It took money to be profligate with a luxury item like artificial light; to enjoy night life was a token of social privilege, a form of conspicuous consumption" (14). One way that the middle class could "distinguish themselves from their inferiors [was] by wasting artificial light, by getting up and going to bed unnaturally late" (Alvarez 14).

argues that "advances in lighting technology were a response" to the change in people's attitudes about night "rather than a primary cause" (135).

Whether lighting technology during the seventeenth and eighteenth centuries was a response to changing attitudes about night and sleep or vice versa, what is apparent is that, once men and women began staying awake later, they gradually turned away from their ancient practices of sleeping *twice* per night: "We became monophasic, sleeping in a single, consistent block just once in 24 hours" (Forna par. 11), instead of sleeping in two long blocks of time during the dark night, interrupted by a calm and reflective period of "quiet wakefulness" as was common up through the eighteenth century (Ekirch 300).[3] Put most simply, monophasic sleepers have to be quick, compact sleepers. All sleep disorders aside, monophasic sleepers of today, whom fiction author Aminatta Forna calls "the scheduled sleepers of the West" (par. 14), regularly fail to get enough sleep during the single block they have set aside for it. Either we do not make enough time, or our bodies simply refuse to snooze on schedule, if at all.

History shows us that, by the late Victorian era, it is likely that most adult inhabitants of cities were "scheduled sleepers." When Thomas Edison unveiled his new electric light bulb at the Paris Exposition in 1881, "Edison changed the way we sleep in ways that could scarcely have been imagined" (Forna par. 11). These changes are more far-reaching in terms of their impact on sleep than those brought about by lesser light sources, such as the candle or rush light. The literature of this period demonstrates that late Victorians under the influence of electric city light had trouble meeting their biological needs of adequate rest and rejuvenation. Again, we point to the change in the utilization of the night hours as the culprit for this loss of sleep. Bram Stoker's *Dracula*

(1897) epitomizes a social change that was compelled by advances in technology, by exposing the late Victorian mindset that night is a useful space and time, and sleep is only one of the many options for filling it.

Night in *Dracula* exemplifies the paradoxes of the modern age that worked to turn night into day. When Bram Stoker published the novel, large urban cities were in the middle of an explosion of night life; the opportunity for people to be more active at night, in addition to the increase in bright lights in the city, affected both the quality and quantity of sleep of their residents. In my analysis of the clash between light and night and its relationship to sleep in both the novel and the late Victorian era, what comes out foremost is that Stoker sees both day and night as useful environments of work and energy. Thus the victors in the battle between humans and vampires, ultimately, are the beings that can control and utilize both day and night—not just one or the other—to their full extent, fashioning them both into productive stretches of time. Vampires and humans sleep in their own ways—traditionally, humans sleep at night and vampires sleep during daylight—and periods of both night and day sleep impose an inevitable vulnerability on the sleepers. Consequently, in *Dracula* and Victorian fiction in general, one of the key determinants of power and powerlessness is in the way the body rejects or succumbs to the instincts of sleep.

This chapter takes *Dracula* as its literary focus in the context of two critical objectives: first, to analyze the late nineteenth-century social and medical opinions surrounding new technological advances in artificial lighting, specifically street lighting, in order to ascertain the significance of light's apparent effect on Victorians' sleep patterns and sleep quality; second, to question Stoker's repeated use of the in-between

state between sleeping and waking (coined "hypnagogia" in recent sleep science[4]), which likens the liminal condition of the victim to that of the vampire: the former is suspended between varying forms of consciousness, while the latter is suspended between states of living and dead. These two separate objectives overlap where I underline the key ways in which Stoker writes men as both strong and weak in their resistance to sleep, and the women as reliant upon the sleep deprivation of men for health and life. Stoker's novel displays the paradox that the only healthy lifestyle is one of rich, deep, and indulgent sleep, though the only way to fight evil and protect the self is to become a child of the night and beat Dracula in his own environment.

I. Exploding the Binaries and Using the Night

Scholarly criticism of *Dracula* tells us as much about the interests and proclivities of our own present age and the changing tides of academe as it tells about the novel (Wil. Hughes 1).[5] Throughout the mid- to late-twentieth century, and now in the twenty-first century, *Dracula* has attracted a wide spectrum of criticism in the fields of psychoanalysis, sexual identity, and gender studies. Additionally, the past thirty years of *Dracula* criticism have burgeoned with increased interest in racial and political analyses, and also in the related fields of Irish Studies and empire, explored through the lenses of colonial and postcolonial theoretic discourse. As a number of bibliographers of criticism on *Dracula* have demonstrated,[6] scholarship on the novel tends to revolve around

[4] The term hypnagogia is derived from the Greek *hypnos* (meaning sleep) and *agogeus* (meaning conductor or leader), bringing us to the idea of the period in which our bodies are *leading into* sleep (Mavromatis 3).
[5] Sharon A. Russell, James Craig Holte, and Mary Pharr, in seeming agreement with William Hughes, write in their bibliography of vampire fiction and criticism that "vampire scholarship is as diverse as the mythology it studies" (261).
[6] See, for example, Wil. Hughes, Lynch, and Senf *Critical Response.*

dualities and binaries of literary themes, sexualities, national spaces, or stereotypes or groupings of characters.

With the exception of the more biographical readings of Stoker and his work, it is difficult to find criticism that does not argue in some fashion or another that *Dracula* is a tale of the collision between worlds and worldviews. And this is a line of reasoning I subscribe to, for *Dracula* certainly can be read as the liminal ground (or even the volatile point of impact, in some regards) between science and religion, medicine and folklore, monstrous and ordinary, heterosexual and homosexual drives, gender roles and inverted sexualities, Old World and New World lifestyles, East and West, the Angel in the House and the New Woman, and Catholic and Protestant, to name only a handful of the opposing binaries that are rampant in the novel and its criticism. The explosion of these binarisms in *fin-de-siècle* fiction lends "monstrosities" to the monsters in that it blurs the radical extremes into turbulent liminal spaces. Kelly Hurley explains this logic in *The Gothic Body* (1996), saying, "the monstrosities of the *fin-de-siècle* Gothic are monstrous precisely because of their liminality. To be Undead, to be simultaneously human and animal, to shift from one sexed identity to another, is to explode crucial binarisms that lie at the foundations of human identity" (24-5). While these polarized points of departure within the current literature on *Dracula* have their limits, critical examination of binaries and their so-called explosions can, indeed, be useful. For example, in relation to Victorian novels that shape the era's cultural understanding of sleep and sleeplessness, I argue within this paradigm that *Dracula* embodies the clash between day and night, or, more specifically, *light* and night.

In a manner reminiscent of *The Woman in White* by Wilkie Collins, Stoker's *Dracula* is pieced together from texts such as diary entries or letters that his characters write, typewrite, or record, and quite often at night.[7] If an exciting or notable event occurs during the night, its narrative is written by a character early the next morning. But because much of the action of the novel occurs during the day, much of it is narrated that night—often late into the night—before the characters go to bed or after they discover they cannot sleep. For example, Jonathan Harker expresses his unwillingness to try to stay in bed if he cannot sleep, and writes in his diary on 8 May, one of many occasions in which he discusses his sleep, "I only slept a few hours when I went to bed, and feeling that I could not sleep any more, got up" (32). In almost every one of Harker's diary entries during his time at Castle Dracula, Stoker inserts clues to show that Harker's sleep schedule and his quality of sleep suffer from nerves and fear.

At times, the characters seem to take cues verbatim from the journal of Collins's Marian Halcombe, trying to write themselves *into* sleep.[8] Harker writes early during his stay at the castle, "I am not sleepy…naturally I write till sleep comes" (11-12). Similarly, on 25 May, Dr. John Seward's phonograph records his despondency after Lucy Westenra rejects his proposal of marriage, "Cannot eat, cannot rest, so diary instead" (68). Again, after an exciting night of recapturing the escaped asylum patient Renfield, Dr. Seward tells his phonograph recorder, "I was too excited to sleep, but this diary has quieted me, and I feel I shall get some sleep tonight" (113). A third time, after a night spent in the

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[7] William Hughes tells us that *Dracula* and *The Woman in White* were "favourably compared" to one another (1). However, David Glover compares *Dracula* to *The Moonstone*, instead of *The Woman in White*, saying that Stoker "draws heavily upon the legal narratives associated with Wilkie Collins, whose book *The Moonstone* (1868) imagined the novel as a collection of depositions" (qtd. in Hughes 223). Collins' wide oeuvre, in general, seems to have made a significant and noticeable impact on Stoker's fiction.

[8] See previous chapter of dissertation (pgs. 125-126) for more on this theme.

Hampstead Heath cemetery with Van Helsing, he writes, on 26 September, "I cannot sleep, so I make this entry" (213). Mina Murray (later Mina Harker), troubled by Lucy and her sleepwalking problems, is another character who turns to her diary for comfort at night: "*11 August, 3 a.m.* – Diary again. No sleep now, so I may as well write. I am too agitated to sleep" (100). Again, on 29 September, Mina records, "I am not sleepy, and the work will help to keep me quiet" (239). During the characters' later travels in search of the Count, Mina, much like her literary predecessor Marian, continues working long into the night, looking for a clue that will help the humans grow stronger as a team against Dracula. But unlike Marian, instead of writing herself into a fever with the heavy and frenetic scribbling hand, Mina typewrites with ease, "*30 October, evening.* – I feel so grateful to the man who invented the 'Traveller's' typewriter…Whilst [the men] are resting, I shall go over all [the manuscripts] carefully, and perhaps I may arrive at some conclusion" (372-3). Stoker uses night, anxiety, and the inability or unwillingness to sleep as thematic devices to rationalize his characters' creation of text, as Collins does in *The Woman in White*. But, specifically, *Dracula* underlines the characters' (and most likely the author's) belief that nighttime is a fully-usable time for work. Van Helsing perhaps explains this mindset best, that "the hours of the day and night are ours equally…and we are free to use them" (254).

In the mid- to late-nineteenth-century novels that I have taken as the focus of this dissertation, anxiety and fear of loss are often the major determinants of nighttime wakefulness. For example, in *Jane Eyre* and *The Woman in White*, the female characters engage in self-inflicted sleep-deprivation that—they believe—will protect them against danger or at least provide them with the agency to see danger coming. Rather than

relying on anxiety and fear as the leading causes for wakefulness in his novel, Stoker instead treats night as a productive space for human work and problem-solving. Stoker shows that sleep is a common behavior during night for humans,[9] but his characters rarely can afford to make sleep a priority. Also, if characters do try to sleep and are not able to, the available technology provides an excuse for them to stop trying: they get out of bed and write, reflect, practice medicine, and have meaningful conversations. Night is the realm of the vampire, and it has been treated that way in criticism and symbolic readings of the text; still, it is not *untrue* that night is also the realm of the modern British citizen after the institutionalization of artificial light. If Stoker implies that night is the realm of the vampire, then he also implies that late Victorians share that realm.

Certainly, the Undead are all-powerful at night, being able to see in the dark, shape-change, and appear and reappear at will through naturalistic mechanisms of shadows and mist. However, technology and a willingness to dismiss one's body's need for sleep makes night-living a viable option for humans, too, and—in the middle of the crisis of good versus evil in *Dracula*—humans choose to use the night as a tool for fighting the vampire race. Stoker demonstrates that night is the *only* space in which the vampire has agency; while, to the human, "the hours of the day and night are ours equally," Van Helsing rightly argues (254). But they are only "ours equally" if we have the technology and desire to use them. Otherwise, circadian rhythms predispose us to fall asleep. Stoker's *Dracula*, then, is a critique of the modern age that turns humans, in a sense, into vampires, leeching out of the night a nocturnal agency that is not natural to the human species. Instead of satiating themselves on human blood, they gorge on the light

[9] Paul Martin bases much of his argument in *Counting Sheep* on the idea that sleeping is a behavior just like eating, drinking, having sex, etc. (3).

that extends the day into night, making night functional to the point where it no longer holds mystery, essentially diminishing Victorian sleep to inadequate amounts.

II. Chasing the Light in Transylvania and England

The undead vampire of Stoker's novel is often treated in criticism as the force of Old World superstitions and mythology crashing into the modern, up-to-date economy of 1890s London,[10] but, ironically, Dracula and his lady vampires disrupt, stun, and illuminate the night in much the same way as the new innovations in lighting. One night at Castle Dracula in Transylvania, Harker falls under the spell of the dancing light created by vampire energy:

> there were some quaint little specks floating in the rays of the moonlight. They were like the tiniest grains of dust, and they whirled round and gathered in clusters in a nebulous sort of way. I watched them with a sense of soothing, and a sort of calm stole over me…the floating moats of dust…danced in the moonlight. …. I was becoming hypnotised! …. And then I started, broad awake and in full possession of my senses, and ran screaming from the place. (52-3)

Through the ability to stun and bewilder by means of illumination, the vampire's spiritual power works as a technology of its own. But it is a technology that can only be turned on at night. Similar to the measurement of electric light of the 1890s, the assessment of the vampire's strength can only be measured after sundown.

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[10] Glover's *Vampires, Mummies, and Liberals* is one of many useful critical debates on *Dracula* that discuss the radical polarization past and present. He writes, "In Stoker's work the twin poles of past and present make their appearance through a strangely paradoxical and crucially modern trope, that of the spectator forced to confront a horror whose very existence seems to compromise any possibility of securing the line between the modern and the premodern" (Glover 58). It is this insecurity of the "line" that creates tension within the plot of most Victorian Gothic texts. For more readings contrasting an atavistic, "primitive" Dracula with the "up to date" human vampire hunters, see Carol Senf (*Science* 18) and Stephen Arata (120).

Harker's transfixion with light—really, the way he feasts on light—is a theme contemporary audiences may have shared. Historians tell of the "rapture with which many people greeted their first sight of electric light": only four months after Edison's demonstration of the light bulb, one small town set up "four 3000 candlepower arc lights on the courthouse," which "attracted 10,000 visitors to the small town" (McQuire 1).[11] The newspaper reported the crowd's reaction: "People stood overwhelmed in awe, *as if in the presence of the supernatural*. The strange weird light exceeded in power only by the sun, rendered the square as light as midday" (qtd. in McQuire 1; italics mine). David B. Morris, in "Light as Environment: Medicine, Health, and Values," writes that Victorian lovers of light were not only awe-struck by the brightness, as this example shows, but also "dazzled by [their] new ability to mass-produce it," as gas in the 1820s and later the light bulb in the 1880s replaced the "ancient, flickering, smoky glow" of antiquated technology (9).

While contemporary audiences may have shared Harker's occupation with light, in Stoker's novel, the human characters' shared interest in light is certain. Harker, Mina, and Lucy all experience Dracula's creation of supernatural light. The vampiric dance of light hypnotizes and dazzles Lucy shortly before she dies. On the night of her worst encounter with Dracula, whom she does not know is consuming her blood each night, she fears the sounds coming from outside the window and thus "determine[s] to keep awake…determine[s] not to go to sleep" (153). All at once, a violent wolf flies through her bedroom window, causing Lucy's mother to shriek and then die in immediate cardiac

[11] To compare, Otter says, "By 1907, London gas companies were obliged to deliver illumination of between fourteen and sixteen candlepower" (162).

failure. Lucy writes the account of the night as a last memorandum on paper, feeling certain that she, too, is about to die:

> The room and all round seemed to spin round. I kept my eyes fixed on the window…and a whole myriad of little specks seems to come blowing in through the broken window, and wheeling and circling round like the pillar of dust that travellers describe when there is a simoon in the desert. I tried to stir, but there was some spell upon me, …and I remembered no more for a while.
>
> The time did not seem long, but very, very awful, till I recovered consciousness again. […] The air seems full of specks, floating and circling in the draught from the window, and the lights burn blue and dim. (154-5)

Lucy's description of the "little specks" of light as a cloud of desert dust, and of the room that "seemed to spin around," gives the impression that Lucy feels uprooted and disoriented in the presence of the Undead. Dracula imposes upon the bedroom not only what reads as a light event but, seemingly, also a weather event. Lucy's bedroom is filled with specks of radiance that are "floating and circling" in the "draught from the window." Tellingly, the lights that originate with Dracula are stronger than the lamps of Lucy's bedroom, whose "lights burn blue and dim" in the chaos of the supernatural light show. She has an indefinite sense of time while under the spell ("The time did not seem long…till I recovered consciousness again" [154]), but, as she writes, in contrast to the light which "sooth[ed]" Harker, the sensation was "very, very awful" (52, 154). Lucy's description of her trance as "awful" could be a play of words on the positive idea of being

in "awe," as well as the negative and more modern definition of the word, meaning "terrible." What she is really saying is that she was in awe, and the inability to control her consciousness was terrible. While she is unconscious, Dracula steals upon her—in at least one of his multiplicitous forms of animal, light, and man—and sucks her blood. In contrast to this scene in the young lady's bedroom in England, at Castle Dracula, Harker is able to escape the vampire light, which swirls and dances around him, in the way that Lucy, in her weakness and shock, cannot escape. He saves himself by snapping out of the hypnotic trance in time to flee the moonlit room.

Harker never realizes that he is under not only one, but two spells of light in the castle. He flees to a room "where there was no moonlight," but, instead, "where the lamp was burning brightly" (53). Harker does not seek solace in sleep once he is in his room; in the place of sleep, he writes in his diary of Dracula, "What shall I do? What can I do? How can I escape from this dreadful thing of night, gloom, and fear?" (54). In the space of only a few pages, Harker equates the vampire to two seemingly opposite phenomena: dancing "specks" of "moonlight" and a "dreadful thing of night" and "gloom." Though he understands the threat of light derived from vampiric supernatural power, he cannot abandon the social and moral stigma that connects evil to darkness.[12] Thus he continues to seek light, and "bright" light at that (53). Harker's late-Victorian and urban dependence on light at night actually puts him in a vulnerable situation, one in which he cannot control his appetite for illumination, supernatural or otherwise.

Harker's hunger for light resembles the same hunger for the development and increase of night light applauded by late-nineteenth-century Britons. Stoker makes wide use out of Harker's obsession with light throughout the first section of the book before

[12] See Chapter 3 of this dissertation for a thorough analysis of the stigma of darkness.

Harker returns to the well-lit city. Harker's disappointment in the dimness of the head-lamps of the foreign stagecoaches speaks not only to his familiarity with a stronger source of light from London carriages, but also to the eerie darkness of the stereotypical gothic landscape and mountainous terrain. The first time he sees the Count at his castle, Dracula has "no speck of colour about him anywhere" (22). This lack of "colour" is actually a lack of light, for Dracula is "clad in black from head to foot" (22). The stark blackness appears in contrast to the shadowy light from Dracula's "antique silver lamp," which seizes Harker's attention immediately (22). The lamp perplexes him with its old-fashioned mechanisms and the "flame [which] burn[s] without a chimney or globe of any kind," thus "throwing long quivering shadows" (22). He follows Dracula's movements with his body, but with his eyes he follows the movement of the lamp, which Dracula attaches "on a bracket on the wall" on the ground floor (23). Stoker includes this information, I would argue, because it informs the reader that Harker must travel up the stairs to his room for the first time without light. Harker "rejoice[s] to see…a well-lit room" upstairs and "a great fire of logs, freshly replenished, flamed and flared" (23). Again, he must cross through an unfortunately dim hall, Harker notes, "lit by a single lamp," before he reaches his bedroom, which is a "welcome sight" *because* it is "well lighted and warmed with another log fire" (23). He specifies that the "light and warmth" and the Count's welcome "dissipated all [his] doubts and fears," and that the bright room helps him "reach…[his] normal state" of mentality (23). Though these passing details of light, brightness, and various types and sizes of fires and lamps are easily lost amid the other details of gothic architecture, landscape, and the unique characterization of Count Dracula, it is clear to see that Harker's frame of mind throughout the entire opening of

the novel verily depends on his quality of sight in the dark, which in turn, depends on the brightness and medium of the light.

Harker's infatuation with light carries even greater significance when compared to other infatuations in the novel. For example, the vampiric obsession with blood that is most obvious to readers appears in strength similar to the humans' obsession with light. At one point, Dracula unintentionally sneaks up on Harker while he is shaving, who does not see Dracula because, strangely, "there was no reflection of him in the mirror!" (32). Harker, startled by the unexpected appearance of Dracula behind him "cut [himself] slightly" with his razor, "and the blood was trickling over [his] chin" (32-3). Harker's diary recounts Dracula's reaction to the swelling beads of blood on his face, "When the Count saw my face, his eyes blazed with a sort of demoniac fury, and he suddenly made a grab at my throat" (33). Harker describes the blaze in the Count's eyes, which is a type of illumination in its own right, appearing out of the impulse of desire. He wants the blood so badly that he even makes a "grab" for it. Earlier, when Harker discovered his room was well-lit, he "rejoiced to see" it because his desire for light was so forceful, and he continually ran back to his room in its sanctity throughout his stay at Castle Dracula. We could say that Harker keeps grabbing at the light, trying to acquire its calming incandescence. The text demonstrates that human and vampiric obsessions are likely to be similar in potency. Nevertheless, Dracula's desire for and vision of blood (which, ideally, would satiate his desire) creates no rejoicing; instead, he bursts out with "demoniac fury." Stoker contrasts Harker's appetite for light with Dracula's appetite for blood not in the potency of the craving, but in the emotion that the craving arouses.

The tone of Stoker's novel swings on a metaphorical pendulum between scenes of artificial light and the darkness of night, and the characters persist in seeking light in order to make night a usable, safe space—a space in which they actively delay sleep until daytime. Dracula's vampiric instincts to sleep during day instead of night force Harker to adopt a nocturnal schedule in order to prevent offending his host by not visiting with him at night ("for I felt under obligation to meet my host's wishes in every way" [31]). Harker's shift to daytime sleep triggers within him a lethargy and disorientation during the daytime to which he is not accustomed, what we might call a Victorian "jet lag" from West to East, which further diminishes his control over his surroundings in the haunted castle. What is key is that Harker does not fully adopt a nocturnal lifestyle. He wakes during much of the day and night, sleeping only from dawn until afternoon, thus he takes on the psychological and physiological pressures of both daytime and nighttime living, and his body receives neither the quantity nor the quality of sleep it needs. Harker appears to be caught in the paradox of what it meant to be a British citizen in the 1890s. Modernity has trained him to hunger wildly—bringing him at times to the brink of panic—for illumination, but the ancient and evolutionary circadian rhythms of his body continue to trigger the impulse to sleep at night and wake during the day. In the following few sections of this chapter, I look closely at sleep in *Dracula* in the context of historical and medical commentary on the relationship between sleep and light in the late nineteenth century.

III. Light as a Drug: the Circadian Rhythms of Civilization

Artificial electric light brought about changes in world civilization, industry, and sleep that could not be reversed. Only five years after the publication of *Dracula*, in his

1902 work, *Public Lighting by Gas and Electricity*, chemist William Dibdin professed that "modern civilization" had "to so large an extent turned night into day" that, "without it the whole scheme of present day society would at once fall to the ground" (qtd. in Otter 1). The civilized world had become so dependent on light at night that it would seemingly crumble were it to be taken away. Noting light's impact on history, Chris Otter, author of *Victorian Eye: A Political History of Light and Vision in Britain, 1800-1910* (2008), argues that scholars of the cultural history of Western modernity almost necessarily have to take illumination as their subject, for the making of night into day is so integral to modernity and technological advancement that the story cannot be told without it (2). "At its crudest, but also most powerful," Otter argues, "the European past is dark and gloomy, and its historical present, formed over the nineteenth century, is glittering and radiant" (2). Scott McQuire agrees, that at the end of the century in which Mary Shelley's Dr. Frankenstein employed electricity to create a universal life force, "the prospect of widespread electrification literally dazzled the world, inspiring entrepreneurs, artists and revolutionaries alike with visions of an irresistible electrical future" (par. 1). Otter sees this "widespread electrification" as an active undoing of the past, thus depicting the night as having been "conquered, colonized, divested of mystery" (2), but he stops short of connecting this seemingly violent erasure of night to the change in our sleep.

To be fair, *Dracula* stops short of this verdict as well. At least explicitly, Stoker never discusses the relationship between London lights and technology and the characters' decision to stay awake long into the night. Still, Stoker's symbolic use of light and dark in relation to his vampire is arguably a positive comment on new

technology by means of employing the age-old symbolism of light and darkness. In *Dracula*, darkness is no longer synonymous with night. Dracula's night is invaded by artificial light, which aids humans in invading his metaphorical and physical space, both nighttime and his lairs of sacred earth. Dracula also invades night with his own supernatural light, as I will discuss further below, which adds weight to Anne Stiles' statement that "vampires continued to be associated with the science and technology" of *fin-de-siècle* Britain rather than only thought of as atavistic in contrast to the human vampire hunters (132).

There is agreement in the literature of sleep science that the advent of the light bulb permanently changed the course of the history of human sleep.[13] Chief and Director of Sleep Medicine at Brigham and Women's Hospital in Boston, chronobiologist Dr. Charles A. Czeisler makes the claim that "Every time we turn on a light, we are inadvertently taking a drug that somehow affects how we will sleep" (qtd. in Ekirch 304).[14] According to Ekirch, the North American and European addiction to this "drug" of artificial lighting (not only electric, but also gas lighting) became especially noticeable in the eighteenth and nineteenth centuries: "No previous time in Western history experienced such a sustained assault upon the nocturnal realm as did the period from 1730 to 1830" (324). With each transition from fire and candles to oil lamps, gas lamps, and then to electric lighting,[15] human sleep cycles began to resemble nature's cycles of day and night less and less.

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[13] Light at night also affects the sleep of animals and entire ecosystems (Dewdney 102-6).
[14] Chronobiology is the study of internal biological clocks, specifically looking at how time affects the body. Chronobiologists in the field of sleep science look at circadian rhythms and patterns of solar and lunar energy to analyze the body's response to cyclical change.
[15] Otter notes the tedium in recounting every innovation in illumination technology between 1870 and 1910, but lists the most significant as "acetylene, the regenerative gas lamp, the gas mantle, the Jablochkoff

Men and women stayed up later for both "pleasure and profit," a "transformation in urban life" so complete that Ekirch claims its importance would be "difficult to exaggerate" (324). One writer in an 1880 issue of *Electrician* tried to temper readers' excitement about street lights in order to show that more light at night only meant less privacy: he wrote, "To light a whole city with a huge electrical sun is a great scientific achievement; but it is not the sort of light that anybody wants" (qtd. in Otter 9). On the contrary, the vigor with which industrial cities collectively pursued street light seems to prove this statement false. Rather than dwelling on the inevitable loss of nighttime privacy (meaning, the more we can see others, the more others can see us), they thought of it in terms of acquiring control. For example, according to McQuire, a wide dissemination of the light from "electricity was seen as the key to achieving a new level of control over the lived environment" (par. 5). Victorians had sought a similar control in their streets with gas lamps about six decades earlier. "By 1823," Ekirch tells us, "nearly forty thousand [gas] lamps lit more than two hundred miles of London's streets" (331). J. Ewing Ritchie's *The Night Side of London* (1856) quantifies the city's mid-century use of gas as much greater: "London contains 1900 miles of gas pipes, with a capital of nearly £4,000,000 spent in the preparation of gas. The cost of gas-lighting is half a million. It has 360,000 lights; and 13,000,000 cubic feet of gas are burnt every night" (7). By 1895, the main thoroughfares of London (about 13 miles) are lit with electricity (Otter 245).[16]

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candle, the arc light, and the incandescent electric bulb, not to mention many novel forms of oil lamp" (173).

[16] At the same time Stoker was writing Dracula, from the period of his first sketches of storyline in the early 1890s to the published manuscript of May 1897, the city of London went through noticeable changes as it attempted to make night as viable an environment for work and leisure as the day. The move from gas to electricity was neither immediate nor without great cost and controversy. Otter claims, "There was nothing inevitable about electric light's eventual salience: indeed, electric light often seemed simply to have stimulated the gas industry to vastly improve its service," and gas was also more affordable (177, 182). He explains, for this reason, that domestic spaces were some of the last to be lit by electricity.

And by the end of the 1800s, though gas lights continue to be used for much lighting on into the twentieth century,[17] electric lights illuminate these same streets, already having been introduced to factories and warehouses in order to extend the work day.

This is not to imply that the lighting of the urban environment of 1890s London—with its opulent neighborhoods of wealth, its crowded slums of poverty, and the multitudes of socio-economic strata in between—is consistent throughout the city. Beyond *Dracula*, other *fin-de-siècle* novels depict the impoverished areas as labyrinths of decay and crime at least in part because of inconsistent lighting. Stoker would have been familiar with varying intensities of city lighting, and possibly even familiar with novels such as Robert Louis Stevenson's *Dr. Jekyll and Mr. Hyde* (1886) and Richard Marsh's *The Beetle* (1897) that characterize certain neighborhoods as badly-lit. These neighborhoods in the literature are stigmatized and suspect of lacking moral value. Stevenson paints with words an image of a brown, nightmarish city, spotty in its lighting, but a city that nonetheless uses light "to combat this mournful reinvasion of darkness" (23). According to Stevenson, darkness *re*-invades Soho each night, as if possessing ownership over the neighborhood, and the "lamps, which had never been extinguished or had been kindled afresh" must wage nightly war against the pressing darkness (23). Marsh's first-person narrator recalls one such neighborhood in the metropolis, "The neighborhood was badly lighted. It was one in which I was a stranger…In the darkness

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Britons, particularly rural citizens, of the late-nineteenth-century *Dracula*-era "still relied largely on oil lamps and candles" for their inside illumination, while outdoor thoroughfares and indoor places of business in urban areas (like factories and department stores) had already updated their sources of power (8). Although electric lights covered the city of London before the turn of the century (Otter 245), characters in *Dracula* would have been conceived by Stoker to be using oil or gas lamps, most likely, when they were working and writing at night. However, their outdoor nighttime excursions in London, at least through the major thoroughfares, would have been lit by gas or electric arc street lamps.

[17] One of the reasons for the continued use of gas was expense: "Electric light of all kinds would remain more expensive than gas until the development of the National Grid (1926-38)" (Otter 182).

and the rain…I seemed to be leaving civilization behind me" (446). The implication that civilization held the light was a widely acknowledged view in the late-Victorian era. Kelly Hurley explains in *The Gothic Body* that writings by men such as journalist George R. Sims and urban missionary William Booth furthered the idea of a contrast between the dark way of life of the poor and the enlightened (and *in light*-ened) way of the middle- and upper-classes. For example, Booth's *In Darkest England and the Way Out* (1890) compares the "darkest" part of the empire, being Africa, to the slums and physically and morally diseased areas of London (Hurley 161). Sims likewise compares the slums to the "dark" outskirts of the colonies, by "record[ing] the result of a journey into a region which lies at our own doors—into a dark continent that is within easy walking distance of the General Post Office" (qtd. in Hurley 161). The contrast between light and darkness in the city and in the empire, in both fiction and non-fiction of the era, deepens the connection between the symbolic implications of these themes in *Dracula*.

If late nineteenth-century Londoners did not see civilization as equivalent to light, then they at least saw a *more* civilized world as derivative of modernity and the industrial revolution which brought power to the city and to the realm of the queen. Says Jack Lynch, author of *Critical Insights: Dracula* (2010), "…readers of Stoker's original text can hardly miss its setting at the end of the nineteenth century. Newfangled technology is highlighted on nearly every page; the novel thrusts its modernity in readers' faces" (9). And, I would argue, the novel thrusts its environment of artificial light in readers' faces. Citizens of London *wanted* light (and all the moral and intellectual connotations that come with it), as do the human characters of the novel. Therefore, they let themselves be mesmerized by its power. City builders and architects worked to incorporate more

options for artificial light into their plans for that reason. Cityscapes changed both in design and function with the new lights, and city architects in Europe and the United States built with a new conception of night in mind. Says McQuire,

> This fusion of light and movement rapidly became a hallmark of the modern city, establishing a spatiality which is both exhilarating and potentially disorienting to its inhabitants. What emerges for the first time is an *other* city, an oneiric city which exists only at night and whose dream forms have only tenuous connections to the prosaic spaces of the waking day. (par. 11)

The *otherness* of the night city evoked by McQuire is one that demands its inhabitants to be citizens of both cities—both the night and the day cities—in order to feel fully alive as a participant in the energy of modernity. As artificial light grew each year in power and spectacle, the likelihood of its onlookers turning away and going to bed early at night diminished in turn. In *Dracula*, Stoker illustrates a similar spectacle, "exhilarating and potentially disorienting," as McQuire says of modern lights, through his vampire's power over his potential victims.

IV. Light's Effect on Sleep: Medical Opinions

Medical practitioners at the turn of the century did not shy away from voicing their opinions about how the speed of life in the new technological age of electric light was hurting the quality and quantity of sleep; primarily, physicians noted that light at night increased expectations of work and production, which thus led to lifestyles of high tension and an increased risk for illness or disease. Throughout the 1890s up to WWI, medical and health-related periodicals published a number of articles on sleep,

sleeplessness, insomnia, and the dangers of modernity. Periodicals ranging from highly-regarded scholarly journals, such as *The British Medical Journal* (*BMJ*), to less scientific periodicals of domestic medicine with pieces aimed directly at women, such as the American publication *Health*, share similar concerns about sleep despite their clear differences in audience. One of the shared concerns is people's tendency to overwork and not let themselves take time off from work and responsibility. For example, *BMJ*'s "Sleeplessness," published in 1894, argues, "The hurry and excitement of modern life is quite correctly held to be responsible for much of the insomnia of which we hear" (719). The author prescribes not medicine, but a *holiday* to sufferers. This insight was repeated by *Health* columnist Columbia P. Wood, who advocated in 1903 for what reads as seeming litany of rest and pleasure in order to live a long, healthy life: "A natural life—a season of rest—less work—more play—more sleep" (230). This "play" needs to occur during the day, though; staying awake at all hours of the night contradicts the fundamental rules of the "natural life."

Even evangelical Christians involved themselves in the seeking of more rest. In April 1858, *The Times* reported the minutes of the most recent meeting of "The Lord's-Day Rest Association," at which a spokesman "urged…the necessity of a strict observance of the Lord's Day," if not to "safeguard against moral degradation, misery, and ruin," then to increase the comfort of the exhausted, which would "benefit…the poorer classes especially" ("The Lord's-Day Rest" par. 1). Mabel Gifford's 1903 piece in *Health*, "The Vestibule of Life—Sleep," acknowledges that the "Lord's Day" has been done away with in modern times, though she does not urge the public to reinstate their seventh day of rest as did the Lord's Day Rest Association. Instead, she argues that this

specific eradication of a day of rest makes each night's sleep even more important: "Sleep is needed *because* we do not keep God's Sabbaths….We do not even turn at stated times from the busy, anxious and external life" (Gifford 419; italics mine). Gifford implores her readers to seek higher spiritual planes through the reintegration of rest into their daily and weekly lives, for "This is the way called Straight, and the door is silence and sleep" (420).

The periodicals of the day also attempt to undermine the claim that advances in technology allow people more time to sleep. "Sleep," published by *BMJ* in 1906, claims "Historically…it is probably incorrect to suggest that the man of the twentieth century sleeps longer than his forefathers; on the contrary, it is reasonable to assume that he sleeps less" (380). The author of this piece equates diminished sleep directly to electricity:

> For in the days when …the electric light was not, and the tallow dip made the darkness deeper, there were fewer temptations to prolong day into the night, and vast numbers of the population habitually adapted their hours of rest to the rising and setting of the sun; and thus in the long run, year in and out, they probably got a good deal more rest than do any of us nowadays. Nor was there any particular reason why they should not do so, for life moved more easily. ("Sleep" 380)

Still, when he implores his readers, "Let us sleep, therefore, as much as we can," it is not out of a nostalgic bent for days gone by, but out of a thirst for the replenishment of spent energy, so that "we may do the best work it is in us to perform" during waking hours

("Sleep" 380).[18] Even those who preach the need for more sleep do so in thinking of it as a means to an end: the idea behind this publication is that sleeping the appropriate amount allows humans to be more productive and efficient at work.

With the understanding that people were sleeping less than they used to, "The Afternoon Nap," published by *BMJ* in 1893, sought to remove the connotation of sloth or laziness in relation to the nap, particularly since literary and scholarly men "who cannot or will not work by day, work by night" and need to nap in the afternoon (810). The author warns, nonetheless, that the best rule of thumb in attaining a high quality of sleep is to sleep at night because "the value of morning sleep *is less than* of sleep by night; it is lighter, and more open to disturbances" ("The Afternoon Nap" 810; italics mine). Henry I. Drum in 1911 reiterates this idea with his dictum that "Night is the time for sleep" (87). He reasons, as "All nature awakes with the rising sun," so should we (87). One year earlier, W. R. Gilbert made the claim in his 1910 article in *Health*, "Nature's Sweet Restorer," that "the value of sleep is not only better understood to-day" because people sleep less and miss its consolations, "but [the value] is enhanced by the character of the changes that have taken place in social life," namely the impact of technology on the higher expectations of production and consumption of goods and services (27). There is no wonder, then, that Charles A. Tyrell exclaims "Sleeplessness!" in a 1912 editorial containing his declaration that "If there is anything more distressing to be endured [than sleeplessness] it has yet to be discovered" (31). And this modern type of sleeplessness had been going on at least since the late nineteenth century, for *BMJ* author of "The

[18] Matthew Luckiesh, late renowned historian and scientist of visual culture, also discussed light in terms of production and modernity. His 1945 edition of *Light, Vision and Seeing* claims that science reveals a certain level of illumination for "maximum efficiency, safety, comfort and welfare of civilized human beings" (Luckiesh 49).

Treatment of Sleeplessness" says in 1899 "That the drowsy god is hard to woo is the experience of *no small part* of suffering humanity in *this busy age*" (161; italics mine). Contemporary newspaper accounts of nightlife corroborate the medical periodicals' general consensus that complaints of insomnia rose during this period in history.

According to the literature, street lights and disruptive noise go hand in hand, adding an additional hurdle for poor sleepers to overcome. One August 1869 letter to the editor of the *Times* asks, in seeming desperation, "For where and when in this great city, I should like to be told, can anyone secure six hours of undisturbed sleep?" (M. D. 8). The writer deplores the failure of the police to keep the inhabitants of London quiet in the streets during the night: "The night policemen walk tacitly up and down, while every house in a street is being roused by the most abominable noises, without their making the slightest attempt at checking them" (M. D. 8). He throws the term "sleep preventers" at the noise-makers, as if it is an insult (M. D. 8). Notably, the writer correlates his diminishing health to his inability to sleep through the night. "I ask for some chance of at least six hours' quiet sleep out of the 24," he begs, "But such sleep is utterly impossible, in the present state of things, and hence the yearly increasing decay of mental and nervous health" (Quiet 6). To this letter another *Times* reader responds, "there must be something about a quiet place which irresistibly tempts a certain class of people…to make a row" (Quiet 6). He, too, complains that the policemen ignore the "abominable noises," "apparently enjoying…the probable sufferings of all sleeping mortals within ear-shot" (Quiet 6). Three decades later, the nuisance of street noise had not improved. It had probably worsened because, while policemen were still seen as contributing to the problem, they in fact had no control over the problem. The *BMJ* explains in "The

Licence for Noise" (Oct. 1892) that "A policeman was rebuked the other day by a London magistrate for arresting some persons who were brawling and shouting in the streets in the small hours of the morning" (861). The police was told "that there was perfect freedom in England to make as much noise in the streets as anybody liked to make," and, therefore, he has no jurisdiction over the noise that prevents London's inhabitants from enjoying a sound night's sleep (861). While *The Lancet*, in 1897, reports the likelihood of upcoming parliamentary legislation "against totally unnecessary [street] noise" made by newspaper boys, such as the "shout or use of any bell, gong, or noisy instrument in such a manner as to cause nuisance or annoyance to the residents or passengers," the law neither speaks to the noise of nighttime offenders nor attempts to legislate against them (qtd. in "Street Noises" 120). While each era probably has its own "midnight disturber[s] of the peace" ("The Licence" 861), mid- to late-nineteenth-century London seems like a particularly difficult city in which to sleep.

V. Supernatural Light as Technology: Street Light, Vampire Light, and Broken Sleep

As detailed above, medical science warns of the ill effects that arise from ignoring the setting of the sun and staying awake long past dark. We can imagine the changing brightness of the night the Victorians must have noticed as tradition gave way to innovation. Brightness, of course, is relative, and historians such as Otter dutifully remind us that the early lights do not compare in looks or strength to that of modern day lighting (8-9). Still, even early lights lit the darkness in comparison to the black night. Street lights of all kinds, but particularly the electric lights, dispel the possibility of seeing complete darkness after sundown in a city. The brightness of street lights alters the city

inhabitants' natural circadian rhythms and hormonal balances, which increases the potential for disrupted sleep or the prolongation of sleep onset, the length of time it takes someone to fall asleep. Studies throughout the 1980s and 1990s informed us that light suppresses the secretion of melatonin in humans, and even "brief exposure to environmental light" inhibits the secretion of this hormone immediately (Lewy et al. 1268), which disrupts natural circadian rhythms and the chemical balance within the brain that triggers phases of sleep and wakefulness.[19] "One of the biggest changes that led us down the road to widespread sleep debt, was the invention of the light bulb" because artificial light alters our production of melatonin and serotonin which are the "hormones responsible for deep restful sleep" (Devine).

Though it would seem obvious, physicians of today continue to have to tell their patients that they will sleep better in complete darkness rather than partial darkness (Devine; Kim; "How to Achieve").[20] In the twenty-first century, a major culprit of sleep disruption is the brightness of our digital world. Even with the lights off, we never achieve a totally dark bedroom. Every gadget, clock, phone, computer, and electronic device flickers and beeps its green, blue, or red LED lights (short for the aptly named light-emitting diode). In addition to the onslaught of LED eyes blinking at us through the night, it is not uncommon for bright white light to come through blinds from street lights, attracting us to keep our eyes affixed to the brightest area of the room, reminiscent of the way Dracula attracts women's attention to their bedroom windows. Within this setting,

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[19] As expected, indoor artificial light is more difficult to shut out while we are sleeping than outdoor light, which might be a problem if one chooses to sleep in a room with the light or television on. According to Alfred Lewy et al., it has been determined that outdoor light at night is likely to affect the circadian rhythms of animals more so than those of humans (1268), while Charles Czeisler et al. reported that bright indoor light has been observed to "rapidly reset the human circadian pacemaker by about 6 hours" (667).
[20] Not only will they sleep better, they will live in better health. Sleeping in an artificially-lit room (whether by lamp, television, night light, or other source) has been shown in medical studies to increase the chances of heart disease and breast cancer (Viva Sarah Press; Kim; Center for Medical Consumers 1).

light performs as a phenomenon that is aggressive and even sexual. As Richard Dyer writes, "[t]he privacy of the sexual is embodied in one of the set-pieces of the vampire tale—the heroine left by herself at night, the vampire at the window tapping to come in" (56).[21] Bright light is even more aggressive than the vampire who "tap[s] to come in" and cannot do so uninvited. Light penetrates the smallest crack, without human permission or invitation. All of these lights, scientists have determined, pierce through a "light-sensitive layer of the eye," affecting the circadian rhythms that dictate to our brain whether we should sleep or wake (Breus; Lewy 1267).

Londoners in the 1890s, the evidence suggests, slept under a shallower depth of night than their predecessors of only a decade earlier. Indeed, "By 1899," Otter writes, "there was one electric lamp for every City inhabitant" (245). In the 1880s and 90s and continuing until the present, the ever strengthening brightness and numbers of street lights would become not only a reason for city dwellers *not* to go to bed after dark, but also a source of light pollution coming through the windows with the potential to disrupt sleepers in their beds. On one of the nights Dracula drinks Mina's blood, Stoker describes the moonlight as brighter and more piercing than it normally was in the city, for "The moonlight was so bright that through the thick yellow blind the room was light enough to see" (300). Vampire light comes through in the novel as moonlight, mist, white smoke, and glimmering dust, and each of these forms of what we could call "vampire technology" resemble in brightness and intensity the new artificial light of the time period. Arguably, Stoker uses vampire light to connect to his audience's experience with outdoor light pollution. Within this late-nineteenth-century context of the ways in

[21] Stoker depends on this set-piece throughout his novel, and this pattern is now repeated in nearly every modern-day adaptation of vampirism in literature, film, and television.

which the era of *Dracula*'s publication was consumed and obsessed with illumination, one may more easily understand the ways in which Stoker's Count Dracula performs as a technology of lighting that not only stuns and dazzles his prey, but who also wakes people from sleep or near-sleep.

Mina Harker, the novel's "New Woman" who expresses smarts and savvy through her business-world know-how, cannot escape Dracula's power of light even though she knows to be wary of it. Mina typewrites both her husband and Lucy's accounts of hypnotism by means of the dancing specks of vampire light, but—despite Mina's vigilance in keeping record—the knowledge these documents bring to light fails to protect her. One direct cause of this downfall is that Mina's husband and male friends decide not only to isolate her from the fight against Dracula, because she is a woman, but also to abandon her in search of him. After the humans come together as a group to fight Dracula, vowing revenge against the vampire who turned their beloved Lucy into a monster, the male characters "agreed that it was best that" Mina no longer participate (273). "Mrs. Harker is better out of it," since it is the men's job to protect *her*, and therefore the battlefield between good and evil "is no place for a woman" (273). Mina writes in her diary of her sadness that she cannot join the men on their daytime and nighttime expeditions to search for Dracula, "It is so strange to me to be kept in the dark as I am today" (273). She speaks of a metaphorical darkness, but her language signifies the deeper interpretation that, without knowledge, she is without the safety and confidence of illumination that the late Victorians hunger for. She prefers the light of knowledge to the metaphorical darkness of innocence in which the men keep her. The

readers (and Mina) also know that darkness is the time in which vampires can strike, so her wording is significant.

Accordingly, the metaphorical darkness hinders Mina's sleep rather than helps it the way actual, environmental darkness would. Stoker obliges Mina to experience trouble sleeping because she does not fit the Victorian ideals of gender roles that pertain to sleep. Put most simply, sleep holds the feminine connotations of peace and passivity, while wakefulness connotes action and masculine control.[22] Mina admits she "didn't feel sleepy" when she climbed into bed, and "went to bed when the men had gone, simply because they told [her] to" (274). This is not the first time Mina feigns sleep to appease the men. She writes in her diary the previous day, "Manlike, they have told me to go to bed and sleep; as if a woman can sleep when those she loves are in danger!" (258). The adverb "Manlike" delineates what Mina interprets as a patriarchal power over women's sleep; furthermore, it implies not only that men carry jurisdiction over women's sleep, but also that women require more sleep than men.[23] Stoker characterizes Mina in such a way that she simultaneously subverts and succumbs to these gender roles. Mina "lie[s] down" but only "pretend[s] to sleep," which shows her active disobedience of the men's order for her to sleep (258). Conversely, she stays behind and goes to bed against her will while she would rather be fighting Dracula beside the men, with "strength [in numbers] being the best safety" (258). Dennis Foster makes Mina's case, saying, "When

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[22] I acknowledge this statement as an over-generalization in that it seems to stiffen the rigidity of gender roles rather than show them more realistically as unstable entities. I tend to accept Hurley's broader view of gender ideologies, that "while the dominant discourses on gender identity might rely on an understanding of the two sexes in fixed and oppositional relation to one another—masculine activity complementing feminine passivity and so forth—such understandings were in fact broadly contested within the culture, particularly towards the end of the century, when …the "New Woman" emerged increasingly into public controversy" (121).

[23] This implication harks back to the sexist English proverb regarding the amount of sleep necessary for men and women: "Six hours for a man, seven for a woman, and eight for a fool."

Dracula comes to her, Mina is at home and in her bed because the men deemed her too weak to join them in the final pursuit of the monster" (493). Critics do not speak lightly of the men's decision to abandon Mina—a decision which leads to her demise—though they rarely blame Mina for her quiet obedience.

In *Dracula*, though the male characters keep Mina "in the dark" in a metaphorical sense, this darkness fails to help her achieve sleep. Indeed, on the night that Mina is sent to bed against her wishes, she "feel[s] full of devouring anxiety" because of the metaphorical darkness and experiences a racing mind, in that she "ke[eps] thinking over everything" that is happening to her, and "it all seems like a horrible tragedy, with fate pressing on to some destined end" (274). But Stoker shows that Mina would not have been able to sleep even if her mind had been more calm. As we see in *Jane Eyre*, Jane's physiological hyperarousal brings upon her a hyper-sensitivity to the night sounds at Thornfield; likewise, Mina's anxiety for Jonathan and isolation at night show her to be finely tuned into her surroundings. Mina cannot sleep on her night alone because her senses of sound and sight detect too many stimuli within the environment she needs for sound sleep. Roger Broughton, who writes on the period of sleep onset, contributes credibility to Mina's exaggerated sensitivity to light and noise by arguing that the period preceding falling asleep is a "hyperresponsive state," even though, until the mid-1990s, scientists had "largely ignored" the "phenomena" within this transient state (27). Dracula causes each of the manipulations of her sleep environment, such as the "sudden barking of the dogs and a lot of queer sounds, like praying on a very tumultuous scale" (274). The immediate "silence over everything" is more jolting for Mina than the noise, for the "silence [is] so profound that it startle[s her]" into stepping out of bed and over to the

window to investigate the sights and sounds, which pushes sleep further from her mind (274).

Mina recalls that "All was dark and silent," but then contradicts her own memory of complete darkness almost immediately. As Harker's eyes follow Dracula's lamp when he arrives at the castle, so too do Mina's eyes, as if mesmerized, follow "a thin streak of white mist […] cre[eping] with almost imperceptible slowness across the grass towards the house" before she returns to the safety of the bed-space (274). In bed, sleep eludes her yet again, "so I got out and looked out of the window again," arguably to see the light (274). "The mist was spreading, and was now close up to the house, so that I could see it lying thick against the wall, as though it were stealing up to the windows" (274). Mina—"so frightened" first by her isolation, second by sounds of a struggle downstairs, and third by the illuminated mist with its own "vitality" coming towards her through the dark night—"crept into bed" *yet again* "and pulled the clothes over my head, putting my fingers in my ears" (275). Mina's actions of covering her eyes with the blanket and plugging her ears show that the bright sights and loud sounds, orchestrated by Count Dracula, make her environment an impossible one in which to sleep. She repeatedly seeks the comfort and protection of the bed and bed-clothes, but she "was not then a bit sleepy" and sees her bed as what should be a safe, sheltered space, rather than merely a place for sleep (275). Though she does not want to sleep, Mina thinks she falls asleep and, simultaneously, falls into a dream state. Mina never achieves deep, restorative benefits of sleep because she *does not* sleep; the vampire power causes her to misinterpret as dreaming the liminal spaces between sleeping and waking.

In her journal which records her recollections of the night in question—long before she realizes that she was attacked by Dracula that night—Mina cannot distinguish between the waking and sleeping worlds; therefore, she relegates everything she remembers to the dream world of sleep, chiefly because it is the simplest way to justify her memories. She even tries to insert lighthearted moments of musing into the memories ("It is wonderful what tricks our dreams play us") because believing her memories are dreams and tricks of the mind is less disturbing than acknowledging them as real (275). Mina claims she "was not then a bit sleepy" but immediately counters herself to say, "but I must have fallen asleep" and "I thought that I was asleep" "but could still see through my eyelids" (275). Mina believes she dreams, "for, except dreams, I do not remember anything until the morning when Jonathan woke me" (275). In the reality of the narrative and the readers' understanding of the "dream" sequence, Dracula suspends her in his illuminated fog and prevents her from realizing that it is not a dream.

As the streetlight and artificial lamp light stream through the windows of Londoners in 1890s, so too does Dracula penetrate the night space of Mina's bedroom—and not as the darkness of evil, but as *light*. Professor Van Helsing, by this point, has already warned his friends in his broken English of the vampire's ability to fit through cracks: "He become so small, we ourselves saw Miss Lucy, ere she was at peace, slip through a hairbreadth space at the tomb door. He can, when once he find his way, come out from anything or into anything, no matter how close it be bound or even fused up with fire, solder you call it" (255). And Renfield, while confessing his crime of inviting Dracula into Dr. Seward's asylum, says that the vampire "slid into the room through the sash, through it was only open an inch wide—just as the Moon herself has often come in

through the tiniest crack, and has stood before me in all her size and splendour" (298). To get into Mina's room, Dracula uses the "joinings of the door," as even "a hairbreadth space" lets in light (275). Compared to the "gas-light" left on in her bedroom, which she now describes as "dim" and only appearing as a "tiny red spark," Mina sees the presence of new, stronger light that infiltrates her room (275). She describes it looking "like smoke," "with the white energy of boiling water" that grows "thicker and thicker" (275). Within her period of being captivated by the light, "the scriptural words 'a pillar of cloud by day and of fire by night'" come to her—and she has the mental capacity to question the significance of the phrase and the concept of "both the day and the night-guiding" pillar, not understanding that Dracula's power traps her between metaphorical day and night, because he traps her between waking and sleeping (275-6). The red light becomes like "two red eyes" shining "through the fog," like the eyes that Harker and Lucy see during their previous encounters with the vampire, and upon that realization, Mina "must have fainted, for all became black darkness" (276). It is telling that Mina faints out of what she considers to be dream-light into black darkness, because the difference between the two reiterates the contrast between the illuminative power of the vampire, with his "livid white face bending over [Mina]" and the blackness of true unconsciousness (276).

VI. Hypnagogia and *Dracula*: suspension between life and death and wakefulness and sleep

As Mina's first nocturnal encounter with Count Dracula depicts, what is really lost in *Dracula* is deep sleep.[24] The fast-paced, bright, and active city of London, combined with the illumination and trance-inducing powers of Dracula, reduce most of the characters' episodes of sleep to one of the following two states: one, seemingly *hard*

[24] Stages NREM 3 and NREM 4 are often referred to in sleep science as deep sleep.

sleep, with the understanding that the character is making up for *lost* sleep; or two, a drowsy borderland area of sleep, with the understanding that the character is neither awake nor asleep, but possibly both. Stoker writes the vampiric trance in such a way that it is known for suspending its victims in a state that feels like dreaming, simultaneously awake and asleep. Dracula is most successful—really, *only* successful—in his bloody exploits when a victim lacks full consciousness and is either hypnotized or entranced in a state of liminal consciousness, which has been coined "hypnagogic state" and, more recently, "hypnagogia" in sleep science. The architecture of sleep in *Dracula* relies heavily on the sensory elements of the hypnagogic state, to which I am referring as the in-between-ness of sleep onset, more typically described as the descent from wakefulness into sleep.

Alfred Maury first used "hypnagogic state" in 1848 as a phrase to describe "presleep or sleep onset phenomena," which Andreas Mavromatis has since shortened to "hypnagogia," a term which he uses inclusively for both hypnagogic (falling asleep) and hypnopompic (waking up) states since, as of yet, there has been no phenomenological or physiological distinction made between the two states in terms of what is happening to the body (Mavromatis 3). Mavromatis' *Hypnagogia* (1987) defines the state descriptively in terms of what kinds of experiences it subjects the body to: "Hypnagogic experiences are commonly defined as hallucinatory and quasi-hallucinatory events taking place in the intermediate state between wakefulness and sleep" (3). Mavromatis explains that, "as far back as Aristotle," there are references to hypnagogic and hypnopompic experiences in literature, philosophy, and medical texts, though hypnagogia as a

phenomenological and physiological state was not the subject of critical inquiry until the 1800s in France and England.

Today, sleep scientists have more data concerning the neurological processes that occur during hypnagogia, but the transient nature of the event, if we can call it that, persists in bringing questions to the fore. For example, sleep scientists John R. Harsh and Robert D. Ogilvie ask, "If there can be no sharply defined sleep-onset *point*, then there must be a sleep-onset *period*—a transition zone from wakefulness to sleep. When does this sleep-onset period begin? When does sleep-onset end and sleep begin?" (xviii-xix). And *Dracula* repeats these questions in relation to the undead state: when does life end and death begin? Jonathan Harker's diary recalls his inability to distinguish between life, death, and sleep the first time he sees Dracula lying in his casket:

> He was either dead or asleep, I could not say which—for the eyes were open and stony, but without the glassiness of death—and the cheeks had the warmth of life through all their pallor, and the lips were as red as ever. But there was no sign of movement, no pulse, no breath, no beating of the heart. I bent over him, and tried to find any sign of life, but in vain. (56)

The liminality between consciousness and unconsciousness, the very state in which one is neither awake nor asleep, or neither dead nor alive, but possibly both at the same time, is a space that resists one certain definition and occupies the borders of many.

Though neither "hypnagogia" nor "hypnagogic state" are terms used in the novel, debates surrounding this middle state of consciousness originated in discourse of nineteenth-century sleep science and philosophy, and—whether or not Stoker understood the neuro-biological traits of this state—he was using them liberally to add dramatic

tension to the plot. To provide one such example of nineteenth-century discussion of the period of sleep onset, S. Weir Mitchell (1829-1914) writes in 1890 that "the borderland of sleep is haunted by hallucinations…voices…distressingly real visions seen during the praedormitorium and at no other period" (qtd. in Mavromatis 4). Mina contradicts Mitchell's description of the "borderland of sleep" and convinces herself that she *does not* wake but that she sleeps—specifically that the images she sees (lights and fog) are dreams. Mina's husband's narrative falls more in line with the reasoning of Mitchell: after Harker is approached by the trio of lady vampires, he reflects, "I suppose I must have fallen asleep; I hope so, but I fear, for all that followed was startlingly real—so that now…I cannot in the least believe that it was all sleep" (44). Harker's term "startlingly real" harks back to Mitchell's turn of phrase "distressingly real." Mina, however, cannot bring herself to acknowledge that her dream is actually a waking nightmare, and that the two burning red eyes that appear to her out of the light are Count Dracula's. Whether or not he was aware of his novel's connection to contemporary writings on the hypnagogic state, particularly those that differentiate it from definite consciousness or unconsciousness, Stoker's writing reflects the concept and medical characterization of hypnagogia to create a state of vampiric sleep and hypnosis. This state during their attacks *seems* to Mina and Lucy like hallucination or dreaming, but which the reader acknowledges as narrative reality.

Stoker integrates into his novels the scientific opinions of those with whom he agrees and those he trusts, as well as opinions he finds thought provoking; in this vein, he especially depends on medical opinions of liminal states, such as the middle ground between life and death, and the middle ground between sleep and wakefulness. Anne

Stiles writes on Stoker's dependence on studies of neurology and dreams, namely Robert Gray's *The Theory of Dreams* (1808) and Stoker's brother's "Memorandum on Head Injuries" (ca. 1890-1896), in order to connect Stoker's fascination with medicine and cognitive states to the narrative threads appearing in *Dracula*. Stiles shows that Stoker made much use of Gray's treatise in large part because it discusses sleep as an uncanny state "between life and death" that is "like death" (qtd. in Stiles 141). Stiles notes that the "confusion between death and sleep" gained notoriety in publications such as William James' 1879 article, "We are Automata," that argues that human actions are determined by unconscious influences, and claims that the human influenced by unconscious "is not dead, but sleepeth" (qtd. in Stiles 142).

The undead condition of the vampire suspends the creature between life and death in a manner not dissimilar to the sleep phase of hypnagogia, as it suspends a person between sleep and wakefulness. Stoker uses the hypnagogic trance as a plot device to depict the partial consciousness of his female characters as closely related to the realm of the vampire. To be sure, Stoker does not isolate this condition to women. Early in the novel he subjects Harker to a hypnagogic trance in Castle Dracula, and Dracula himself falls "asleep" in his coffin, unconscious but still able to defend himself from Harker (Stiles 142). But Stoker explores the vampiric trance more fully with Lucy and Mina. As we see explicitly in the narratives of Lucy and hinted at in those of Mina, the vampire gains eternal life *as death* on earth at the same time it begins to die as a human. Dracula's ill effect on the quality of human sleep, his ability to hold women spellbound and immobile at the same time he disables them from achieving deep sleep, functions in much the same way as the infection of vampirism.

Mina's infection with Dracula's vampirism feels like a dream, but her memories are accurate of what is happening in real time, in real life within the narrative. Feeling that she is crowding the men when they "ha[ve] something important to communicate" about their progress in finding Dracula, she obediently turns in to bed even though she claims, "I was not so sleepy as I should have been" (277). Not only does Mina feel restless and upset with crying, which she calls her "new weakness," but she cannot shake the "myriads of horrible fancies…crowd[ing] in upon [her] mind" (305). In order to ward off these disturbing "dreams," Mina asks Dr. Seward for "a little opiate of some kind" to help her sleep more soundly because she interprets her emotional instability as the effect of having "not slept well the night before" (277). Still, she has no true desire to sleep when she goes to bed and immediately regrets her decision to subject herself to the powerlessness of drugged sleep. Whereas normal sleep is both rejuvenating and healthy, sleep produced by both the power of the vampire or the power of the opiate drains the human of energy and life. In contrast to the first night she is attacked, on the following night, Mina believes she "slept, but did not dream," and she says, "I must have slept soundly…but sleep has not refreshed me, for today I feel terribly weak and spiritless" (276). Mina's condition mimics the condition of Lucy from earlier in the novel in which her extended periods of what we might consider *rest*, during the nights on which she was feasted on by Dracula, never worked to sooth or rejuvenate her.

The hypnagogic space performs as a liminal space that likens humans to vampires. The human must become more like the vampire in a liminal state—only exchanging the concept of "not fully conscious" for "not fully dead"—in order for Dracula to gain agency over the human. If Mina and Lucy resist the dangerous liminal

sleep space that paralyzes and disorients them, Dracula cannot reach them. Essentially, the conflict between Dracula and his human targets can be pin-pointed to have originated within the hypnagogic, in-between spaces of consciousness, and within the undead, animalistic drives of humankind. It is within these middle realms of consciousness and life-in-death that the vampire must seek living prey and the woman must relinquish agency over her body. To achieve power over the evil and supernatural force of the vampire, a human must reject sleep and become *like* the vampire in order not to *become* the vampire. One must become a child of the night, and night must be used as if it were day.

VII. Dual Citizens of Day and Night

At this point, it is helpful to return to the idea of Scott McQuire's that the influx of light in the city enables late Victorians to be citizens of two cities—the day city and the night city. Even though the night city is *othered* from the day city in its glow and relative spectral nature, and the two cities "have only tenuous connections" to each other (McQuire par. 11), there is a blurring between the two in terms of the way they are used. Productivity rises and night becomes a fully usable, though liminal, space when it is lit to look like the day. To continue with the idea in relation to the novel, Stoker's human characters must become dual citizens of the day and night cities in order to succeed in their fight against the vampire. Throughout the first half of the novel, during Harker and Lucy's run-ins with Dracula, Stoker writes daytime as space of safety and knowledge, insofar as the vampire is quiet and at bay, and that there are fewer shadows in which evil may hide. Daytime is the period in which Harker, Lucy, and her doctors and family friends try to understand what is happening to them, and why they suffer after dark.

When Harker tries to determine whether the three vampire women are real, he uses daytime and daylight as tools of defense in an attempt to gain knowledge: "I have been down to look at that room again in daylight, for I must know the truth," Harker writes, as if the light will automatically deliver the truth to him (48). Night, on the other hand, is when Harker must remain vigilant, both as a polite guest of Dracula's and as the sole human in the abode of the undead. His life depends on his ability to stay awake and watchful in regard to the blood-thirsty Dracula and his trio of vampire women, or to sleep with a crucifix to ward off demons. Though he writes, "I shall not fear to sleep in any place where he is not," he does not overlook placing "the crucifix over the head of my bed, I imagine that my rest is thus freer from dreams, and there it shall remain" (40). Harker wants no dreams because they extend the waking nightmares he experiences in the castle.

Lucy cannot remain vigilant at night and often suffers because of it when nobody is there to protect her, and when Professor Van Helsing's garlic flowers, which act as a vampire repellant, are removed from the room. She dreads sleep, telling Dr. Seward, who yearns for sleep because of his recent increase of deprivation, that she is "afraid" to go to sleep:

> "You do not want to sleep?"
>
> "No. I am afraid."
>
> "Afraid to go to sleep! Why so? It is the boon we all crave for."
>
> "Ah, not if you were like me, if sleep was to you a presage of horror!"
>
> "A presage of horror! What on earth do you mean?"

> "I don't know. Oh, I don't know. And that is what is so terrible. All this weakness comes to me in sleep, until I dread the very thought." (135)

Lucy interprets her mysterious infection as "weakness" that somehow "comes…in sleep." While she feels "horror" at the thought of sleeping, Seward's narrative shows that Lucy actually does crave sleep, horrible or not, and she needs it badly. Seward capitalizes on the fact that Lucy feels protected by his presence and convinces her to sleep by telling her that he will interrupt it if she has any bad dreams. Seward believes Lucy's "weakness" comes from nightmares, and Lucy cannot argue with his logic, though she does not describe her problems as being psychological.

> "But, my dear girl, you may sleep tonight. I am here watching you, and I can promise that nothing will happen."
>
> "Ah, I can trust you!" she said.
>
> I seized the opportunity, and said, "I promise that if I see any evidence of bad dreams I will wake you at once."
>
> "You will? Oh, will you really? How good you are to me. Then I will sleep!" And almost at the word she gave a deep sigh of relief, and sank back, asleep.
>
> All night long I watched by her. She never stirred, but slept on and on in a deep, tranquil, life-giving, health-giving sleep. Her lips were slightly parted, and her breast rose and fell with the regularity of a pendulum. There was a smile on her face, and it was evident that no bad dreams had come to disturb her peace of mind. (135-6)

Stoker writes Lucy's descent into sleep—her period of sleep onset or hypnagogia—as a moment of "relief." Her mind is relieved by the presence of Dr. Seward, and her body is relieved, literally, of wakefulness and the physiological symptoms of high anxiety and horror.

In contrast to this scene, in which Stoker writes beautiful, flowery prose about the benefits of sleep—a stylistic device Wilkie Collins never succumbs to during his female characters' narratives of sleep and illness—Seward describes the sensuality of sleep in order to address its physiological remunerations. Sleep in this scene also appears the way *he* wants Lucy to experience it, but also the way he wants to experience it himself. The desire is two-fold. Sleep gives "life" and "health," but, as Stoker makes clear, the type of sleep that brings "a smile [to] her face" can only be achieved by means of patriarchal intervention and watchfulness (essentially, a man must deny himself sleep for a woman to be able to sleep soundly), or through the invisible barrier created by material objects that carry supernatural or religious power, such as the garlic flowers or the crucifix. Lucy reports to her diary the progress she makes using the "tools" at her disposal: "Since…Dr. Van Helsing has been with me, all this bad dreaming seems to have passed away…I go to bed now without any fear of sleep. I do not even try to keep awake. I have grown quite fond of the garlic" (146). But without these external elements of safety, either the men or the garlic, Lucy expresses her distaste for sleep even amid her desire for it. She writes in what she thinks may be her last letter, "I tried to sleep, but I could not. Then there came to me the old fear of sleep, and I determined to keep awake. Perversely sleep would try to come then when I did not want it" (153). When she is alone, she experiences the internal conflict of needing sleep but wanting to stay alert. The men provide her an undeniable

safeguard against the "old fear of sleep" (153). Stoker via Seward can "promise that nothing will happen" to Lucy when others are with her because his version of Dracula is predisposed to attack Lucy in isolation when she is most vulnerable.

Lucy's inability to stay awake and protect herself eventually leads to extreme fatigue on the males' part. Seward describes having "For two nights…hardly had a wink of sleep, and my brain was beginning to feel that numbness which marks cerebral exhaustion" (136). Though he still loves her, he rejoices at the thought of leaving Lucy's bedside in order to fall into his own bed, saying, "I am over-excited and weary, and I need rest, rest, rest. Happily…I need not forego my sleep; tonight I could not well do without it" (152). When male characters fall asleep, unable to retain their vigilance as citizens of the night city, Dracula strikes again.

VIII. Conclusion: Sleep as Man's Strength and Woman's Weakness

The characters are not static in their understanding of what it takes to defeat Dracula; rather, they learn through hardship that times of both day and night must be used productively and carefully, since the vampire prefers not to come out during the day but will stop at nothing to feed during the night. We see a process of dynamic learning take place through the examples of Lucy's eventual fall to vampirism, Seward's natural and instinctual desire for sleep (which is depicted as his tragic flaw), and, later, Mina's inability to protect herself *by* herself when Dracula finds a way into her bedroom. Each of these events brings about for them a new understanding of the foe they are trying to fight. "Only at certain times," Van Helsing teaches his crew, such as noon and exact sunrise or sunset, can a vampire "have limited freedom" in comparison to his total freedom during the night, which is why "it won't do to leave Mrs. Harker alone after

sunset" (255, 324). Dracula "can see in the dark—no small power this," Van Helsing rightly admits, but his reasoning is incorrect in that he believes Dracula's ability to see in the dark is powerful specifically because they live "in a world which is one half shut from the light" (255). As explained above, artificial light is readily available in the Victorian city of 1897, thus Dracula's night-vision loses its exclusivity and urgency. In light of this new understanding of time and the ways in which they can capitalize on their twenty-four hour days, the group of humans attempts to limit Dracula's options for sleeping. The humans are "unfettered" in their use of night and day, to use Van Helsing's term, compared to Dracula whose "power ceases, as does that of all evil things, at the coming of the day" (255). With sacred communion wafers, they "sterilize" his native soil in his imported coffins in order to make useless the only beds in which the vampire can sleep (257). In this way, *Dracula* brings otherness between day and night cities to the forefront of discussion again because the humans know that, while *they* have unrestrained access to both day and night, the vampire's powers are significantly reduced—he is basically human—during day hours. *Dracula* showcases a group of men who regularly set aside sleep to work through the night, in part or in whole, so that the next day might be used more efficiently, and that they will always be prepared.

With Dracula's coffins of native soil contaminated—Van Helsing says they are "sterilized"—with the "host," the vampire cannot sleep and must remain awake. The group determines to "find [Dracula] in his form of man between the hours of noon and sunset, and so engage with him when he is at his most weak" (257). By using night hours to investigate Dracula's properties and wooden boxes, organize their notes and tools, and plan a method of attack, the crew is able to then use daytime to execute their plan to try to

corner the vampire "in his form of man" when he is on par with them in strength, if not numbers.

Stoker characterizes long, indulgent sleep as healthy and life-giving, but men who engage in this type of sleep inevitably leave their women (which also includes Mother England) in harm's way. While deep sleep benefits the male sleeper, women suffer bodily transgressions at the hand and the mouth of the vampire when men sleep. This is shown most clearly in two different scenes, one in which Dracula attacks Lucy during Seward's long-overdue sleep, and another when Dracula transforms Harker's sound, natural sleep into an unwakeable stupor in order to leave Mina defenseless. Harker exclaims upon getting into bed, "Oh, but I am sleepy!" (286), but his subsequent deep sleep cannot compare in depth to the state to which the vampire subjects him. The men burst open the Harkers' bedroom door to find Dracula forcing Mina to suck his blood the way a "child forc[es] a kitten's nose into a saucer of milk to compel it to drink" (300). Taking in the horrible scene all at once, Dr. Seward notices in the supernatural brightness of the room that Harker is asleep "On the bed beside the window…his face flushed and breathing heavily as though in a stupor…Van Helsing whispered to me, 'Jonathan is in a stupor such as we know the Vampire can produce'" (301). The men in *Dracula* are at their strongest physically and mentally when they are able to indulge regularly in deep and natural sleep. However, ironically, male strength equates to female weakness, which is also bad for the men who suffer emotionally when their women are harmed or in harm's way. In order to defend and fight for the honor and lives of their women and England, they must be vigilant, wakeful, and watchful against evil.

It is worth mentioning that Harker's stupor and inability to wake has been considered a feminization of his character. Not only here, but elsewhere in the novel, Harker likens himself to a woman and also has a difficult time acting the way a man would be expected to. In contrast to each of the other male characters in the novel, Harker's passive stupor—a very deep sleep in the same room where his wife is being seduced by a more manly, though less human, man—causes his wife to fall victim not only to the vampire's penetration, but also her forced reciprocation. Gender roles are likewise turned on their head earlier in the novel, as when Harker tries to "school [his] nerves" after a great fright in Castle Dracula (43). With "many blushes," he muses that he shares the same desk and room and thus the same tender qualities as some "old ladies" from the "old centuries" who "lived sweet lives whilst their gentle breasts were sad for their menfolk away in the midst of remorseless wars" (43-4). While in his reverie, Harker "t[akes]…pleasure in disobeying" the "Count's warning" not to sleep in any room save his own, he falls into the same ladylike characterization of sleep as a "soothing" slumber in the "soft moonlight" (44).

During this nap, Harker is approached by the trio of female vampires in Castle Dracula, as is discussed in work by Christopher Craft and Nina Auerbach.[25] Here, gender roles cross even further, and with undeniably sexual implications. Harker in the characterization of a dainty, Victorian woman is expected to 'suffer and be still' rather than be an active man who is allowed to display his "vigorous appetite" of "sexual

[25] Interestingly, Craft has coined the name "Crew of Light" to stand for the humans fighting Dracula in the novel (Van Helsing, Harker, Holmwood, Seward, and Morris) (109). He claims that the term is his but takes his cue from Stoker who has possibly named Lucy for its meaning *lux*, light (Craft 130). Craft represents the humans as bearers of light but ignores the ways in which the vampires bear their own light, as I have argued in this chapter.

desire" (Craft 108).[26] In contrast to the late Lucy's fiancé, Arthur Holmwood, who impresses Van Helsing with his "stalwart proportions and…strong young manhood" (131), Harker enjoys what Craft calls a 'feminine' passivity, "await[ing] a delicious penetration from a woman whose demonism is figured as the power to penetrate" (109). Harker's behaviors of sleeping when he should not, and of sleeping too deeply and consequently leaving himself and his wife open to penetration, allow an inversion of gender roles in the novel that is not reconciled until the close of the novel when Dr. Seward finds Harker "whetting the edge of the great Ghurka knife which he now always carries with him" (357). When in the battle against the Szganys who are assisting Dracula, Harker wields his "great kukri knife" and finally achieves the level of manhood Mina (who watches "breathlessly") needs him to display (400). Harker's multiple and repeated swoons, deep sleeps, and ladylike behaviors prevent him from succeeding in an active, wakeful battle against the vampire until the very end of the novel, after Mina is almost entirely "glow[ing] with [the] fervor" of vampire light (395).

Gender plays a large role in Stoker's extended treatment of consciousness and in his statement about the condition of late Victorian sleep in general. Taking *Dracula* as my barometer of his views, it is arguable that Stoker sees sleep in his era as irreparably changed due to the urban blurring between night and day, but also that there is still mystery and creative power in unconsciousness. Though Stoker has a soft spot for science and logic and uses them widely in his fiction, *Dracula* shows that the mystery of sleep and all of its liminal phases, particularly for women, cannot be explained away through science. In *Dracula*, as in many other instances of sleep and sleeplessness

[26] "Suffer and be still" is a quotation Craft borrows from Mrs. Sarah Stickney Ellis, who in 1845 wrote, A woman's "highest duty is so often to suffer and be still" (qtd. in Vicinis iii).

depicted in Victorian literature, there is still more to be revealed that neither we nor the vampire can suck to the surface.

To say that a decrease in the quality and quantity of sleep of British citizens can be traced back to the inception of technology that ushered in the age of modernity is to very nearly say that this decrease is permanent and irreversible. While I do not believe that the cultural history of turn-of-the-century England equates poor sleep habits or behaviors to the arrival of artificial lighting, the writings from the time claim that there is an undeniable causal relationship between the two. Stoker shows that both the humans and Dracula have to learn to adapt to their new modern environments in order to survive and thrive. Dracula can be read as technologically savvy in his creation of stunning, trance-inducing light. His light emits power with a capacity so strong that it distorts reality and suspends its victims in a transient, liminal phase of consciousness. The humans in *Dracula* have to become vampiric in their penetration of night and mystery in order to kill and conquer the vampire spirit. Stoker's novel exemplifies the notion that the modification of behaviors of sleep is one profound way in which humans come out as victors in the war against evil, but that this victory comes at the unavoidable cost of deep sleep.

CHAPTER 6

Conclusion: Power and Beauty Sleep in the Victorian Novel

The fifty years between *Jane Eyre* and *Dracula* mark a particular shift in literature—leading from governess fiction, realism, and Gothic sensation into the modernist approach—in which novels such as those by Charlotte Brontë, Wilkie Collins, and Bram Stoker insist upon exploring the middle realm of consciousness and destabilizing the poles on either end. Between waking and sleeping, or full cognition and reverie, female characters, such as Jane, Bertha, Marian, Laura, Anne, Mina, and Lucy, must navigate the distance between self-sufficiency and agency in mind and body on one side and utter destruction and weakness on the other, with a multitude of problematic points, such as beauty and morality, in between.

Beauty and morality, like Victorian sleep, are gendered concepts. *Jane Eyre*, *The Woman in White*, and *Dracula* present sleep as a gendered space in which power is contested, with sleeplessness acting as the particular price for said power. In various ways, I have argued that sleeplessness and restlessness are the methods women adopt, either on purpose or unintentionally, to realize self-sufficiency and protect themselves from patriarchal jurisdiction and social restrictions on women. I have written extensively on the ways in which women must reject their instinctual desires for a certain amount of sleep so that they can maintain agency and authority over their bodies and narratives. Implicit in the novels is the idea that deep sleep is a mechanism for achieving health and moral strength of character. However, explicitly and without apology, the novels use the trope of sleep for women as a violent instrument of loss, infection, powerlessness, and weakness. Sleep is the only way to achieve or maintain health, as the cultural, medical,

and literary artifacts, including *Jane Eyre*, *The Woman in White*, and *Dracula*, show. Furthermore, the bed should be a space of warmth and isolation from danger. In spite of this logic, Brontë, Collins, and Stoker problematize the health of sleep by engaging in discourses on the vulnerability of sleep. Rather than arriving at the conclusion that sleep is power, by means of perceived beauty and enhanced health achieved through sleep, Victorian authors write sleep as a sure road to incapacitation and subjugation. Thus, I turn to the concept of beauty sleep to problematize my argument of the agency in sleeplessness and complicate the inherent lack of power in a sleep that has the potential to bring powerful beauty.

A 1904 article entitled "Beauty's Nurses," in the periodical magazine *Health*, outlines the seven "nurses" of a woman's beauty, two of which are "rest" and "sleep" (340). The author warns women of the consequences of overlooking these two elements of daily life but deliberates neither on the healthful aspects of deep sleep nor the ways in which sleep nourishes and replenishes the body. Considering the title's use of the term "Nurses," the absence of any mention of health is conspicuous. The author instead speaks of sleep as a means of increasing in physical attractiveness. "Don't neglect sleep," the author commands. "You can sleep yourself into good looks" (340).

In the context of a dissertation on elements of power and powerlessness that exist as a result of the sleep or sleeplessness of a woman, one must ask what the significance is of a woman being able to sleep herself "into good looks." Sleep and beauty are discussed in "Beauty's Nurses" as having a cause and effect relationship. The author does not imply but, rather, states directly that sleep brings beauty: "a long nap will make any woman more attractive and lift years from her shoulders" (340). The future tense "will

make" insists on the correlation and partnership between sleep and beauty, but it asks its readers to accept these concepts as facts without providing evidence, because "beauty sleep" had become a commonplace concept in social discourse. "Beauty's Nurses" speaks directly about the power derived from this type of sleep by telling readers, "Don't forget that beauty is power" (340). If sleep brings beauty, and beauty *is* power, then the author creates a vivid equation about the agency and authority one should be able to gain through sleep.

The term "beauty sleep" has an interesting etymology and has shifted meanings in recent years. The *Oxford English Dictionary* lists Charles Kingsley's 1857 Victorian novel, *Two Years Ago*, as the first time "beauty-sleep" was mentioned in print, and it defines the phrase as "the sleep secured before midnight" ("beauty-rest"). Kingsley actually puts the term in quotation marks as he uses it, signifying its vernacular use in the popular culture of the time. The implicit meaning here is that the sleep one gets before midnight is worth more than the sleep that comes after midnight. Not only is it more beneficial for the body, but it brings good looks. Another author concurs, arguing that "the value of morning sleep is less than of sleep by night; it is lighter, and more open to disturbances" ("The Afternoon Nap" 810), which lends more credence to the logic that early sleep is more valuable than late sleep, and thus is more likely to increase beauty. Recent sleep science lends additional credibility to the notion that sleep makes us look better. In particular, one study by sleep scientist John Axelsson has been called the "first scientific support to the concept of 'beauty sleep'" (Axelsson et al. 5). Axelsson completed a study in 2007 that determined that the "perceived health and attractiveness of sleep deprived people" was lower than that of the well-slept (1). In fact, the study

shows that the images of "sleep deprived people" were judged as "less healthy [and] less attractive" compared to images of the same people after a full eight hours of sleep (1). Axelsson tested the reliability of anecdotes and "old wives' tales," and his results take beauty sleep out of the anecdotal realm and plant it firmly in present-day science. Still, he makes no reference to perceived beauty that comes in sleep before or after midnight.

More recently, the term "beauty sleep" has been borrowed by twentieth- and twenty-first-century popular culture to refer to sleep—really, any sleep—that is satisfying, restful, and healthy for the body, and thus carries beautifying qualities regardless of whether the sleep comes before or after midnight. This change in meaning might have originated in Edwin F. Bowers's 1919 article, "The Problem of Sleep," which attempts to debunk the myth that sleep before midnight has greater benefits than later sleep. He argues, "there isn't a word of truth in the hoary-headed old fable that one hour of sleep before midnight is worth any two hours after. Sleep is sleep, provided only that it is sound, restful sleep" (519). So, "Sleep is sleep," but Bowers's claim labels *real* sleep as "sound, restful sleep," and his logic parallels that of today's society in which we tend to describe our sleep qualitatively in terms of whether or not we sleep without difficulty and disturbance. Beauty sleep, however we define it, is about a particular kind of power derived from sleep, whether we want to be literal about actual attractiveness or speak generally about the health benefits of undisturbed, deep sleep.

The beauty that comes from sleep and rest, "Beauty's Nurses" tells its readers, "is power" in that it performs as an asset and something "wise" in which to invest: "There is nothing more potent. It is to a woman what capital is to a merchant. Its absence is a misfortune; its culture wise and proper" (340). The author describes the "absence" of

beauty's "power" as misfortunate and thus encourages the cultivation of beauty, calling it "proper" (340). Accordingly, "every girl and woman [should] make herself as attractive as possible" (Birge 190). Nineteenth-century publishers of art periodicals William James Stillman and John Durand remind us that "The perception of Beauty…[is] an affair, not of the intellectual, but of the moral attributes" such as moral purity (65). Moreover, beauty is read as temperance, according to William S. Birge's 1905 article "Personal Beauty," which distinguishes attractiveness from "true beauty" (190).[1] A woman's intemperance, Birge shows, causes her to suffer diminished beauty as a punishment for her misdeeds. "With a little self-denial," Birge argues, "the complexion [will be] much improved" (190). Women who indulge in alcohol ("alcoholic drinks are death to a good complexion"), too much food ("What you eat, when you eat, and how much you eat, plays an important part in the matter of complexion"), or the use of drugs for sleep ("Opiates, narcotics, sleeping draughts, all tend to ruin the complexion") experience the embarrassment of blotchy and pimply skin as evidence of their intemperance (190). We can surmise that a temperate woman will be watchful of what she puts in her mouth, as well as of how many hours she sleeps (not too many, not too few), and thus part of the power she gains from her beauty also corresponds to what her looks signify about her moral goodness and the quality of her character.

As depicted in *Dracula*, a good woman should benefit from the beauty that comes from sleep. One night while watching Lucy sleep, Mina describes her beauty and the relationship that gender plays in sleep and attraction:

[1] Likewise, J. Rory Corbett writes in his article on the mathematical or "golden" ratio of beauty, "beauty is not just a visual experience; it is a characteristic that provides a perceptual experience to the eye, the ear, the intellect, the aesthetic faculty, or the moral sense" (84).

> Lucy is asleep and breathing softly. She has more colour in her cheeks than usual, and looks, oh, so sweet. If Mr. Holmwood fell in love with her seeing her only in the drawing-room, I wonder what he would say if he saw her now. Some of the 'New Women' writers will some day start an idea that men and women should be allowed to see each other asleep before proposing or accepting. (99-100)

Mina sees Lucy as even more beautiful when sleeping sweetly than when she is awake "in the drawing-room." Her notion that men and women should see each other sleeping before deciding whether or not to get engaged is fascinating in the context of the changing politics of 1890s gender roles and expectations. It alludes to the fact that most people's behaviors, movements, and facial expressions while asleep are completely involuntary and uncontrollable. That Mina is inclined to think that seeing a potential spouse asleep might sway the decision about marriage one way or another speaks volumes about the power of sleep, as well as the powerlessness people have over how they comport themselves in their sleep. *Dracula*'s beautiful women, one could argue, gain their beauty and marriage-market power through their healthy and pure, deep sleep.

In a similar manner, though Walter Hartright in *The Woman in White* never sees Laura Fairlie sleeping before he falls in love with her, the novel's descriptions of Hartright's gazes at the sleeping Laura perpetuate the cultural stereotypes of beauty sleep and the way in which healthy sleep nurtures attraction. We know that Laura's recent "sorrow and suffering" enacted by Count Fosco and Sir Percival "*had* set their profaning marks on the youth and beauty of her face" (443). Walter even admits that the change in her appearance changes the way he feels about her, in that he now expresses "tenderness

and compassion" whereas he once felt sexual desire: "The sad sight of the change in her from her former self, made the one interest of my love an interest of tenderness and compassion which her father or her brother might have felt, and which I felt, God knows, in my inmost heart" (464). After months of recuperation and a calmer lifestyle, Laura's color and energy returns with such strength that Hartright is able to marry her. One night, he steals into their bedroom to say good-bye even though he knows she is asleep: "I looked at her face turned faithfully to my pillow in her sleep…I saw her hand resting open on the coverlid, as if it was waiting unconsciously for mine…She stirred in her sleep and murmured my name, but without waking" (597). Hartright interprets the movements Laura makes in her sleep as loving ones, which enhance her beauty for him and his desire for her. The sensuality of the scene is made pure through their marriage and Laura's innocence. Even this moment of potential sexual pleasure, as he lets her breath "flutter" over his face and hears his name in it, he only thinks of taking care of her, and thus leaves her to confront Fosco and fight for her honor (597). Laura's beauty and his devotion to her are only strengthened in her sleep.

Throughout each of the novels, the authors exhibit the ways in which sick and infected sleep no longer carry healing and rejuvenating connotations, and they lessen beauty rather than enhance it. *Dracula* carries the theme of beauty sleep throughout the novel in that it insists that, if a woman's body is infected with vampirism, then the woman cannot "sleep [her]self into good looks" as "Beauty's Nurses" would suggest. A vamp is unclean in many ways, not least of all that she hungers for blood and wishes to gorge rather than merely satisfy the craving. The female vamp is also related in popular culture to seductive and transgressive sexualities (Creed 98-9). Richard von Krafft-

Ebing's 1886 seminal work in sexual pathology, *Psychopathia Sexualis*, describes vampiric inclinations as aberrant sexualities (101, 125). Barbara Creed, in "Lesbian Bodies," explains further that, female vampires, like animals, are "prey to [their] own sexual lusts and primitive desires" (98-9). The vamp shows her intemperance and taint on the outside of her body in that she is no longer beautiful but voluptuous and "suddenly sexual," a phrase used by Phyllis A. Roth to describe *Dracula*'s "hostility toward female sexuality" (411). And, as Roth shows, "Perhaps nowhere…is the suddenly sexual woman more violently and self-righteously persecuted than in Stoker's 'thriller'" (412).

During the periods in which Count Dracula preys on Lucy Westenra and Mina Murray Harker, the women cannot sleep in such a way that brings them renewed beauty. Indeed, the more they sleep in vulnerable and isolated conditions, the more their beauty fades. One morning, Professor Van Helsing and Dr. Seward arrive to Lucy's room and are "horrified" by her "ghastly, chalkily pale" appearance (130). Seward comments on her complexion, her colorless "lips and gums," and the new prominence of the "bones of her face" (130). They step out of the room and close the door behind them, with Van Helsing exclaiming, "My god!...This is dreadful" (131). Although he refers to the "sheer want of blood" in her body (131), the comment parallels his opinions of her altered looks. Days later, after another surprise attack from Dracula, Seward reports that Lucy was "more horribly white and wan-looking than ever," with even her gums having turned white the way "we sometimes see in a corpse" (137). And the following day, Van Helsing looks upon the "poor face" with no surprise, but only "stern sadness and infinite pity" (145). Lucy has lost her beauty and all agency and power over her body and its diminishing attractiveness.

Dracula's attacks on Mina are not sustained over as long a period as those on Lucy; nonetheless, Mina's physical appearance diminishes in beauty almost instantly, even though she sleeps longer than she normally does. Mina's statement, "Manlike, they have told me to go to bed and sleep," speaks to the kind of beauty men believe comes from sleep (258). In fact, in their ignorance of the vampire's hunger for Mina, the men encourage her go to bed, though it turns out to be the most dangerous place she could be. The men want her to regain her beauty by sleeping. However, when she goes to bed, Mina loses authority over herself and her actions within the vampiric trance, instead of gaining the feminine power that comes from beauty. Dracula preys upon her in the one space in which the men want her to be. Before Dracula vamps Mina, Harker claims that he "think[s] [he] never saw Mina so absolutely strong and well" (264). Almost immediately after Dracula comes to Mina, her good looks start deteriorating. Harker watches his wife sleep and notes in his diary that Mina was "breathing so softly that I had to put my ear down to hear it" (270). This statement gives the impression that he questioned whether she was still breathing at all. "She looks paler than usual," was his conclusion, but he determines that she is still alive in spite of her deadly pallor. Mina writes, "This morning I slept late after the fatigues of yesterday," and her husband recounts his reaction to her sleep: "Even Mina must have felt its exhaustion, for though I slept till the sun was high, I was awake before her…She complained of being a little tired" and "terribly anxious" (271, 273).

The next night, again, he writes, "Mina is fast asleep, and looks a little too pale" (279). A third night, he watches her sleep: She look[s] heavy and sleepy and pale, and far from well" (280). When he arrived home at the end of the day, "Mina was looking

tired and pale," though she slept much of the day (284). He writes in his journal, "She was very, very pale—almost ghastly, and so thin that her lips were drawn away" (313). Professor Van Helsing also notes Mina's loss of beauty and connects it explicitly to her infection with vampirism: "our poor, dear Madam Mina is changing…I can see the characteristics of the vampire coming into her face" (343). He lists the characteristics as being sharper teeth and harder eyes (343-4). The women of *Dracula* lose all power through sleep, as well as beauty, when their sleep is infected with the taint of the vampire spirit.

Bertha Mason Rochester, in *Jane Eyre*, could be said to be "infected" as well. Her restlessness and apparent inability to sleep bring upon her a gruesome countenance that Jane calls "fearful and ghastly" and "discoloured" (242). She exclaims, "I wish I could forget the roll of the red eyes and the fearful blackened inflation of the lineaments" (242). Rochester teases her, "Ghosts are usually pale, Jane" (242). But, unlike Lucy and Mina who fall into haggard and pale thinness, Bertha's infection is one of moral madness, and her "excesses" turn her into "a big woman, in stature almost equaling her husband, and corpulent besides" (250). These descriptions remind readers of Bertha's infamous intemperance, which, as Birge's article mentioned above states, will always show through one's complexion. Bertha assumes power by staying awake and thereby haunting the inmates of Thornfield Hall, but her power is one of violence and not one of feminine beauty. As I discussed in Chapter Three, sleep is a marker of a woman's moral health and nighttime virtue, but as we see here, her beauty is a marker of these things, too. The absences of sleep, beauty, and morality in Bertha's character, Brontë wants us to understand, are related and each parallels and influences the others.

In contrast, Jane's restlessness is one of female economy and hypervigilance. She uses her hyperaroused nighttime state to save *men* from Bertha—such as when she saves Rochester from his burning bed, and when she nurses Mason through the night after Bertha has bitten through his flesh. Jane's unwillingness to sleep affects her appearance very little, as her looks are always thought to be bewitching and "fairy-like" by Rochester, and her nighttime behaviors cannot change that in the eyes of the man who loves her (220). In fact, she tells Rochester, "Don't address me as if I were a beauty; I am your plain, Quakerish governess" (220). He replies, "You are a beauty, in my eyes…delicate and aërial" (220). He boasts, "I will make the world acknowledge you a beauty, too" (221). And her reply, "then you won't know me, sir; and I shall not be your Jane Eyre any longer," shows us that Jane understands her own lack of beauty and her physical failings brought on by years of fatigue and malnutrition at Lowood (221). She shrugs off any label of beauty and she desires Rochester to see her for what she is rather than a mystical figure or fairy-tale princess. The power she assumes is one of self-awareness and the willingness to reject beauty for personal autonomy.

Marian Halcombe, from *The Woman in White*, is another figure that appears in this dissertation who is knowingly unattractive and purposely stays awake long after bedtime, using her restless anxiety to justify her hours. We recall Hartright's shock the first time he sees her, "The lady is ugly!" (31), and also Marian's manly outburst of frustration with society's nighttime rules for women, "I am not half sleepy enough….If I only had the privileges of a man, I would…tear away on a night-gallop, eastward, to meet the rising sun" (199-200). Marian's concern for her sister is the foremost reason she does not sleep, and throughout the novel, she regularly disregards her own needs for

those of her more delicate, naturally beautiful sister, Laura. As I argued in Chapter Four, the bodily agency Marian assumes by means of staying awake at night ends up disarming her of the health and strength to protect Laura. Her body falls into a serious, almost deadly illness, which is the catalyst for Laura's demise and faked death. Collins takes as a given the relationship between illness and sleep in order to relieve Marian of the narrative power she had assumed through her pen and wit. Rather than allowing sleep to carry the connotations of renewed life and rejuvenation, Collins writes sleep in such a way that it is *always already* an illness or weakness. Though the body has no conscious control, in *The Woman in White*, the woman is liable for what happens to her body (and her narrative) while she sleeps.

Jane Eyre, *The Woman in White*, and *Dracula* showcase one kind of sleep that is ultimately powerless, and that is eternal sleep in death. The Christian connotations of a good death put forth the idea that a life well- and obediently lived prepares one for eternal beauty in heaven with Christ. If beauty sleep, as Bowers's "The Problem of Sleep" argues, is deep and uninterrupted sleep, then there is no deeper sleep than death, which cannot be interrupted outside of supernatural means. In *Dracula*, the character of Lucy undergoes more notable transitions than any other character: she turns from a beautiful and flirty young girl to a seductive, voluptuous vampire. Then, she regains her beauty, but only through "death—her real death," as Mina calls it (244). Van Helsing explains how Lucy turns into their beloved Lucy again: "when this now Un-Dead be made to rest as true dead, then the soul of the poor lady whom we love shall again be free. Instead of working wickedness by night and growing more debased in the assimilation of it by day, she shall take her place with the other Angels" (229).

When the men work to kill the Undead Lucy, whom they barely recognize anymore, they are shocked by the "Thing['s]" foul nature: "The Thing in the coffin writhed; and a hideous, blood-curdling screech came from the opened red lips. The body shook and quivered and twisted in wild contortions; the sharp white teeth champed together till the lips were cut, and the mouth was smeared with a crimson foam" (230). Lucy's body has given up all conscious control of nature and movement to follow its new and wild vampire instincts. Lord Godalming drives the "mercy-bearing stake" "deeper and deeper" until the "terrible task [i]s over" (231), at which point the men stare at the creature that was Lucy: There, in the coffin lay no longer the foul Thing that we had so dreaded and grown to hate…but Lucy as we had seen her in life, with her face of unequalled sweetness and purity" (231). In other words, Lucy finally falls back into both sleep and beauty, but not without male intervention, and not without extreme and rapacious violence. Nevertheless, Lucy's sweet face shines of "holy calm" that "was to reign for ever" (231). Van Helsing rejoices in the "joy" that her fiancé Lord Godalming will have when thinking of the "hereafter in the silence of the night when sleep is not," to be able to say, "It was my hand that sent her to the stars" (229). Though Lucy cannot sleep herself into good looks, as "Beauty's Nurses" would suggest, she is able to die into them. She dies into a true, deep sleep of death, and finally regains her beauty.

Beauty sleep, as a cultural and gendered construct, does not always "work" in the Victorian novel, for it certainly does not always work in real life. While scientists have proven that a healthy and uninterrupted sleep makes a woman more attractive than she is while under severe sleep-deprivation (Axelsson et al. 1), it is unlikely that sleep could ever enhance the natural beauty of a woman under a relatively normal lifestyle and

schedule. In the context of the literature, Brontë and Collins specifically write Jane Eyre and Marian Halcombe as plain or unattractive women and Bertha Mason as sexy, stimulating woman-turned-monster. Furthermore, their beautiful characters—Lucy, Mina, and Laura—experience terrible losses while asleep or ill, and their beauty does not empower them so much as it becomes a less interesting part of their characterization. In looking closely at these three novels and the ways in which they problematize the concept of beauty sleep, I would argue that, regardless of whether beauty is a genuine source of power in a novel, sleep is almost always a device of powerlessness for a woman. Women actively use the night, and instead of choosing health and rest, they choose narrative and bodily control. The sleep deprivation they often willfully engage in is the psycho-physiological ailment and recurring payment they must take on in order to continue claiming agency in the novel.

There is a distinct shift of power as women move between realms of consciousness and unconsciousness, and these shifts almost always correspond with an author's development of the themes of anxiety, psycho-physiological responses to stimuli, and the purity or infection of the body, whether metaphorical or literal. While other authors of the era, such as Charles Dickens, Elizabeth Gaskell, Mary Elizabeth Braddon, Anne and Emily Brontë, Caroline Clive, and Thomas Hardy, undoubtedly pick up these tropes in their own fiction, Brontë, Collins, and Stoker use them pervasively and saturate their chapters with inquiry and interior monologue about the woman's body in relation to its consciousness. Jane's Keatsian questions, "Where was I? Did I wake or sleep?" (172), are arguably the questions of much of modernist fiction, such as James Joyce's *Finnegans Wake* and *Ulysses*, and works by Virginia Woolf and William

Faulkner. The modern novel's penchant for stream of consciousness style lends itself nicely to the liminalities of the sleep space and sleep act.

The legacy of narratives of sleep and sleeplessness that mid- to late-nineteenth-century literature left behind is one that is readily informed by twenty-first century sleep science and medicine. By looking through the lenses of contemporary cultural history and a present-day conception of the mind and body and its dysfunctions, we piece together a more exciting and more meaningful understanding of the roles of gender, consciousness, narrative, and power in literature. On one hand, the authors discussed in this dissertation write indulgent, uninterrupted sleep—if the sleep is not infected with illness or disease—as the healthiest and most socially-acceptable behavior for women at night. On the other hand, the authors write nighttime wakefulness as the option with the least opportunity for devastating loss or violence. Women do not sleep in *Jane Eyre*, *The Woman in White*, or *Dracula* without it signifying an absence of power and a probability of risk. Unapologetically, women fuel their narratives with a restless, wakeful energy that signifies their choice or destiny to be dual citizens of night and day.

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