

DECLINING TO DIE: ANOREXIA NERVOSA AND THE NINETEENTH-CENTURY FEMALE POET

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he title of this paper, "Declining to Die," suggests two paradoxical things: on the one hand, the stereotypical cameo of the wasting Victorian woman and, on the other, her absolute refusal to die. In keeping with this theme, I will begin with three short meditations on, and mediations of, the manifestations of nineteenth-century women's wasting, wanting and dis-ease. The first is used as an epigraph to Maud Ellmann's book *The Hunger Artists* which was originally taken from Florence Nightingale's tract, *Cassandra*:

To have no food for our heads, no food for our hearts, no food for our activity, is that nothing? If we have no food for the body, how do we cry out, how all the world hears of it, how all the newspapers talk of it, with a paragraph headed in great capital letters, *DEATH FROM STARVATION!* But suppose one were to put a paragraph in the *Times*, Death of Thought from Starvation, or Death of Moral Activity from Starvation, how people would stare, how they would laugh and wonder! One would think [women] had no heads or hearts, by the total indifference of the public towards them. Our bodies are the only things of any consequence. (1)

Nightingale wrote this in 1852. In 1869, Charles Dickens remarked on the extraordinarily visible nineteenth-century cases of women who apparently didn't eat, observing in the magazine *All the Year Round* that "fasting women and girls have made more noise in the world than fasting men" (Brumberg 61). This in turn is used as the epigraph to Joan Brumberg's much more recent work, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*. Finally, in something of a reverse order, Maud Bailey, A.S. Byatt's fictitious feminist academic with the Victorian name, writes a paper about "agoraphobia and claustrophobia" and Emily Dickinson's desire "to be closed into tighter and tighter impenetrable small spaces": her "voluntary confinement" (54).

"Confinement" in the nineteenth century was a telling term and for some time now it has been received feminist wisdom that Victorian images of womanhood were intimately connected with various symptoms of ill health. Although, as

Margaret Forster notes, "nobody in nineteenth-century correspondence ever seems to have been absolutely well" (21), there was and is, moreover, a common perception that not only the sufferers but the conditions they suffered from were significantly gendered female. Sandra Gilbert and Susan Gubar identified the "obsessive depictions of diseases like anorexia, agoraphobia, and claustrophobia" as a definitive element in the "distinctively female literary tradition" which their appositely titled work *The Madwoman in the Attic* sought to delineate for the first time (xi).

Gilbert and Gubar's monumental investigation into the female literary tradition is well known to be founded on theories of anxiety and what looks very much like a Freudian approach to the subject.¹ In this context, it is hardly surprising that they decline to draw a significant distinction between the physical, sociological, psychological and literary processes of incarceration with which nineteenth-century novelists and particularly poets had to contend:

Both in life and in art, we saw, the artists we studied were literally and figuratively confined. . . . For not only did a nineteenth-century woman writer have to inhabit ancestral mansions (or cottages) owned and built by men, she was also constricted and restricted by the Palaces of Art and Houses of Fiction male writers authored. (xi)

Although Gilbert and Gubar do distinguish between the figurative and the real—"the experience that generates metaphor and the metaphor that creates experience" (xiii)—the chiasmic structure of such expression reflects the increasingly interchangeable nature of the two central terms in their discussion. In this sense they become important predecessors for the critics whose work is the focus of discussion here.

In recent years, several critics have produced studies which claim, on either biographical or literary grounds, that Elizabeth Barrett Browning, Christina Rossetti and both the Emilys (Dickinson and Brontë) suffered from the disorder which we now call Anorexia Nervosa. I wish to make it clear from the outset of this discussion that it is neither my intention nor my desire to decide whether all, or indeed any, of these claims are true. In my opinion it is probably not possible to do so. I should also admit that much of the work in question is undoubtedly clever, deft, and luridly fascinating. But *that*, I suggest, is inextricably part of the point.

¹ See, for example, Toril Moi's assessment of the theoretical implications of Gilbert's and Gubar's position in *The Madwoman in the Attic*: "Their critical approach postulates a *real* woman hidden behind the patriarchal textual facade, and the feminist critic's task is to uncover her truth. In an incisive review of *The Madwoman in the Attic*, Mary Jacobus rightly criticises the authors' "unstated complicity with the autobiographical 'phallacy,' whereby male critics hold that women's writing is somehow closer to their experience than men's, that the female text *is* the author, or at any rate a dramatic extension of her unconscious" (61).

What I *am* setting out to do in this paper is not to consider "whether," but ask "why," and more particularly, to investigate to what effect do we engage in retrospective diagnosis, endorsing a fluid critical movement between the poet and the poem? In order to reconcile the competing demands of clarity and space, I will gesture towards the theoretical issues at stake through an examination of five specific yet "symptomatic" readings.

Broadly speaking, the critical material may be divided into two groups: that which primarily seeks to be biographical and that which focuses first on literary texts. It is endemic to the argumentative style of both that the distinction is not strictly maintained. I will examine the biographies first. *Elizabeth Barrett Browning: A Psychological Portrait* is by and large a pedestrian work, the pre-eminent interest of which lies in the identity of its author. The back cover flap claims that: "Peter Dally brings to this biography his special expertise as a leading psychiatrist and expert on anorexia nervosa." There is something curious about Dally's decision to move from writing textbooks on anorexia nervosa to nineteenth-century biography. At no point is this explained (perhaps we have no real right to expect that it should be), but the drive to incontrovertibly *name* and thereby to *explain* the cause of Elizabeth Barrett Browning's almost mythic incapacitation is suggested by the claim to originality on the jacket, whose blurb tells us that: "This biography tells us, for the first time, that her prolonged first illness at the age of fourteen was anorexia nervosa. For the rest of her life she kept herself thin, and during periods of emotional crisis she lost weight and became ill." In addition, Dally claims that "it was a combination of starvation and a cumulative overdose of opium which eventually caused her death."

While one must be wary of judging books by their covers, Dally's text itself is equally (and bluntly) self-assured. Dally seems disturbingly unconcerned that he is venturing into a world of multiple texts and contingent, because historical, truths. His diagnosis of Elizabeth Barrett Browning's anorexia nervosa is unqualified by any acknowledgment that ultimately we are in the realm of unrecoverable information. He describes what would appear to be Barrett Browning's attacks of "acute anxiety," then writes:

Anxiety states are particularly likely to occur in young adults and adolescents who have sensitive and highly strung natures, and are faced with seemingly intractable difficulties, as Elizabeth was. Throughout her adult life she would be prone to such bouts of anxiety and overbreathing. Extreme anxiety is painful and terrifying, and when it is prolonged, protective mental mechanisms tend to come into play and the anxiety symptoms are replaced by other psychological conditions. In Elizabeth's case, this was anorexia nervosa. (27)

Dally's lack of interest in Barrett Browning's poetry is likewise unselfconscious, and likewise striking.

Katherine Frank's biography of Emily Brontë seems immediately more aware of its literary and critical contexts, and senses the need to account for its very existence in these terms. The preface begins with Frank's admission that "a new Brontë biography inevitably requires some explanation: there are so many books on the Brontës already, and can it be that any more materials have come to light?" (1). As it transpires, "no dramatic revelations about the facts of her life have been made," but Frank justifies her enterprise on the basis that "our understanding of [Brontë's] personality, experience and writing has changed in fundamental ways in the last two decades" (1). It is Frank's contention that Brontë's life "is also a tale of hunger and starvation," and this is, she claims, "where I depart most radically from previous biographers. If Emily Brontë were alive today and could be prevailed upon to submit to psychiatric treatment . . . she would almost certainly be diagnosed as suffering from anorexia nervosa" (3).

The similarities with Dally's work are obvious, and Frank acknowledges her debt to him (6). However, Frank's argument does have an additional edge of sophistication which is suggested in the quotation above. Although the novelty of Frank's thesis is predicated upon a literal reading of Brontë's relationship to physical hunger and food (how much she ate and, more particularly, how much she didn't), Frank is equally eager to pursue an analysis of hunger in a metaphorical sense. She subtly departs from Dally when she writes:

I am less interested in retroactive medical diagnosis, however, than in what must have been the experience of her "illness" for Emily. How did it feel to be perpetually hungry and to deny that hunger? Even more importantly, how was this physical hunger related to a more pervasive hunger in her life—hunger for power and experience, for love and happiness, fame and fortune and fulfilment? (4)

It may seem that these comments do little more than reinvolve the archetype of the desiring Victorian woman whose needs have been socially and often personally repressed. In Gilbert and Gubar's argument depictions of illness, like those of madwomen, are indirect indications of material, social and psychological, as well as bodily, dis-ease. However, Frank is also tapping into feminist theorising of anorexia nervosa itself, in which the bodily condition is interpreted as symptomatic of a more general, familial and social malaise. Frank herself reflects upon this in the following terms:

When we move from the physical, bodily desire for food and perceive that hunger is a metaphor of sorts in the anorectic's life, it becomes clear that anorexia nervosa is not merely an "eating disorder" but a psychiatric state characterised by an overwhelming fear of chaos and an obsession with order and control. (5)

There is much more to be said about the relationship between the literal and the metaphorical, in both the experience of anorexia, and particularly in the critical narrativising of it. Suffice it to observe for now that crucial issues of subjectivity, agency and feminist politics are at stake. For our present purposes, the chief question raised by the anorectic and her body is to what extent is this kind of female body a literal, metaphoric, or metonymic text and whose meanings may we find inscribed upon it? From a feminist perspective, this last question may be answered equally well in two divergent ways. On one hand, a prominent theorist of anorexia, Susan Bordo, remarks that "anorexia appears less as the extreme expression of a character structure than as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distresses of our age . . . a variety of cultural currents or streams converge in anorexia, find their perfect, precise expression in it" (89-90). Maud Ellmann, however, aims "not to find the cause of self-starvation but to follow the adventures of its metaphors" (15). Within this (importantly) less literal framework, the body is liberated from any impulse towards self-preservation and is free to become a self-articulation, "the living dossier of its discontents, for the injustices of power are encoded in the savage hieroglyphics of its sufferings" (17).

Rather than seeking to choose between these essentially binary formulations—between anorexia as protest and anorectic as victim—I would like to point out that both readings depend upon the re-articulation and re-narrativisation of someone else's story. In some ways, then, it should come as no surprise that our symptomatic critics deal exclusively with poets. Faced with what is traditionally perceived as a "difficult" discourse, they seek refuge in a narrative which will explain away the strangeness of it all. This is certainly the effect of two relatively recent articles: one on Dickinson and another on Rossetti. In "Christina Rossetti's 'Goblin Market': A Paradigm for Nineteenth-Century Anorexia Nervosa," Paula Marantz Cohen self-consciously describes what she is doing:

The approach taken in this paper differs substantially from existing studies of "Goblin Market." It seeks less to interpret than to "diagnose" the poem—to trace in it a pattern of imagery, much as one might trace a pattern of symptoms in a psychiatric patient. Under this method of analysis, many of the poem's enigmatic elements finally become comprehensible. (1)

Cohen acknowledges a debt to Gilbert and Gubar, whose reading "paves the way for an examination of the poem in psychiatric terms—as a case study of a pathological form of renunciation" (3), but the similarities between the two approaches are more crucial than that. Most significantly, Cohen, like Gilbert and Gubar, is making a claim to understand "more properly" the *truth* of the poem. The goal of making everything in the poem "finally . . . comprehensible" relies on the idea that eventually we will find one "appropriate" and exact narrative to account for the poem which will simultaneously "become" more authentic. However, not only is the discourse of authenticity fraught with danger when it comes to literature, particularly women's and especially poetry, but the danger seems to be increased when the explanatory and totalising narrative is drawn from science. As Mary Jacobus and her editorial team note in the introduction to their anthology *Body/Politics: Women and the Discourses of Science*, "increasingly in the modern world, scientific discourses have come to articulate the authoritative social theories of the feminine body" (1). Although many of the feminist analyses of anorexia nervosa are in fact motivated by a desire to reclaim the feminine body which has been constructed by so many different narratives to so many different ends, I suggest that we must beware, in their application, of achieving only the same result.

Heather Kirk Thomas's discussion, "Emily Dickinson's 'Renunciation' and Anorexia Nervosa," proceeds along lines very similar to Cohen's. Like Cohen, Thomas uses the rhetoric of solving problems:

Since the death of Emily Dickinson in 1886 of "Bright's Disease" and the publication of what she called her "Snow," biographers and critics have proposed various motives for her nearly forty years of seclusion and renunciation: the unrealistic expectations of a Calvinistic father, the recurrent illnesses of a demanding mother, and the romantic disappointments of the "Master" period. She has been declared an anxious agoraphobic, a latent homosexual, a fixated child, and a restricted nineteenth-century female writer. . . . Yet in spite of our attempts to dismiss or explain the peculiarities of Dickinson's renunciative life, her puzzle remains unsolved. Although it is not my intent to finally resolve the enigma of her behaviour or her art, I suggest that not only does Dickinson's poetry display the obsessive patterns of starvation and renunciation typical of female victims of anorexia nervosa but that her life and her extant letters present nearly conclusive evidence that Dickinson herself suffered from this syndrome. (205-06)

Although Thomas disavows absolute answers, her argument drifts towards the definitive, to the extent that where physical evidence is concerned, Thomas's argument relies on hypothetical causation. While it is true that, in Thomas's words, "kidney failure, a diagnosis synonymous with the outmoded term 'Bright's Disease' entered on Dickinson's death certificate, is a typically tragic consequence" (209) of the bodily destruction wrought by anorexia nervosa, the death certificate itself is not infallible proof that Dickinson suffered from either. Likewise, there may be many explanations of Dickinson's "extraordinarily productive years of the early 1860s" aside from "the hyperactivity so common to anorexics" (217).

Both Thomas and Cohen are concerned with tracing the poetic evidence of anorexic sensibilities.² Cohen's central argument is that Laura and Lizzie embody the two contradictory attitudes towards food harboured by the textbook anorectic: the split of self-indulgence versus self-restraint. More significantly, however, Cohen extrapolates from the case of the poem to Rossetti's own circumstances:

Indeed, from what we can gather from the record of her life, Christina Rossetti probably developed anorexia nervosa in her teens and continued to suffer from the illness in some form ever afterward. Though we do not know what she weighed during her adolescence (only that she was quite slim), we do know that between the ages of twelve and sixteen her health and her personality underwent a radical change: she became withdrawn, overly sensitive, overly polite and exacting in religious matters, and began to suffer from the undiagnosed illnesses which would plague her throughout her lifetime. (10-11)

While it is true that, on the basis of scarce accounts, Rossetti suffered symptoms similar to those experienced by Barrett Browning at a similar age, it is obviously difficult to draw such firm conclusions. In the most recent biography of Rossetti, Jan Marsh notes that "there is no evidence that she lost weight, but she certainly lost all stamina and animation, falling into extreme weakness and lassitude." Furthermore, "at this distance it is not possible to offer a definitive diagnosis, but hysteria and depression suggest themselves" (51). Certainly, Marsh has her own theory to advance which is every bit as contemporary a narrative as the one about anorexia and suggestively compatible with it; one which the inside jacket cover calls "suspected sexual trauma" and Marsh would more likely describe as sexual abuse. It is beyond the scope of this paper to offer any further speculations upon this subject, although Marsh's biography is extremely detailed, readable, scholarly, and frightening. It is interesting to note, however, that such a theory must simultaneously rely on literary "evidence" as it seeks to explain the "dark secret," as the cover has it, "at the heart of her verse." In this respect, there are at least

² According to Cohen, "Goblin Market" is "a case study of the anorexic conflict as viewed from the distorted angle of the anorexic herself" (4).

superficial resemblances between Marsh's methodology and that of Lona Mosk Packer hypothesising a relationship between Christina Rossetti and William Bell Scott. If it does nothing else (and I am not hereby seeking to criticise Marsh), this should remind us that all critical narratives are inextricably of their time.³

Thomas's argument about Dickinson is most compelling when she draws together textual threads across a number of disparate letters and poems. The problem, however, lies in determining that Dickinson's various texts are motivated by an actual, physical condition. Thomas is in particularly difficult waters when she begins to draw a causal relation between "the anorectic's confusion of time and space—demonstrated by a tendency to concentrate on the immediate" (217)—and Dickinson's "intense" and "compressive" style. Not only does such rhetoric negate any concept of an active artistic agency in the poems' construction; it ignores thematic and typographical indications of self-conscious play. An overriding narrative of anorexia makes it extremely difficult to account for Dickinson's distinctive use, for example, of wit and humour. Thomas seems to be taking things a little too seriously when she interprets Dickinson's comment: "I hope Heaven is warm—there are so many Barefoot ones" as evidence of anorexic hypothermia (218).

However, the most disturbing result of Thomas's particular narrativisation of the poems is her conclusion that, for Dickinson, writing was a slightly deceitful form of self-therapy. As a means of justifying her own methodology whereby highly elliptical poetic fragments are inserted into the critical text as "evidence" for particular (anorexic) states of mind, Thomas writes:

Because at her request many of her private papers were destroyed after her death, only her extant letters and poems provide clues to her actual physical and mental health. Moreover, these clues can be elusive, as she was a writer who had not only mastered the art of concealment but also knew the significance of the word on the page . . . In fact, her public voice was not to be trusted. (221)

There is an unfortunate association of anorectics with malingering and deception which stems partially, perhaps, from the fasting girls which Charles Dickens describes.⁴ It is an equally unfortunate by-product of Thomas's argument that Dickinson is portrayed as one of them, as is her treatment of the abnormal compulsion behind Dickinson's art, which Thomas implies reduces all the poet's work to, not merely the *expression*, but the *excretion* of a pathological state of

³ It is interesting to note in passing that theories of unknown lovers have also been advanced to "explain" the works of Emily Dickinson and Emily Brontë. Barrett Browning's muse is well known.

⁴ Dally participates in this, claiming that there is an element of malingering in many neurotic and psychosomatic disorders (30).

body and mind. Feminist criticism has spent some time attempting to redress the imbalance whereby, for the Victorians, women were not *poets* but *poems* (Mermin 68), and it is disappointing to find that the same emphasis lingers in the arguments of both Cohen and Thomas.

I do not, however, mean to suggest that there is no place for interdisciplinary knowledge within the practices of literary criticism. In fact, another article on anorexia and "Goblin Market" suggests some of the ways in which such discussions might profitably proceed. Deborah Ann Thompson's "Anorexia as a Lived Trope: Christina Rossetti's 'Goblin Market'," produces a much less reductive analysis than Cohen's. While Cohen implies that the common critical impulse to read fruit in "Goblin Market" as overtly metaphoric is unnecessarily sophisticated because food is already metaphoric for the anorectic (5), Thompson is concerned with the inevitable interplay between literal and metaphorical readings of both anorexia nervosa the condition and "Goblin Market" the poem. Although Thompson values Cohen's reading of the poem, she makes an important and liberating alteration to Cohen's diagnostic logic: "Whereas Cohen reads 'Goblin Market' through the template of nineteenth-century anorexia, I would like to reverse the order and read nineteenth-century anorexia through 'Goblin Market'" (96).⁵ This brings one especially significant benefit to Thompson's reading, allowing her to complicate the question of agency of meaning within the poem. In Thompson's astute opinion, Cohen's approach "emphasises the individual pathology of the poem, but tends to neglect its power as social commentary" (91). That is, in Cohen's terms, "Goblin Market" as a discourse cannot function outside of its status as symptom of a primarily personal malaise. In contrast, for Thompson "the poem . . . is both a reflection *of*, and a reflection *on*, the consumption disorders of Victorian culture" (91).

It is not possible to overestimate the importance of this distinction, both in terms of a sympathy towards the positive endeavours of Victorian women and, simultaneously, towards the horrific sufferings of women then and now. This paper was primarily motivated by my sense that, in this collection of "symptomatic" readings, something strange was going on: my allegiance to the possibility of a female poet, which I freely admit, was more than a little disturbed. What, after all, does the claim that Barrett Browning, Brontë, Dickinson and Rossetti were anorexic signify? Isobel Armstrong has suggested that "too often to 'revalue' the Victorian poets is to claim that they were like us, but inadvertently" (2). Is this really what she meant? It is Cohen's proposition that the four prominent poets are merely visible examples of a much more prevalent disease (11). There may be something pertinent in that but there is likewise a fundamental flaw. It is commonly held that the anorectic speaks through her body because more direct

⁵ Thompson writes: "Not only does Cohen persuasively identify symptoms of obsessive-compulsive eating behaviors and anxieties within the poem, she also provides impressive biographical evidence that Rossetti's relations with food and her body size were ridden with anxiety" (96). In my opinion, Cohen does nothing of the sort.

expression is unavailable to her. However, one of the problems for both anorectics and their families is that the wasting body is an enigma, a "cipher text," the signifying powers of which are most difficult to decode.⁶ We may do everyone a disservice if, by over-valuing an anorexic narrative for these four poets, we accidentally endorse a causal connection between female creativity and disease. To return, in the manner of bio-critical rhythms, to where we started from: it is all very well for Dickens to evoke the "noise" of fasting girls but noise is what stops us from listening to what people have to say.



⁶ Mark Anderson writes: "To a disinterested observer, anorexia is now commonly perceived through a medical, psychologizing discourse that has already interpreted and explained the expressive content behind the symptoms of anorexia. To the person suffering from anorexia or those family members and friends actively involved with the disorder, this content is by no means evident. The anorexic body appears simply as an enigma, a 'cipher text' that requires medical attention before it can be understood" (38).

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