**Stretched Nerves and Suffering Minds: The Isolating Effects of Female Madness in *Villette***

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This article analyses the symbiotic relationship between Lucy Snowe's madness and isolation in Charlotte Brontë's *Villette* (1853). I argue that madness enhances isolation, and isolation enhances madness, through an exploration of Lucy's solitude. In the novel, Lucy endures enforced isolation as a treatment for madness, while she chooses other voluntary forms of isolation, such as the natural world, as a respite from social pressures. Through her relationships with Dr John and M. Paul, Lucy is observed by the male gaze, which is used to police her madness and impose gender conformity. By re-examining madness in line with approaches from Mad Studies as a unique identity rather than a classifiable mental illness, this article explores how thematic overlaps between Lucy's isolation and the current crisis can be realised through the text.

**Keywords:** Charlotte Brontë, femininity, isolation, madness, Mad Studies, male gaze, *Villette*

## Introduction

This year I found comfort in returning to *Villette* during the UK lockdown. My reading prompted me to contemplate on how themes within this particular novel resonate with the effects of coronavirus-related isolation on mental health. I considered how the effects of prolonged isolation open up new discussions about female creativity and emancipation as a response to limited individual autonomy. As such, this article explores how the symbiotic relationship between madness and isolation disrupts normative constructions of middle-class femininity in Charlotte Brontë's *Villette*. I investigate how Lucy's episodes of physical and emotional isolation affect her experiences of madness and the measures taken to treat it, which mirrors many characteristics of the ongoing global crisis. Further, I argue that ongoing concerns about isolation, agency and mental health illustrate the continued relevance of *Villette* in this contemporary moment, as the text can be used to bridge nineteenth-century representations of madness with recent developments in Mad Studies in order to explore isolation.

In this article, I understand 'madness' as a representational strategy for understanding Lucy's deviation from normative middle-class femininity, where traits such as passivity, self-

restraint and compliance were valued in the Victorian period. As Sarah Stickney Ellis claims in *The Women of England*: '[b]y neglecting to obtain an influence which shall be beneficial to society', 'melancholy victims of mental disease' became 'a burden and a bane to society at large'.[1] Although Ellis does not explicitly claim that madness is a form of cultural deviance, her preoccupation with its detrimental effect on society positions it as such. In contrast to Ellis's Victorian perspective, Brenda Ayres recently argues that, in the case of madness, 'one may demonstrate intellect, rational behaviour, and no outward signs of illness but still be deemed socially unfit', which is seen through Lucy's non-normativity despite her ability to perform her role as teacher and friend to others.[2] I argue that Lucy is to be understood as 'mad' because although she is confined by Dr John in order to treat what he perceives as mental illness, her madness goes beyond his medical paradigms and instead functions as an identity that challenges prescriptive gender norms and expectations. This identity is used by Brontë to reveal anxieties about femininity, agency, and patriarchy in the Victorian period. Rather than conceptualising madness as mental disease, this article analyses Brontë's use of madness in line with social and cultural ideas about female deviance in the nineteenth century, but it also suggests that madness can be seen as an individual, indefinable experience that is considered in relation to Mad Studies. Further, in drawing attention to Lucy's limited opportunities for self-exploration due to enforced isolation, I posit that her madness is sustained through prolonged physical seclusion and emotional loneliness.

Susan Anne Carlson recently wrote on the subject of *Villette* and mental difference, arguing that 'disability [...] heavily influenced Charlotte's writing process and her choice of content', where Lucy's plight was influenced by Brontë's own 'major depressive disorder' and experiences of depression.[3] This article departs from a scholarly tendency to diagnose characters and authors by challenging views of female madness as illness, which, as Lorna Duffin identifies, were propagated in the nineteenth century by doctors who believed that 'they

should be able to label the problem, to give it a name, rather than appear incompetent' when treating it.[4] Instead, I argue that Brontë uses madness as a device to highlight how Lucy's characterisation challenges normative constructions of femininity, alongside the isolating consequences of limited female agency in the Victorian period.

In analysing Lucy's madness as a unique experience rather than a classifiable disease, this article tests the methodological utility of Mad Studies. Mad Studies is an emerging theoretical field that, as Peter Beresford asserts, 'allows for social understandings and encourages appreciation of how we can be made mad by society and our circumstances in it'.[5] In synthesising how social and cultural ideas construe female madness and its interconnectedness to isolation, I explore how Mad Studies conceptualises madness in a way that goes beyond limiting classifications of mental illness. Mad Studies aims to challenge 'the conventional biological paradigm of "mental illness"', and it investigates how medical biases can be overcome in order to locate 'mad' people at the centre of their own narrative.[6] By drawing on Mad Studies, where Brenda LeFrancois, Robert Menzies and Geoffrey Reaume state that 'there are many ways to take up a Mad analysis', this article places *Villette* at the intersection of nineteenth-century and twenty-first-century understandings of madness in order to examine contemporary themes of isolation.[7]

The application of Mad Studies is currently limited to social debates and activism rather than literary studies, and scholars are yet to analyse Brontë's novel in connection with this field of inquiry. As Helen Spandler and Dina Poursanidou argue, 'Mad Studies is an emerging new critical project. As such, its purpose and future direction is open to debate [...] it is not fixed but in the process of becoming'.[8] The flexibility of Mad Studies therefore enables new comparisons to be made between madness, femininity and isolation in *Villette*. In developing the theoretical and methodological scope of Mad Studies through Brontë's final novel, I argue that Lucy's madness is a valid identity that presents an alternative to female passivity and

obedience, and that overlaps between her madness and isolation facilitate connections between *Villette* and the current crisis.

In the novel, Lucy's repeated encounters with Dr John and M. Paul obscure her overall sense of purpose, which in turn intensifies her isolation. Although Dr John and M. Paul develop relationships with Lucy on professional and interpersonal levels, the integrity of Lucy's relationship with them both is undercut by their perceptions of her madness. Dr John and M. Paul place Lucy within states of enforced isolation in order to fulfil specific purposes; Dr John confines Lucy with an intention to treat her, while M. Paul locks her in the attic in order to learn lines for his play: 'You must withdraw: you must be alone to learn this'.[9] However, Dr John and M. Paul also infiltrate and corrupt Lucy's own form of solitude, where she uses the natural world as a healing respite from social pressures; in essence, their gaze watches over every instance of Lucy's isolation throughout the narrative. In the following sections, I interrogate how Dr John and M. Paul's respective relationships with Lucy revolve around isolation as both an enforced and a voluntary state, and I analyse how this isolation mirrors her experiences of madness. Through madness, Lucy desires the freedom to construct an identity that goes beyond the expectations of normative middle-class femininity, but she is subdued by the oppressive effects of isolation that accompany it.

**Dr John and isolation**

After taking up a position as a governess and later as an English teacher at Madame Beck's school, Lucy encounters Dr John, whom she previously knew as Graham Bretton, 'a handsome, faithless looking youth of sixteen' (*V*, p. 11). Lucy observes, in the doctor who is 'full of faults' (*V*, p. 27), 'a seeming contradiction in the two views which have been given to Graham Bretton – the public and the private' (*V*, p. 128). In his character, 'there was something that pleased, but something too that brought surging up into the mind all of one's foibles and weak points' (*V*, p. 86). Dr John's doubled identity encapsulates the divide between public appearance and

private reality, which has implications for Lucy. This also revives memories of Lucy's childhood relationship with Dr John, as she 'went to Bretton about twice a year' (*V*, p. 1) to visit his family, and Lucy acknowledges how their adulthood relations are now complicated by her unrequited love and his patriarchal dominance.

While a scholarly focus on the dynamics of the gaze in *Villette* is not new, a focus on how this gaze operates in relation to madness, femininity and isolation has not yet been directly addressed.[10] In developing feminist arguments that examine cultural views of Victorian femininity as passive and objectified through the male gaze, I argue that Dr John and M. Paul use the male gaze and enforced isolation as tools for reinstating gendered conformity.[11] As both characters observe Lucy in personal and professional capacities, madness is policed and treated as a form of female deviance or abnormality that challenges ideological paradigms of feminine behaviour. In the Victorian period, male power existed within a broader structure of patriarchy. In particular, Tabitha Sparks argues that doctors could 'expertly traverse professional and domestic realms, expanding their vocational powers [...] personal relationships in the novel are subjected to the objectifying gaze of modern science'.[12] In respectively examining Dr John and M. Paul as Lucy's doctor and professor at the Pensionnat, I demonstrate how the male gaze is a method of surveillance that often goes unchallenged but not unnoticed by Lucy, as each male character's patriarchal authority underpins the operations of madness, gender and isolation that she endures.

In adulthood, the gaze is drawn upon by Lucy and Dr John as a way of negotiating this struggle between female autonomy and medical power, as Lucy becomes his patient rather than his childhood friend. Lucy observes Dr John before he can observe her as a way of defending herself against objectification: 'I liked entering his presence covered with a cloud that he had not seen through' (*V*, p. 162). Initially Lucy, with her 'direct, inquiring gaze', is 'a mere looker-on at life' (*V*, p. 129). She discreetly watches others, and her observation of Dr John continues

even retrospectively: ‘Reader, I see him yet, with his look of comely courage and cordial calm’ (*V*, p. 243), Lucy states, describing his professional yet personable gaze purportedly justifying his medical power. In her examination of *Villette*, Beth Torgerson claims that ‘Lucy learns to read Dr John, but Dr John never learns to read Lucy’ due to his reliance on medical fact rather than social sensitivity.[13] However, Dr John does observe Lucy, but his gaze is more covert, as he warns her: ‘[w]e each have an observant faculty. You, perhaps, don’t give me credit for the possession; yet I have it’ (*V*, p. 295). Dr John’s ability to observe exposes Lucy’s objectification; her position as an observer is undercut when Dr John matches her gaze with his own. Lucy’s subordinated position and her deviation from normative femininity through madness are counteracted by Dr John’s own ‘wish to look rather than converse’ (*V*, p. 292) through his dominance as man and doctor. Despite his intention to treat Lucy’s episode, Dr John’s reliance on medically recognised methods of diagnosing madness means that he overlooks its emancipating effects.

Dr John diagnoses Lucy with ‘hypochondria’, a term used in the period by the physician James Cowles Prichard to describe ‘nervous excitement [that] often produces disorder [...] such a state is in frequent instances a prelude to insanity’.[14] For Lucy, the label is claustrophobic: ‘she just looks in and sees a chamber of torture, but can neither say nor do much’ (*V*, p. 170). As a result of madness, Lucy is confined within Dr John’s home in order to recover, yet she is ‘racked and oppressed in mind’ (*V*, p. 146) through her isolation. As such, Lucy demonstrates what Robin Downie describes as ‘the powerlessness of the individual against “expert” medical opinion’.[15] Dr John’s position in the text suggests that medical authority is paramount, and perhaps also dominated by doctors who, like him, are ‘so immovable in their dry, materialist views’ (*V*, p. 239) through their conceptualisations of female madness. Although Lucy communicates her doubts in the line: ‘[n]ot one bit did I believe him; but I dared not contradict: doctors are so self-opinionated’ (*V*, p. 239), she does not have the power — like Mrs Bretton

— to oppose his authority, yet her internal rejection mirrors a refusal to be defined by a medical label.

Sarah Maier claims that 'the medical men's blind diagnoses' is an attempt to silence a woman's 'truthful account of [her] experiences in an unusual or creative manner'.[16] This dynamic can be seen in *Villette*, for example, through Lucy's beliefs about the nun, which Dr John dismisses: '[o]f course with him, it was held to be another effect of the same cause: it was all optical illusion – nervous malady, and so on' (*V*, p. 237). Lucy's defiance against Dr John's medical views parallels with foundational principles of Mad Studies, where LeFrancois, Menzies and Reaume further illustrate how the madness of individuals can be understood 'within the social and economic context of the society in which they live'.[17] However, Dr John's preoccupation with biological paradigms of mental illness ultimately isolates Lucy further, as her own views are incompatible with the hegemony of medical, patriarchal power that underpinned much nineteenth-century thinking.

In addition to her medical label, Lucy's experiences of isolation are heightened during her confinement at the Bretton household. After she endures 'a long, black, heavy month' (*V*, p. 142) of isolation at the school, Lucy is placed in Dr John's 'very safe asylum' (*V*, p. 159), where the primary meaning of the term 'asylum' to connote a safe space sometimes seems to Lucy to overlap with a more clinical application of the term, as the home also functions as a setting for treating madness. When recounting the detrimental consequences of her solitude, Lucy describes how her 'nervous system could hardly support what it had for many days and nights to undergo in that huge, empty house' (*V*, p. 144). Under Dr John's regime, Lucy's enforced isolation echoes contemporary regulations regarding isolation. In the UK, national lockdowns were enforced in March and November 2020, and again in January 2021 to encourage individuals to stay indoors through 'societally sanctioned forms of involuntary seclusion'.[18] Thiago Matias, Fabio Dominski and David Marks highlight the negative effects

of enforced isolation, where 'uncertainty, loss of social contacts, confinement' inevitably lead to 'aggravated feelings of loneliness that likely will produce negative long-term health consequences'.[19] Lucy's treatment and the current crisis demonstrate similar themes of isolation. Yet, in *Villette*, Brontë negotiates Lucy's isolation in terms of gender roles and female deviance rather than the infectious medical symptoms that Matias, Dominski and Marks emphasise in their study.

The rising number of asylums in Victorian England also brought approaches and treatments towards 'mad' individuals into question, as the Lunacy Act 1845 was introduced in the decade prior to *Villette*'s publication. Elaine Showalter describes how Brontë visited Bethlem and Pentonville prison, and 'had seen how frighteningly effective solitary confinement could be'.[20] These prolonged effects of seclusion influenced Brontë's writing, where Lucy reflects on how 'few persons can enter into or follow out of that of going mad from solitary confinement' (*V*, p. 255). In turn, Brontë draws upon Lucy and Dr John's male-female dynamic in order to highlight the gendered effects of isolation. With the birth of the asylum came a shift in control over female madness, as patriarchal power transitioned from the father or husband within the home to the medical professional outside it. As Showalter argues, Victorian asylums were designed 'to house female irrationality' and 'cure it through paternalistic therapies' and interventions.[21] It is therefore unsurprising that Dr John's own form of enforced isolation exists under the guise of a nurturing home but is used by Brontë to represent Lucy's limited autonomy. During her confinement at the Bretton household, Lucy narrates the interior details of her environment:

> My bed stood in a little alcove; on turning my face to the wall, the room with its bewildering accompaniments became excluded [...] on the green space between the divided and looped-up curtains, hung a broad, gilded picture-frame enclosing a portrait [...] with a sunny sheen; penetrating eyes, an arch mouth, and a gay smile. (*V*, p. 157)

Here, Lucy's desire for privacy within Dr John's setting is unfulfilled, as Brontë highlights a disjunction between Lucy's individual madness and Dr John's attempts to cure it. This can be seen through the semantic connotations of the terms 'excluded' and 'divided'. The former term emphasises Lucy's physical and emotional segregation from society, while the latter signals a rupture or separation. Brontë encapsulates the isolating effects of Lucy's madness through the sense of detachment that is echoed through her setting, and her solitude is further emphasised through the seclusion of her 'little alcove' within Dr John's domain. Lucy's deviance through madness means that Dr John's setting becomes a site for comprehending her 'divided' self, and his treatment is an attempt to reconcile Lucy with the cultural ideologies that uphold normative femininity. Yet, each object within Lucy's room, such as the portrait that belongs to and revolves around Dr John, recapitulates how her environment and method of recovery are literally dominated by everything that is his. Even in his physical absence, the unsettling and 'penetrating' eyes of his portrait survey Lucy during her confinement. Like his portrait, a patriarchal, medical 'sheen' of respectability glosses over Dr John's purportedly effective treatment of enforced isolation.

**Negotiating madness and isolation within and beyond domesticity**

In the mid-Victorian period, ideals of normative middle-class femininity were also promoted through figures of the 'angel in the house' and the 'True Women'. These ideals would later be apotheosised through Coventry Patmore and John Ruskin's respective works of *The Angel in the House* (1854) and *Sesame and Lilies* (1865), both of which celebrated the subordinated position of women. The 'True Women', Patricia Branca explains, 'became the guardian of morality, the citadel of respectability [...] righteous, gentle, sympathetic, and most of all submissive'.[22] It is therefore possible to comprehend why Dr John seeks an alternative romantic companion in the form of Polly, as he is used to represent social pressures associated with policing and upholding normative feminine behaviours. As a foil to Polly, Lucy's relationship

with Dr John becomes strictly medical, as he informs her: 'I look on you now from a professional point of view' (*V*, p. 231).

In choosing Polly over Lucy, Dr John illustrates how female subservience is preferable to female madness, an idea that Brontë also dramatises in *Jane Eyre*, where Edward Rochester chooses plain Jane over his rebellious, mad wife Bertha. As a 'small, delicate creature' (*V*, p. 246) who accepts her subordinate position, Polly is fully committed to Dr John because 'her natural place seemed to be at his side' (*V*, p. 263). Even the underlying sentiment behind Polly's surname, 'Home', reinforces how her identity is thoroughly rooted within the heart of domesticity; she appeals to Dr John because she aspires to 'exist in his existence' (*V*, p. 20) without any agency of her own. By contrast, in a letter to W. S. Williams prior to the publication of *Villette*, Brontë justifies Lucy's surname of 'Snowe'. Brontë explains how Lucy 'has about her an external coldness', and that she 'is both morbid and weak at times; her character sets up no pretensions to unmixed strength'.[23] Above all, Lucy's fragile characterisation supports how her madness is readily controlled by others, and how her distress is catalysed through repeated 'solitary' experiences in the form of enforced isolation.[24] She is excluded from the warmth and compassion that other characters like Dr John and Polly enjoy, and it is this isolating exclusion that confirms how Lucy's frostiness is incompatible with the warmth of Polly's domestic hearth.

Structural aspects of the novel further support this premise, as Polly and Dr John's union represents tranquillity and contentment in a chapter entitled 'Sunshine'. In contrast, Lucy is entirely stagnant and isolated in the chapter that follows, which is entitled 'Cloud'. As a social anomaly who is physically and emotionally segregated through madness, Lucy is incompatible with the values that her society upholds. Phillip Mallett emphasises how 'the domestic ideal offered no place to the single woman [...] she had either to exist on the margins of society or sink out of it altogether'.[25] Lucy's marginalisation echoes the plight of many

Victorian women who also challenged these social strictures, and her emotional solitude means that isolation — not the 'domestic ideal' of marriage or motherhood — is her only course.

Lucy's madness and isolation can also be used to highlight distinctions between the domestic sphere and the outdoor environment, which corresponds with themes of the current crisis. The natural world is a form of refuge that Lucy chooses herself. It is presented as an antidote to Dr John's claustrophobic enforced isolation, and it is preferred by Lucy for its healing qualities. With reference to the current crisis, outdoor refuge — in line with social distancing rules — is seen as favourable by many over the suffocating indoor environment. Peijie Chen et al. emphasise how individual agency is currently limited, and that 'there is a strong rationale for continuing physical activity', which 'is an important strategy for healthy living during the coronavirus crisis'.[26] In *Villette*, Lucy's outdoor respite provides a liberating glimpse into how madness and isolation can co-exist together in a way that is temporarily unaffected by the male gaze. Unlike Dr John's enforced isolation as a method of recovery, Lucy creates her own healing form of solitude in the garden. She enjoys 'one taste of the evening breeze' and 'the seclusion, the very gloom of the walk', and she 'linger[s] solitary' over the grounds (*V*, pp. 97–8). However, Lucy's seclusion is eventually invaded by 'the intrusion of a man' (*V*, p. 102), Dr John, as he encroaches on her private thoughts and activities. Dr John 'penetrated at last the "forbidden walk"' (*V*, p. 102) — 'trampling flowers and breaking branches in his search' (*V*, p. 102) — leaving Lucy's area 'trodden down' with his 'footmarks' (*V*, p. 105). This exemplifies the destructive effects of patriarchy and medical authority, both of which disturb other forms of isolation that function as remedies for female distress. In particular, the term 'trodden' encapsulates how Dr John physically and metaphorically destroys the sanctuary that exists beyond his watchful eye. In this thread, Brontë's representation of Dr John can be seen as attending to issues later raised by Mad Studies. In their study, LeFrancois, Menzies and Reaume argue that 'the ever-shifting relations between psychiatry, society [and]

the individual' can be seen through madness.[27] Indeed, Brontë captures similar dynamics through Lucy and Dr John, where tensions between the powerless individual and the medical professional underpin the workings of female madness in *Villette*.

**M. Paul, isolation and the attic**

Following Dr John's attempt to treat Lucy's madness, she is met with the equally intrusive gaze of M. Paul. As with Dr John, Lucy's relationship with M. Paul is ambivalent; he is 'spiteful, acrid, savage' (*V*, p. 319) in his persistent criticism of Lucy, despite their eventual romantic union. Yet, their promise of marriage is ultimately deflected and left ambiguous by Brontë: '[l]et [readers] picture union and a happy succeeding life' (*V*, p. 463). Potentially, Lucy evades the traditional marriage plot because of the isolating effects of her madness; her emotional solitude does not waver even when she forms meaningful connections with others.

Like Dr John, M. Paul also places Lucy in enforced — rather than voluntary — isolation, but he chooses the attic as a place of containment. At the time of Brontë's writing, the attic and the asylum were used by family members and physicians alike in order to contain madness, a cultural tradition that Showalter calls 'the Victorian enterprise of domesticating madness'.[28] In both cases, this highlights the necessity of segregating madness as a form of social deviance, but Brontë also uses physical isolation to reflect Lucy's ongoing emotional loneliness. As M. Paul forces Lucy to rehearse alone for his play, she is without any 'time or power to deliberate' (*V*, p. 123) or protest against her confinement. During her isolation, Lucy narrates her anguish: 'to the solitary and lofty attic I was borne, put in and locked in [...] [t]he attic was no pleasant place' (*V*, p. 123). Here, M. Paul's method of enforced isolation is juxtaposed with Dr John's; yet, both male characters restrict Lucy's autonomy by confining her. In doing so, M. Paul counteracts what Sandra Gilbert and Susan Gubar label 'the potential dangers of the imagination for women' by giving Lucy a very specific subject of his play to focus on within the backdrop of an isolating environment.[29]

Further, Gilbert and Gubar's concept of the 'madwoman in the attic' can be realised through M. Paul's attempt to confine Lucy, where he is likened to 'a species of tyrant or Blue-beard' (*V*, p. 125). In their seminal text, Gilbert and Gubar discuss how idealistic images of the 'angel in the house' and the rebellious madwoman are inexplicably bound together. The repressed potential of many nineteenth-century women writers is expressed through literature because women had no other space or place of their own. Consequently, if female creativity — as an alternative to self-restraint, passivity, and obedience — appears in the form of madness, then it is unsurprising that Dr John and M. Paul isolate Lucy in order to manage or comprehend her difference. This is a dynamic that is replicated across other novels by Emily and Charlotte Brontë, as Catherine Earnshaw in *Wuthering Heights* and Bertha Mason in *Jane Eyre* are also isolated through madness. Indeed, the limitations of female creativity would not have been unfamiliar to Brontë as a writer who repeatedly published under a male pseudonym. Brontë explains in her 'Biographical Notice' that her 'mode of writing and thinking was not what is called "feminine"', and she acknowledges that 'authoresses are liable to be looked on with prejudice'.[30] In *Villette*, Brontë highlights how madness diametrically opposed culturally constructed expectations of femininity through Lucy, and so it is controlled rather than celebrated by characters like Dr John and M. Paul.

Like Dr John, M. Paul also deploys the male gaze, as Lucy narrates how '[t]he little man fixed on me with his spectacles [...] he meant to see through me' (*V*, p. 58). In both cases, Lucy is overshadowed by a patriarchal gaze that intensifies her isolation; 'I was vaguely threatened with, I know not what doom, if I ever trespassed the limits proper to my sex' (*V*, p. 329). In the nineteenth century, physiognomy was a popular practice, as Sharrona Pearl claims that it 'achieved almost universal penetration into the Victorian conciousness'.[31] The activity became widespread after the circulation of Johann Caspar Lavater's writings on physiognomy, where reading the facial expressions of others became a site for understanding moral

constitution. In *Villette*, the physiognomic gaze is the first instance where M. Paul 'reads' Lucy in order to dominate her; 'I watched you, and saw a passionate ardour for triumph in your physiognomy' (*V*, p. 142). M. Paul's observation is more blatant than the invisible force of Dr John's watchful eye, but Brontë emphasises how the male gaze, in different measures and capacities, is utilised as a tool for understanding female difference. Sally Shuttleworth describes physiognomy in *Villette* 'not [as] a neutral system of character classification' but as an 'explicit goal of redrawing the map of social hierarchy'.[32] This exemplifies how M. Paul's control is wholly concerned with the ability to use his gaze in order to objectify and understand female difference, which has both isolating and liberating effects for Lucy.

This navigation of the 'social hierarchy' is seen most clearly through M. Paul's lunettes, which he uses to objectify Lucy explicitly. Beth Newman asserts that Lucy is '[l]iterally and figuratively seen through M. Paul's lunettes [...] her own immobility thus dissipates'.[33] Newman's argument can be developed further, however, as Lucy destroys the 'really terrible' (*V*, p. 304) lunettes that evoke a 'blank and immutable terror' (*V*, p. 305) before they can destroy her. As such, Lucy temporarily reclaims her individual agency by destroying the object that facilitates the intrusive male gaze. After shattering his lunettes, M. Paul despairs that Lucy is 'resolved to have [him] quite blind and helpless in [her] hands!' (*V*, p. 306). Lucy describes how 'each clear pebble became a shivered and shapeless star' (*V*, p. 306) when viewing the broken remains of M. Paul's observation tool. Her poetic description of the broken spectacles illustrates how M. Paul's gaze also becomes 'shapeless' in this moment, as her act temporarily suspends the patriarchal operations of a panoptic society. As a result, Lucy wrestles with the male gaze in order to shield herself from further objectification, as the 'shapeless' remains of the lunettes — a tangible representation of the male gaze — resemble instead the fragmented yet valuable aspects of Lucy's identity that she seeks to protect.

Nevertheless, Brontë revisits the male gaze through M. Paul's alternative mode of surveillance later on, as he adopts a private space overlooking the Pensionnat garden 'virtually for a post of observation' (*V*, p. 340). In his explanation, M. Paul notes his preference for policing Lucy's movements: '[m]y book is this garden; its contents are human nature – female human nature. I know you all by heart' (*V*, p. 340). In this example, M. Paul exchanges his lunettes for the lattice as a mode of observation, where he continues to gaze in order to access the psychological interior of female characters. As such, Lucy is met with a different yet equally intrusive form of observation, and once again her preferable form of solitude, in the form of nature, is overshadowed by the male gaze.

Connections between female autonomy, isolation and the natural world are also seen through Brontë's description of M. Paul's birthday. With the exception of Lucy, all pupils and teachers, 'neatly arrayed, orderly, and expectant' (*V*, p. 316), present him with flowers. The nineteenth century saw a rise in the popularity of floriography, especially after the publication of Robert Tyas's *The Sentiment of Flowers, or, Language of Flora* in 1836. However, for the unconventional Lucy, flowers are meaningless. As Lucy explains to the reader: 'I like to see flowers growing, but when they are gathered, they cease to please. I look on them as things rootless and perishable; their likeness to life makes me sad' (*V*, p. 316). Flowers, which are closely associated with M. Paul in this particular example, are deemed to be worthless. Through this description, Lucy's preference for isolation on her own terms is evident. Lucy becomes dissatisfied with the flowers when they are clustered together. Their potential for cultivation, as a visual representation of the development of Lucy's madness, is stunted when it is disturbed, which links back to Lucy's garden that was corrupted by Dr John. Therefore, nature only fulfils its purpose as a respite when it is not scrutinised by the male gaze that seeks to control the female characters within it. Lucy recognises that flowers become 'rootless' and 'perishable' once they are transplanted from their fertile setting and used to fulfil an alternative, decorative

purpose. Like the flowers, Lucy's own individual growth is underdeveloped when her own form of natural solitude is corrupted. The flowers' 'likeness to life' (*V*, p. 316) catalyses Lucy's resentment towards the patriarchal systems that police female agency, and her own attempt to rebel from normative ideals through madness ultimately isolates her further.

**Conclusion**

Lucy's madness, that can be understood as a non-normative feminine identity rather than a classifiable mental illness, constructs and is constructed by isolation throughout the novel. The symbiotic relationship between Lucy's madness and isolation is sustained through a rejection of, and a resistance to, her gendered constraints. The male gaze of Dr John and M. Paul — as a form of surveillance that polices non-normative feminine behaviour — is strongly reinforced through Lucy's isolation. Contemporary issues presented by the current crisis, such as limited individual autonomy and enforced states of confinement, are anticipated in *Villette* through Lucy's negotiation of her madness and the ways in which it is queried or controlled by others. Brontë's narrative stands to represent the dialogue of gender and madness in the nineteenth century; yet it also enables productive comparisons to be made with the ongoing crisis and its timely focus on isolation, agency, and mental health. Like Lucy, current readers may find imagining a future to the present situation difficult, but *Villette* is a good place to start in reconciling themes within the Victorian novel with concerns of the modern day, and to reflect on both the dangers and the benefits of isolation.

**Notes**

[1] Sarah Stickney Ellis, *The Women of England* (New York: Appleton, 1837), pp. 43-4.

[2] Brenda Ayres, 'Neo-Victorian Maladies of the Mind', in *Neo-Victorian Madness: Rediagnosing Nineteenth-Century Mental Illness in Literature and Other Media*, ed. by Brenda Ayres and Sarah Maier (New York: Springer, 2020), p. 19.

[3] Susan Anne Carlson, 'The Impact of Clinical Depression on Charlotte Brontë's *Villette*', *Brontë Studies*, 45.1 (2020), 13-26 (p. 14).

[4] Lorna Duffin, 'The Conspicuous Consumptive: Woman as an Invalid', in *The Nineteenth-Century Woman: Her Cultural and Physical World*, ed. by Sara Delamont and Lorna Duffin (Oxon: Routledge, 2013), p. 37.

[5] Peter Beresford, '"Mad", Mad Studies and Advancing Inclusive Resistance', *Disability and Society*, 34.1 (2019), 1337-1342 (p. 1341).

[6] Brenda LeFrançois, Robert Menzies and Geoffrey Reaume, 'Introducing Mad Studies' in *Mad Matters: A Critical Reader* (Toronto: Canadian Scholars' Press, 2013), p. 3.

[7] LeFrançois, Menzies and Reaume, 'Introducing Mad Studies', p. 13.

[8] Helen Spandler and Dina Poursanidou, 'Who is included in the Mad Studies Project?', *Journal of Ethics in Mental Health*, 10 (2019), 1-20 (p. 1).

[9] Charlotte Brontë, *Villette* (Ware, Herts: Wordsworth, 1993), p. 123; hereafter *V*.

[10] See Sally B. Palmer, 'Projecting the Gaze: The Magical Lantern, Cultural Discipline, and *Villette*', *Victorian Review*, 32.1 (2006), 18-40 and more recently Leila Silvana May, *Secrecy and Disclosure in Victorian Fiction* (Abingdon: Routledge, 2017), 40-78.

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[12] Tabitha Sparks, *The Doctor in the Victorian Novel* (Farnham, Surrey: Ashgate, 2009), p. 13; p. 20.

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[17] LeFrançois, Menzies and Reaume, 'Introducing Mad Studies', p. 3.

[18] Thiago Matias, Fabio Dominski and David Marks, 'Human Needs in COVID-19 Isolation', *Journal of Health Psychology*, 25.7 (2020), 871-882 (p. 876).

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[21] Showalter, *The Female Malady*, p. 17.

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[23] Elizabeth Gaskell, *The Life of Charlotte Brontë* (London: Penguin, 1997), p. 392.

[24] Gaskell, *The Life of Charlotte Brontë*, p. 392.

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[26] Peijie Chen et al., 'Coronavirus Disease (COVID-19): The Need to Maintain Regular Physical Activity while taking Precautions', *Journal of Sport and Health Science*, 9 (2020), 103-104 (pp. 103-4).

[27] LeFrançois, Menzies and Reaume, 'Introducing Mad Studies', p. 30.

[28] Showalter, *The Female Malady*, p. 18.

[29] Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*, 2nd edition (Yale: Yale University Press, 2000), p. 304.

[30] Charlotte Brontë, 'Biographical Notice of Ellis and Acton Bell', in *Wuthering Heights and Agnes Grey* (London: Smith, Elder and Co, 1850), p. ix.

[31] Sharrona Pearl, *About Faces: Physiognomy in Nineteenth-Century Britain* (Massachusetts: Harvard University Press, 2010), p. 2.

[32] Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 1996), pp. 58-9.

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