

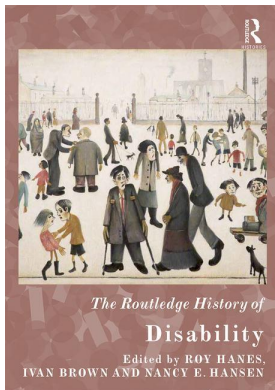
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JANE AUSTEN AND ME: TALES FROM THE COUCH

Diane Driedger

I read Jane Austen's (1775–1817) novels as a teenager, and I loved *Pride and Prejudice* for its thrust and parry between men and women. But, rereading her novels as an adult, I noticed that there were many characters like myself in her books. There were characters that had ongoing health issues, who needed to lie on the couch a lot (*Mansfield Park*, *Persuasion*), who took to their beds and worried when their nerves were frayed (*Pride and Prejudice*, *Emma*), who could sometimes go out for long walks and at other times not (*Mansfield Hall*). I have had fibromyalgia for over 20 years and the experiences of these characters resonated with me. I'm being written about, at last, I thought.

Jane Austen critics, who have discussed Austen and the body, have the interpretation that the characters with lingering health issues were malingerers, hypochondriacs, and hysterics (Miller, 1990; Wiltshire, 1992). In my literature review, I have not encountered critics who understand that perhaps these characters had chronic illnesses that we now know as lupus, chronic fatigue, fibromyalgia, arthritis, depression etc.

This chapter will discuss the Austen characters that relate to my own life with chronic illness and disability. I will discuss the current state of social attitudes towards my disability and how this relates to Austen's characters and attitudes towards invalidism in her day. I will examine the novels, the work of literary critics about the novels, and current-day film versions of the books for their view on invisible disability and chronic illness.

Austen also experienced chronic illness 1816–1817, perhaps Addison's disease, (Miller, 1990; Austen-Leigh & Austen-Leigh, 1965), and wrote letters about taking to her couch and about the damp weather affecting her back. She wrote the unfinished novel, *Sanditon*, during this time, which focuses on many people with chronic illnesses going to the sea for relief. I will discuss her illness' possible impact on her writing.

In-valids in the late 18th and early 19th centuries

A key concept to consider in all of the books is the notion of "the invalid". In Jane Austen's day, England in the early 1800s, an invalid was seen as a person with delicate health who stays at home a lot and lies around or sits around being quiet, so as not to aggravate his/her "condition." An invalid was a person whose physical condition was not fixable, was not going to get better. Therefore, the person was mostly house bound and bedridden for a long period of time. I have thought about this word—in-valid—if you break it down. So, if I act like an invalid, am I in-valid? Not valid?

Have no place? There was a role for in-valids in the 1800s. Maria Frawley, in her book *Invalidism and Identity in Nineteenth-Century Britain* (2004), claims that even though invalids were seen as delicate, they still did a lot of work and they also travelled. In addition, invalids were seen as morally superior in many ways to those others who were part of the rat race of working in a rapidly industrializing society.

Invalids as workers and socializers

Florence Nightingale was a well-known invalid in the mid to late 19th century, who actually did a lot of her important work building the nursing profession from her sequestered bed: “Responding to an admirer who had written to ask after her health, Florence Nightingale once wrote: ‘I am an incurable invalid, entirely a prisoner of my bed (except during a periodical migration) and overwhelmed with business’” (Frawley, p. 1). Nightingale, even though she spent most of her time in bed, still did work. Being in one’s bed afforded a place of contemplation, quiet, a place to write letters, articles and books, and a retreat from a busy work world outside the home. England was fast industrializing and people were becoming much busier. There were even male workers who became invalids themselves through working too hard, too many hours, with too much stress (Frawley, 2004).

Invalids were also not expected to participate in going out to events or socializing outside their bed. Even so, invalids held court at their bedside to social gatherings and friends. In fact, Elizabeth Gaskell, a well-known novelist and short story writer at the time, in her book, *Round the Sofa* (1913), featured a “crippled” woman who hosted a weekly Monday night soiree of friends, which was well-attended.

Invalids had a lot of time on their hands. Some wrote books and shared their experiences with other invalids. One such author was Harriet Martineau, a pioneer in the field of sociology and a woman who wrote about her own life experiences as an invalid. She experienced gynaecological problems that were deemed incurable by doctors and the symptoms were very painful and disabling. During this time, she wrote about her experience of the sickroom, saying that she dedicates the book to fellow invalids, as a way of telling her story to others who know what she is experiencing. She ends her dedication with a wish that her words may help other invalids:

If they [words] should have the virtue to summon thoughts, which may, for a single hour, soften your couch, shame and banish your foes of depression and pain, and set your chamber in holy order and something of cheerful adornment, I may have the honour of being your nurse, though I am myself laid low. (Martineau, 1844, p. xii)

Thus, on one hand invalids were in-valid as they did not participate in everyday life with its work tensions and social obligations, and on the other, they were still contributing their productivity to society.

Invalids as morally and religiously enlightened

Frawley posits that invalids in the 1800s saw that they had an opportunity to become closer to God through their suffering and “Illness, many nineteenth-century invalids

argued, conferred on the sufferer a far more valuable form of status, the status that came with the priceless opportunity to experience and exhibit grace” (p. 158). Invalids believed that God provided them the stoicism and strength to bear the pain and suffering of their illnesses which they have shared about in diaries, letters and books of devotions meant for other invalids.

Invalids, such as Harriet Martineau, thought that being couch-ridden afforded her the time and space to think about the larger issues of humanity such as good and evil, pain and suffering. She was not rushing about doing things like the rest of the industrializing society around her. She discovered that, there were lessons she learned: “while the troubles of that night-season [pain and suffering] are thus sure to pass away, its products of thoughts and experiences must endure” (Martineau, p. 24).

Invalids as travellers

There were invalids who travelled to better their health. There was a movement led by Henry Matthews through his diaries written while travelling as an invalid in 1817–1819. He believed that moving around from place to place could help invalids feel better, having “ventured from England to Lisbon and on to Pisa, Florence and Rome as an invalid traveller, Matthew came to believe that motion helped to restore ‘equilibrium’ between mind and body and bestow tranquility on the anxiety-ridden sick person” (Frawley, 2004, p. 113). It was also believed by some invalids that there were climates that made them feel better, climates other than the city, or the winter weather of England. Indeed, in Jane Austen’s time and for the rest of the 19th century, going to Bath, a seaside town, to take the waters was seen as an act of healing or at least feeling better for invalids.

Are all of these invalids’ experiences apparent in the writings of Jane Austen? I will now look at three of Austen’s novels and their images of “invalids”.

Mansfield Park

Mansfield Park is a novel about Fannie, an orphan, who is taken in by her Aunt and Uncle Bertram. As the book unfolds it is apparent that Fannie became the Lady Bertram’s companion. Lady Bertram lies on the couch in the parlour everyday and most evenings with her dog, Pug. She appears to be an invalid, laid up with chronic fatigue and languor. Austen describes her as indolent and not having interest in going out with her daughters—and one of the duties of a mother is to show interest in her daughters: “Lady Bertram did not go into public with her daughters. She was too indolent even to accept a mother’s gratification in witnessing their success and enjoyment at the expense of any personal trouble” (Austen, 2008a, *Mansfield Park*, p. 34). Instead, Lady Bertram’s sister took on these duties in her place. The use of the word “indolent” gives a negative connotation to the motives of Lady Bertram, that she does not care at all, perhaps. This brings to mind the “moral” issues of having a chronic illness.

When I first experienced my onset of fibromyalgia, I was unable to fulfil a lot of social functions, as I was so exhausted I had to cancel or postpone plans. I did not want to, but my body was not willing to leave the couch. Some friends impugned that I did not want to be with them and was not a good friend. They are no longer in my

life. Over the years, the issue of “what is a good friend” has loomed with its moral imperative to “be there” physically at all times, otherwise, you are not a good friend.

Morally, Lady Bertram and I are accused of not caring and in fact, being bad because we are “indolent”. The notion of being indolent is a big slap in the face in Western capitalist cultures. With the industrial revolution in England, hard work was deified and those who worked hard and were busy kept the devil away (Frawley, 2004). After all, the industrial complex needed hard workers to keep the system going. People who lie around and do not contribute to society outside their couches and beds are not productive and are therefore suspect.

Paradoxically, this notion of being productive does become part of the invalid’s narrative in the 19th century, as people who are chronically ill find ways to be productive. Indeed, Lady Bertram does do productive work. It is apparent that she is the middle of things in the family, lying on her couch in the middle of the parlour. This is shown well in the film *Mansfield Park* (BBC, 1996). Lady Bertram directs the activities of the family and the home, as the lady of the house should in Austen’s times. She finds people to accompany her daughters when she cannot. She is part of the decisions made in the family. They come to her and family life happens around the couch. She requests accommodations in the process.

Firstly, she is resting. Secondly, she has a companion, an attendant (?) to assist her with her food and fetching items and keeping her company. Finally, she has her therapy dog, Pug, with her at all times. The small pug dog stays with her on the couch, or when she moves to the table the dog accompanies her. She talks to the dog as to a beloved child. Pug obviously provides emotional support to Lady Bertram and improves her quality of life.

I, too, work and direct from a lying position at various times of the day. I work for a few hours at the computer and then continue reading, talking on the phone, and directing activities for most of the days when I don’t teach classes. When I was Provincial Coordinator at the Manitoba League of Persons with Disabilities, I requested that a couch be put in my office, so that I could lie down when I needed to, to rest my body from the sitting position that is the hardest for me to maintain for hours. I hung a photo of Frida Kahlo, the disabled Mexican artist, above the couch. She is lying in bed with an easel on her body and she is painting while propped up on pillows. I was hoping that some visitors to my office to comment on the juxtaposition of the photo and my couch and my situation, but that did not happen.

Instead, people when entering my office commented, “Oh, every office should have a couch!” “How inviting to have a couch!” Then the visitor would sit down on the couch to meet with me. I thought that people would have problems with the couch, a symbol of leisure, in a work environment—I didn’t get the reactions I thought I’d get. Instead, my office was welcoming in their eyes.

Persuasion

In the novel *Persuasion*, Anne, a single woman, goes to stay with her married sister, whose health is not good. When Anne arrives at Mary’s home, she is lying on the sofa in the drawing room. Mary complains that Anne has not come quickly enough to be by her side. Why did she not come to visit sooner, she has been so ill? Anne replies to Mary, who is on the couch: “My dear Mary, recollect what a comfortable account you

sent of yourself! You wrote in the cheerfulest manner, and said you were perfectly well, and in no hurry for me” (Austen, 1997, *Persuasion*, p. 27).

Anne is perplexed that her sister now lies on the sofa and says she is ill. Why, just a little while ago, Mary said she was fine. This is puzzling for anyone who has not experienced an illness that goes up and down, gets worse and better, never stays still. Our society has a poor understanding of things that do not have the kind of narrative we are used to. How can one’s health change so drastically over a few days, or indeed, a few hours? This has been my experience with fibromyalgia. One day, I am very well, out and about, meeting with many people, writing a lot and working a lot. The next day, I may be feeling fatigued and stiff and experiencing pain. Maybe the weather changed since the day before, maybe I overdid it the day before, or maybe none of these are the reason I feel badly—it just happens.

Indeed, Frawley points out in *Invalidism and Identity in Nineteenth-Century Britain* (2004) that various invalid authors in 19th-century Britain realized that the story of their lives was not the usual story. She cites Elizabeth Gaskell an invalid writer, whose character, Mrs. Dawson, says her life story is “an old-world story, which after all, would be no story at all, neither beginning, nor middle nor end” (Frawley, 2004, p. 247). Frawley points to the importance of this view of narrative: “Elizabeth Gaskell could not have found a more apt way to capture invalidism’s inherent challenge to the ideals of resolution and closure embedded within traditional linear narrative” (p. 247). In other words, those of us whose health goes up and down do not adhere to the usual story convention. There is supposed to be a beginning, middle and end. In the case of illness the story is: you get sick, you go the doctor to treat it, you rest and voila, you are well again.

Indeed, Anne, assuming then that her sister Mary has been sick does not ask about whether she attended a dinner the night before. Mary is perplexed that Anne does not ask how her dinner went. Anne says she didn’t ask because she assumed that Mary was too sick to go (as Mary is sick this next day). Mary responds, “Oh yes, I went, I was well yesterday; nothing at all the matter with me this morning” (p. 27)—a confusing narrative for Anne, who was expecting that the middle part of the story, treatment and resting, would have happened the night before. This after all, is part of the illness narrative.

I have experienced the confusion of others without chronic episodic illnesses about the narrative of my life. I’m often asked by people I have not seen for a while, particularly those who live at a distance, “Do you still have that fibromyalgia problem?” The narrative of my illness must be over—aren’t I well yet? Our Western fixation with fixing has led us to the medical model being a dominant paradigm. Those of us who are “incurables” do not fit into the medical narrative—we are rogue patients, who must be making up symptoms, because medicine cannot cure them. Therefore, we must be totally in-valid, not able to do anything, because we do not have static good health, we are assumed to have static bad health. We, as a society, tend to deal in binaries: if you are not always well, then the least confusing narrative to understand is that you are always *not* well. Austen depicts a good example of this dilemma later in *Persuasion* when several members of the family want to go on a walk and no one invites Mary. She then says that, oh, she can go on walks and can do this. This was not the answer the others were expecting, as she was lying on the couch a little while ago. Mary sets out with the group and when they reach the hill that leads to her aunt’s home, she tells

her husband she is too fatigued to climb down the hill and then up again. She will wait at the top of the hill for him to return.

It appears in the book and in the film version of *Persuasion* (Faber & Eaton, 1995) that she is conveniently fatigued at the right time—she does not like this aunt and she is feigning fatigue to not go. This kind of situation happens to me often—I set out to be a part of an activity and then sometimes run out of energy and other times I can go the whole way. It appears that we, Mary and I, are just making an excuse to get out of something unpleasant. We are indeed tired, however, and the notion of climbing up and down that hill doesn't wash with our bodies. We know we cannot drag ourselves up the hill and pay the pain consequences, maybe for the day or for the next week. I am a great walker when I'm a great walker, just like Mary.

Sanditon

In Austen's short fiction, *Sanditon*, she introduces the Parker sisters, who come to the sea for relief of health issues. At the time, going to the town of Bath, by the sea, was something that people did to feel better, to get better air. As Frawley (2004) explains, "Most influential for invalids who embarked on a search for health was the emergence of climatotherapy, a form of nature therapy based on the assumption that fresh air, exercise, and removal from sources of stress and fatigue were essential to recovery ... The emerging field constructed and classified types of invalids, each with distinctive medical needs that could be best served by particular climates" (p. 126). The field originated in medical science, but then it became quickly popularized, with invalids believing that they could take their own health regimes into their own hands by relocating to these locations.

I, too, after exhausting medical routes that declared that nothing could be done to help me manage my pain and fatigue effectively, decided to move to a warmer climate for the winters. Winnipeg's winters span 5 months and the temperature is steadily under -25° Celsius. I spent three winters in Trinidad and Tobago in the Caribbean in the late '90s. Afterwards, I did indeed feel more rested, relaxed and had less pain. Perhaps, in the back of my mind, I related to the 19th-century ideas about certain climates being good for certain maladies. I had observed that my symptoms of pain, fatigue and stiffness were worse in cold weather.

Austen describes the Parker sisters as women who have "Disorders and Recoveries so very much out of the common way" (Austen, 2008b, *Sanditon*, p. 334). Austen, as narrator, appears to doubt that the sisters are actually ill, as sometimes they don't feel well and sometimes they do. When they do feel well, they "must be very busy for the Good of others or else extremely ill themselves" (p. 334). Austen explains that the women seemed to want to help others as a part of their vanity. "They had Charitable hearts and many amiable feelings—but a spirit of restless activity, and the flurry of doing more than anybody else, had their share in every exertion of Benevolence—there was Vanity in all they did, as well as in all they endured" (p. 334). Again, Austen says that they have been fancying their illnesses a lot and have had contact with quacks trying to heal them early on in their lives.

The narrator believes that the illnesses are in their heads, especially because they can do good works, want to do a lot and be seen as doing good. Here, again, I can relate, as when I am ill, I cannot go out and "do good works", but when I am well

I can go out and help others. Especially as part of my Mennonite upbringing, doing service for others is the essence of life. In my case, when I am not well and cannot “do service”, I feel that I am not doing my part, that I am letting people down, and a lot of people indeed do not understand why today you cannot volunteer, whereas yesterday you looked just fine. Austen depicts the sisters’ urge to help others as restless and them trying to do better than others at helping.

Could it be, as it is for me, that when they felt well, they needed to maximize their energy and get a lot done, as tomorrow they may not be able to do it? This is true in my case—I want to continue to contribute to my society through work and volunteer work and writing, just like others, to be seen as a “good person” in my own mind and to be seen as having a role. Perhaps the sisters were not actually trying to “outdo” anyone, but were merely participating when they felt well.

Frawley (2004), in her study of invalidism in the 19th century, points out that many invalids who were bedridden or could not leave their houses due to illness, were very productive. Frawley’s book is about the narratives that invalids told through writing and publishing for a wider public, beyond their sickbed. This was being productive, helping others in similar situations, to provide them with solace and encouragement from a person who also experienced being an invalid. There was an element of peer counselling and support here and also the belief that this illness has to be good for something. This is definitely the main reason why I continue to write my own experiences in poetry and in nonfiction. I want to share the experiences to help all of us understand what is happening in the case of episodic illnesses. I also want to tell society that I am still here, even if you don’t see me at every art show or reading, like I used to be. I have to be very selective and pace many aspirations and priorities in a day, just to complete the must-do tasks.

The invalid’s narrative is a Christian voice in the wilderness in the 19th-century world, according to Frawley (2004), and Austen was part of that world. There was a sense that invalids had the corner on developing themselves morally and spiritually because of their unique position. They had time to contemplate away from the rest of the hurrying world. They could retreat from “the competitive world of status seeking” (Frawley, 2004, p. 157). It could be that the Parker sisters also prescribed to this view—they were being upright, even if they were sick sometimes.

Jane Austen’s invalidism

Jane Austen herself experienced illness in 1816–1817 (Austen-Leigh & Austen-Leigh, 1989). Austen’s letters to her niece, Charlotte, refer to a mysterious decline in her strength and that she needed to lie down more. But, her niece, Charlotte, visiting Chawton Cottage, where Jane resided, relates that Jane would not take the sofa in the living room even if it was unoccupied. Her grandma usually laid down there. Jane would arrange three chairs to lie on, which looked very uncomfortable to her niece. Even when Grandma was not there, June did not lie on the sofa. Her niece, Charlotte, asks her why and learns, “I often asked her how she *could* like the chairs best—I supposed I worried her into telling me the reason of her choice—which was, that if she ever used the sofa, Grandmama would be leaving it for her, and would not lie down, as she did now, whenever she felt inclined” (Austen-Leigh & Austen-Leigh, 1989, p. 215). Jane’s mother was not ill, she was elderly and needed to rest at different

intervals from time to time. It is interesting that Jane foregoes the sofa altogether, thinking her mother needs it more. Is this a denial of her own illness state? A refusal to play the role of the invalid?

During this year, Austen's illness symptoms were up and down, and she was writing *Sanditon* January to March 1817. She was writing about the fluctuating symptoms of the Parker sisters and their brother while she experienced her own symptoms. Jane wrote in a letter to Fanny Knight, another niece, "I am got tolerably well again quite equal to walking about and & enjoying the Air" (Austen-Leigh & Austen-Leigh, 2004, p. 221). Ten days later Jane Austen reported to Fanny that she was not well, and that "Sickness is a dangerous Indulgence at my time of life" (p. 221, Austen-Leigh). It seems again that she sees sickness as an indulgence, perhaps like her previous characters. Was she thinking that it was a matter of choosing to be well? Because she had appeared to satirize the symptoms and lifestyles of invalids in her novels, could it be that she didn't want to be one?

Jane died in July 1817 at the age of 41.

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