

# NINETEENTH-CENTURY GENDER STUDIES

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Braun, Gretchen. *Narrating Trauma: Victorian Novels and Modern Stress Disorders*. Columbus: The Ohio State University Press, 2022. 222 pp.

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<1>Medical and psychological researchers have only belatedly recognized the importance of slow, continuous stress on human bodyminds, the cumulative effect of which was formalized under the concept of “allostatic load” in 1993. More recently, the COVID-19 pandemic has attuned a large share of the population to the various manifestations of sustained direct or indirect trauma, a circumstance perhaps best illustrated by the fact that, at the time of this writing, Bessel van der Kolk’s *The Body Keeps the Score* (2018), a popular introduction to scientific approaches to trauma, has topped the *New York Times*’s bestseller list for 131 weeks. Completed when parts of the globe had begun to recover from the pandemic, Gretchen Braun’s *Narrating Trauma: Victorian Novels and Modern Stress Disorders* offers a welcome and timely addition to literary trauma studies, revealing surprising continuities between nineteenth and twenty-first-century approaches to trauma and inviting readers to approach Victorian narratives of persistent duress, or “insidious traumas,” as we enter the long shadow of the pandemic (11).

<2>As Braun shows, struggles to faithfully represent individual perceptions of ambiguous, persistent harm—something humans do to make others understand (and, ideally, empathize with) their struggles—are far from unique to our time. Unlike Freudian principles that took hold of psychology in the twentieth century, Victorian psychiatrists, psychologists, and neurologists never assumed that nervous disorders arise independent of social context, an insight that trauma researchers have lately brought into renewed focus. *Narrating Trauma* is interested in how novelists depicted psychic pain caused by “the strains modern socioeconomic systems placed upon the embodied mind,” including social disparities resulting from entrenched class and gender ideologies (2). Whereas medical explorations of trauma in the twentieth century attended to catastrophic shock emerging after a single horrific incident, such as war, genocide, or terrorism, Victorian physicians paid close

attention to slow, insidious trauma, “the potential for damage in the multitudinous life under modern urban capitalism” (29-30).

<3>Importantly, as Braun cautions in her introduction and subsequent first chapter, Victorian medical professionals’ descriptions of nervous disorder, including hysteria, psychic shock, “rail spine,” and neurasthenia, should not be considered simple analogues to contemporary diagnoses outlined in the DSM-V, such as depression or post-traumatic stress disorder (PTSD), because trauma’s occurrence, medical and cultural legibility, and symptomology are themselves historically contingent and always “channeled by cultural forms” (11). What articulations of mental pain seem to have in common across the two periods, however, is that debilitating psychological and bodily experiences tend to occur in response to “overwhelming threat and loss,” and that those experiences impede—or reverse—personal narratives of self-development (3).

<4>While the nineteenth-century novel’s prototypical forms, the *bildungsroman* and marriage plot, traditionally conveyed such narratives of self-formation, Braun suggests that novelists like Charlotte Brontë, with *Villette* (1853), or Thomas Hardy, with *Jude the Obscure* (1895), adjusted the novel’s formal elements in their experiments with nervously disordered protagonists. If the novel’s basic forms demand “self-assertion,” along with “forward motion, orderly resolution, and social integration,” Braun studies texts whose “traumatized or transgressive” protagonists’ experience of emotional disintegration and social marginality prevents such plots from unfolding linearly (8). Instead, the protagonists’ arcs are marked by “repetitions, omissions, and evasions common to psychic trauma” (9). Such novels often refuse narrative closure and psychic wholeness, thereby “highlight[ing] the impact of more diffuse social and material threats to the psyche” (11).

<5>In chapter 2, Braun argues that Brontë’s *Villette* chafes against the formal parameters of the marriage plot and *bildungsroman*. *Villette* still responds to questions of courtship, education, and work, but also reflects Lucy Snowe’s propensity for radical non-disclosure and evasiveness. Lucy’s inability or unwillingness to articulate her experience—to produce a coherent narrative voice—has its origin in an unnamed catastrophe that claimed her entire family. Socially invisible, impoverished, grieving, dislocated, and friendless, Lucy suffers from both catastrophic and insidious trauma. According to Braun, her “silences, repetitions, and obfuscations” represent “a model of communication that seeks to render accessible experiences ... considered ‘nonnarratable’” in Brontë’s culture (42). Desperate for a witness who provides her with “empathetic affirmation of her

perspective” and “help[s] her recover the unified sense of self” that would restore a sense of agency, Lucy remains caught in a socioeconomic system that forces her to compete with other women for men’s attention, forestalling the bonds of sisterhood typically developed over the course of the marriage plot (47). Braun brilliantly demonstrates that Brontë combines theories of neurology and phrenology which, in combination, manifest the temporality of Lucy’s competing psychic impulses: neurology accounts for Lucy’s compulsion to dwell in traumatic embodied memory, while phrenology offers the future-oriented pull of social aspiration. Together, these models account for *Villette*’s “oscillating plot structure” (59).

<6>Chapter 3 unearths two novellas by Emily Jolly, a now obscure protégé of Charles Dickens: *A Wife’s Story* (1855) and *Witch-Hampton Hall* (1864). Both texts depict women who experience trauma before marriage—death of family and pregnancy following rape, respectively—and whose psychic integrity deteriorates as they cling to their unnarratable secrets. Annie Warden, in *A Wife’s Story*, develops hysterical symptoms because her husband is incapable of sharing her sublime experiences of art and nature, and *Witch-Hampton Hall*’s Lady Ana experiences “nervous exhaustion” because she has not told her husband that she had given birth prior to marriage after being raped by a former suitor (85). As Braun notes, both works dampen potentially radical social critique through strategic use of sentimental, melodramatic, and gothic registers while rejecting the cultural myth that reproductive function determined women’s mental states. Instead, both women suffer because of socioeconomic pressures, legal strictures, and cultural norms. According to Braun, *Witch-Hampton Hall* remains noteworthy for rejecting usual narratives of shame after rape and for affording the ‘fallen woman’ a happy ending: Lady Ana’s nervous exhaustion is cured after she confides her secret to her understanding husband.

<7>In chapter 4, Braun analyzes Wilkie Collins’s *No Name* (1862) and George Eliot’s *Daniel Deronda* (1876) as texts whose protagonists cope with existential instability after bodily accidents and financial calamity. Braun writes that the protagonists’ radical mobility and insecurity effects “a fragmented and halting narrative” that counters readers’ expectations of closure and that, ultimately, signals these characters’ ill-suitedness for the rapidly changing world that shaped them (118). *No Name*’s Magdalen Vanstone and *Daniel Deronda*’s Gwendolen Harleth seek greater agency than their society will allow. Their thwarted ambition manifests as nervous susceptibility, intense emotion, and proneness to psychological shock. As Braun posits, their plots trace “the gradual dissolution” of their identities when they are bartered as commodities among men, the hallmark of women’s experience under patriarchal capitalism. The novels thus counter Victorian medical writers who

assumed that female biology predisposed women to emotional excess. Instead, Braun suggests, Collins and Eliot imagine “women’s nervous disorder as consequent of cultural and legal systems that constrain female economic agency, social freedoms, and ... physical mobility” (145).

<8>Braun’s fifth chapter focuses on precariously situated male protagonists in Dickens’s *Great Expectations* (1861) and Hardy’s *Jude the Obscure*, both examples of an abortive *bildungsroman* “exemplify[ing] the limits and malformations of Victorian individuality (163). Braun argues that, while most texts in her sample figure nervously affected women worn down by legal and economic constraints, Dickens’s and Hardy’s novels reveal “the shortcomings of the male ambition plot as a narrative of men’s lives under industrial capitalism” (163). Both Pip, in *Great Expectations*, and Jude in *Jude the Obscure*, experience neurasthenic symptoms and nervous breakdowns when their working-class roots, serious hindrances in a society built on masculine competition, prevent them from joining elite circles and winning the women they desire. Their mental and physical deterioration, often regarded by Victorian physicians as an expected response to societal pressures, registers as repetitive and stalled narrative, feminizing the heroes and proving that will alone is insufficient to complete the “expected arc of gratified ambition and social integration” (199).

<9>With *Narrating Trauma*, Braun delivers a rich and absorbing foray into novelists’ adoptions of Victorian psychology and neurology, highlighting continuities and ruptures in scientific framings of trauma across the centuries. The chapters on Brontë’s *Villette* and Jolly’s novellas stand out for their tight argumentation, finely crafted prose, and erudite analysis. Braun acknowledges that her sample of texts is mostly confined to white middle-class protagonists, the demographic that would have appealed to physicians for help in the first place (10). Future studies in this area might attend more fully to the experience of poor or colonized characters. Nevertheless, Braun’s attention to diffuse, hard-to-formulate, and anticipated harm helps steer Victorian trauma studies away from its traditional emphasis on catastrophic trauma. Her study makes clear that economic competition, social precarity, and legal inequality are themselves traumagenic, an insight with strong resonances in our time of unparalleled wealth inequality and widespread burnout. Finally, Braun’s insights into how trauma shifts narratives’ temporal logic, as when the burdens of unresolved past trauma foreclose positive futurity, will likely prove fruitful to subsequent scholars.