

“A Hideous Torture on Himself”: Madness and Self-Mutilation in Victorian Literature

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Abstract This paper suggests that late nineteenth-century definitions of self-mutilation, a new category of psychiatric symptomatology, were heavily influenced by the use of self-injury as a rhetorical device in the novel, for the literary text held a high status in Victorian psychology. In exploring Dimmesdale’s “self-mutilation” in *The Scarlet Letter* in conjunction with psychiatric case histories, the paper indicates a number of common techniques and themes in literary and psychiatric texts. As well as illuminating key elements of nineteenth-century conceptions of the self, and the relation of mind and body through ideas of madness, this exploration also serves to highlight the social commentary implicit in many Victorian medical texts. Late nineteenth-century England, like mid-century New England, required the individual to help himself and, simultaneously, others; personal charity and individual philanthropy were encouraged, while state intervention was often presented as dubious. In both novel and psychiatric text, self-mutilation is thus presented as the ultimate act of selfish preoccupation, particularly in cases on the “borderlands” of insanity.

Keywords Self-mutilation · Self-harm · Mental illness · History of psychiatry · Nathaniel Hawthorne

In 1879, nearly thirty years after the first publication of Nathaniel Hawthorne’s *The Scarlet Letter*, novelist Henry James reassessed the novel. Despite considerable praise, James objected to the “overdone” symbolism of Hawthorne’s work, which he felt, at times, “grazes triviality.” The symbol James found most problematic was the “mystic A,” which the adulterous Arthur Dimmesdale found “imprinted upon his breast and eating into his flesh,” illustrative of his physical, moral and spiritual breakdown (James 2002, 280). Yet, for British and American psychiatrists (or alienists) in this period, the symbolic nature of such literary depictions appeared to provide a method of comprehending something, which

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through other contemporary approaches, seemed inexplicable—self-inflicted injury in their patients. This phenomenon emerged in psychiatric literature in the second half of the nineteenth century, along with a new descriptive terminology: self-mutilation. This article provides a contribution to the historiography of self-mutilation by examining published and archival psychiatric sources (including the casebooks and other materials at the Bethlem Royal Hospital) in conjunction with fictional literature of the period, to indicate the ways in which medical and literary depictions were combined in efforts to create universal psychological meaning around self-mutilation.¹ This approach emphasises the importance of fictional depictions in psychiatric and lay exploration of the phenomenon of self-mutilation. As Roger Smith has persuasively demonstrated, in the nineteenth century, psychology was by no means a specialised and distinct academic science and psychologists, alienists and writers in other genres, including literature, shared ideas and influenced each other (Smith 2004; Taylor and Shuttleworth 1998). In this paper, I indicate the ways in which reading psychiatric texts and fictional literature—focusing on *The Scarlet Letter*—as complementary sources can illuminate key aspects of nineteenth-century concepts of the self, and the ways in which this was framed and understood within psychiatry of the period.

A general idea that self-inflicted injuries might indicate insanity in an individual is evident early in the English asylum movement: from January 1844, standardised admission papers to the Bethlem Royal Hospital asked whether a patient was “disposed to suicide, or otherwise to self-injury,” suggesting separate, albeit related, symptoms of mental disorder (Bethlem Royal Hospital Patient Casebooks, 1844–60). The term “self-injury,” while ostensibly distinct from suicide, was used in case notes, textbooks and journals to refer to a wide variety of acts, ranging from the refusal of food to many attempted suicides. In newspapers and non-medical journals, “self-injury” might refer to bodily injury but could also be used symbolically, most often in reference to politics, as seems to have also been the case in many early uses of the term “self-mutilation.” Thus the *Liverpool Mercury* referred to Sir Robert Peel’s emigration scheme as “selfishness and self-injury in one,” (“Sir Robert and his Statistics”, November 26, 1841) while *The Times* claimed that “the Conservative party, since its self-mutilation in 1846, has been condemned for 20 years to political extinction” (“Shall We Pass a Reform Bill?”, April 16, 1866). Such political associations, along with the way that the “self” within the term could be used to refer either directly to an individual or collectively to a broader group or, indeed, British society as a whole, should be considered; as this paper will show, medical use of the term certainly did not divorce “self-mutilation” from such metaphorical implications. Moreover, the very term “mutilation” had entered the English language from Scottish law where it signified a specific criminal act (Seton 1699). As we shall see, discussion of self-mutilation cemented this connection with criminality, associating the term with those on the fringes of society.

From the 1860s, alienists began to adopt and define the new term, “self-mutilation,” paying it particular attention in the period 1880–1900. Self-mutilation in these descriptions could range from disabling to quite minor injuries: however, it was used more specifically than “self-injury,” in that it did not refer to food refusal or anything regarded as obviously suicidal, such as hanging, self-poisoning or suffocation. Indeed, this distinction might provide one explanation as to why self-cutting, often regarded a prevalent method of self-harm in the mid- to late-twentieth century, is not emphasised in nineteenth-century writings: such wounds, often made with a “cut-throat razor,” were frequently regarded as suicidal. By the 1880s, the definition generally extended to flesh-picking, biting, hair-plucking,

¹ The only major work on the history of self-mutilation is psychiatrist Armando Favazza’s *Bodies Under Siege* (Favazza 1996).

punching or knocking against objects, cutting or otherwise removing part of the body, swallowing or inserting foreign bodies such as needles and eating rubbish (Adam 1892; Blandford 1884; Maury Deas 1896). While published case studies often concentrated on the extremities of castration, enucleation (removal of the eye) and amputation, it was the more common minor injuries which required regular intervention by asylum medical staff and frequently formed matters of concern in asylum casebooks and Annual Reports. Individual case histories, like those published on self-mutilation, have often been discounted by historians of asylum psychiatry, who instead prefer to focus on the development of theoretical approaches to madness, emphasising the work of psychologists outside the asylum (Bynum 1983; Scull 1993). I would argue, however, that the presentation of self-mutilation indicates the high value placed on such individual case histories by many alienists. In particular, it was felt that elaborating individual cases might provide a broader understanding of human motivation, often in similar ways to the exploration of a protagonist in the contemporary novel.

This emphasis is clear in one of the major contributions on self-mutilation, alienist James Adam's five-page entry for Daniel Hack Tuke's comprehensive *Dictionary of Psychological Medicine* (Adam 1892). Among the case histories used to support Adam's definition were examples from fictional literature, not an uncommon practice in psychiatric accounts of the period. Cases of mental illness in the classics served to illustrate the apparently universal nature of a disorder, a weighty background, which seemed to legitimise the alienist and his ideas. Adam naturally found most of his early examples in religious texts, supporting his claim that self-mutilation had its origins in religious enthusiasm. Nonetheless, his biblical examples were used interchangeably with the classics; he quoted the *Attis* of Catullus at length and recounted stories from Herodotus' *Histories* (Adam 1892, 1147). Other asylum professionals used literature more directly to disseminate their ideas: Bethlem superintendent Theo Hyslop penned a "sort of novel" (in the words of his obituarist) using satire to present his degenerationist philosophies of mental and physical illness through a re-working of *Gulliver's Travels* (Stoddart 1933, 425). The inhabitants of Hyslop's Laputa provide an unashamed commentary by the author on contemporary society: they have physically degenerated owing to their unhealthy lifestyle and the "artificial" nature of modern city life, are all obsessed with diagnosing their own "real or imaginary ailments," and most of the population are slowly making their way towards the asylum (Hyslop 1905, 4, 8, 33, 35). Such social commentary was often implicit in medical texts.

Concepts of self-mutilation were thus not developed wholly in the isolated medical context of the asylum. For alienists like Adam, building on one of the central purposes of Romantic literature—as exploration of the rational self—literary characters were presented as case studies, concrete and genuine examples of particular traits within normal or abnormal psychology, which could be exploited to generate a more detailed understanding of individual motivation than might be available from disordered or otherwise uncommunicative patients (Lyons 1978; Porter 1997; Seigel 2004; Taylor 1992). Such assumptions were underpinned by a widespread belief that psychology could uncover universal truths concerning human nature: traits transcending national, historical, cultural and individual (or authorial) boundaries. These assumptions were supported by contemporary scientific thought in other areas, in particular the natural sciences and the new "science of man," anthropology, utilising the language of Darwinism. Anthropological investigation of "mutilations" in other cultures was put forward by psychiatrists to prove the universal nature of human behaviour, while the underlying assumption that motivation was also universal was rarely questioned before the twentieth century: hence, for example, the fascination with such practices as the self-castration of the Russian religious cult, the

Skoptzy, or castration in Imperial China (Dale 2010; Engelstein 1999; Kopernicky and Davis 1870; Teinturier 1877). In *The Descent of Man*, Darwin himself built on the work of evolutionary anthropologists when he noted the propensity of “savages” to mutilation, claiming that “[h]ardly any part of the body, which can be unnaturally modified, has escaped.” (Darwin 1998, 596–8) Moreover, drawing on the work of A.R. Wallace, Darwin also emphasised the value of the “social instincts” in the process of evolution by natural selection in man, while relating mutilation for the purposes of adornment directly to the “selfishness” that anthropologists such as E.B. Tylor saw as characteristic of “primitive” societies (Darwin 1998, 131–7; Tylor 1872; Wallace 1864). As George Stocking has argued, biological evolution of the species was seen by anthropologists as metaphorically extendable to both the evolution of civilization and the education of the individual; such associations were also prominent in psychiatric discussions of self-mutilation (Stocking 1987, 227–9). Indeed, the metaphorical nature of these arguments was often lost in their juxtaposition, so that the association of self-mutilation with impulsive, and thus primitive, behaviour was frequently seen as an *actual* (biological) relationship via the new discipline of neurology. Within such an evolutionary framework, geographical boundaries diminished in significance, individuals being grouped by level of civilization above nationality. Thus, when literary critics placed much emphasis on the “psychological interest” of the work of American novelist, Nathaniel Hawthorne, it seemed only natural for alienists also to refer to his work, popularly received on both sides of the Atlantic (Maudsley 1860; Sheppard 1872, 507).

Hawthorne’s *The Scarlet Letter*, retrospectively associated directly with self-mutilation (Emerson 1913, 44), is particularly relevant within such a context. First published in 1850, the novel quickly created Hawthorne’s reputation, selling out in days, and receiving much critical interest on both sides of the Atlantic. Its writing was, however, mired in political and emotional turmoil; Hawthorne’s ousting from his post at the Salem Custom-House is reflected in his introduction, while the death of the author’s mother in 1849 had apparently brought on an episode of “brain fever” shortly before writing the book (Miller 1991, 273). Much of the wide field of scholarship on both *The Scarlet Letter* and *The Custom House* has thus dealt with the social and political commentary implicit in Hawthorne’s work. Yet, besides certain psychoanalytic readings of *The Scarlet Letter*, which have cast Dimmesdale’s act as one of many evidences of a “fearful self-interest,” Dimmesdale’s ‘A’ has been largely ignored by Hawthorne scholars (Johnson 1981, 56). Most critics, even those taking a medical historical perspective, tend to downplay the physical depiction of Dimmesdale’s guilt, treating it (like Henry James) as a dubious symbol of psychological pain or guilt or simply describing the case unquestioningly as an act of “self-mutilation,” perpetuating the idea that the latter describes a universal behaviour, rather than a cultural construct (Dolezal 2005, 21; Hawthorne 2002; Weldon 2008). Indeed, in the novel itself, the origins of the wound are debated, although self-injury is given certain emphasis: Dimmesdale’s “course of penance” has already been referred to, and to some spectators it seemed natural that this had been “followed out by inflicting a hideous torture on himself.” (Hawthorne 2005, 350)² Hawthorne uses Dimmesdale’s descent into self-punishment to illustrate his physical and mental breakdown; his “bloody scourge” is mentioned shortly after a medical encounter over “disordered nerves,” while his self-torture provokes visions, increasingly regarded as a symptom of insanity in the nineteenth century.³ Hawthorne turns to the language of reason to drive his points home.

² All subsequent page numbers in brackets within the main text refer to this version of *The Scarlet Letter*.

³ As Michael MacDonald has indicated, this was not the case in early modern readings of insanity, where visions were regarded as part of ordinary religious experience (MacDonald 1981).

The two alternative explanations for Dimmesdale's injury are both supernatural—a necromancer's poison and a manifestation from God—which, like Dimmesdale's penance, seem "more in accordance with the old, corrupted faith of Rome" than Protestant rationalism, and thus, post-Enlightenment, can be discarded by many readers (pp. 248; 240).

Of course, this is not to suggest that Hawthorne wrote the character of Dimmesdale as a medical case history or even a psychological analysis. However, his use of self-injury as a symbolic literary device, to dramatically illustrate the breakdown of the character, indicates that he expected his audience to be familiar with the idea of a clear connection between mind and body. Like psychiatric definitions of self-mutilation, such a device required cognisance of the limits of the "self"; late nineteenth-century critics of Hawthorne were fascinated by his presentation of the individual and, moreover, the way in which such presentations affected the reader's own self-view (James 2002, 284–6; Trollope 1879). Evolutionists, meanwhile, regarded the acquirement of "self-consciousness" as an important element in the development of the child, an attribute which separated humans from animals as well as distinguishing the civilised man from the savage through his more complicated "conscience," making self-knowledge representative of both civilisation and social progress (Reade 1884, 451; Romanes 1998). As part of a widespread interest in exploring this self—and the relation between body and mind, individual and society—nineteenth-century medical texts on self-mutilation often used literary allegory, similar to the writing of Hawthorne's Dimmesdale, in order to attempt to explain self-injurious behaviour in their patients, analysing motives and "hidden meanings" in a manner similar to that suggested by Taylor and Shuttleworth in other areas of nineteenth-century psychology (Taylor and Shuttleworth 1998, xv). Understanding Hawthorne's symbolic use of a potentially self-inflicted injury can thus aid in analysis of the way in which actual late nineteenth-century cases were discussed, as well as emphasising the place of the individual case study at the centre of psychiatry of the period.

This is clear in Adam's claim that the best way to throw "additional light ... upon the obscurity which surrounds the whole subject" was through "an endeavour to trace some of the motives which have prompted to the commission of the acts at various periods of history, and under various religious conditions" (Adam 1892, 1147). Thus, by investigating such behaviour, Adam also sought to shed light on the relation of the individual to society under particular circumstances, in a manner similar to Hawthorne's literary portrayal. Indeed, self-mutilation, for Adam and other alienists, did not necessarily provide conclusive proof of insanity, although the "borderland" between madness and sound mind formed a shady area. As Adam noted: "All the states of mind leading to self-mutilation, self-torture, &c., hitherto considered, are compatible with reputed sanity, although they are to insanity near akin, and generally indicate more or less mental derangement." (Adam 1892, 1148) This rather ambiguous statement indicates that attitudes to self-mutilation are not necessarily fixed or obvious, just as psychiatrist Armando Favazza has more recently suggested, by exploring "culturally-sanctioned" mutilation in conjunction with so-called pathological mutilations (Favazza 1996). Late nineteenth-century writers indicated that self-mutilation might be carried out by sane individuals due to certain convictions or as part of a desire to manipulate others by gaining their sympathy. In insanity, hallucinations and delusions were regarded as having considerably effect. However, Adam concentrated on one particular explanation for insane self-mutilation, the "sexual self-mutilation" he related explicitly to religious delusion. This emphasis on "sexual" mutilations was picked up by medical practitioners outside the field of insanity, so that four years later, two American physicians listed large numbers of published case studies to support their claim that: "Self-mutilation in man is almost invariably the result of meditation over the generative function,

and the great majority of cases of this nature are avulsions or amputations of some parts of the genitalia.” (Gould and Pyle 1897, 732) Such a conclusion, however, is in no way obvious when one examines the topic within an asylum context for, as previously noted, self-mutilation was a broad category for nineteenth-century alienists. Indeed, on examining the prevalence of the behaviours considered “self-mutilation” at the Bethlem Royal Hospital between 1880 and 1900, castration hardly registers—just three male patients (out of a total of around two thousand) within this period attempted self-castration, and one further threatened it. In contrast, seventeen patients attempted to pluck out their eyes, while every year more than four patients picked their faces, pulled out their hair or knocked their heads against the wall (Bethlem Royal Hospital Patient Casebooks, 1880–1900).

However, it is not Adam’s conclusions, but the techniques he uses to demonstrate them that are particularly interesting for this paper, for he presents “sexual self-mutilation” in a similar manner to Hawthorne’s portrayal of sexual guilt as a key element of the drive which leads the fictional Dimmesdale to injury. Not receiving the public punishment necessary to ease his pain (as Hester does), Dimmesdale is forced to punish himself. This parallel is made clear throughout: when Hester emerges from prison, the crowd discuss whether she should rather have been branded physically, and her letter is frequently referred to as a “wound,” “scorching” her when others speak of her (pp. 163; 193; 195). Yet, although the public exhibition of Hester’s punishment is considered justified, Dimmesdale’s is dangerous, a deeply political act. As his wound may be self-inflicted (and is certainly self-induced), rather than visited on him through judicial punishment, Dimmesdale’s behaviour is cast as “selfish,” a threat to social order. Both Hester and Roger Chillingworth, Dimmesdale’s physician, urge Dimmesdale not to display his wound. “Would you bring infamy on your sacred profession?” Chillingworth demands, reminding Dimmesdale that the desecration of his own body is simultaneously a threat to society, his injury unequivocally linked with his antisocial crime—adultery (p. 345). Indeed, “certain persons” of those present, Hawthorne relates, show “stubborn fidelity” in denying that any mark existed at all: a determined refusal to allow Dimmesdale’s injury to affect any body but his own (p. 351).

While we expect to find social and political commentary in Hawthorne, it is more surprising to us when we uncover it within the medical context of self-mutilation. Yet such literary depictions appeared quite widely, beyond the writings of alienists. This is particularly clear in the case of Isaac Brooks, reported in the national, local and specialist medical press in January 1882.⁴ The Brooks case is particularly interesting in the way all types of report quickly changed: from an initial focus on an alleged miscarriage of justice, to analysis of the life, personality and habits of Isaac Brooks himself, and how these explained his acts of self-mutilation, just as Dimmesdale’s injury is related to his character and behaviour. Brooks, a twenty-nine-year-old small farmer from Leek in Staffordshire was treated in 1879 for injury to the scrotum, which he stated had been inflicted by three men who attacked him with a knife. Two of those he named were subsequently sentenced to 10 years in prison for the crime. The farmer was treated for a similar injury a year later, although this time he was careful not to name his attackers. It was not, however, until his death in December 1881 that the story became public news, when Brooks signed a full confession, stating that the two men were innocent and, according to initial reports, that the

⁴ On 5 January the case was reported in, among others, *The Times*, *The Guardian*, *The Birmingham Daily Post*, *the North-Eastern Daily Gazette*, *The Glasgow Herald*, *The Leeds Mercury*, *The Liverpool Mercury*, *The Sheffield & Rotherham Independent*, *The Morning Post*, *The Standard*, *The York Herald* and *The Western Mail*, and many papers quickly followed up with further details as they became available.

wounds were self-inflicted (although, when the confession was subsequently printed, the latter admission did not, in fact, appear) ("Alleged Miscarriage of Justice" 1882a). Even when Brooks' doctor, Francis Warrington, wrote to both the *British Medical Journal* and *The Lancet* (both letters were widely re-printed) in order to express his doubt over the "very common impression" that the injuries were self-inflicted, he nonetheless muddied the waters by providing various excuses to protect both his own and Brooks' reputations against the eventuality that they *had been* (Warrington 1882a; Warrington 1882c). His evaluation of Brooks' mental state was similarly ambiguous; despite attributing the farmer with many qualities (apparently "exceptional" among the "rough unmannered hill-country farmers"), Warrington also described him as "of eccentric habits, close, and reserved" (Warrington 1882c, 72). Medical journals were quick to note that such a description of temperament implied unsoundness of mind, something that can hardly have escaped Warrington's own notice—the families of patients admitted to Bethlem in this period regularly used the exact same descriptions to suggest "neuroses" prior to admission, indicating that such associations were widespread (Bethlem Royal Hospital Patient Casebooks, 1880–1900). This psychological judgment encouraged medical reporters to cast doubt on Warrington's conclusions, for both journals immediately declared that it was *entirely* possible that such wounds might be self-inflicted, with *The Lancet* asserting most strongly that "there cannot be the slightest doubt in the mind of any one reading Dr. Warrington's statement that the case was throughout one of self-mutilation from insanity" ("The Case of the Farmer Brooks: Editorial" 1882).

Thus, although Brooks was dead and had never actually been regarded as insane in life, stories of his life were retrospectively told in a manner that attempted to explain his acts. This process was taken to extremes in one psychiatric account, in which Brooks was made to provide a general model for self-mutilation despite the fact the anonymous author had, presumably, never met the man. As in Adam's "sexual self-mutilation," the location of Brooks' wound became seen as "evidence" of his motivation—just as Dimmesdale's 'A' provides evidence of his adultery to the townspeople in *The Scarlet Letter*. Although many sexual ideas within the asylum were regarded as insane delusions, an act of self-mutilation was often used as concrete evidence that improper behaviour had indeed taken place; when one author stated that "[n]ot uncommonly the organs of generation, one or all, are removed because they have "offended," and incited the patient to lust or masturbation," he followed this statement with an example in which the patient himself suggested no such reason for his behaviour (Blandford 1897, 101). This is not to imply that patients were not themselves involved in the attribution of symbolic meaning to self-mutilative behaviour. Indeed, as in many other areas of the history of psychiatry, such fictional re-creations can be viewed as an interaction between doctor and patient (Borch-Jacobsen 2009; Hacking 2007). Thus, sexual self-mutilation did not always describe self-castration; amputation and enucleation were also commonly connected to sexual behaviour, for patients often cited Scriptural obedience. One patient of James Adam's "admitted that he masturbated, and ... said that he considered he was only doing his duty, and following the Scriptural injunction that 'If thy right hand offend thee, cut it off'" (Adam 1883, 218). Indeed, the associations made in the Brooks case were used to suggest that any act of self-mutilation might be considered morally suspect, for many newspapers suggested sexual motives, despite delicately removing all details of the actual nature of the farmer's injuries. Some offered the seemingly irrelevant information that Brooks had an illegitimate child by the sister of one of the men he accused, while the *Daily News* went as far as to call him a "rustic Don Juan" ("The Extraordinary Confession in Staffordshire" 1882b; Warrington 1882d). In creating such popular fictions, newspaper writers aimed to provide a basic form of the social commentary apparent in *The Scarlet*

Letter. Indeed, in a period which saw the growing popularity of moralising journalistic exposés, such as W.T. Stead’s “Maiden Tribute to Modern Babylon,” reporters increasingly intended (and were expected) to provide explicit social comment in their texts (Walkowitz 1992). What’s more, in many of the cases detailed in Walkowitz’s work on late nineteenth century London, alienists joined in this very public debate.⁵ The strong connections created between motivation and sexual impropriety in many of these cases, including the Brooks trial, in both public and medical discourse makes it hardly surprising that when “self-mutilation” appeared in the *Surgeon-General’s Index-catalogue* for the first time, in 1910, the *only* related topics were listed as “Sexual instinct (perversion of)” and “Skoptzy.” Adam’s “sexual self-mutilation” thus fitted perfectly into other late nineteenth-century narratives constructed around sexual themes.

Reference here to the aforementioned Skoptzy, the self-castrating religious sect, underlines the explicit link made by alienists and their patients between sexual self-mutilation and religion. Many symbolic practices, which, in previous centuries, had been regarded as spiritual, began to seem increasingly suspicious in such a context (Brumberg 1988; Bynum 1985). Fasting, flagellation and other aspects of religious penance were increasingly presented as pathological in the later nineteenth century, as they had been by Hawthorne in *The Scarlet Letter*. Although the Catholic Church had long aimed to suppress such “over-enthusiasm” as that exhibited by the flagellants of the thirteenth and fourteenth centuries, it was nonetheless popularly seen as continuing to encourage asceticism. This Catholic threat also appears in contemporary novels, such as Sarah Grand’s *The Heavenly Twins* (1893), in which both young girl and Catholic priest become “somewhat hysterical” through excessive attention to the miraculous. Father Ricardo’s hysteria is deemed to have been exacerbated “by dint of long watching, fasting, and otherwise outraging ... his own poor body” (Grand 1992, 309). Alienist George Fielding Blandford, who laid particular emphasis in his work on the prevention of insanity, warned that “endless evil comes to many who fast during Lent and other such seasons, and mortify the flesh according to the doctrines of the ultra-ritualistic party” (Blandford 1892, 1000). Yet Blandford also felt that the inward-looking nature of Protestantism, exemplified by the Puritan ideal of the individual relationship with God (as presented in *The Scarlet Letter*), also held dangers by encouraging introspection. “Young people of both sexes,” he wrote, “should not spend an undue time in reading religious books or writing long accounts of their spiritual state. Their religion should be practical and not introspective” (Blandford 1892, 1000). Excessive religious reading might exacerbate a “morbid self-consciousness,” in which the individual’s obsession with his or her own illness prevented or retarded recovery; indeed, such preoccupation with the body was seen as the direct cause for self-mutilations in hypochondriasis, an illness characterised by fixation on supposed bodily illness (Clark 1988; Savage 1892; Sheppard 1872).

In conclusion, the perceived problems of excessive religion *and* sexual guilt were thus both strongly linked to the idea of self-mutilation as an inherently selfish act, as is also suggested in a social reading of *The Scarlet Letter*. Hester, the only one of the three main characters in the novel who is able to maintain psychological balance, ultimately becomes pure and pious through her performance of a useful social function, providing aid to those around her. Unlike Dimmesdale and Chillingworth, she is not obsessed by her own internal secret. As Dimmesdale’s guilt is manifested physically—both through his illness and his own “scarlet letter”—Chillingworth’s obsessive hatred and desire for revenge also destroys him, transforming him from a “wise and just man to a fiend.” Eventually, he physically

⁵ See, in particular, Walkowitz’s chapters on Georgina Weldon and the Jack the Ripper case.

“withers” and “shrivels away,” dying soon after Dimmesdale (pp. 274; 352). Such self-obsession was widely presented as problematic in the later decades of the nineteenth century; Anthony Trollope found the novel “so terrible in its pictures of diseased human nature as to produce most questionable delight” (Trollope 1879, 208). Late nineteenth-century England demanded that the individual help themselves and, simultaneously, others, with personal charity and individual philanthropy encouraged in contrast to a state involvement presented as dubious in such popular works as Samuel Smiles’ guide to personal achievement, *Self Help*, first published in 1859. Smiles’ book, which remained a best-seller throughout the nineteenth century, placed the individual centre-stage, by suggesting that national progress was “the sum of individual industry, energy, and uprightness, as national decay is of individual idleness, selfishness, and vice” (Smiles 1997, 2). Self-mutilation, in this context, was presented as the ultimate act of selfish preoccupation: a refusal to perform a useful social function, which simultaneously harmed the individual. This allegory, from individual to society, was made explicitly by psychiatrists commenting on the Brooks case, in which retrospective analyses of Brooks’ character emphasised his “solitary” nature; from his act of self-mutilation, it was concluded that Brooks was “single”, “subjective” and thought “himself misunderstood and neglected” (Warrington 1882b, 73). Just as, in Hawthorne’s novel, social and political commentary underpins the symbolic representation of Dimmesdale’s guilt through bodily injury, so such interests also informed psychiatric discussion of the motivation behind self-mutilation, particularly those cases on the “borderlands” of insanity, in which moral (and legal) responsibility was attributed, despite the existence of “unsoundness of mind.” Indeed, the symbolic use of terminology aided the elaboration of such a psychological threat, for the “self” of self-mutilation could be representative of both individual *and* society: thus, the “solitary” nature of Isaac Brooks was regarded as representing “all the evils of civilization” (Warrington 1882b, 73). With normal psychology viewed as propelling the individual (through the “social instincts” described by Darwin and others) towards a sociability balanced by a healthy individuality, self-mutilation became viewed as its extreme opposite. Ultimately, the “selfish” and “self-conscious” behaviour of self-mutilators was presented as symbolically damaging to society, in a similar way to representations of social and political breakdown in literary fiction.

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