



Totemism and Thanatology on the Moors:

A Freudian Psychoanalytic Approach to *Wuthering Heights*

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Abstract:

Two of the central conceits of Emily Brontë's *Wuthering Heights* are the significance of illness and death and the relationship of the individual to society. The death of Catherine Earnshaw is narratively central to the text, having a fundamental impact on Heathcliff's development as a character. It also poses a particularly vexing question: why does she die, and how does her death lead to Heathcliff's doom? We propose that their deaths are at the same time social, medical, and psychological in nature, and we further suggest that a Freudian approach provides a framework for explicating both the Catherine-Heathcliff dynamic and their demises: though through different mechanisms, both have deep psychological conflicts that lead to overpowering death instincts. Viewed through this lens, the characters' relationships to the larger Victorian society are examined and tied to the contemporary biopsychosocial approach to illness.

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Introduction: The Tragedy of the Moors

Literary history is filled with the stories of star-crossed lovers who, for whatever reasons, could not find romantic bliss: Antony and Cleopatra, Helen and Paris, Romeo and Juliet. Each of these couples had their own unique dynamics, stories, and goals – and each their own dramatic downfalls. Within the English canon, one of the most memorable pairs is that of Catherine Earnshaw and Heathcliff, from Emily Brontë’s 1847 novel *Wuthering Heights*. The novel considers the complex relationship between the two characters within the socio-historical hierarchies of the Victorian era – examining illness, death, morality, and repression.

The construction of *Wuthering Heights*, with its many people, romances, and intrigues, provides a great deal of insight into the characters’ motivations, but it also leaves many questions unsettled. For example, why is it exactly that Catherine dies? What causes Heathcliff’s phantasms? How are the two characters so connected, even beyond the grave? These are just a few of the quandaries that have plagued critics for many years. However, they also point towards a central, animating narratological point: the characters’ psychological dispositions and interactions inform and direct the novel’s direction. As Bloomfield (2011, p. 289) puts it, “Emily Brontë has used illness, injury and death exclusively to direct and advance the plot.” The characters necessarily affect each other’s growth, development and outcomes; their lives, just as their relationships, are “doomed” (Gorsky 1999, p. 174). But the characters are not themselves drawn in a vacuum; rather, they are very carefully and specifically set within the milieu of Victorian society. Bloomfield (2011, p. 289) further notes that the Victorians viewed “illness as a societal value system,” such that those who fall ill have moral deficiencies. Through these

observations, we suggest that Catherine’s illness and death, as well as Heathcliff’s bizarre mental state preceding his demise, derive from multiple, interconnected causes.

In contemporary medicine, one of the most popular explanatory systems is the biopsychosocial model, whereby “clinicians must attend simultaneously to the biological, psychological, and social dimensions of illness” (Borrell-Carrió et al. 2004, p. 576). In current iterations of this model, all three components of the illness presentation can function etiologically – disease is a result of some combination of biological derangement, psychological processing, and social interaction. We propose utilizing Butchart’s method of taking the biopsychosocial model as an interpretive heuristic, and we will apply this strategy in our analysis of *Wuthering Heights* (Butchart 2020). Certain components of the biopsychosocial nature of illness in *Wuthering Heights* have already been teased out in the extant literature. For instance, Bloomfield (2011, p. 294) identifies that Catherine’s death is likely due to complications of her pregnancy – specifically “toxaemia,” an anachronistic term for preeclampsia. Socially, both Gorsky (1999) and Miquel-Baldellou (2012) claim that Catherine and Heathcliff can only fulfill their love in the afterlife because the intensity of their relationship extends beyond the propriety of Victorian morality, such that their passion is punished with ill health on Earth. As such, our approach to the biopsychosocial construction of illness will primarily focus on tying together the psychological intricacies of the novel and its characters and how these complexities interface with Victorian norms to generate the illnesses that drive the novel’s narrative forward.

Thus, in this paper, we will utilize a Freudian psychoanalytic lens to directly examine the characters of Heathcliff and Catherine, investigating their specific psychopathologies, their intertwined maladaptive patterns, and the interplay of psychology with societal demands. Although numerous psychoanalyses of *Wuthering Heights* and its characters exist, our approach

adds novelty by illustrating how competing incestuous urges of the two characters, set within their social confines, precipitate sufficient psychological distress to trigger their demise by way of thanatological death drives. This allows us to understand the characters and their psychopathologies more deeply, while also exploring Brontë's commentary on the Victorian society that plays into these intrapsychic dynamics.

Freud in *Wuthering Heights*: A Defense

In order to effectively engage with the text, we must first justify our chosen approach to character-based psychoanalysis and briefly delineate the concepts that we will use in our analysis. To start: a more technical term for our character-focused psychoanalysis is mimetic criticism. Bernard Paris (1997, p. 7) clarifies:

A mimetic character usually has aesthetic and illustrative functions, but numerous details have been called forth by the author's desire to make the character lifelike, complex, and inwardly intelligible, and these will go unnoticed if we interpret the character only in functional terms.

Thus, we will be examining Catherine and Heathcliff as if they were people within our primary world, as opposed to pure fictions in a wholly distinct secondary world (Manlove 1999, p. 37-38). Part of the novelty of our character-driven analysis derives from the directness with which we engage with the individuals constructed in the novel. While there are already specific discussions of both Catherine and Heathcliff within the critical discourse, these typically only briefly mention different psychopathologies that the characters may exhibit, couched within a different framework or argument. Giles Mitchell (1973) offers an account that is most similar to ours - involving repressed incestual content - however, he uses these forces as an explanation for

demonism. In contrast, we offer an analysis that focuses primarily on elucidating the psychopathology that is made manifest through the characterizations of Heathcliff and Catherine, and on identifying how this component of the biopsychosocial model is narratively significant.

The conceptualization of Heathcliff and Catherine as mimetic characters is not without controversy. Wright (1998, p. 41) notes that this brand of analysis remains disputed as it arouses “the indignation of readers who react to [its] apparent reductiveness.” Furthermore, the most orthodox analysts would find fault with the mimetic approach because “unlike a real analysand [characters] cannot lie down on the couch and free-associate about [their] dreams or recapitulate the traumas of [their] infancy” (Ellman 1994, p. 3). We disagree with these objections, as these critiques imply that one must work under a “one-to-one equation between fictional characters and flesh-and-blood persons” (Wright 1998, p. 41). In contrast, we posit that textual psychointerpretation can retain theoretical legitimacy as long as we operate with a clear understanding of its limitations.

We submit that texts like *Wuthering Heights* – written with large volumes of dialogue, interjections by a narrative participant, and vivid characterizations – can offer almost as much detail as can be gleaned from daily life, or as can be conveyed in a comprehensive psychiatric note. Though our patient may not be seated in front of us, they are described through the pages of the text in the same manner as if their narratives were being represented in medical documentation. Being cognizant of this limitation, we must remember that our interpretations are necessarily conjectures, and certain conclusions may be necessarily underdetermined by the available data because the characters are not able to engage in dialogue (Steig 1975, p. 160-162). The characters are liminal, existing as both mimetic beings and textual constructions; we are just focusing our lens on their mimetic characteristics. Thus, we note that our work is an account

“from within” the object of interpretation, a phenomenology that states and accepts its limits, proceeding towards its goal within the context of such boundaries (Mohanty 2002, p. 63).

For these reasons, we note that this examination is not a one-to-one correlation between art and life. Instead, we advance a phenomenology where the bulk of our analytical objects are mimetic and representative of the primary world, but with a notable gap: the inability to dialogically or dialectically engage with the patient, which limits the strength of our conclusions. We maintain that there are many ways to qualify and defend a mimetic psychoanalysis as part of the multiple approaches to *Wuthering Heights* and, more broadly, to other texts as well - a position of critical pluralism.

Heathcliff: From Orphan to Liminal Being

With this prefatory content behind us, we move on to exploring the characters themselves. Heathcliff has inspired numerous different interpretations of his psychological motivations and pathology, but we argue that Heathcliff’s presentation in the text – as an angry, sullen misanthrope, eventually decaying and dying - derive from his unresolved Oedipal conflict. As such, we must examine his youth to find the conflicts that will inform his later life.

Heathcliff is a foundling, discovered on the streets of Liverpool by Mr. Earnshaw. Mr. Earnshaw takes him in and the two become close, but Heathcliff is detested by Mrs. Earnshaw and Hindley. As such, the child’s libidinal triangle actually falls into view as the negative form of the Oedipus complex:

The two [positive and negative forms] exist in dialectical relation to each other, and the task of the analyst is to ascertain what the different postures are which the patient takes up as he assumes and resolves his Oedipus complex. (Laplanche & Pontalis 1973, p. 284)

Heathcliff at this point is young. As a child he has a bi-sexual identity, encompassing both homosexual and heterosexual components – thus, the negative form of the Oedipus complex fits his level of psychodevelopment (De Kuyper 1993, p. 139-141). However, the dynamic shifts dramatically after the deaths of the Earnshaws. Mr. Earnshaw's death occurs when Heathcliff is 13, immediately posing an issue: his entrance into the genital stage would normally prompt a reiteration of the Oedipus complex, complete with identification with the father and resolution (Laplanche & Pontalis 1973, p. 284). Furthermore, Heathcliff committed to Catherine as a love-object following Mrs. Earnshaw's death (Geerken 2004, p. 375), as she provides "the only comfort to Heathcliff's early life" (Bloomfield 2011, p. 291). Heathcliff's development thus stalls at a point of liminality: he has chosen a mature love-object but failed to identify with his father figure. As a result, he is uncomfortably stuck - his Oedipus complex remains unresolved.

Thereafter, Heathcliff repeatedly finds himself in conflict with the men who connect himself to Catherine, and this pattern is reiterated throughout the novel. Catherine's diary entry highlights the antipathy between Hindley and Heathcliff:

Poor Heathcliff! Hindley calls him a vagabond, and won't let him sit with us, nor eat with us anymore... He... swears he will reduce him to his right place. (Brontë 1995, p. 22)

Hindley is replaying the father's role in the Oedipal drama: enforcing his will upon Heathcliff and taking Catherine for himself. As a result, Heathcliff acts out this Oedipal conflict with Hindley, eventually succeeding in fully disempowering him:

The guest was now the master of Wuthering Heights: he held firm possession... that Earnshaw had mortgaged every yard of land he owned for cash to supply his mania for gaming: and he, Heathcliff, was the mortgagee. (Brontë 1995, p. 188)

Similarly, Heathcliff slowly and intentionally destroys Edgar who, by marrying and impregnating Catherine, has also taken on the role of the Freudian father. Heathcliff's conflictual male relationships, as well as the intentionality with which he pursues the destruction of these men - who are related to Catherine either by blood or marriage - illustrate a replaying of the Oedipal conflict. Mitchell (1973) ascribes this to an inherent Satanism, but we submit that Heathcliff becomes locked in a self-reinforcing pattern where his frustrated Oedipal urges enforce their will over his actions: the repetition compulsion is the key here, rather than the dastardly deeds. His unconscious libidinal drive remains at odds with the substituted father figure, and will stay this way until Heathcliff completes identification, as he is spurred on by deeply painful castration anxiety.

This repetitive quality of Heathcliff's interactions also suggests that he has fallen into the grip of a neurosis due to his frustrated Oedipal urges. Freud and subsequent analysts developed many different flavors of neurosis, but the one most consistent with Heathcliff's presentation is the transference neurosis. A transference neurosis is "characterised by the libido's always being displaced onto real or imaginary objects instead of being withdrawn from these and directed on to the ego" (Laplanche & Pontalis 1973, p. 462). Specifically, the libido's displacement onto Catherine as a fixed object suggests an obsessional neurosis, a subgroup of the transference neuroses. Heathcliff's thoughts regarding Catherine are "characterised in particular by rumination, doubts and scruples... which [lead] to inhibition of thought and action." (Laplanche & Pontalis 1973, p. 281). Heathcliff's fixation with Catherine forces him to reenact and recreate the infantile dynamics impelled by his unconscious and unresolved Oedipal urges. This provides a mechanistic explanation for the repetitive quality of Heathcliff's male relationships – they are fundamentally both necessary and maladaptive, and speak to repression that empowers the

repetition compulsion. The seeds for his neurosis were planted at the time of Mr. Earnshaw's death, and their fruit dictate the drama of the novel.

However, another layer of complexity is built into Heathcliff's frustrated libidinal drive. Brinich (1995) notes how adopted children are more likely to engage in the Freudian family romance as a way to assuage some of the distress generated by both their initial abandonment and their later psychosexual ambivalence regarding their parents. Although the family romance is typically an idealization of parents (Freud 1959), the "pressure originat[ing] from the Oedipus complex" can catalyze more direct action (Laplanche & Pontalis 1973, p. 160). When orphans fall into this fantasy, they sometimes embark on a version of the family romance where "the hero... returns to legitimacy himself" (Freud 1959, p. 239). This is seen when Heathcliff leaves Wuthering Heights, later returning as a gentleman:

He had grown a tall, athletic, well-formed man...His upright carriage suggested the idea of his having been in the army. His countenance... looked intelligent, and retained no marks of former degradation... and his manner was even dignified, quite divested of roughness though too stern for grace. (Brontë 1995, p. 96)

The romance is itself an unconscious tool: it aims to cultivate a sense of belonging where there exists otherness. Heathcliff has, to the best of his ability, legitimized himself – he is now a wealthy gentleman. But Heathcliff remains "a liminal figure and racial Other" (Lodine-Chaffey 2013, p. 207), as well as a foundling (Mitchell 1973) – Otherness is inherent to his station, sharply limiting his social ascent.

Nevertheless, Heathcliff's Oedipal obsession is not a standalone psychological stressor. Mitchell (1973, p. 30) writes that "we can assume, if only tentatively, that Heathcliff's and Cathy's unconscious feelings for each other are ruled by incestuous desire and guilt." This

illustrates a more fundamental Freudian concern: Heathcliff and Catherine derive from the same totem and are, thus, forbidden copulation and consanguineous relations (Freud 1950, p. 8-9). Totemism and its restriction to exogamy were intended to limit “the sexual freedom of the younger generation” (Freud 1950, p. 151, emph. author’s). In his work, Freud (1950, p. 151) draws from these sociological observations to argue that the sexual urge for incest, crystallized in the Oedipus complex and the social taboo against it, explains the id/superego dialectic. With Heathcliff’s libidinal cathexis of Catherine, he is drawn into this conflict between the self and society. This further empowers his obsessional neurosis, as his libidinal drive (id) and social censor (superego) are explicitly in conflict, and he perseverates upon his object of libidinal cathexis. He has always been pressed between his own desires and the strict Victorian hierarchy, and always will be; even when he reappears later as a gentleman, he is still the Other, at least to the members of the aristocracy on the moors (Myburgh 2014, p. 25). Thus, *Wuthering Heights* illustrates both the psychological effects of the totemic conflict within a person and the social structure itself, presenting parallels to Freud’s arguments in *Totem and Taboo* in a more contemporary idiom.

With Catherine’s death, Heathcliff falls into a state of deep despair. To Freud, though mourning and melancholia have the same inciting causes, the two are phenomenologically quite distinct. He clarifies:

The distinguishing mental features of melancholia are a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment. (Freud 1957, pp. 243-244)

Heathcliff recognizes these symptoms within himself. He divulges:

I have lost the faculty of enjoying [my enemies'] destruction, and I am too idle to destroy for nothing. Nelly, there is a strange change approaching – I'm in its shadow at present – I take so little interest in my daily life, that I hardly remember to eat, and drink. (Brontë 1995, p. 323)

Freud (1957, p. 246) emphasizes the magnitude of damage to the ego that results in melancholia: unable to detach from the libidinal object, the ego becomes “impoverish[ed]... on a grand scale.” This develops into villainy – with the expectation of punishment – and then to the point of collapsing into itself in a “hallucinatory wishful psychosis” (Freud 1957, p. 244). In the context of *Wuthering Heights*, “Heathcliff demonstrates psychopathic obsession and acts in a bizarre and ghoulish manner after [Catherine's] burial” (Bloomfield 2011, p. 291). We see the villainy--even the “sadism and hate” that Freud (1957, p. 251) postulates--in the way that Heathcliff tortures and destroys Hindley and the Lintons, all of whom relate to Catherine, the lost love-object.

And, as Freud predicts, Heathcliff eventually disintegrates into a state of psychosis. Nelly sees how Heathcliff “believes Catherine's ghost will appear” as a result of his bad behavior (Przybylowicz 2013, p. 7); she witnesses Heathcliff's eventual self-dialogue in which he becomes internally preoccupied, disorganized, and delusional (Brontë 1995, p. 334). He loses the capacity for reality-testing and thereafter stops eating, “shuns all company and... takes himself to Catherine's bedroom where he is found dead the next morning” (Bloomfield 2011, p. 292). This suggests that there is more to Heathcliff's neurotic presentation than simply an obsessional neurosis; this psychotic presentation is what Freud envisions as a symptom of a fundamental ego-collapse.

For Heathcliff, the loss of his libidinal object of cathexis spurs his melancholia into the waiting arms of his thanatological death drive, which is always working to impel the subject to their expiration. As Laplanche and Pontalis (1973, p. 130) write, “[The ego] is described as the product of identifications culminating in the formation, within the personality, of a love-object cathected by the id.” Heathcliff’s ego, informed by his cathexis of Catherine, becomes deeply weakened from her death and is unable to hold back the libidinal death drive (Laplanche & Pontalis 1973). Inman (2008, p. 196) writes how “Heathcliff’s living anguish is contrasted with Catherine’s peace in death,” illustrating how Brontë constructs the tension/release dualism (Geerken 2004, p. 379). Heathcliff’s death is more than the “ultimate consolation” (Lutz 2012, p. 399): it is the ultimate catharsis. Catherine’s death precipitates Heathcliff’s descent into madness; he then dies because it is too painful for his mind to keep living. But his fate was sealed long before, when his Oedipal development stalled and he fell into neurosis, depriving his ego of the strength it needed to navigate stressors later in his life.

Catherine: The Mind-Body Problem

Moving from Heathcliff to Catherine, we argue that even though both struggle with totemic desire, Catherine’s libidinal distress is most evident within other psychological structures: defense mechanisms, delirious images, names. By examining these various components, we can better understand both why she cries herself sick and how the mind-body connection functions. There is scholarly consensus that she falls ill because she “violates the [social] rules” (Gorsky 1999, p. 173), but what is the mechanism at play, and what can that tell us about the structure of the novel and its relationship to society?

The first component of Catherine's unconscious narrative arc is her use of ego defenses, most significantly repression. Mitchell (1973, pp. 27-29) writes:

The episode in which Cathy discusses her marriage problem shows some evidence of... *repressed* desire... Forgetting the seven years, forgetting the cause of her grief and forgetting Heathcliff can... be explained only by the theory of repression of material which consciousness cannot tolerate... In short, Cathy disguises her deepest wishes with derangement; she expresses these wishes in a seemingly desexualized form by daring Heathcliff to die with her.

We take a step further than Mitchell: we suggest that the defense of repression is a unifying component of her entire illness experience. Freud and Breuer (1955, p. 21) describe the case of a patient, Anna O, who in many ways is like Catherine: "She was markedly intelligent... Her willpower was energetic, tenacious and persistent." These are superficial similarities, but Anna O, like Catherine, has significant somatic symptoms that impede her ability to engage fully in life. For example, both have notable neurological symptoms. Nelly describes one of Catherine's episodes:

There she lay dashing her head against the arm of the sofa, and grinding her teeth, so that you might fancy she would crash them to splinters! Mr. Linton stood looking at her in sudden compunction and fear. He told me to fetch some water. She had no breath for speaking. I brought a glass full; and as she would not drink, I sprinkled it on her face. In a few seconds she stretched herself out stiff, and turned up her eyes, while her cheeks, at once blanched and livid, assumed the aspect of death. (Brontë 1995, p. 118)

What Nelly describes is decidedly resemblant to a seizure, one brought on by Edgar's ultimatum - him or Heathcliff - suggesting a likely pseudoseizure.

Furthermore, Catherine's more serious episodes show an even stronger similitude to the case of Anna O. Freud and Breuer (1955, p. 45) describe their patient as having a "hysterical psychosis" - she has "imaginative products and hallucinations... and [a] lack of inhibition and control in its associations." Psychoanalytic theory posits that, in times of significant stress, the repressed unconscious can resurface in dreams and dream-imagery. In much the same way, the unconscious invades the conscious realm during periods of delirium (Zanchettin 2018, p. 120). In *Wuthering Heights*, this delirious state is most prominent prior to Catherine's death. Nelly describes:

Tossing about, she increased her feverish bewilderment to madness, and tore the pillow with her teeth... A minute previously she was violent; now, supported on one arm... she seemed to find childish diversion in pulling the feathers from the rents she had just made, and ranging them on the sheet according to their different species: her mind had strayed to other associations. (Brontë 1995, p. 122)

Putting the two cases side by side, we see that the causative insult for both women is grief: for Anna O, the grief stems from the death of her father, while for Catherine it results from her lost relationship with Heathcliff.

Looking closely at the text of this scene, we note that there is a linguistical allusion to birds - the various feathers, in particular. We suggest that this bird-imagery contained within Catherine's delirious actions is analytically meaningful, suggesting unsatisfied erotic desire. Freud (1965, p. 429) connects dream-imagery of birds and flight to sensuality and longing:

In other women I have found that flying dreams expressed a desire to "be like a bird"... The close connection of flying with the idea of birds explains how it is that in men flying dreams usually have a grossly sensual meaning.

Of course, this is just one small facet of Catherine's delirious imagery, but her actions - rearranging the feathers - suggest an analytic weight to her unconscious erotic desire. The feathers are a representation of the unconscious desire she has for Heathcliff. As Mitchell (1973, p. 29) notes, Catherine's lived relationship with Heathcliff is sexless, but its consummation is one of her "deepest wishes." These repressed wishes surface in her delirious state, and the latent content further illuminates the tension that informs Catherine's narrative: her divided object-choice between Heathcliff and Edgar, which in turn points towards a more fundamental conflict (Freud 1965, p. 168).

The defense mechanisms are themselves manifestations of the ego as it is caught between the internal drives and the outside world, between the id and the superego (Laplanche & Pontalis 1973, p. 103-104). To Catherine, this conflict is that she is caught in the totemistic crisis: she loves a person who is within her own family. Her id wants her to pursue Heathcliff, her object of libidinal cathexis, but the larger society that she inhabits expressly forbids it. Catherine desires Heathcliff in a similar way as he desires her: after the death of Mr. Earnshaw when she is aged 12, she withdraws her libido from her father and recathects to Heathcliff. As Geerken (2004, p. 394) explains, "Catherine and Heathcliff's orphaned status and the hostility of their home environment intensify their need to cling to each other for survival." The two are locked in a codependent relationship of reciprocal libidinal cathexis. But Heathcliff, the racial and socioeconomic Other, is not a fitting spouse or lover: social mores are preventing the satisfaction of Catherine's desires. The superego is overpowering and curbing the gratification of the id.

This dissonance demands ego-mediation. When Catherine picks Edgar, the superego, as her husband, she further activates this conflict. Nelly reports how emotionally disturbing this decision is for Catherine:

I shall never forget what a scene she acted... It terrified me – I thought she was going mad... It proved the commencement of delirium; Mr Kenneth... pronounced her dangerously ill. (Brontë 1995, p. 88)

With regards to “Mourning and Melancholia,” Freud (1957, p. 245) notes that the difference between the two lies in the ability to perform “detachment of the libido... The fact is, however, that when the work of mourning is completed the ego becomes free and uninhibited again.” It appears, once Heathcliff returns, that Catherine had at least begun the process of re-cathecting her libido into Edgar, her new love object. She has the capacity to change objects of cathexis when the former one is unavailable to her, which has served her well as she can mourn without becoming melancholic. But, with Heathcliff’s reappearance, Catherine is caught in a bind, with her libido torn between the two. Gorsky (1999, p. 183) writes:

The confrontation among Heathcliff, Edgar, and Catherine, in which the two men quarrel and Catherine realizes she cannot have Heathcliff even as a friend, dramatizes her psychological split and leads her into a state representing her sense of powerlessness and her futile rage.

This illustrates another important similarity and difference between Catherine and Heathcliff - the two both suffer from distress caused by unanswered libidinal needs, but Heathcliff’s libidinal crisis derives from the Oedipal drama and Catherine’s place in it, whereas Catherine’s libido is split between the two love objects of Edgar and Heathcliff.

Furthermore, Brontë implicitly characterizes this id/superego conflict through these two men around whom Catherine’s adult life revolves. Heathcliff’s characterization is primarily rough, primal and contravention to the social hierarchy. He embraces the pleasure principle and minds “little what tale was told [about him] since he had what he wanted” (Brontë 1995, p. 40).

He embraces his instinctual drives, acting upon aggressive impulses; he transgresses societal rules, for example in disturbing the dead. He is the id, focused on satiation of desires. This is in stark contrast to the genteel Edgar, whose life and actions are well within the bounds of social conformity, carefully calculated and contemplated. Edgar represents the Victorian society and the superego that it helps to mold. Furthermore, the Catherine-Edgar marriage is “in accord with society’s expectations” (Gorsky 1999, p. 172) regarding “the Victorian constraints of the time regarding class and race” (Miquel-Baldellou 2012, p. 160). The id/superego conflict, particularly prominent in Victorian social relations, is replayed on a local scale between the two men who dictate the course of Catherine’s adult life.

It is this tension, between the strictures of society and her most basic drives, that eternally damns Catherine to feel “ripped apart by her dual selves,” as Lutz (2012, p. 393) writes. But Lutz’s dual selves description also points us towards another dynamic, one that is more fundamental. In his later writings, Freud conceived of the thanatological death impulse as being in conflict with the life drive, Eros. The life instincts “embrace not only the sexual instincts proper but also the instincts of self-preservation” (Laplanche & Pontalis 1973, p. 241). More specifically:

Shall we follow the hint given to us by the poet-philosopher, and venture upon the hypothesis that living substance at the time of its coming to life was torn apart into small particles, which have ever since endeavoured to reunite through the sexual instincts?

(Freud 1955, p. 58)

Freud is arguing that the life instincts drive towards the sexual union, yielding psychological (or, perhaps, even metaphysical) wholeness. However, this is fundamentally unavailable to Catherine. The death drive, on the other hand, pushes relentlessly towards oblivion. Therefore,

the interplay between Catherine's psychological apparatus and her ultimate fate becomes clear: Catherine's ego is caught between her id and her superego, between totemistic desire and social prudentialism. This becomes too much for her to bear:

With the physical pressure of the pregnancy and the emotional stress of the socially unacceptable reunion, Catherine's previously demonstrated fragile psychological stability breaks down and she experiences a long and serious illness. (Bloomfield 2011, p. 291)

She attempts to navigate this conflict by repression and subsequent somatization, but upon Heathcliff's return her mourning process is interrupted, leaving her caught between different objects of libidinal cathexis.

Finally, we suggest that Catherine names Cathy as a final spark of Eros, the life drive resisting the death drive one last time (Colín 2020, p. 77). Names are investitures of libidinal energy into progeny as they are ways of retaining and transmitting history (Freud 1950, p. 139). For Catherine, this is a final act of wish-fulfillment: a hope that young Cathy could find the psychological peace her mother never had, as well as a statement to the world that she, Catherine, would not allow herself to be forgotten or defeated. As Geerken (2004, p. 392-393) writes:

The second generation acts to repair the mortal regrets of the first. Catherine suffers mortally from marital regret; however, it is her daughter and namesake Cathy who is given the opportunity of a second marriage.

In fact, Cathy's full name - Catherine Linton Heathcliff Earnshaw, from the various surnames she adds over the course of the novel - represents the contravention of the Victorian expectations that Catherine herself so desires (Gorsky 1999, p. 189). Cathy combines the various totems, subverting the societal taboo.

Furthermore, this last spark of Eros is narratively significant, as it is Cathy's character who drives the plot of the novel moving forward, and in a way forces Heathcliff into the insanity that leads him to the inorganic stasis Catherine inhabits; the two then are finally at peace. Thus, we see that Catherine's adult life is unified by an underlying repressive defense mechanism, which works to mask her distress caused by the tension between her two love objects because of society's stipulations, who represent the id and the superego. This pain is too significant for her, and Catherine's death drive becomes overpowering and she succumbs to delirium and death, though she lives on in her daughter, Cathy.

Conclusions: Freudian Oedipality and Victorian Morality

Putting all of this analysis together, we submit that the narrative structure of *Wuthering Heights* is itself motivated by the psychological processes of the character that Brontë constructs – and that those psychological conflicts and structures are in turn informed by the social mores of Victorian society. The narrative organization of *Wuthering Heights* – the relationship between the ill-fated couple of Heathcliff and Catherine climaxes in each of their deaths; the resolution of this drama is found through their progeny. As such, the text itself serves as a record of their doom and an explanatory artifact of their destruction. But, as many have noted, much of the novel's creative strength lies in its scrupulously crafted secondary world. It is through exquisite attention to detail that Brontë brings the events on the moors to the artistic fruition that has captivated readers for the many years since its publication – even with sequences like Catherine's delirium or Heathcliff's psychosis, episodes where the characters lose the function of reality testing (McSweeney 2005, p. 163).

Given the intentionality behind Brontë's fictional construction, it follows that she was equally intentional with the psychological states of the characters. Of course, Emily Brontë was writing before the time of Freud, so her impressions of mental illness and insecurity were not derived from a popularized psychoanalytic discourse as ours are. Instead of our cultural comfort with psychoanalytic ideas, she had the Victorian social hierarchy to inform her work. As we have noted, illness – especially mental illness – was a moral failing to the Victorians, and this moral failing could even be deadly (Bloomfield 2011, p. 296). As Myburgh (2014, p. 21) comments, “the novel does explore central nineteenth-century social debates and preoccupations, including nineteenth-century ideas and anxieties about death.” The romance between the main characters, of different classes and backgrounds but held together through bonds of love and desire and distress, was profoundly unconventional, if not scandalous. And, at least within the morality of the day, those characters were punished: the Earnshaws lose the Heights to Heathcliff; Catherine suffers, as does Heathcliff; Edgar expires a broken man. But young Cathy and Hareton, born of but unbesmirched by this callous conflict and its sequelae, finish the novel in marriage, showing the boons of marriage within the approved social order. They are “emotionally stable characters capable of integrating into the community at large” (Geerken 2004, p. 394). Taken in the Freudian sense, this whole web of crisis and romance and revenge is evidence of repetition of a far older social construct: the taboo against totemic incest, and the punishments meted out by society for those who contravene the most fundamental taboos. And, as Freud suggests, the id/superego conflict reflected in those prohibitions informs the way that the plot of the novel unfolds. Society exerts its will and organic disease burdens the characters, but their psychological responses to the totemic taboo coequally determine the narrative.

Which brings us back to the biopsychosocial model. A key component of the model is that while the symptoms of illness, psychiatric and otherwise, remain phenomenologically constant, the descriptive schemata and etiological structures that inform their interpretation are mutable and necessarily socially-bound. Freud writes as a universalist, and this is amply clear in *Totem and Taboo* in particular. However, current clinical psychiatry has done away with large portions of his thought. We live in a medical system dominated by biomedical reductionism, but the symptoms themselves remain the same. What Freud described as melancholia is now conceptualized as major depressive disorder, or perhaps as prolonged grief disorder in the most recent iteration of the *Diagnostic and Statistical Manual of Mental Disorders*. This connects back to one of the key ideas of Freud's work: that society influences the mind. In Freud's system, the superego is formed from the internalization from societal rules. This connection - between the individual's mind and society's obligations and expectations - is something that Brontë clearly recognized and represents masterfully in her work. A central theme of *Wuthering Heights* is that illness exists beyond simple biological processes – it can be informed or even caused by social pressures and individual psychological structures, and that these three levels are interconnected.

Brontë is often described as a proto-feminist writer, pushing against the bounds of social expectations and prescriptions for her characters, and for women more broadly (Shachar 2020, p. 189). However, as much as she pushes against the conventions of her time, *Wuthering Heights* illustrates how Brontë is ultimately limited by them. Catherine, the feminist symbol of (attempted) nonconformity, is consigned to a miserable illness and death, and Cathy achieves her happy ending only through acceptance and adherence to the expectations that she marry within her class - though marriage with Hareton. While Brontë opens the door to feminist resistance, it

is ultimately slammed in the faces of our female protagonists, suggesting that nonconformity may be correlated with illness. Though this may seem to be a somewhat dour reading of the story, we suggest that it remains hopeful: in *Wuthering Heights*, the desire for women's liberation receives a significant moment in literary history and the popular awareness of the time. Before the more contemporary waves of feminist political and intellectual development, this initial step prepared the way for further explorations of what life could be like beyond the strict social confines of the Victorian social order.

Describing the Freudian processes at play in *Wuthering Heights* gives us increased insight into the characters, their motivations, their actions, and their stories. It further clarifies the narrative structure of *Wuthering Heights*: given the Victorian social structure and the characters' psychological processing of those structures and the events that transpire, Catherine *must* die; Heathcliff *must* go insane. But, even more importantly, it emphasizes the necessity of a biopsychosocial approach to illness, one that can be too easily dismissed or forgotten about as medicine is distanced from the arts, from the cultural objects created by society.

And in this way, we note the importance of this biopsychosocial understanding of illness and narrative for literary studies writ large. Helen Scott-Fordsmand (2023, p. 349) describes the value of reversing the flow of knowledge from the sciences to the humanities, and this kind of work contributes to this alternative epistemic direction. While the medical humanities have adopted many different ideas from the core humanities, this translation of the biopsychosocial model to literary analysis adds to the corpus of literature scholarship in a novel and valuable way. In the medical sciences, it is common to refer to the lock-and-key metaphor to describe how structure and function are requisitely intertwined; this paper utilizes this same organizing principle to connect the biological, psychological, and social dimensions of illness to the

narrative structure of *Wuthering Heights*. It is not simply that the narrative unfolds to illustrate certain themes, but that the themes and events of the story are constitutive of each other, and they are yoked to each other through the psychological dynamics of the characters. Literary studies writ large could benefit broadly from this more functional approach to literary texts and meanings.

Emily Brontë may not have been a physician, but she clearly had keen insight into the world around her, and those insights remain valuable to this day. To people of all backgrounds and avocations – scholars, psychologists, physicians – Brontë’s perspectives can enrich our understandings of both the world around us and the human experience. Illness inevitably pervades all of our lives. Understanding its cause, particularly through the less-visible avenues of psychology and society, is key to preventing tragedy. Learning from these texts may indeed help us to seek out themes of love and loss in our own lives. Armed with this knowledge, we may strive to effect change in ourselves and in our worlds, taking to heart both the proto-feminism of Brontë’s writings and the insights of psychoanalysis. Heathcliff and Catherine found peace in death, ghosts wandering the moors together; we hope that our peace can be found before we meet our own ends.

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