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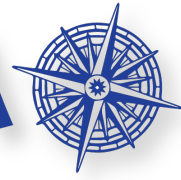
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La segunda vida de Isidora Rufete: Insomniac Dreams of Self in *La desheredada*

Tess C. Rankin

The protagonist of Benito Pérez Galdós's *La desheredada* (1881), Isidora Rufete, is plagued by delusions of falsely promised nobility that she believes to be etched into her face and her character. Her misunderstanding, which goes hand in hand with a ruinous personal economy, shapes her self-conception, one that ultimately leads to her choosing prostitution as her only tenable relation to the market, one that reflects the worth placed in her body. Isidora is also an insomniac. Galdós recounts her nighttime flights of fancy, describing them as a second life that she fully populates with the friendships, the well-being, and above all the luxurious lifestyle, that are lacking in her waking hours (114). She spends the money that she is able to come by as though she benefitted from the riches she dreams up for herself at night. Yet even Isidora recognizes her joyous imaginings—"¡Qué hermoso palacio, Dios de mi vida!" begins the chapter "Insomnio número cincuenta y tantos"—as a form of suffering since they come at the expense of sleep: "¡Qué suplicio! Me muero de insomnio..." (214, 216).

Insomnia comes from the Latin word for one of two kinds of dreams defined by the second-century author of the *Oneirokritikon*, Artemidorus of Daldis: "those [dreams] that are mortal, related to the dreamer's desire and are inspired by his or her past" (as opposed to those that bring divine or prophetic messages) (Summers-Bremner 17). The distinction between sleep disturbed by dreams and sleep altogether disturbed eventually fell away. Eluned Summers-Bremner, in *Insomnia: A Cultural History*, writing on the advent of modernity, claims that "sleep was rendered difficult due to new mobilizations of desire, the material contradictions of which fell upon individuals" (11). This suggests one potential line of investigation into insomnia in *La desheredada*: What do Isidora's sleep-disturbing desires reveal about the social and cultural currents and the material conditions of Spain at the time as Galdós saw them? I argue that, on one hand, insomnia exists at the intersection of medical and mercantile discourses—as we will see, ailing patients of all stripes suffer from sleeplessness, and time lost to sleep is money lost—allowing Galdós a particularly suggestive point of entry into those areas of social concern. On the other, insomnia is a psychological and bodily disorder, and the inextricability of these two spheres, particularly evident when both are thrown into crisis by illness, points to the difficulty of delimiting the self. The concerns of the city and the nation-state alluded to in the novel echo the critical importance

of such shaky border lines, and this resonance makes Isidora's ailments a Spanish concern. Fictions of the self are not just of individual psychic importance: their instability creates not only ill bodies, but also feeble markets and infirm societies. As we will see, insomnia is a symptom of so many ills that it complicates the work of diagnosis and cure. *La desheredada's* narrator ultimately views with empathy the desire to control narratives, or diagnoses, of individuals and society—either through proper hygiene, the realist novel, or a longing gaze in the mirror—but senses that society must nonetheless contend with their fracture and multiplication, making personal or artistic questions of broad public import.

Insomnia and Medical Discourse

While Galdós reflects on the particularities of Isidora's insomnia, his character would not have been alone in suffering from what was a common ailment. Yet for all its ubiquity, medical literature investigating insomnia is scarce. It tends to make appearances when any number of physical and mental illnesses are discussed. Here, I track both explicit reflections on sleeplessness and the discourses tangential to insomnia. As will become clear, insomnia cannot be easily categorized nor its causes elucidated—this, at a time when the classification and ordering of illnesses was part and parcel of their treatment and eradication. Insomnia makes appearances in several medical discourses that were developing in late nineteenth-century Spain. Incipient studies of mental health—psychiatry, psychology, and alienism—had some interest in insomnia, generally as a symptom of another sickness. Because insomnia does not imply just mental wandering but a disruption of a natural bodily cycle of sleeping and waking, it could also be seen as a purely physical ailment, one that commonly accompanied any number of diseases. Insomnia was most commonly cited as a symptom rather than investigated as its own condition—perhaps in part because sleep itself was not well understood, though the search for its physical causes was on in the mid- to late nineteenth century (Rosselló i Mir 138-40).

Insomnio, *desvelo*, and, less commonly, *vigilia* are cited countless times in journals such as *El Criterio Médico* and *Boletín Clínico* around the time of the publication of *La desheredada*—though nearly always alongside a host of other symptoms and without being given any special weight or reflection. Members of the public suffering from sleeplessness would have seen newspaper advertisements for syrups (likely opiates) purporting to cure not just insomnia but nervous disorders, epilepsy, hysteria, chorea, convulsions, tuberculosis, asthma, and a cough, among other ills. Summers-Bremner highlights the link between lovelornness and insomnia that emerges across centuries in poetry, literature, and song (9-10). Indeed, there is much evidence of poetic reflection on insomnia by contemporaries of Galdós who were producing verses that spoke of lovers suffering *insomnio* and *desvelo* while longing for one another's presence. Insomnia also makes appearances in installment stories in magazines such as *La Moda Elegante* and in poetry, with women often suffering bouts of romance-induced *desvelo*.¹

In "Confinement, Consolation, and Confession in Galdós's *La desheredada*," Liana Ewald examines the appearance of medicalized language throughout the novel: "The first chapter of *La desheredada* was published in the medical journal *El Diario Médico*, which began publishing in 1881" (381).² Ewald, whose analysis also takes up the novel's religious language,

concludes that confinement attempts to cut off sick bodies from well ones and indeed impose limits around illness. I argue that Isidora's insomnia seems to point to the impossibility of such a task: the reordering of the work day, of day and night, of public and private space, mean that the psyche has been irreversibly invaded as manifested in the body that cannot sleep.

Spanish medical writing at the time does not seem to have devoted itself to the investigation of sleep and sleep disorders. British and American physicians and scientists, on the other hand, released a good number of publications on the subject during the 1870s, 1880s, and 1890s.³ In what follows, I examine North American and Spanish reflections on insomnia that link it to external stimuli and psychic disturbances, before looking at the broader psychiatric and medical developments contemporary to these discussions.

In his 1885 book on sleep disorders published in Chicago, doctor Henry Lyman wrote on the many possible causes of disturbed sleep: "Sleeplessness [. . .] must result, 1st, from a disturbance of the peripheral sensory organs of the nervous system; 2nd, from disordered conditions of the sensory nerves and nerve tracts; 3rd, from morbid states of the brain; 4th, from any or all of these conditions operating in association with each other" (39). For Lyman, disturbances in the brain, which disrupt sleep, most frequently arise due to external stimuli such as light, heat, noise, or even smell, particularly factory fumes (43). These causes are framed as primarily physical, with an emphasis on sensory organs, nerves, and the brain. Not even "morbid states of the brain" lead Lyman to investigate psychological disorders; rather, he focuses on the many possible factors that may disrupt sleep, all of which are prominent aspects of life in the city. Sensory perception registers these environmental factors, which set off disturbances in the brain and disrupt the bodily cycle of waking and sleeping.

In the *Boston Medical and Surgical Journal* in 1890, Chas F. Folsom enumerates thirteen potential causes of sleeplessness ranging from various illnesses to excessive heat or cold to "excessive intellectual or emotional activity—pleasurable or distressing—grief, fear, worry, anxiety, etc., if sufficiently intense or prolonged" to "the neuropathic temperament," which is generally inherited (3, 4). Folsom's last iteration of insomnia is "[a]s a form of insanity" (5). Unlike Lyman, Folsom allows for purely mental causes of insomnia: the brain does not simply respond to the body's physical surroundings; it is the place for a range of psychological or emotional experiences to well up and produce in turn the disruption of sleep. In a rare Spanish reflection on insomnia as a condition rather than a symptom, Bartolomé Robert considers both external and internal causes for insomnia. His very brief lesson titled "Sueños patológicos," in the *Programa de patología interna, explicado en la facultad de medicina de la Universidad de Barcelona*, outlines basic information pertaining to *insomnio*, *pesadillas* (*delirio del sueño*), *sonambulismo*, *sueño letárgico*, and *enfermedad del sueño*:

El insomnio supone un estado permanente de actividad cerebral *que impide la cesación [sic] periódica de las relaciones con el mundo exterior*. Cuando se prolonga inusitadamente determina una tensión [sic] dolorosa cerebral y un eretismo de tanta consideración [sic] que puede llevar á la determinación [sic] de una locura. El uso de los caféicos, las pasiones de ánimo deprimentes

y exaltantes, el estudio profundo y prolongado, el zumbido de oídos [sic] y aun ciertas enfermedades del aparato gastro-hepático lo determinan. (187; emphasis mine)

His analysis links up madness, external stimulants, and internal bodily distress—all of which manifest themselves in constant mental activity “that impedes the periodic cessation of relations with the exterior world” (*my translation*). This definition of sleep highlights something that has been implicit in all of these reflections on insomnia: there is an outside world that may have an impact on the body and, thus, the mind, and an inside world whose moods, anxieties, even madnesses become evident in physical symptoms or behaviors. According to Robert, it is necessary to pause this back-and-forth across the psychic border, to close off the inside world, sealing off the body and mind and falling asleep. When this does not happen with regularity, the result is a pathological condition: insomnia. I posit that in Galdós’s novel, and in Isidora’s insomnia, we see that the external world emanates its own anxieties and brings about mental states in ways not so easily traced to loud noises or factory fumes. The result is the decreasing possibility of imagining an enclosed subject who can, if only in sleep, shut down relations with the outside world and reassert itself as an integral, hermetic whole. Alone in a darkened, private bedroom, Isidora still cannot sleep and, even worse, insomnia as a symptom points to dozens of different causes. I wish to reflect on what it means to posit insomnia always as a symptom of something else, and ask what symptomatic role it might play in *La desheredada*.

Degeneration Theory

Given that insomnia is tangential to a number of psychiatric considerations, it is relevant to consider coetaneous discourses on topics such as madness and degeneration, the contours of which almost certainly would have shaped thinking about insomnia itself. The second half of the nineteenth century saw the arrival of psychiatric theory, treatment, and institutionalization in Spain (Plumed et al. 141). Degeneration theory “[s]e trataba de una ‘decadencia de la raza’ que hacía que cada vez hubiera menos individuos productivos y más sujetos peligrosos” (Campos Marín et al. 3). As we see in the Rufete line—with Isidora’s mad father, deformed son, and criminal brother—Galdós was well aware of the discourse on hereditary illness.

In “The Concept of ‘Delusion’ in Spanish Psychiatry,” José Lázaro argues that nineteenth-century Spanish psychiatry was mostly derivative, relying on European, largely French, psychiatry, while in “Alexandre Brierre de Boismont and the Origins of the Spanish Psychiatric Profession,” Enric J. Novella and Rafael Huertas argue along similar lines that Spanish alienists traveled abroad to obtain up-to-date psychiatric knowledge. In addition, they claim that European alienists took a special interest in Spanish institutions “but also in the spreading, promotion and legitimization of psychological medicine in the country” (388). Spain was not without prominent, if not entirely original, psychiatric experts including Pedro Mata (1811-1877) and Juan Giné i Partagás (1836-1903). Of particular interest is how degeneration theory conceived of the intersection of mental and physical illness: “Morel planteó su tesis fundamental según la cual los trastornos psíquicos —y en general todas las anomalías del comportamiento humano— son expresión de la constitución anormal del

organismo” (Campos et al. 4). This theoretical conception in which the abnormal body, including inherited traits, gives rise to an abnormal psychological state, represents a popular trend in medical thinking. Giné i Partagás’s “extreme organicism [. . .] can be clearly seen in the audacity with which he explained the pathogeny of delusion: an abnormal increase of physiological activity of the outermost cells of the cerebral cortex, which was reflected in the superabundance and lack of co-ordination of ideas” (Lázaro 116). The view that the body tracked every element of mental distress makes tangible otherwise elusive psychological ills and fits well with the ordering impulse of degeneration theory and other developing areas of alienism.

Further evidence of the way in which insomnia reflected twinned psychic and physical distress can be found in descriptions of circulation. Blood flow was thought to play a part in the regulation of sleep and its suspension, as well as in madness. An 1841 article in *El Instructor: ó Repertorio de Historia, Bellas Letras y Artes*, which provided popular accounts of scientific and political news, advised its readers that “[l]a reflexión intensa ó abstracción mental ejerce una marcada influencia en la circulación de la sangre, y este insomnio ó desvelo es el resultado de la acción excesiva del cerebro, la cual si no recibe alivio acarrea luego el delirio” (“Mosáico” 31). Here, the underlying causes may be behavioral—intense reflection or mental abstraction—demonstrating that every aspect of a patient’s life leaves a trace on the body to be read and interpreted by the medical practitioner. Excessive or insufficient blood flow was also thought to cause mental disorder as circulation was viewed as related to brain activity (Plumed et al. 139-40). Other organs and bodily fluids also dictated mental symptoms making “[t]he progress of the physical illness [. . .] an analogous criterion for the development of insanity” (140).

Spanish degenerationists tended to take a more practical and less hard-line view than French practitioners of the theory, and Spanish alienists were altogether cautious about applying degenerationist classifications, which Giné i Partagás, for example, rejected as an inappropriate guideline for diagnosis (Campos et al. 8-9). Alienists preferred to analyze the symptoms that presented themselves and their development and were less concerned about the etiological ordering of illness demanded by a strict interpretation of degeneration theory (7-8). Degenerationist theory further clashed with the commercial and professional aims of psychiatrists operating private clinics who depended on the curability of mental illness to legitimize and sell their work to patients and their families (15). Mental health as malleable and ameliorable needed to be sold as a concept not just for those who wanted to shape legislative agendas in support of hygienic causes, but also for those who wanted to sell their services. In *La desheredada*, Miquis’s prescribed cures for Isidora demonstrate a lightly ironic but quite real belief in curability and not just the easing of symptomatic pains: “Estás enferma, estás llagada. Tu mal es ya profundo, pero no incurable,” he declares (Galdós 388).

If French theory was less enthusiastically embraced in the clinic, it did find a foothold in the medico-legal and criminological realms where the discourse allowed alienists to firm up their professional standing (Campos et al. 11-15). Spanish psychiatry adopted degeneration theory unevenly and not without criticism, preferring generally to focus on clinical experience and specifically on the individual and family at hand. Still, the main ideas of degeneration theory were unavoidable and constantly contended with in a variety of medical, legal, and social

realms, and their loose adaptation allowed them to be useful in a number of arguments and circumstances. Their success demonstrates that the theory circulated widely enough in society to capture the well-informed imagination.

Because mental disorder represents inevitable decay for degenerationists, it is most important as a sign or symptom of something else and less interesting for its specific content, leading to a marked decrease in “therapeutic optimism” (Plumed et al. 141). Given the influence of *fin-de-siècle* degenerationism and its emphasis on bodily causes for all physical and mental disturbances, as well as its drive to locate individual deviation in a society- or even species-wide context, it is not surprising perhaps that insomnia was so frequently taken as a signpost on the mired path into physical or mental illness but not rigorously examined as a standalone concern. Degenerationism may have sought to replace mere symptomologies of mental illness with etiologies, but its theoretical strictures determined which angles of illness could be explored and which ignored (Campos et al. 6-7). Still, I wonder if we might see in Galdós’s take on this medical discourse a reformulation, through insomnia, of a kind of psychic degeneration that does not simply take madness as its sign but is rather defined by an increasing inability, throughout generations, of individuals to represent themselves to themselves. The ill-defined ailment, with its manifold causes, strikes a blow against therapeutic optimism and threatens the diagnostic model itself.

A review of the limited medical literature on insomnia, as well as the psychiatric and medical fields that touch on it, reveals an axis of theoretical concern around which diagnoses, characterizations of disease, and pertinent legislation were to rotate: the relation between physical and psychological illness. When I posit that these reiterated concerns and their elaboration in Galdós’s novel show these realms to be inextricable, I do not just mean that causation crosses freely in both directions, but that they are, somehow, one and the same. Isidora’s body worn down by lack of sleep and the thoughts that populate her *desvelo* must occupy a single space of analysis.

Isidora’s Insomnia

While there is no extant critical work specifically on insomnia in Galdós, we may turn to scholarship on two related topics: dreams and madness. Criticism on medical discourse in Galdós often points to the development of psychological medicine in the late nineteenth century, and as we have seen, insomnia was often cited as a symptom of both physical and mental maladies. While Isidora’s nighttime flights of fancy may indeed have something in common with dreams, Galdós makes her an insomniac and does not employ sleeping dreams as in many of his other novels. I am interested in parsing this distinction between dreams and the reverie of insomnia, and in bringing insights into medical discourse to bear on Isidora’s condition.

In *Dreams in the Novels of Galdós*, Joseph Schraibman tracks all of the dreams that appear in the author’s work and points out that the content of dreams can serve as plot anticipation, plot development, plot summary, or character reinforcement. That is, as a recurrent motif in Galdós, they can interact with the plot and characters in any number of ways. In his description of the dreams in *La desheredada*, he does not distinguish between sleeping

dreams, daydreams, and insomniac waking dreams (88-91). In her more specific study on *La desheredada*, Marie-Claire Petit proposes that Isidora's excessive dreams are a response to what the protagonist perceives as an excessive lack (economically and affectively) in her waking life (235). In a recent article, Vernon Chamberlin focuses on women's dreams in Galdós's later *Episodios nacionales*. He finds that dreams are able to acknowledge women's sexual desire as well as more broadly explore male-female relationships, allowing for events and emotions that characters might not be able to experience in their waking hours, except by relating the content of a dream. Chamberlin concludes that they allow Galdós to emphasize the importance of certain themes in his novels (8). While he notes that these dreamers are unlike the insomniac Isidora, he does not explore insomnia itself or what might make her "night-long reveries" differ from dreams (8). Petit and Chamberlin allow that dreams are a particular space where Galdós has his characters respond to their waking lives, often with imagined scenarios that would not be possible or permissible in another context.

While the content of Isidora's insomniac reveries can be explored much as dreams in Galdós have been, I am particularly interested in the structure of insomnia as the irruption of wakefulness into a time and place reserved for sleep and in insomnia as a symptom that points to countless physical and mental ills. Thus, in what follows, I consider how her insomnia-produced daydreams—and the periods of wakefulness when they occur—serve the narrative and make Isidora particularly and problematically ill.

Galdós offers his own diagnosis of Isidora's insomnia: "La causa de esto parecía ser como una sed de su espíritu, que se fomentaba, sin aplacarse, de audaces previsiones de lo futuro" (*La desheredada* 114).⁴ But this diagnosis is hardly as concrete as we might expect: Isidora clearly thirsts for something and her unfulfilled longing has given rise to "una segunda vida encajada en la vida fisiológica," which is represented only in her mind, and her imaginings come to interfere in her waking life:

Pasar de esta vida apócrifa a la primera auténtica, érale menos fácil de lo que parece. Era necesario que las de Relimpio, con quienes vivía, le hablasen de cosas comunes, que fuese muy grande el trabajo y empezase muy temprano el ruido de la maquina de coser, o que su padrino, el bondadosísimo don José de Relimpio, le contase algo de su vida pasada. Como estuviera sola, Isidora se entregaba maquinalmente, sin notarlo, sin quererlo, sin pensar siquiera en la posibilidad de evitarlo, al enfermizo trabajo de la fabricación mental de su segunda vida. (114)

This inability to confine her fantastic, dreamy desires is at the crux of Isidora's illness as diagnosed by the narrator. The activities that effectively dislodge her from her apocryphal dream-life are, appropriately, talking and working. The noise of the sewing machine, the tool for personal economy that she never makes proper use of, cannot possibly exist alongside her second life whose construction to her is second nature. Isidora's insomniac imaginings invade her physical life to such an extent that we might consider Galdós's elaboration of her psychic space an echo of the problematic division between public and private spheres. We have very little insight into the psychic lives of other characters, but despite the narrator's frequently ironic or arch tone toward his protagonist, we have a great deal of insight into her

fears and desires. This is, in part, because they are externalized and projected toward the attempted realization of her impossible, apocryphal second life. The chapter “Insomnio número cincuenta y tantos” is related in first person: the reader is allowed an uncommon intimacy with Isidora.

One passage from that chapter does a particularly good job of displaying the internal-external blur of Isidora’s mental state:

¿Por qué no puedo estar quieta un ratito largo? ¿Qué es esto que salta dentro de mí? ¡Ah!, son los nervios, *los pícaros nervios, que cuando el corazón toca, ellos se sacan a bailar unos a otros. ¡Qué suplicio! Me muero de insomnio... Un baile en aquellos salones, cielo santo, ¡qué hermoso será!* ¿Cuándo verás en ti, *garganta mía*, enroscada una serpiente de diamantes, y *tú, cuerpo*, arrastrando una cola de gro!... (*La desheredada* 216; emphasis mine)

Here she makes a physical observation about her unquiet state and a medicalized conclusion about her nerves. However, it is then her metaphorical language of dancing that moves her thoughts seamlessly into imagining her second life, her future world. There, her body is no longer a source of nervous, sleepless nights but a site defined by the luxury items it displays. Isidora’s “enfermizo trabajo” of constructing her second life is as automatic to her as breathing (*La desheredada* 114). Summers-Bremner claims that “[m]edical practitioners routinely blamed the stimulations of the industrial age for increases in insomnia, but modern nervousness was understood to affect men and women differently” (101), women being more prone to sleep disturbances—a hysterical woman was quite likely also an insomniac one. Hysteria itself shifted from a disease literally originating in the uterus to that of a feminine disorder that exaggerates the ills of the female disposition (Tsuchiya 51). Yet feminine nervousness, both bodily and psychic, is not all that is at play here. Isidora’s constant wakefulness is caught up in her constant contemplation of the jewelry and clothing that ought to adorn and complete her—for adornments are more than just that. When Isidora visits her brother in the rope factory, the narrator observes that “[ella] solía ver en las formas y movimientos objetivos, acciones y estremecimientos de su propia persona” (Galdós, *La desheredada* 104). The material world does not just enter her life through the items that she can buy in the marketplace: some emanation of the objects around her sends shudders through the scaffold of her psychic life, and the repercussions of this relationship in her “vida fisiológica” are vividly registered in the novel.

During her insomniac nights, Isidora imagines her second life, but she also reflects on her unhappiness in this one, and her physical symptoms multiply: “¿Pero cómo he de dormir? Me acuerdo de mi hermano preso, y la cabeza se me despeja, doliéndome” (215). She wonders about her racing heart, and concludes she must be sick: “¿por qué me palpita el corazón? Lo mismo fue hace dos noches. Yo tengo algo, yo estoy enferma” (216). Unlike sleeping dreams that can permit an uninterrupted fantasy narrative, insomniac dreams are interspersed with these realizations about all of the things that plague the protagonist, the material conditions that surround her, and reflections on why her body and mind will not let her rest. Awake, she is reminded of her “cuarto miserable” as she tosses and turns, right

before reflecting dreamily that “[e]l tal marqués viudo de Saldeoro está loco por mí” (217). She hears the bells striking one, two, three, four, five, six, seven, the chapter “Insomnio número cincuenta y tantos” concluding when the bells strike eight: “¡Las ocho, Dios de mi vida! Me levanto. Dormiré mañana a la noche” (218).

Isidora’s insomnia is both about fantasy and desire, the limitations she confronts, and her real physical and psychological suffering. She is plagued both by the stimulation provided by modern luxuries she cannot have and by her racing heart and aching head. Her bodily discomfort, real-life concerns, and fantastic delusions mingle, and her mind jumps from one topic to the next, making it difficult to sort out a single cause for her insomnia. This, I argue, is more productively understood as a too-prolific symptom that allows Galdós to complicate the idea of diagnosing and curing society’s modern ills.

Money and the City

Shifts in the market and in urban development are two potential causes of modern suffering, insomnia included. Summers-Bremner tracks the relation between time and money that arose with the development of a mercantile economy, which wrested the parameters of a working day (and nonworking night) away from natural cycles of light and dark, instead enforcing definitions meant to satisfy abstract concepts of money and profit. This transition was not always smooth. In Western Europe in the Middle Ages, “[m]erchants were criticized because profits were seen to imply ‘a mortgage on time, which was supposed to belong to God alone’” (50). Much later, Marx critiqued the theft of sleep-time implied by industrial production (103-104). When time is money, all time lost to sleep is lost profit. There is no longer a proper or fitting time during which not to work, particularly in the city where industry shapes time in ways entirely unlike the agricultural structuring of the day. Mariano’s job in the rope factory, for example, plunges him into darkness during working hours. The modern expectation that we sleep through the night is accompanied by a sense that we ought not ever be sleeping; internal bodily economies of wakefulness and rest are inextricable from the body’s role in the market. Insomnia might be seen as just one reflection of anxieties surrounding the relation between the market and the individual. Isidora is never threatened by long hours in a factory or at a sewing machine, like some in her family. Yet, her need for money does keep her up at night, and her conception of the role of money is an incredibly personal one: her aspirations to nobility are simultaneously based on claims of character, mien, and blood, and she feels the hours she pours into her lawsuit ought to be repaid. However, her estimation of her outward beauty seems paramount. “¡Qué hermosa soy! [. . .] Tengo un cuerpo precioso,” she reiterates to herself during the night, when she cannot sleep (Galdós, *La desheredada* 215-16). Her disastrous personal economy—her borrowing and hocking—tends toward revealing the impossibility of distinguishing a self apart from the one constructed by capital, as eventually it is her body, not just her clothes and personal accoutrements, that she sells. One of the many causes of illnesses for which insomnia is a symptom is how the market has reordered time, and individuals suffer the effects.

Jo Labanyi’s treatment of *La desheredada* centers the public-private line as a demarcation in crisis: both the state as market (as we see with financial concerns caught up with colonial ones in Cuba) and the body as merchandise mark an incursion of the public into the private sphere

(109). Moreover, Labanyi cites a Spanish awareness of the monetary sign as increasingly decoupled from an inherent value of things as a factor accompanying the Spanish realist novel's concern with representation (391). Isidora is defined by her interaction with the market, her claims to selfhood responding to a vocabulary of value, and both the family name and fortune belong to her: "[T]ú bien sabes," she tells Miquis, "que sostengo un pleito de filiación con una familia poderosa; tú debes considerar que el mejor día gano el pleito, como es de ley; que paso a ocupar mi puesto y a heredar la fortuna y el nombre de esa familia, que son míos y me pertenecen" (Galdós, *La desheredada* 391). We have also seen that her sleep disorder is one whose very nature as an uncertain symptom calls into question the possibility of delimiting the psychic world and the physical one, as well as the external, public world from the internal, private one. Insomnia may apparently impair the cessation of relations between the individual and her surroundings, but it more suggestively shows such cessation to be a tenuous fiction. Despite symptomologies and classifications of disease and strictures defining social and bodily roles (Don José's fruitless attempts at organizing the household accounts also come to mind), there is an increasing sense that this ordering of subjects attempts to impose roles, rather than reflect natural or innate ones. Galdós, with his narrator's perhaps surprising sympathy toward his characters, demonstrates the difficulty of illuminating the artificial limits imposed by these processes all the while depending on those same defined subject roles to inspect and critique society's use of them.

One of Summers-Brenner's most suggestive conclusions is that insomnia "often highlights areas where societies are already making complex—and, often, contested—uses of absence they cannot fully control" as with the expanding markets accompanied by debt, credit, speculation (and stimulants of coffee, tea, tobacco, and sugar) made available by the Atlantic slave trade (11). The references to Cuba in *La desheredada* not only track Spain's anxious relation to its colonies but also comment on the strength of Isidora's fantasy life. When Joaquín says, "Me iré a la perla de las Antillas, como decimos por acá. ¿Quieres ir conmigo?" her response is that she cannot go because she must continue to attend to her legal case (Galdós, *La desheredada* 346). Here, the uncontrolled absence is not Spain's imperial grasp on its colonies and related economic speculation, but Isidora's own aspirational identity based on a nonexistent noble lineage, which leads to her financial recklessness. Another notable absence is of familial and romantic love: the only man who loves and cares for her is her elderly godfather.

In centering Isidora's difficulty reconciling real-life opportunities with the complications raised by absences imagined and real, *La desheredada* registers concern over how individuals shape their personal narratives when the social narratives they are exposed to are constantly revealing the shifting emptiness at their centers. Those very shifts, the ones that mean changing diagnoses and mutating signs of social esteem—shifts whose causes, like those of insomnia, are themselves constantly changing—might be just what make Isidora unstable. The medicalized discourse we have seen also reflects how a social problem of representation creates an individual psychological problem and, as we see with insomnia, a mental-physical crossover problem. Insomnia is both about blood flow and physical states as well as about mental abstraction and intense reflection; it is about the impossibility of confining a diagnosis to either the body or the mind. This recursive structure of instability, with Isidora as its test case, lends support not just to a hygienic discourse or one of economic reform, but to the

larger and more troubling suggestion that transgressions in the market and offenses against stable and contained mental health are founded in a modern inability to get a firm grasp on a narrative of self. The move from Romanticism to the realist “preoccupation with the totalizing representational power of description” (Gold 73) and the related naturalist desire to diagnose and propose cures for social ills are tied to how individuals conceive of, or diagnose, themselves in relation to society. In *La desheredada*, Isidora has difficulty representing herself to herself.

Isidora’s crisis of boundaries is in many ways the crisis of the modern city with its mingling classes and spread of contagious disease. Reading *La desheredada* as exploring disease “in its metaphorical sense as a reflection of the spiritual dangers of capitalism,” Anne Gilfoil notes that the “the agents infecting the city are identified—albeit obliquely—as industrialization and commercial speculation, both forces of a nascent capitalism” (133, 134). This was, she notes, a time when literal disease and contagion were a point of real concern in Spain, especially in urban areas where the lower classes were exposed to extremely poor living conditions (131-33). The pernicious effects of disease were not only physical but, as highlighted by Galdós, mental. Gilfoil argues that the Leganés asylum featured in *La desheredada* is shown to be continuous with the city and, thus, not truly effective at sorting out the mentally healthy from the mentally ill: “It becomes a question of where Leganés ends and Madrid begins” (136). There is the factory work, the gaslight, the nightlife, and the new urban economy, but there is also the fact that the city raises some of the same questions as does the modern, urban subject: How are its limits defined? How does its material and psychic life arise from a conglomeration of buildings and economic flows? It is the ideal site to showcase the uncertainty of the mental and physical relationship, and putting that relationship into a crisis mode—here an insomniac one—shines a light on its trickiest contours and ramifications.

The parallel difficulties attending the financial and material definitions of Isidora, Madrid, and Spain create an echo effect that could answer some of the questions of representation that arise in the novel: there may be no core truth to any one of these entities but a mutual feeding off of and mimicking occurs among them. The echo among these three emphasizes the unboundedness and mutual construction of individuals and their surroundings. While Isidora makes plans for a world that does not exist, the novel similarly traffics in diagnostic vocabulary that may reveal illness but cannot cure it, leaving Isidora’s insomniac dreams forever unincorporated into her daytime life. Gilfoil’s understanding of *La desheredada* as exploring disease as a metaphor for contemporary conditions that are harming the social body points to the cultural and literary desire to diagnose social ills: this trend in realism, and more specifically naturalism, of diagnosis and proposed cures, suggests that a symptom as slippery as insomnia is a particularly troubling one. There is no simple cure for a condition that seems to be an effect of literal poor health, of changing economic circumstances, and of shifts in the division between public and private and between society and self. By withholding a narrative of redemption and healing, Galdós demonstrates the shortcomings of narratives of social control that would keep desires in line with social, financial, and political projects, and keep them from awakening unruly, nebulous subjects in the night. The refusal of a curative narrative may allow us to rethink the narrator’s limited empathy for Isidora’s seemingly incorrigible and irrational desires and behavior.

Looking in the Mirror

When Isidora looks at her reflection in the shop window, her own image is fragmented and composed by the objects that she so wants to buy: “Sin dejar de contemplar su faz en el vidrio para ver qué tal iba, devoraba con sus ojos las infinitas variedades y formas del lujo y de la moda” (Galdós, *La desheredada* 172). This image could be thought of as constitutive of representation of self as imagined by Galdós. This figure of consumption, her body and mind becoming defined by the merchandise arrayed before her eyes, could be said to lead to “the material contradictions” of “new mobilizations of desire” that Summers-Bremner refers to. Gazing into shop windows is the “origen de vivísimos apetitos que conmovían su alma”: unable to purchase the things she feels belong to her (or that were created for her), she has no other recourse but to spend her nights imagining them taking their rightful place, completing her self-image (Galdós, *La desheredada* 172). Akiko Tsuchiya comments on Isidora’s striking obsession with her own beauty and her insistence that it reveals her noble nature (45). For her, Isidora’s use of the fascination with the “sign of beauty” gives her a certain agency: “In Isidora’s case, it is her faith in the ‘sign’—that is, in the correspondence between the constructed beauty and the ‘true’ value of her body—that allows her agency in defining her own place in the culture of consumption” (41). Catherine Jaffe offers another interpretation of Isidora’s gazing in the mirror, as “internalization of the masculine narrative gaze that constantly views her as an object of desire” (125). In both interpretations, Isidora is ultimately unable to control how her body and self are viewed in society and which external influences come to define her. As her economic and social situation descends further and further, no amount of manipulation of herself as sign is able to bring her closer to the second life she feverishly imagines.

To reflect finally on the narrator’s relationship to this crisis of self-representation that defines Isidora, it is helpful to take a look at another character who is defined by his odd relationship to her: el bondadosísimo don José de Relimpio. What to make of the “libertino platónico” who shows such untiring but inexplicable devotion to his goddaughter? (Galdós, *La desheredada* 180). One of his odd characteristics, one that would make far more sense in his attractive goddaughter, is that he looks at himself obsessively in the mirror:

Pero lo que más a doña Laura enfurecía era que, con ser viejo y cascado, se mirase tanto al espejo. En efecto: además de que en su cuarto, a solas, se pasaba las horas muertas mirándose, no entraba en pieza alguna donde hubiese un espejillo sin que, ya con disimulo, ya sin él, se echase una visual para examinar su empaque. (179)

He manifests a need for appearances, even if they are entirely detached from reality: there is nothing attractive for him to see in the mirror, his goddaughter will never organize her personal finances, and all of the attentions in the world cannot pull her from her destructive delusions. He is furthermore strangely devoted to Isidora despite her dissolute life and abusive behavior.

While Miquis is the character whose views seem to align most closely with those of the narrator, perhaps the odd compulsions of José de Relimpio, cast in a sympathetic light, point

to the narrator's shrouded empathy toward a character with such need for familiar fictions. Don José is a sign of a deeply felt social need for certain assurances: what he does not see in the mirror he sees in his goddaughter. The narrator manages a critique of, and sympathetic look at, those fictions that assure us of the possibility of dividing public and private, of delimiting women's roles through confined and particular relations to the market, and of limiting the spread of physical and mental illness through careful classification and control. The inability to delimit the self has broader social effects because that particular fiction cannot be dismissed as easily as an insomniac's dreams of social climbing. So, if there is indeed to be a shake-up of realist representation, it could have mercantile and medical (and psychic and physical) effects; the road between the specialized discourses of medicine and the market on one hand, and "literary" representations of the self on the other, is not a one-way street. José de Relimpio will die a poor alcoholic because Isidora's false story of herself shows itself to be empty. Society may not fare so well either, in the more "concrete" economic and political realms, without those familiar fictions of bodily limits, gender roles, and certain understandings of physical and mental health and market value. As Marta Manrique Gómez points out, Isidora's dreamworld sustains her, until it no longer can (41). José de Relimpio's and Isidora's respective places at the end of the novel show the centrality of the delimitations of the physical and psychic self, register both the shake-up realism will undergo, and also demonstrate the destabilizing effect on society when certain stories, mirages, or fictions reveal the emptiness at their centers. Isidora is sick, but she is also symptomatic of a social need for diagnosis in the form of fictions of the self, which, when they slip away, have economic, physical, and mental consequences.

Conclusion

Insomnia, as a denial of sleep, is a denial of those hours of extraction from social engagements—hours when a single woman should be home, off the street, in the dark, safe from outside influences—in itself a difficult accomplishment in a capitalistic, modernizing urban setting. Isidora is caught up in various threads of modernity that make her ill, and the symptom by which she should be diagnosed points to many possible narratives of individual and social disease. The psychic-physical boundary collapse brought to the fore by insomnia, coupled with the resonance among Isidora, Madrid, and the Spanish state, reveals a set of familiar fictions. These fictions attest to the desire to control the psychic life of individuals through emerging medical fields, the city through urban planning, and the state through political maneuvers. We might think that Isidora's fantasies should be the opposite of the physician's (or naturalist author's) diagnostic process, yet both fantasy and diagnosis create narratives that serve their creator's own ends. The diagnosis of social ills, sometimes intertwined with literal medical ills, is an attractive narrative option until complications prove that the prescribed cure cannot be so easily applied or until the diagnosis is disproven. Insomnia's propensity to point to too many causes complicates the diagnostic effort and reveals its limitations. The author who may be driven to illustrate Isidora's psychic world, the social life bounded by the physicality of the city, or the imagined nation-state partly delimited by financial flows, cannot rely on either physical or psychic boundaries, or even the border between the two, making this representational urge an insomniac's waking dream.

Notes

¹ Much has been written on the relation between love and illness in the early modern era, but modernity seems to see the theme recede, or take on such distinct contours that it becomes subsumed in very different, pathologizing discourses. For early modern lovesickness see, for example, Robert Folger or Mary F. Wack.

² In the conclusion to his *Galdós and Medicine*, Michael Stannard suggests that Galdós's deep exploration of medical discourse and his descriptions of disease draw on, but exceed, Spanish interest in naturalism (183). Elsewhere, Stannard cites Galdós's celebration of the medical field and physicians' reciprocal appreciation of the author (1-3). *Galdós and Medicine* provides extensive documentation of Galdós's fascination with the medical field, and Stannard notes that his novels emphasize the social effects of disease, over and above its effects on the sick individual (175).

³ American publications include William A. Hammond's *Sleep and Its Derangements* (1873) and J. M. Granville's *Sleep and Sleeplessness* (1881). British publications include Dyce Duckworth's *Observations on the Causes and Treatment of Certain Forms of Sleeplessness* (1874), F. G. Stanley-Wilde's *Sleeplessness: Its Treatment by Homœopathy, Hydropathy, and Other Accessory Means* (1879), and George Edgelow's *Modern Sleeplessness: Its Cause and Cure* (1880).

⁴ Isidora is not Galdós's only character to suffer from insomnia. In *Fortunata y Jacinta*, the lovesick Manuel Moreno-Isla has an insomniac period, thoughts racing through his head shortly before his death, and at one point claims that he has not slept in ten nights. He says the doctor examining him must have noticed “[e]l empuje de la corriente sanguínea” and reacts badly when the doctor cites love as the cause of his ills (334-35). He finally dies “a consecuencia del estallido y desbordamiento vascular” (363). Gonzalo Sobejano describes Moreno-Isla's character as follows: “Padece más que actúa, siente más que convive, piensa más que obra, sueña más que realiza, y está solo” (n.p.). He is unable to take action and obtain what he desires as he is obsessed both with Jacinta and with England and Englishness. The doctor instructs him to “renunciar a los deseos vehementes, a las cavilaciones que la no satisfacción de ellos te produce; viajar menos, ahogar todo apetito loco de los sentidos, renunciar a todos los excitantes malsanos; no me refiero solamente al café y al té, sino más principalmente a los excitantes imaginativos e ideales; huir de las emociones” (Galdós, *Fortunata y Jacinta* 335). Not unlike Isidora, the dissatisfaction of Moreno-Isla's mental and emotional life has manifested itself in a physical ill, although in his case, the symptoms go beyond insomnia and he is ultimately unable to live with his unmet desires and his physical condition.

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