

# Colonization, Contagion, and Infection in Jean Rhys' *Wide Sargasso Sea*

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## Abstract

Throughout the history of the British Empire, the relationship between colonialism, disease and medicine played a crucial role in shaping the conceptualization of the colonized world. This was especially evident in the tropical regions, such as the Caribbean, where the West Indian was the central to British colonial interest. Therefore, the emergence of tropical medicine, coupled with the discipline of epidemiology, reinforced the depiction of these regions as dangerous and prone to disease. Epidemiology was used as colonial tool and served to distinguish between the West and the oriental tropical regions. In *Wide Sargasso Sea*, Jean Rhys contrasts the Caribbean and English landscapes through the differing perspectives of her female protagonist and male character, each grappling with the complexities of these geographies. The portrayal of the tropical landscape as hostile and untamed echoes the racial and colonial anxieties toward the colonized land. This hostility reinforces the colonial notion that both the land and its people are inherently diseased, thereby justifying the colonizer's perceived need for medical intervention and control. This article will examine how colonialism practiced the medicalization of the colonized landscape and body as it represented a racialized conception of disease in its rhetoric and literature.

**KEYWORDS:** epidemiology, medical topography, disease, landscape, colonialism, *Wide Sargasso Sea*, Jean Rhys

## Jean Rhys'in *Wide Sargasso Sea* Eserinde Sömürgecilik, Bulaşma ve Enfeksiyon

### ÖZ

Britanya imparatorluğu tarihi boyunca sömürgecilik, hastalık ve tıp arasındaki ilişki, sömürgeleştirilmiş dünyanın kavramsallaştırılmasının şekillenmesinde çok önemli bir rol oynamıştır. Bu, özellikle Batı Hint'in İngiliz sömürge çıkarlarının merkezi olduğu Karayipler gibi tropikal bölgelerde belirgindir. Bu nedenle tropikal tıbbın ortaya çıkışı, epidemiyoloji disiplini ile birleştiğinde, bu bölgelerin tehlikeli ve hastalığa yatkın olarak tasvirini pekiştirdi. Epidemiyoloji sömürge aracı olarak kullanıldı ve Batı ile doğu tropikal bölgelerini ayırt etmeye hizmet etti. Geniş Sargasso Denizi'nde Jean Rhys, Karayipler ve İngiliz manzaralarını, her biri bu coğrafyaların karmaşıklıklarıyla boğuşan kadın kahramanı ve erkek karakterinin farklı bakış açılarıyla karşılaştırıyor. Tropikal manzaranın düşmanca ve evcilleştirilmemiş olarak tasvir edilmesi, sömürgeleştirilmiş topraklara yönelik ırksal ve sömürgeci kaygıları yansıtıyor. Bu düşmanlık, hem toprağın hem de halkının doğası gereği hastalıklı olduğu sömürge fikrini pekiştirir, böylece sömürgecinin tıbbi müdahale ve kontrole olan algılanan ihtiyacını haklı çıkarır. Bu makale, sömürgeciliğin, söyleminde ve literatüründe ırksallaştırılmış bir hastalık anlayışını temsil ettiği için sömürgeleştirilmiş manzaranın ve bedeninin tıbbileştirilmesini nasıl uyguladığını inceleyecektir.

Anahtar kelimeler: epidemiyoloji, tıbbi topografya, hastalık, manzara, sömürgecilik

### Introduction

*Wide Sargasso Sea* (1966/1997), Jean Rhys' last novel is a highly acclaimed work of fiction that garnered significant attention from critics. Perceived as a cruelly significant prequel to Charlotte Brontë's *Jane Eyre*, the novel reimagines the life of Bertha Mason, known in Rhys'

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story as Antoinette Mason, a West Indian woman who marries her unnamed husband, implicitly Rochester, in Jamaica. Set in the aftermath of the Emancipation Act, the novel unfolds across three distinct settings: Coulibri Estate in Jamaica, the wider Jamaica island and England. Each setting is rendered with detailed, descriptive landscapes that serve as backdrops and integral elements with historical and cultural significance. This article focuses on the first two settings in the Caribbean, where the landscapes challenge and reveal colonial racialized narratives by presenting the tropical environment as beautiful and threatening, reflecting the racial and colonial anxieties of the era. *Wide Sargasso Sea* delves into the formation of a Creole woman of mixed heritage who falls victim to her husband's perception of her as exotic and possessing monstrous qualities. His view of Antoinette mirrors his perception of the island's wilderness, which he perceives as a threat to his well-being and sense of control.

### Theory

Throughout the long history of British colonial settlement in the West Indies, disease played a pivotal role in shaping the medical rhetorical strategies of the colonizers. These methods are profoundly embedded in the colonial archives, which include records, historical documents and literature. The historical and literary work on cholera, its first epidemic outbreak in 1817, greatly impacted British colonial views of the West Indies and its inhabitants. This epidemic shaped colonial rhetoric, which was used to justify intervention under the guise of civilizing and medicalizing the colonized bodies and their exotic land. As a result, British attitudes toward these regions and their people have changed significantly.

As a result of colonizing new places, the British were subjected to new disease against which they were not immune. Therefore, epidemiological anxieties started to preoccupy the consciousness of Britain. Alan Bewell (1999) points out the global consequence of colonial disease spreading in the narrative of the British Empire and national identity. As he put it, the literature of the 19<sup>th</sup> century, especially Percy Shelley's, expresses "anxiety about the direction British society was heading and fear that its imperial contact with other nations was becoming as great a plague to them as the East had originally seemed to be for England" (p. 211). Likewise, as Arya Aryan (2024) explicates, Anjuli Fatima Raza Kolb (2021) "traces historical links between Islam, contagion and rebellion since colonial times, asserting that the contemporary notion of Islam as a racial category is rooted in nineteenth-century Orientalism," specifically with the Indian Mutiny, and adds that Rudyard Kipling's depiction of the Mutiny, through the characters' encounters with an old man who served as a native officer during the Rebellion of 1857, associates the event with a plague and madness" (2024). Raza Kolb (2021) comments on the significant impact of cholera epidemics through the British Empire on the colonial medical writing and imperial discourse on science. She also examines how epidemics were often discussed using literary techniques taken from Orientalism and at the same time, influenced literature with its association with the empire anxiety, the fear of contagion and the other (p. 85). Raza Kolb (2021) explores the origins of epidemiology within the context of colonialism, explaining that the discipline was fundamentally shaped by colonial anxieties. She notes that epidemiology was "[e]stablished in 1850 during the second major outbreak of Asiatic cholera in England... [and] the Epidemiological Society of London was born of colonial contact" (p. 11). This underscores how epidemiology emerged as a colonial science, developing in response to diseases like Asiatic cholera, which were perceived as originating in Indian colonies and posing a direct threat to Britain.

To contemplate how tropical diseases were perceived during the colonial era, it is critical to realize that these contagions which were new to the colonizer were often associated with and extended to tropical regions and their inhabitants. Nevertheless, these illnesses were only acknowledged as a significant medical problem once they began to affect the colonizer's body. This reflects a bias in medical documentation, where diseases were primarily noted and addressed when embodied by the colonizer, rather than when they afflicted the native populations who were initially plagued. In colonized tropical regions, disease played a crucial role in reinforcing a hierarchy between the bodies of colonizers and natives. This dynamic

established a binary opposition in which the colonizer's body was perceived as healthy, while the colonized body was constructed as either a source or vector of contagion. As a result, the colonizer racially stigmatized not only the colonized people but also the diseases they were associated with and the environments they inhabited. As Arya Aryan (2024) argues, this pattern reflects a broader framework in Western thought which "has been founded and functioned upon binary oppositions implying a hierarchy; that is, in each binary opposition one takes the centre and is superior or privileged" (p. 13). This hierarchy is underpinned by the belief that civilization flourishes where disease is absent or controlled, positioning the colonizer as civilized and healthy, while casting the colonized as diseased and uncivilized.

Consequently, tropical regions were tarnished as inherently infectious, symbolizing alienation and backwardness. Cindy Patton (2002) describes epidemiology as the "tropical thinking's urban cousin" (p. 39), similarly concerned with marking distinctions. Yet, while tropical medicine focused on pathologizing specific regions and bodies within colonized areas, epidemiology – before being shaped by colonial tropical thought – aimed to identify who was being pathologized, regardless of location or heredity. In this context, places and bodies were not seen as inherently different; rather, anyone could be subject to medical scrutiny and classification. However, colonial medics appropriated epidemiology to serve imperial narratives, transforming it into a tool for mapping colonized regions in terms of health and disease. Thus, epidemiology extends beyond scientific practices, intersecting with literary narratives born of colonial encounters. These narratives frequently appear in symbolic representation of diseased bodies and landscapes. The framing of the tropical environment to reinforce colonial dominance highlights the study of colonial diseases, particularly through Orientalist depictions of landscape and how they are perceived and constructed. In *Miraculous Plagues* (2011), Cristobal Silva examines the narrative behind such epidemiological methods. As he implies puts it:

[E]pidemiological approach reveals how those nodes are connected narratively ... they behave epidemiologically insofar as they imagine specific relationships between sick and healthy populations and form coherent narratives describing those relationships. And even if modern audiences do not immediately recognize texts associated with these events as "medical" or "epidemiological," they imagine spaces according to detailed behavioral models. (p. 11)

The link between infection and contagion in narrative and epidemiological practices is not immediately identified. However, the ways in which such spaces are imagined and constructed reveal the influence of underlying epidemiological practice. Likewise, Priscilla Wald (2008) highlights the intersections between diseases and narrative form. She introduces the concept of "outbreak narrative," which is shaped by colonial and cultural anxieties surrounding diseases, which reinforces fears of the Other. As she puts it:

[E]pidemiologists rely on and reproduce assumptions about what constitutes a group or population, the definition of pathology and well-being, and the connections between disease and the lifestyle and behaviors of different groups. These classifications inform the epidemiological narratives, and they can thereby import cultural assumptions that are substantiated by the authority of medical science and the urgency of a public health threat. (p. 19)

Similar to Wald, Silva (2011) emphasizes the relationship between literature and medicine in disease narratives, a connection she refers to as "epidemiological narrative." Her approach is not grounded in scientific analysis but rather in literary criticism, focusing on how narrative genres shape our understanding of disease. Constructing a coherent disease narrative involves encoding bodies, behaviors and geographical spaces, and thereby effectively redefining them.

The epidemiological narrative was crucial in constructing medical topographies that targeted tropical landscapes during the eighteenth and nineteenth centuries. As described by

Silva, epidemiology resonates strongly with the colonial medical topographies that emerged in the Caribbean, which was framed as both a exotic and inherently disease-ridden region. As Ludwig Finke, whose work is considered the first major text in medical topography, writes: “I have looked at the whole world from medical point of view” (cited in Emily Senior, 2018, p. 61). Western colonialists were highly invested in mapping diseases onto geography, drawing implicit links between particular illnesses and non-European lands. This practice reinforced colonial narratives that portrayed non-European regions as inherent diseased and dangerous. As a case in point, in “Cholera Cured Before Hand” (1831), written in the aftermath of the second cholera pandemic, Samuel Taylor Coleridge presents an epidemiologist speaker “as a sanitary reformer” who associates the disease with gypsies, of Indian origin, who have diabolic, evil presence:

And nose to tail with this Gypsy  
Comes, black as a Porpus,  
The Diabolus ipse  
Call'd Cholery Morpus:  
Who with horns, hoofs, and tail, croaks for carrion to feed him,  
Tho' being a Devil, no one never has seed him! (Coleridge, lines 145–150)

Therefore, the epidemiological and medicalization practices applied to the colonized body and landscape functioned as tools of separation between colonizer and colonized. By attributing illness to the colonized land and its people, these practices served as mechanisms of differentiation that legitimized colonial domination under the pretense of healing, sanitation and civilizing intervention.

### **Medicalizing the Colonized: Disease, Environmental Toxicity and Colonial Fears in *Wide Sargasso Sea***

Jean Rhys was born in Dominica to a Creole mother and a Welsh father who was a physician. This family background may have exposed her to medical themes from an early age. Her acclaimed novel *Wide Sargasso Sea* (1966) was written in the wake of poststructuralist theories which challenged the constructed binary oppositions of Western thought. Moreover, as Aryan (2020) argues, this period was marked by “[a]n enduring preoccupation” among women writers “to disclose the patriarchal binary that attributes a concept of pure rationality to the male but promulgates definitions of women as being more driven by irrational emotional responses, and with tendencies towards madness” (p. 230). Set in the aftermath of the Emancipation Act during a time of unrest in the West Indies, *Wide Sargasso Sea* explores themes of disease, frenzy and insanity as they are projected onto the Caribbean landscape. The novel’s first part is narrated by Antoinette, who expresses a hybrid identity and perspective. She opens with a sense of pessimism and foreboding, introducing motifs of disease and death through the account of Mr. Luttrell, a neighbor who commits suicide after killing his dog. Rhys writes, “[o]ne calm evening he shot his dog, swam out to sea and was gone for always” (1997, p. 5). This haunting image illustrates the devastating impact of the Caribbean environment on European settlers. The tropical climate, perceived by many as hostile and mentally destabilizing, was often linked to madness and suicide. As Alan Bewell (1999) observes:

The literature on tropical invalids presents a much darker reflection on the epidemiological consequences of colonialism. In talking about these people, whose bodies registered in very personal terms the medical consequences of migration to tropical regions, European medicine addressed fundamental questions about the relation between biology and colonialism, seeing in these ruined bodies a dark allegory of imperial ambition and its limits. (p. 279)

Bewell examines the consequences of colonialism through the physical and psychological deterioration of European settlers and newcomers and portrays this decline as a powerful allegory for the broader failures of British’s imperial ambitions. The weakness of the European body was often attributed to the harsh and unfamiliar tropical climate, which was seen as completely incompatible with English health and sanity. This highlights a perceived

incongruity between European bodies and the tropical Caribbean environment, a region often imagined as a site of danger to both body and mind. In the novel, the land itself is personified as an active character who threatens British well-being. It becomes an environmental force imbued with menace, shaped by and reflecting the rigid colonial ideologies projected onto it. The Caribbean landscape is not a passive setting but a charged, symbolic presence that resists domination. Mr. Luttrell's act of "swimming out to sea" after shooting his dog can be interpreted as an escape from this overwhelming, oppressive atmosphere. It is an escape from place that erodes sanity and overwhelms the European psyche.

Moreover, the death of the poisoned horse highlights the toxicity of the Caribbean environment. As Antoinette recalls: "then one day, very early, I saw her horse lying down under, the frangipani tree. I went up to him but he was not sick, he was dead and his eyes were black with flies ... later that day, Godfrey found him, he had been poisoned" (Rhys, 1997, p. 6). The horse's death linked to frangipani tree, a native Caribbean plant also known as plumeria, evokes both environmental and symbolic danger. In local folklore, the frangipani is often associated with graveyards, ghosts and death. As Thomas J. Zumbroich (2014) notes, [w]hile local interpretations vary, there is a surprisingly wide-spread association of plumerias with the spirit world, the dead and cemeteries (p. 356). He adds that in graveyards, "plumeria trees were said to 'have always been there'" (p. 357).

The horse's poisoning reinforces a sense of environmental hostility. The frangipani becomes a symbolic agent of colonial unease, bringing together themes of death, poison and the colonizer's fear of the land. Antoinette's response – "I ran away and did not speak of it for I thought if I told no one it might not be true" (Rhys, 1997, p. 6) – reflects an underlying dread, where silence becomes a form of denial against the land's malignant potential. The frangipani tree, though visually beautiful, is toxic; its sap can cause skin irritation, vomiting and diarrhoea. Zumbroich (2014) also notes its medicinal use: plumeria "featured in an ointment for 'scaly skin disease', one of the many skin conditions that were known to occur" (p. 348), underscoring the tree's dual capacity to heal and harm.

Rochester's encounter with the frangipani wreaths further amplifies this tension. As he observes, "[t]wo wreaths of frangipani lay on the bed. 'Am I expected to wear one of these? And when?' I crowned myself with one of the wreaths and made a face in the glass" (Rhys, 1997, p. 44). Almost immediately, he feels discomfort: "I stepped on it. The room was full of the scent of crushed flowers" (Rhys, 1997, p. 45). The overpowering fragrance of frangipani, while superficially pleasant, becomes suffocating, an embodiment of miasma and decay. Rochester's physical reaction suggests an acute awareness of the land's latent threat. In this context, the frangipani's scent, normally associated with beauty, becomes a sensory reminder of poison, colonial anxiety and the blurred line between allure and danger in the tropical landscape.

The novel's first environmental description focuses on the Coulibri garden: "Our garden was large and beautiful as that garden in the Bible—the tree of life grew there. But it had gone wild" (Rhys, 1997, p. 6). The depiction of the garden as overgrown and wild presents a dual image of beauty and chaos, mirroring colonial perceptions of the Caribbean as an exotic yet untamed and disorderly place. Rhys deepens this ambivalence by steering the description toward a darker, more ominous tone:

The paths were overgrown and a smell of dead flowers mixed with the fresh living smell...Orchids flourished out of reach or for some reason not to be touched. One was snaky looking, another like an octopus with long thin brown tentacles bare of leaves hanging from a twisted roo.... I never went near it. All Coulibri Estate had gone wild like the garden, gone to bush. (Rhys, 1997, p. 6)

The symbolic and metaphorical imagery in the novel reinforces an epidemiological narrative that frames the Caribbean as a site of death and corruption, epitomized by the image of a deadly atmosphere filled with toxic, lethal flowers. Rhys juxtaposes nature's alluring beauty with its underlying menace, presenting a landscape that is both seductive and threatening. The description of the orchids, particularly the octopus orchid with its "snaky" and "tentacle" features, intensifies this portrayal of the garden as simultaneously exotic and dangerous. While Antoinette perceives the garden with a sense of ambivalence, recognizing its beauty and sinister undertones, she does not express any disgust.

After staying in Spanish Town, Antoinette returns to her old house in Coulibri and reflects on the changes that the estate has undergone, barely recognizing it: "Coulibri looked the same when I saw it again. Although it was clean and tidy, no grown between flagstone, no leak, but it did not look the same" (Rhys, 1997, p. 14). Despite its outward familiarity, the newly ordered and sanitized Coulibri feels alien to her – a transformation imposed by her English stepfather, Mr. Mason, who sought to "civilize" the estate according to European ideals. His reform mirrors colonial medical topographies that aimed to reshape colonial environments in the name of health, order and control. As physician Ronald Martin (1837) observes, the reordering of West Indian land "must prove one of the most direct and impressive modes of demonstrating to the natives, the superiority of European knowledge in general and that they must cultivate it actively if they would rise in the scale of nations" (p. 21).

Moreover, the veranda in *Wide Sargasso Sea*, as a European architectural feature, invites reflection on its role within colonial medical topography, specifically in relation to disease prevention and hygiene. As Alan Johnson (2011) notes, the veranda is "a space of European leisure in a hot climate; as a threshold where goods from the bazaar are brought to be sold to the English memsahib so she can be safe from marketplace pollution; and as a zone situated between English and Indian spheres of life" (p. 183). Therefore, the veranda functions as a symbolic boundary designed to protect Europeans from the perceived dangers of the tropical environment. It becomes a space where characters are exposed to environmental elements such as heat and humidity, which, according to the miasma theory, were believed to transmit disease through the air. Positioned at the intersection of the domestic and the external, the veranda represents the colonial effort to manage and contain the environment while maintaining a distance from the colonized world. In the novel, the veranda also becomes a site of tension and escape. For Rochester, it represents a refuge from both the oppressive landscape and his wife, whom he increasingly associates with the threatening environment. Antoinette acknowledges his unease: "He hates me now; I hear him every night walking up and down the veranda. Up and down" (Rhys, 1997, p. 71). Rochester's own words underscore his desire for protection: "I must protect myself. I went softly along the dark veranda" (Rhys, 1997, p. 96).

The veranda also formed part of the colonial project to remake the tropics in the image of European architecture, which reflects its perception of the Orient spaces as degenerated and in need of reform. This parallels the orientalist vision of the East, which Edward Said (2003) describes as "an integral part of European material civilization and culture" (p. 2). He argues that Orientalism is "a Western style for dominating, restructuring, and having authority over the Orient" (p. 3). In this context, the veranda functions as more than a structural feature. It embodies a sanitized and regulated space within colonial homes, reflecting European ideals of order, hygiene and control.

Colonial medical topographies reinforced this notion by advocating for spaces that would preserve European health in unfamiliar, colonized climates. In *Medical Topographies* (1838), Ronald Martin underscores the importance of designing spaces that safeguard health, stating that "petty verandahs opening inwards...if placed on open ground and made more roomy, would not appear ill calculated for the climate" (p. 20). He emphasizes the significance of cultivating and constructing spaces that conserve health, especially in European colonial settings. As Swati Chattopadhyay (2005) notes, "Martin provided the structure of argument for his successors. He gave scientific credence to the idea of the native city as a pathological space,

contrary to the European town” (p. 66). Therefore, physical space was significant in creating distance between the colonizer and the object of the gaze. Designed in the English style, these verandas were viewed as well-suited to tropical conditions, protecting from rain and harsh sunlight, maintaining distance from the surrounding environment. This symbolic division becomes evident upon Rochester’s arrival on the island, where the veranda functions as a boundary between these two worlds:

Standing on the veranda I breathed the sweetness of the air. Cloves I could smell and cinnamon, roses and orange blossom. And an intoxicating freshness as if all this had never been breathed before. When Antoinette said ‘Come, I will show you the house’ I went with her unwillingly for the rest of the place seemed neglected and deserted. (Rhys, 1997, p. 50 )

This passage highlights Rochester’s sensory experience on the veranda, where the rich and exotic atmosphere of Caribbean air momentarily captivates him. The fragrant blend of cloves, cinnamon, roses and orange blossoms evokes an intoxicating freshness, offering him a sense of contentment. Yet, this moment of sensory pleasure is sharply contrasted with his discomfort towards the interior of the house, which he associates with decay and neglect. Furnished with West Indian elements such as a worn sofa, a mahogany table and an old oak chest with brass feet shaped like lion’s claws, the space appears to him as abandoned and uncared for. His discomfort parallels his perception of the broader environment, as reflected in his description of the estate: “the place looked deserted” (Rhys, 1997, p. 44). The term “deserted” is a metaphor for the neglected state of the house and the perceived wildness of the Caribbean landscape, which reveals not only his growing anxiety but also a colonial tendency to pathologize and distance the unfamiliar.

This colonial mentality is deeply rooted in miasma theory, which held that disease spread through noxious vapors emanating from marshy, humid landscapes. In *Wide Sargasso Sea*, sensory elements, particularly smell, evoke this theory and its racialized implications. Rich with tropical scents, the air is portrayed as impure and threatening. As David Arnold (1991) explains, the “emergent discipline of ‘tropical medicine’ gave scientific credence to the idea of a tropical world as a primitive and dangerous environment in contradistinction to an increasingly safe and sanitized temperate world” (p. 7). Likewise, Rochester’s growing anxiety about the Caribbean’s air is expressed through his response to the scent of cinnamon, roses and orange blossoms. Initially seductive, these tropical smells soon become overwhelming, reinforcing his perception of the air as toxic – an embodiment of miasma theory.

This sensory perception culminates in a vivid description: “[t]he smell of vetiver and frangipani, of cinnamon and dust and lime trees when they are flowering. The smell of the sun and the smell of the rain” (Rhys, 1997, p.31). The passage captures both the alluring and suffocating qualities of the environment, suggesting a miasma-laden atmosphere capable of disease and disorientation. As Bewell (1999) notes, “the primary agent of transmission, especially for ‘fevers’, was bad air, literally the ‘mal-aria.’ Although physicians differed on what caused the air to become noxious... air itself was seen as the fundamental medium of fevers” (p. 31). Smell in this context is not only linked to disease but also to racialized discourses of disgust and superiority. As a sensory marker, odor becomes entangled in colonial ideologies that deemed non-European bodies and environment inherently unclean. The association of “bad air” with tropical landscapes extended beyond medical belief to support a narrative of white superiority, in which atmospheric conditions were interpreted as indicators of racial and environmental inferiority. Thus, smell becomes both a literal and symbolic vehicle for Rochester’s fear of contamination – physical, moral and racial – by the colonial Other.

### **From Picturesque to Pathological**

The elements Rochester observes in the Caribbean landscape become direct sources of potential contamination for him. While he initially admires the landscape’s sublime beauty, filtered through European aesthetic ideals, this appreciation is quickly overshadowed by a sense of

unease and fear. The picturesque transforms into something sinister and menacing, a vision of decay and disease which reflects his disillusionment. This shift in perception is reflected in his letter to his father upon arriving at the honeymoon estate with Antoinette:

Dear Father, we have arrived from Jamaica after an uncomfortable few days. This little estate in the Windward Islands is part of the family property and Antoinette is much attached to it. ... This place is very beautiful but my illness has left me too exhausted to appreciate it fully. (Rhys, 1997, p. 46)

Rochester's illness, whether psychosomatic or real, is a powerful metaphor for his inner anxieties and underlying colonial fear. His persistent reference to disease and discomfort consistently undermines his fleeting moments of appreciation for the island's remarkable natural beauty. As Emily Senior (2013) observes, "[b]y describing the points of thematic and stylistic exchange between medical topography and landscape aesthetics...establishes the unique qualities of colonial picturesque imagery which was underpinned by medical precepts, and highlights the significant role played by medicine in the circum-Atlantic production of colonial landscapes" (p. 507). Rochester's appreciation of the landscape overwhelms him and reveals his inability to truly comprehend or assimilate the sensory richness of his surroundings. To him, nature appears excessive and uncontrollable compared to the familiar temperance of England. As he puts it, "[e]verything is too much, I felt as I rode wearily after her. Too much blue, too much purple, too much green. The flowers too red, the mountains too high, the hills too near" (Rhys, 1997, p. 42). These excessive colors, height and size become oppressive. The disjoint syntax and omission of auxiliary verbs in his reflections mirrors his psychological fragmentation and sense of alienation, underscoring his inability to process or belong within the Caribbean landscape.

Similarly, in his observations of tropical regions, James Lind, in *Diseases Incidental To Europeans, Hot Climates* (1811), highlights the disjunction between the medical assessment and aesthetic appreciation of the land. While he acknowledges the region's visual appeal, describing it as "clothed with a pleasant and perpetual verdure" (p. 32), simultaneously frames it as inhospitable and unhealthy. He notes that the land is "altogether uncultivated, excepting a few spots generally surrounded by forests or thickets of trees, impenetrable to refreshing breezes and fit only for the resort of wild beasts" (p. 32). This ambivalent description captures the tension between beauty and danger which characterizes colonial discourse. Likewise, Rochester views the Caribbean landscape through a lens shaped by such medicalized colonial narratives. For him, the island's natural splendour is persistently undercut by an ingrained suspicion of its health risks, which renders the environment both alluring and threatening.

Colonial epidemiology functioned as a means of evaluating the land, reflecting a broader medical practice that diagnosed landscapes according to their perceived health risks, similar to tropical surveys assessed physical geography. Rochester's sense of being overwhelmed by the island's sensory richness mirrors his medicalized view: the richness of the natural environment becomes not a source of pleasure, but a signal of hidden danger and unhealthfulness. This contradiction, where beauty conceals potential harm, reveals how colonial discourse frequently framed foreign landscapes as both alluring and threatening. In this view, the aesthetic appeal of tropical nature is often recast as deceptive and masks what is ultimately seen as a diseased or degenerate environment.

### **Climatic Factors**

The European colonial view of the land was strongly linked to the perceived health of the European body, underpinned by the belief that certain climates and atmospheres, especially those in tropical regions, posed a threat to European well-being. As the novel progresses, Rochester increasingly exhibits symptoms of discomfort and suffocation, which he attributes to the oppressive island's climate: "No breeze. No breath of air" (Rhys, 1997, p. 77). David

Arnold (1993) explains that colonial ideas of “unhealthiness could be recognized not just by its physiological and pathological effects upon the body (especially the unacclimatized European Body) but also the extreme nature of the climatic and topography” (p. 33). The combination of heat, humidity and the perceived toxicity of the air rendered tropical regions literally and symbolically deadly. Arnold further notes that this climatic determinism “provided an index of European exoticism in tropical climates and an expression of inherent differences between European and Indian” (1993, p.37).

These environmental conditions heighten Rochester’s sense of contamination, an anxiety which is not merely physical but deeply psychological. As paranoia takes hold, his surroundings become increasingly oppressive, transformed into a hostile suffocating space. He describes the stifling heat, the incessant presence of insects and large rats and moths that the size of birds. All these contribute to his growing sense of alienation. Even the river’s pungent scent of adds to his discomfort, reinforcing the island’s perceived threat to his body and mind.

Rhys uses these sensory details to highlight the psychological tensions of colonialism. In doing so, she reveals how colonizers often projected their anxieties onto the landscapes they sought to colonize. Rochester’s response to the island’s flora and fauna reflects a deeper rejection of Caribbean culture, shaped by racial prejudice and fear of the unfamiliar. His increasingly disturbed perception of the environment mirrors the colonial logic found in James Lind’s writings, which also linked disease to climatic and ecological “impurities.” In both cases the tropical landscape becomes a repository for colonial fears. and

As Rochester, representing the colonizer, fails to locate and trace the source of his deep fears and anxieties, he projects them onto an external source to make it less existentially threatening. However, in doing so, the perceived unity, autonomy and agency of the colonizer’s consciousness is cracked. As Aryan argues, “[w]hen the speaker’s consciousness breaks down and is no longer able to attribute to the self the projections of its own consciousness, he is therefore incapable of ascertaining his own agency, authority and existence” (2019, p. 110). This paper also argues that colonial narrative functions to cope with the colonizer’s underlying fear of the unfamiliar by projecting it onto an external source. The semi-paranoid tendency to externalize fear and discomfort becomes a defining feature of colonial discourse. As Aryan (2021) argues, “symptoms of paranoia and anxiety projected onto protagonists of novels who are often writers begin emerging as a feature of creative writing from the 1960s to the 1980s” (p. 338), acquiring a therapeutic and artistic function. These “symptoms,” as he contends, become “a significant source of artistic creativity as the writer projects these semiparanoid delusions, fears, and anxieties into characters and stories” (Aryan, 2021, p. 339). By extension, it could be argued that the colonizer’s repeated attempts to pathologize the tropical landscape serve as a form of narrative control, a literary mechanism through which to manage the disorientation and fear produced by the unfamiliar. In *Wide Sargasso Sea*, this manifests in Rochester’s increasing estrangement not only from the environment but from his own sense of identity. His physical and psychological unease reflects the broader instability of colonial power, which relies on asserting dominance over both land and people while simultaneously being haunted by the threat of contamination, disorder and loss of self. Rhys exposes this paradox, using sensory and psychological disturbance as a critique of the colonial mindset and its fragile foundations.

### **Obeah and the Imperial Pathology of Superstition**

Rochester’s anxiety about the Caribbean extends beyond its environment to its cultural practice, particularly Obeah, which Antonietta uses on him. He perceives it as a toxic and corrupting force, a drug that makes him paranoid and allows him to externalize and displace his desire for Antoinette. Carine M. Mardorossian (2003) argues that “[o]nly foul play and an intoxicating drug could possibly drive a respectable Victorian gentleman like him to feel love and sexual desire for a woman whose mixed blood ... mark her as belonging to an inferior species” (p.

137). By attributing his desire to Obeah, Rochester presences a sense of racial superiority and moral purity tied to his white English identity. However, his paranoia and obsession with Obeah are rooted in colonial stereotypes that equate Afro-Caribbean spiritual practices with witchcraft, zombification and poison. These anxieties are further reinforced as he reads the English text *The Glittering Coronet of Isles*, which introduces its “Obeah” chapter with a demonizing tone of fear:

A zombi is a dead person who seems to be alive or a living person who is dead.  
A zombi can also be the spirit of a place, usually malignant ... Voodoo as it is called in Haiti - Obeah in some of the islands, another name in South America. They confuse matters by telling lies if pressed ... Cases of sudden or mysterious death are attributed to a poison known to the negroes which cannot be traced.  
(Rhys, 1997, p. 67)

Rochester’s urgent desire to understand Obeah reveals deeper European anxieties about native cultural practices. As Kelly Wisecup (2013) explains, “European knowledge had continued to progress, thus surpassing ancient civilizations. The knowledge and practice of Obeah was only restored in the present as a dangerous, superstitious practice employed by robbers, fugitives, and diseased outcasts” (p. 417). For the European, Obeah stands for cultural regression and threat, associated with danger and death. For Rochester, its most disturbing aspect lies in its link to death and the supernatural, which he expresses through his reference to “zombies.” This mirrors the colonial fears of spiritual practices and highlights the belief that Obeah blurs the boundary between life and death.

Rochester’s paranoia manifests in his suspicion that he has been poisoned, attributing his fever and physical condition to the influence of Obeah. Despite its role as a traditional healing practice with a diverse medical uses during the colonial period, Europeans interpretations frequently reduced it to a sinister and harmful force. In *Toxic Histories: Poison and Pollution in Modern India*, David Arnold (2016) explains that “in all these varied registers of poisoning and pollution, there is the suggestion of something that is not just harmful but abnormal and abhorrent: they are acts against nature, however that nature and its presumed purity happen to be construed ... the emergence of a ‘toxic discourse’ and the ‘fear of a poisoned world’” (pp. 11-12). Arnold’s concept of “toxic discourse” reveals how the British empire framed unfamiliar indigenous practices not only as unscientific but as morally and psychically corrupting. Obeah becomes emblematic of what colonizers feared most: a “poisoned world” in tropics.

### **The Embodiment of Contagious Colonial Bodies**

Rochester’s anxiety about the Caribbean landscape and its perceived threat to British health extends to his perception of the people around him, whose bodies he identifies as potential carriers of contagion. This is most evident in his relationship with Antoinette as he increasingly associates her physical features with the wild, excessive, unruly nature of the island itself:

Long, sad, dark alien eyes. Creole of pure English descent, she may be, but they are not English or European either. And when did I begin to notice all this about my wife Antoinette?... Or did I notice it before and refuse to admit what I saw?  
(Rhys, 1997, p. 40)

Rochester attributes Antoinette’s alien and exotic appearance to her Creole heritage, perceiving her mixed African ancestry as impure compared to the presumed purity of English blood. He pathologizes her body. As Senior (2018) notes, “there exists a “cultural association between Creole bodies and disease and the complexity of British national feeling which underpinned anti-Creole sentiment” (p. 130). British settlers projected anxieties about the West Indies as an inherently diseased and degenerative space onto its inhabitants. H. Adlai Murdoch (2015) argues that, “Rochester arguably dis-places his own alienation and lack of subjective grounding onto Antoinette even as he acknowledges the implicit threat of identitarian contamination posed

by the foreignness of the Creole”(p. 162). Similarly, Paul Gilroy (2000) contextualizes this fear noting that “[w]hen national and ethnic identities are represented and projected as pure, exposure to difference threatens them with dilution and compromises their prized purities with the ever-present possibility of contamination” (p. 105). Rochester’s rejection of Antoinette – “I had no wish to touch her, and she knew it” (Rhys, 1997, p. 90) – reflects a deep-seated anxiety about both the destabilization of English identity through intimate contact with racial and cultural otherness. Her Creole identity becomes a symbol of physical contagion.

As the events unfold, Rochester reveals that he suffers from a fever shortly after marrying Antoinette. As he puts it, “I was married a month after I arrived in Jamaica and for nearly three weeks of that time I was in bed with fever” (Rhys, 1997, p. 40). Historically, venereal diseases were closely linked to colonial contact and racialized bodies. Geoffroy de Laforcade et al., (2022) explain that colonial fears of contagion and moral corruption were deeply ingrained in the European consciousness during the age of exploration and colonization. “It engendered discourses of witchcraft and monstrosity during the age of encounter, conquest, and colonization, as the intimate, licentious contact between bodies and cultures produced fears of contagion and degeneration”. (p. 5).

Rochester’s perception of Antoinette reflects this moment of erotic attraction and moral panic. As he notes, “[t]he girl is said to be beautiful; she is beautiful, and yet” (Rhys, 1997, p. 42). Rochester frequently draws implicit parallels between her and the Caribbean landscape. This moment of hesitation – “and yet” – captures his inner conflict. This projection of mixed feelings about the land onto Antoinette aligns with Pamela K. Gilbert’s (1997) argument that “the way we read the world is not only conditioned by our bodies, the way we read our bodies themselves that conditioned by discursive environment in which our bodies became known to us” (p. 47). She further contends that “the physical body and geographical space are never entirely separable” (p. 47).

Colonial medicine often evaluated diseased landscapes in relation to their inhabitants, viewing he perceived moral and physical deficiencies as a product of native populations. James Ranald Martin (1837) draws a clear connection between environmental conditions and racialized moral judgment, asserting “a slothful, squalid-looking population invariably characterizes an unhealthy country” (p. 138). This conflation of physical environment and moral degeneracy is echoed in Rochester’s perception of the Caribbean, which he describes as populated by “somber people in a somber place” (Rhys, 1997, p. 41).

Antoinette’s Creole identity is framed in terms of illness and health, making her a target of discrimination as a potential threat to the ideal of English cultural and racial purity. Her identity is entangled with colonial notions of contamination. European hygiene policies further entrenched this symbolic divide by linking contagion to moral and cultural inferiority As Adrienne Ronee Washington and Briana Lee Robinson (2022) argue “[t]his metaphor is therefore particularly salient and significant during a period marked by racialized (as well as gendered and classed) ideas of purity, cleanliness, and civility and extreme intolerance or (xeno)phobia for the perceived uncleanness of racialized others as pollutive, social ills” (p. 177). This observation aligns with Susan Sontag’s argument in *Illness as Metaphor* (1978) that illness becomes morally coded as a symbol of deviance and otherness. As she notes, “[n]othing is more punitive than to give a disease a meaning – that meaning being invariably a moralistic one ... First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease” (p.58). Antoinette’s Creole identity is framed as impure, corrupting and morally suspect. As Senior (2018) observes, “Creoles come to stand for consanguineous pollution, moral confusion, and ill-health, as well as postcolonial national identities. They bring with them chaotic potential” (p. 151). Rhys demonstrates how Antoinette becomes a projection of colonial fears. Her For Rochester, her perceived mental instability and ambiguous bloodline are evidence of inherited moral and racial decay. His growing suspicion is fueled by Daniel Cosway’s letter, which implies not only familial illegitimacy but also hints at incestuous relations, reinforcing Rochester’s view of Antoinette’s lineage as degenerate and corrupt. These

colonial anxieties around tainted blood and moral contamination allow Rochester to justify his emotional detachment and ultimate betrayal, framing Antoinette not as a person, but as a symptom of a diseased and dangerous world.

Rochester's final description of the island landscape before leaving for England with Antoinette contrasts sharply with his initial romanticized perception of the island. As he puts it:

I was tired of these people. I disliked their laughter and their tears, their flattery and envy, conceit and deceit. And I hated the place. I hated the mountains and the hills, the rivers and the rain. I hated the sunsets of whatever colour, I hated its beauty and its magic and the secret I would never know I hated its indifference and the cruelty which was part of its loveliness. Above all I hated her. For she belonged to the magic and the loveliness. ... So we rode away and left it - the hidden place. (Rhys, 1997, p. 111)

This shift marks the gradual deterioration of Rochester's perception. His initial fascination with the island's hidden beauty has now turned into a somber image. He expresses his hatred and disdain for the land and its inhabitants, including Antoinette. At this point, everything around him becomes a source of threat. The natural landscape, once alluring, is now experienced as chaotic and contaminated. His disdain is evident in his dehumanizing characterization of the local people whose emotional expressions he reduces to a mix of "laughter and their tears, their flattery and envy, conceit and deceit" (Rhys, 1997, p. 111). As Tülay Dağoğlu notes, "[w]estern expression and perspective of the Orient are nothing more than stereotypes and a problem of representation defined as 'Orientalism' by Edward Said, who is a pioneer in indicating the West's domination of the East through a discourse of false images and depictions resulting from their dreams, fantasies and assumptions" (p. 21).

## Conclusion

To conclude, colonialism, disease and medicine were deeply intertwined in shaping how the Caribbean and its people were perceived. Through the lens of epidemiology and fears of infected environments, British imperial discourse portrayed tropical regions as inherently diseased and in need of control. In *Wide Sargasso Sea*, Jean Rhys challenges this view by contrasting the vibrant, unruly Caribbean with the supposed order of England. Her portrayal of landscape, climate and bodies reveals how colonial standards of hygiene were used to pathologize both space and identity. Rochester's fear and revulsion toward the island and Antoinette reflect anxieties about racial, cultural and environmental contamination. His psychological unravelling reveals the colonial obsession with purity and the fear of the Other. Rhys critiques the imperial medical gaze that renders the colonized world as morally and physically corrupt, drawing on binaries such as healthy/sick and civilized/savage to justify dominance. By interweaving disease metaphors, racial identity and landscape, Rhys dismantles colonial narratives. She exposes the contradictions in imperial ideology by showing how beauty and illness coexist. Ultimately, *Wide Sargasso Sea* offers a powerful postcolonial critique of how medical and environmental discourses were used to define, control and dehumanize colonized peoples and places.

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