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Diagnosing the Will to Suffer: Lovesickness in the Medical and Literary Traditions

Jane Shmidt

The Graduate Center, City University of New York

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DIAGNOSING THE WILL TO SUFFER: LOVESICKNESS IN THE
MEDICAL AND LITERARY TRADITIONS

by

JANE SHMIDT

A dissertation submitted to the Graduate Faculty in Comparative Literature in partial
fulfillment of the requirements for the degree of Doctor of Philosophy, The City
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2018
Diagnosing the Will to Suffer: Lovesickness in the Medical and Literary Traditions

by

Jane Shmidt

This manuscript has been read and accepted for the Graduate Faculty in Comparative Literature in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

Diagnosing the Will to Suffer: Lovesickness in the Medical and Literary Traditions

by

Jane Shmidt

Advisor: Andre Aciman

Throughout Western medical history, unconsummated, unreturned, or otherwise failed love was believed to generate a disorder of the mind and body that manifested in physiological and psychological symptoms. This study traces the medical and literary history of lovesickness from antiquity through the 19th century, emphasizing significant moments in the development of the medical discourse on love. The project is part of the recent academic focus on the intersection between the humanities and the medical sciences, and it situates literary texts in concurrent medical and philosophical debates on afflictions of the psyche. By contextualizing the fictional works within the scientific theories that informed them, this study argues that the lovesick patient was a point of contact between literature and medicine and that literary authors participated in their own way in medicine’s quest to understand love’s complex psychological processes and to explain the relationship between those processes and bodily functions.

This study aims to uncover the ways in which literary works reflected, diverged from, and anticipated scientific thought on the psyche and its afflictions, synthesizing three bodies of knowledge that rarely comment on one another: the history of medical science, the literary
representation of disappointed love, and Freudian psychoanalysis. Questioning the tendency of medical science after the Scientific Revolution to conceive of lovesickness as a somatic malfunction that excluded the involvement of the rational faculty, literary works by Racine, Richardson, Austen, Gogol, Turgenev, and Dickens dramatized cases of lovesickness that resisted simple physiological etiologies. These accounts portrayed the lovesick subject as an active agent in constructing desire and as a willing sufferer of its effects. They explored psychical processes that were troubling for the concurrent medical model and addressed its limitations by uncovering psychological etiologies that anticipated future scientific discourse. Literature illustrated that love suffering may serve other needs of the psyche, such as to negotiate social norms that restrict the communication of feeling, to exercise a perverse power over the beloved, or to confront and mitigate early traumatic experiences, in a way that would not be described by medical science until the emergence of psychoanalytic frameworks.
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Introduction

When Jane Austen’s young and romantic Marianne in *Sense and Sensibility* is betrayed and humiliated by Willoughby, the heroine’s profound romantic disappointment produces an affliction of the mind and body. Not only is her strength instantly depleted, but she is ultimately struck with a severe illness, the symptoms of which include fever, weakness, and delirium. Recognizing the dire effects of unfulfilled, unrequited love on her sister’s delicate constitution, Elinor attempts to subdue Marianne’s passion until it becomes increasingly evident that recovery is the opposite of what the patient wishes. Marianne nourishes the affliction by roaming the cold countryside, avoiding company, and indulging in her melancholy thoughts. The uninitiated apothecary in charge of her care, unaware of the young lady’s personal woes, diagnoses Marianne with an infection and, expecting a speedy recuperation, offers various unsuccessful remedies to treat her body. What the physician fails to diagnose is the psychosomatic nature of the heroine’s malady and that her unwillingness to be cured is the greatest obstacle to recovery.

Marianne’s complaints coincide with the symptoms of an illness that was recognized in the medical and literary traditions as lovesickness. Throughout Western medical history, until well into the 19th century, unconsummated, unrequited, or otherwise failed love was believed to produce a disorder that manifested specific physiological and psychological symptoms, the most common of which being fever, sweating, warmth, weakness, pain, desiccation, lack of appetite, sleeplessness, madness or melancholy, and sometimes death. The causes, symptoms, and treatments of lovesickness have been described in numerous medical treatises, and university physicians were trained to diagnose the ailment by interpreting the patient’s bodily signs. Reading the lover’s body was common practice, as the medical model dictated that the expression of the body could serve as a means of ascertaining the condition of the psyche.
The present study traces the medical and literary history of lovesickness from antiquity through the 19th century, emphasizing significant moments in the development of the medical discourse on love: the ancient medical and philosophical framework that served as the foundation for subsequent portrayal of lovesickness and the revival of that model in medieval and early-modern periods, followed by the medical advances of the Scientific Revolution, and finally, the dissolution of that medical model in the 19th century with the advent of the psychiatric and psychological disciplines. The study situates literary works in concurrent medical and philosophical debates on afflictions of the psyche. By contextualizing the fictional works within the medical theories that informed them, this study argues that literary authors participated in their own way in medicine’s quest to understand love’s complex psychological processes and to explain the relationship between those processes and bodily functions. It examines the lovesick patient as a point of contact between literature and medicine, comparing their approaches to the psyche’s pathological motions.

The lovesickness tradition uncovers a mutual influence between literature and medicine. While the literary representation of this iteration of love demonstrated an understanding of medical theory, fictional accounts also helped shape scientific discourse. For instance, developing his diagnostic methodology for lovesickness, the second century Greek physician Galen of Pergamon was inspired by Plutarch’s rendition in *Parallel Lives* of a medical case in which Erasistratus of Ceos (304-250 BC), the ancient Greek anatomist and royal physician, diagnosed and treated the lovesick prince Antiochus, son of king Seleucus (359-281 BC). Robert Burton (1577-1640), the early modern English scholar, similarly enticed by the literary depiction of lovesickness, drew from ancient mythology to describe the affliction in his encyclopedic *The Anatomy of Melancholy*. Throughout its history, the causes, diagnostic methods, symptoms, and
treatments of lovesickness have been thoroughly debated and scrutinized both by the medical community and literary texts.

Exploring this psychosomatic malady, medical practitioners and literary authors confronted questions about the mind/body relationship, the nature of psychological phenomena and their effect on health, as well as the conflict between the rational and sensitive faculties. Physicians have historically debated whether the source of lovesickness was physiological or psychogenic, whether the faculties of the mind possessed a significant influence over bodily functions. Whereas the humoral theory that served as the basis for the lovesickness paradigm conceived of an interrelationship between the mind and body, the advances that took place during the Scientific Revolution undermined that model, and subsequent medical discourse tended to resolve the question of the etiology of lovesickness in favor of physiology. Until the emergence of the psychoanalytic framework, physicians attributed the disease to malfunctioning bodily processes, which were frequently associated with the passions. By contrast, the rational soul was identified as an unchanging pillar of strength and health, establishing a conception of the lovesick patient as a passive victim of bodily phenomena that implicated neither the will nor the intellect. Medical practitioners thus posited an image of a weak body, susceptible to disorders, and a strong mind, uninvolved in illness.

In the literary corpus of lovesickness, however, fictional cases consistently looked back to the classical lovesickness paradigm and questioned a strictly physiological etiology. Literary physicians who, like the apothecary treating Marianne in Austen’s *Sense and Sensibility*, favored a mechanistic view of the organism and regarded the lover’s psychic motions solely as a function of the body, were portrayed as inept at diagnosing or curing lovesickness. While the medical view was predicated on the notion that the rational soul always desires health, literature
undermined the notion that the lovesick patient is so passive, so helpless, a medium through which love does its work. Depicting lovers who chronically find themselves in a dissatisfying relationship or refuse to recover, literary works examined whether the lovesick subject truly wishes for the fulfillment of desire, for the attainment of the object, and for the end of suffering. Or, does he participate in his incarceration and ensure his suffering, constructing the state of discontent? Such texts draw attention to love that is inherently insatiable, fruitful only for those who will to prolong it, who derive pleasure not from achieving the goal but from leaving desire eternally unfulfilled, demonstrating that the lover frequently invites torment with a will to suffer that transcends the mere desire for an object. Portraying the lovesick patient both as an active agent in forging the desire and as a willing sufferer of its effects, literary works exhibited what Denis De Rougemont famously articulated – that lovesick longing is not for a beloved object but for obstacles to the culmination of desire, for longing itself (37). In this way, they diverged from dominant medical paradigms, dramatizing such a pursuit of “unpleasure,” to borrow a term from Freud, on the part of the lovesick patient as the reluctance to submit to medical intervention, to relinquish the deleterious passion, or to select an object that is unfavorably disposed.¹

Disappointed love was a fruitful theme, enabling writers to explore psychical motions that resisted simple physiological explanations and that called for a more complex psychological model.

Literature not only recognized cases of lovesickness that undermined a strictly somatic etiology, but it also addressed the limitations of medical discourse by illuminating the

¹ It should be noted that this study does not attempt to demonstrate that all disappointed lovers, or indeed all lovesick patients, in the literary and medical tradition suffer from the malady only because they will to do so. Rather, the literary texts that feature lovesickness frequently devote their attention to exploring the psychological processes of characters who are active in the construction of their desire – that is, those who long to experience the torment of love. This study devotes its attention to these characters because they offer insights that were challenging to concurrent medicine and that were a prelude to the complex psychological theories offered by future scientific models.
psychological profile of the afflicted lover. Such works compensated for the inadequate way, as Michel Foucault described it, in which medical science addressed the etiology of mental illness before the 19th century. The fictional exploration of potential psychological etiologies prefigured future scientific models. Literary texts illustrated that love suffering may serve other needs of the psyche, such as to negotiate social norms that restrict the communication of feeling, to exercise a perverse power over the beloved, or to confront and mitigate childhood trauma, in a way that would not be uncovered by medical science until the psychoanalytic formulation of conversion, melancholia, narcissism, and the repetition compulsion. As this study will demonstrate, the comprehensive depiction of psychological pathologies in literary works had no equivalent in the concurrent medical doctrine, anticipating the insights of Joseph Breuer and Sigmund Freud in their depiction of the lovesick characters’ propensity for self-torment. Yet this study aims not merely to impart diagnostic titles to fictional characters, such as identifying Marianne as a hysterical or Pip as a narcissist, but rather to use the language of Freudian psychoanalysis to describe the model of psychical processes prefigured by literary texts of the lovesickness tradition. In so doing, it synthesizes three bodies of knowledge that rarely comment on one another: the history of medical science, the literary representation of disappointed love, and psychoanalysis.

The study is organized both chronologically and thematically, each chapter advancing the history of the medical model of lovesickness while also examining the psychological nuances dramatized by literary texts. The first two chapters trace the lovesickness paradigm from its medical and philosophical origins in antiquity to its adoption by the medieval and early-modern
medical canon; they explore the literary works that appropriated the ancient paradigm, such as Chaucer’s “The Knight’s Tale,” *Troilus and Criseyde*, Shakespeare’s and Fletcher’s *The Two Noble Kinsmen*, as well as Shakespeare’s *Romeo and Juliet*, *As You Like It*, and *Antony and Cleopatra*. The first chapter, “The Lovesickness Paradigm: Etiology of Illness and the Imagined Beloved,” begins with a discussion of the status of lovesickness as a genuine illness since antiquity, tracing the affliction from its origins in the poetry of ancient Egypt to its acceptance by the Western medical canon. It proceeds to identify the models that have contributed to the medieval and early modern conception of lovesickness and its etiology – namely, the Hippocratic, Platonic, and Aristotelian theories, which provided the foundations for subsequent consideration on disappointed love. A close analysis of the writings on lovesickness reveals insights that may be called a prelude to Freudian and Lacanian psychoanalysis, such as the lover’s active role in constructing the desire, seduced not by the object initially encountered but by the one forged by the imaginative faculty. The psychological tendencies that were raised by the ancient framework were also brought to the foreground by the literary texts of the lovesickness tradition. Moving beyond portraying a medically accurate account of lovesickness, literary works gave form to nuanced psychological portraits of the lovers.

The exploration of the ancient framework continues in the second chapter, “Physicians and Their Tools: Diagnosis, Symptoms, and Treatments,” advancing to the diagnostic methodologies, symptoms, and treatments described by ancient, medieval, and early modern medical practitioners. In representing diagnostic practices, the literary works questioned the practice of reading the condition of the soul from the signs of the body, dramatizing challenging cases in which the physical symptoms are either absent, concealed, or feigned. Literature also illustrated patients who are unwilling to disclose the wound or to submit to medical intervention,
requiring the diagnostician to be a particularly clever reader of bodily signs. Fictional cases explored such psychopathologies as the lover’s persistent wish for death, which often comes to fruition. The chapter concludes with a discussion of treatments, the success of which remained an unattainable prospect for the lovesick literary characters. Such texts staged therapeutic scenes as a way to examine the lover’s will to suffer, exemplified by a reluctance to be cured or to relinquish the destructive passion. The first two chapters provide a broad overview of lovesickness paradigm in antiquity and its literary representation in medieval and early modern texts that provided a foundation for future discourse about the psychological portrait of the lovesick patient. The subsequent chapters focus on the ways in which literary works from the late 17th to the 19th century dramatized cases of lovesickness that were troubling to concurrent medical theories and explored psychological etiologies that anticipated future scientific frameworks.

Proceeding to the medical developments that took place during the 17th and 18th centuries, the third chapter, entitled “‘I Make My Guilty Torments All Too Plain’: Lovesickness as Confession in Racine’s *Phaedra* and Richardson’s *Clarissa,*” examines the literary discourse on love against the backdrop of socio-medical disputes on the mind/body relationship and on the nature of psychosomatic illness. Influenced by the Cartesian model of the organism and the philosophy of mechanism, scientific discourse began to diverge from the classical paradigm by attributing lovesickness to a strictly somatic malfunction. Medical science established that, whereas the passions of the embodied animal soul could generate physiological disorder, the rational soul remained a pillar of health and well-being. Such dualism signified that, in cases of lovesickness, the rational soul was passively victimized by somatic processes. Through the lovesickness *topos*, Jean Racine’s *Phaedra* and Samuel Richardson’s *Clarissa* enter the
discussion and demonstrate the considerable role of the mind in the health of the body, favoring a psychogenic view of the heroine’s malady. Yet the passions are not the sole source of her waning condition. Questioning the notion that the immortal soul remains ever rational, unwavering in pursuit of health, Racine’s and Richardson’s texts dramatize the lovesick heroine’s avoidance of treatment as she remains reticent about the source of her affliction. Her suppressed emotions are re-experienced as illness of the body, yet such somatic self-betrayal and the accompanying suffering is not unwilled. In response to restrictive social factors to women’s communication of love, Phaedra and Clarissa act on a hidden desire to relay the torment, to be read. They do so through the socially-appropriate means of physical illness. Bringing to light the unconfessed, or indeed unconscious, mental process as the source of such self-torment, Racine’s and Richardson’s works prefigure the insights by which Breuer’s and Freud’s theory of conversion revised the medical model.

Chapters four and five proceed to the medical history of lovesickness in the 19th century and situate literary works in the developments that took place in the fields of neurology and psychiatry. During this period, love as an affliction was divided between the two disciplines as either a strictly organic functional disorder or as a type of insanity. Although a psychogenic view of mental illness was gaining ground in the early 19th century, promising that the afflicted mind would be explored, the influence of Lockean theory on medical discourse produced a conception of lovesickness as a form of madness, an irrationality that occurs when the subject submits to the follies of the imagination. The psyche thus remained uncharted, and it was up to literature to explore potential psychological etiologies. The fourth chapter, “’Had I Died, It Would Have Been Self-Destruction’: Indulged Lovesickness and Mastering the Other in Austen’s Sense and Sensibility,” focuses on the case of lovesickness featured in Jane Austen’s novel, wherein the
patient accordingly succumbs to the lure of the imaginary. Marianne longs to be struck by
lovesickness and indulges her disappointment until she falls dreadfully ill. Yet the novel also
diverges from the medical portrayal of the lovesick patient as a madwoman devoid of will and
rationality. Marianne indulges an affliction that is more valuable than recovery, as it provides an
avenue for revenge against the duplicitous Willoughby. Sense and Sensibility thus suggests that
the heroine’s will to suffer is guided by her contentious relationship with the lost beloved, both
looking back to the literary history of lovesick women and anticipating the theory described in
Freud’s “Mourning and Melancholia.” The heroine’s lovesickness functions as a form of both
psychological and social commentary. This Georgian era heroine indulges the affliction as the
sole means by which she could redeem her wounded honor in a society that excludes her from
retaliatory rituals associated with betrayal and could establish her right as a suffering female
subject.

The fifth chapter, “‘I Am Not at All Happy as I Am’: Narcissistic Object-Choice in
Gogol’s Nevsky Prospect, Turgenev’s First Love, and Dickens’ Great Expectations,” proceeds to
the second half of the 19th century, tracing the medical view of mental illness during this
formative period in the field of psychiatry.4 Caught in the rivalry between the model provided by
the discipline of physiology and the emergence of a psychological framework, literature found
itself in a moment of ambivalence in its representation of pathological love. Until the advent of
psychoanalysis at the end of the century, psychiatry attributed madness to an organic pathology
rather than seeking an underlying psychological process, yet afflictions associated with love, sex,
or addiction were treated moralistically against notions of vice and responsibility. Medical

4 Although this chapter broadly covers the medical theory throughout Europe, it focuses on Victorian England and
Russia, where the understanding of psychological phenomena was significantly influenced by the spirit of positivism
and materialism.
science retained the concept of a rational will, which was believed to seek health and profit.

Representing love’s pathological iterations served as a way for writers of this period to enter the discussion on the psyche and mental illness. In their representation of obsessive, unrequited love, the works by Gogol, Turgenev, and Dickens demonstrated that the model that split the mind into deviant somatic reflexes in the brain and a rational will could not account for its complexity.

Their love-mad characters – Piskarev, Vladimir, and Pip – act against self-interest in pursuing an unloving, unattainable, or indeed imaginary beloved, whom they refuse to relinquish for a more suitable object. Calling for a more nuanced psychological theory to explain mental maladies, the texts drew from the myth of Narcissus and established an association between psychopathology and the patient’s biography in a way that preceded the psychoanalytic formulation in Freud’s “On Narcissism” and “Beyond the Pleasure Principle” by over half a century. The novels shed light on the psychological etiology of narcissistic love and unveiled the romantic pursuit of an unloving, unattainable, or imaginary object to be a substitute in the lover’s quest to redress an early experience of loss or trauma.

Throughout modern medical history, the lovesick patient acquired a reputation as a passive, helpless victim of a disease that overpowers the reason and the will, indeed as a madman wanting in rationality, yet literary texts have consistently diverged from this conception and portrayed the mental processes of love not as irrational ravings of madmen but as nuanced and comprehensible motions of a clever and, in many cases, highly astute and alert mind. Fictional accounts presented the lover as thoughtful, willing the affliction rather than relinquishing the reason to it. As explored in the conclusion of this study, the medical models most conducive to the literary representation of lovesickness have been those that favored an interaction between the mind and the body, rather than those that reduced mental phenomena to the somatic and
deprived psychologically afflicted patients of agency. In this way, literary texts have called for a closer examination of the psyche’s role in illness and addressed a gap in concurrent medical models, both looking back to the ancient lovesickness paradigm and anticipating future scientific discourse.

…

Literary history is rich with cases of lovesickness, yet in selecting the texts for analysis, I have directed my attention to those that not only reflect the concurrent medical paradigm but also question or diverge from its treatment of the lover’s psychical processes. The common thread among these fictional works is their investigation of the psychological portrait of the lover and their depiction of the various iterations of the will to suffer, which consistently undermines a strictly somatic etiology of the affliction. Such portrayal of lovesickness transcends not only chronological but also geographical boundaries. Literary works reappear in multiple chapters to be considered in a new light, because the major emphasis of this dissertation is on the parallels between texts of various time periods and cultures that draw both on the ancient medical and philosophical framework and on one another. I have also not given preference to a specific genre, interested in literature in any form that was chosen to explore the motions of the lovesick mind. Considering the historical developments in literary genres, it should not be surprising that poetry featuring lovesickness is representative in antiquity and the middle ages, drama in the early-modern period, and the novel in modernity. Discussing the nuances of the lover’s psychological profile, the epistolary genre is selected as the most fruitful for analysis. This also does not purport to be an exhaustive study of the lovesickness tradition, focusing instead on transitional moments in its medical and literary history. In other words, of interest for this study are periods that saw a shift in the medical conception of the psyche and its maladies.
I am hopeful that for a cultural historian or a historian of medicine, this work will offer a deeper understanding of the pre-20th century scientific discourse on psychosomatic illness, on love, on the nature of the soul, and on the mind/body relationship; for the literature scholar, this study will uncover the ways fictional texts participated in medical and philosophical debates; a psychology specialist will discover literary dramatizations of pre-psychoanalytic insights; and a general reader may find a useful discussion of love’s painful, obsessive iteration and of its role as a tool in contending with other psychological conflicts that will be familiar not merely to lovers.
Chapter I

The Lovesickness Paradigm: Etiology of Illness and the Imagined Beloved

Since its earliest literary and philosophical representation, unconsummated, unreturned, or otherwise failed love was believed to result in an affliction of the mind and body. Generated by an encounter with a beautiful object, lovesickness possessed a set of diagnosable physical and psychological symptoms as well as potential treatments. The earliest cases of illness resulting from excessive or disappointed love could be traced to ancient Egyptian poetry between 1300 and 1100 BC. These fictional accounts depicted concrete somatic signs of lovesickness and referred to the beloved as both the cause of suffering (“my brother’s voice disturbs/ my heart and makes me ill”) and its cure (“she’ll banish my lovesick ills”) (Love Lyrics of Ancient Egypt 45, 59). In this frequently cited ancient Egyptian poem, the speaker expresses his suffering from illness caused by unresolved love, exhibiting symptoms of both the body and the mind:

Seven days since I saw my sister,
And sickness invaded me;
I am heavy in all my limbs,
My body has forsaken me
When the physicians come to me,
My heart rejects their remedies;
The magicians are quite helpless,
My sickness is not discerned.
To tell me ‘she is here’ would revive me!
Her name would make me rise;
Her messenger’s coming and going,
That would revive my heart!
My sister is better than all prescriptions,
She does more for me than all medicines:
Her coming to me is my amulet,
The sight of her makes me well!
When she opens her eyes my body is young,
Her speaking makes me strong;
Embracing her expels my malady

5 Early Egyptian representations of lovesickness are discussed in-depth in Amundsen; Biesterfeldt and Gutas; Duffin.
Seven days since she went from me! (*Ancient Egyptian Literature* 186).

The affliction of the speaker begins upon the beloved’s absence, and while localized in the heart, it manifests in a broad somatic response, such as weakness and fatigue. The malady is not without psychological distress: not only does the lover feel “heavy in all [his] limbs,” but his mind is ever fixated on the object of affection. The ailment is also unresponsive to the treatments of both physicians and magicians, who are unable to discern the secret cause of the patient’s suffering. His only potential cure is the beloved herself. Her loss is a source of woe, and her presence is the most effective remedy at relieving the lover’s torment. Visualizing the beloved before him alleviates his suffering. Even the mere hope of fulfillment that is roused by the sound of her name acts as a mild remedy that “would revive my heart.” A complete recovery could only be effected by means of consummation with the beloved: “embracing her expels my malady.”

The fixating condition of lovesickness is mirrored on a stylistic level. At its conclusion, the poem returns to the beginning, exposing the cure – the consummation with the beloved – as a mere fantasy. The lover continues to suffer in solitude, retaining the mere image of the beloved to sustain him in her absence.

Similar depictions of illness caused by love could be found in ancient Greek poetry. As Faraone explains, epic poems depict love as a violent figure that subdues or destroys its subject (44-6). They feature accounts of Aphrodite, as she drives away reason by stealing “away the mind of thoughtful men” and renders her victims bewildered by shrouding "the stout heart" with "a mist" (Homer, *Iliad* 14.217, 294; Hesiod *Theogony* 122, qtd. in Ibid. 44). Cupid also physically harms his victims, melting, burning, or striking “them with a hammer” (45). The aggressive and destructive quality of Eros is accounted for by his origins as a demonic figure,

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6 See Faraone’s discussion of Anacreon’s frag. 413, which describes Eros beating the lover with a hammer (45). See also Silveira 111-112, 139-140.
exemplified by the weapons that he typically carries – “the whip, the torch, and bow and arrow” (Ibid.). Love as a hostile deity also plagues her victims in lyric poetry. As described by Sappho, love is an unkind trickster who “gives presents of pain” (114). Her lyrics likewise portray love in terms of illness that presents with both physical and psychological symptoms, such as fainting fits, burning, freezing, and trembling. Fragment 48, the “Phainetai Moi” ode, features a commonly-cited illustration of lovesick suffering, which consumes both body and soul:

Peer of gods he seemeth to me, the blissful Man who sits and gazes at thee before him, Close beside thee sits, and in silence hears thee Silvery speaking,

Laughing Love's low laughter. Oh this, this only Stirs the troubled heart in my breast to tremble, For should I but see thee a little moment, Straight is my voice hushed.

Yea, my tongue is broken, and through and through me 'Neath the flesh, impalpable fire runs tingling; Nothing see mine eyes, and a noise of roaring Waves in my ears sounds;

Sweat runs down in rivers, a tremor seizes All my limbs, and paler than grass in autumn, Caught by pains of menacing death, I falter, Lost in the love trance (qtd. in Longinus 17).

The poem exemplifies the lover’s bodily and mental suffering, particularly in proximity to the beloved. As in the ancient Egyptian representation, the localization of the illness is the heart, yet the somatic reaction takes root in the sight of the beautiful object – an encounter that produces warmth and moisture in the lover’s body. The "impalpable fire" burning her limbs would become the most recognizable symptom of lovesickness in the future medical and literary tradition.

Sappho’s poetry frequently depicted the beloved as igniting “a torch” in the lover’s heart – “a

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7 Unfulfilled passionate love was described in terms of physiological and psychological illness in the lyric poetry of Archilochos, Alkman, Ibykos, Anakreon, and Theocritus. For an in-depth discussion of lovesickness in ancient Greek lyric, see Silveira.
flare of love.” The sweat, the tremors of the limbs, and the paleness would similarly be recognized by future medical doctrine as the characteristic symptoms of the amorous affliction. Sappho’s speaker also fixates on the beloved’s image and idealizes the object, likening him to one “of [the] gods.” According to Longinus’ illuminating commentary, Sappho’s poem portrays the conflicting mental and physical states associated with the affliction: “she describes herself as hot and cold at once, rational and irrational, at the same time terrified and almost dead” (17-8). The poem concludes with the lover’s impending death, for which numerous subsequent lovesick patients yearn and to which they sometimes succumb. The ailment could indeed be fatal; as legend holds, Sappho herself, suffering from a pernicious case of lovesickness, committed suicide at the cliffs of Leucadia.8

Lovesickness was also a theme frequently explored in ancient Greek drama, such as Euripides’ Hippolytus and Medea, wherein the heroines’ disappointment in love produces a violent madness. Biblical sources similarly portrayed passionate, unfulfilled love as an illness – most significantly, the story of Amnon and Tamar, in which a young man falls ill of love for his sister and, eliciting her pity for his illness, draws her to his chamber.9 The affliction likewise flourished as a theme in ancient Roman lyric (Horace), epic (Lucretius and Virgil), and elegiac poetry (Tibullus, Propertius, and Ovid).10 The motifs featured in these early works were appropriated in medieval and early modern texts, which proceeded to explore the physiological response to the spiritual phenomenon of love, the gaze of beauty as the source of lovesickness,

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8 See Duffin 44.
9 See Wack 19. Duffin explains that the disease imagery of love is not only encountered in the writing of the West but “is also found in the work of early Islamic poets, as well as in the folk writing of Hindu, Japanese, Chinese, and Irish cultures” (Duffin 52).
10 For an analysis of the lovesickness topos in ancient Roman poetry, see Caston 271-98.
the contradictory experience of both pain and pleasure, the fixation and overestimation of the beloved, as well as the beloved’s role as a cure.

The notion of love as an illness that possessed concrete somatic and psychological symptoms was likewise described in the philosophical and medical disciplines. Whereas lovesickness as a genuine malady was not formally recognized by medical science until the fourth century A.D., its framework was established by the ideas formulated in antiquity. The scientific origins of lovesickness could be traced to ancient Greek medical and philosophical thought – namely, the Hippocratic-humoral theory, which conceived of illness as a product of excessive humors, the Platonic notion of love as an infection upon the sight of beauty, and finally, the Aristotelian theory of passion resulting from a malfunction of the mental faculties.

Although the Hippocratic treatises did not specifically delineate a model of lovesickness, the model of the organism that these texts proposed contributed to the development of the conception of lovesickness as a product of humoral imbalance. The Hippocratic theory proclaimed that the organism consists of four bodily liquids, or humors: “blood, phlegm, yellow bile and black bile,” and “through these…[a man] feels pain or enjoys health” (Hippocrates, “The Nature of Man” 11). Hippocrates (460-370 BC) explained that when the humors are “duly proportioned to one another,” the condition is indicative of “the most perfect health”; however, illness results and “pain is felt when one of these elements is in defect or excess” (Ibid. 11-3). The humoral model provided an etiology of all illness, including lovesickness, and its influence lasted for several centuries.

11 For the Hippocratic description of love, see “Affections” and “Regimen in Acute Diseases.” Galen later systematized the humoral theory described in “On Humors” and “The Nature of Man” and applied the theory of the humors to the illness of love.
12 See Noga for a discussion of the lasting influence of the humoral theory.
Two of the humors outlined by Hippocrates became essential for the future lovesickness paradigm. The Greek physician Galen of Pergamon (ca. 130-200 AD), who had systematized the Hippocratic humoral model, associated unfulfilled love and melancholia with a humoral imbalance, namely of blood or black bile. The association of an overabundance of blood with lovesickness could be traced to the Hippocratic conception that this humor possesses the qualities of warmth and moisture – qualities that became symptomatic of love. In “The Nature of Man,” Hippocrates expressed that the amount of blood in the body increases in the Spring, during which the body’s level of moisture and warmth is elevated (Ibid. 19-21). Galen further elaborated that this warm and moist bodily state gives rise to desire, which commonly occurs in the Spring (Galen, *De usu partium* 181). He explained that, when refined by heat, blood produces semen, which was believed to be found in both men and women, the excessive quantity of which could produce a state of libidinousness (Ibid. 183-4).

Whereas an excessive amount of blood could incite desire, the dejection and suffering typically experienced by the lovesick patient was believed to result from an increase in black bile, which was in abundance in the Fall, owing to the association of this humor with the illness of melancholia in Hippocratic treatises. In *The Sacred Disease*, Hippocrates explored the effects of “bile rushing to the brain,” which, he claimed, could result in overheating and cause “terrors and fears” as well as “distress and anguish” once the brain is cooled (“The Sacred Disease” 177). The relationship between black bile and passionate love was also corroborated

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13 For an in-depth analysis of the role of black bile and blood in the afflictions of melancholia and mania in Hippocratic writings, see Beecher and Ciavolella 42-3; Ciavolella 225.
14 In the Hippocratic corpus, excess blood manifests in a state of warmth and ruddiness, which later came to be known as the common symptoms of lovesickness (Hippocrates, “Nature of Man” 21).
15 In Autumn – the season Hippocrates associated with the qualities of cold and dryness – the amount of blood in the body was believed to dissipate while black bile was in abundance (Hippocrates, “Nature of Man” 21). See Beecher and Ciavolella 42.
16 Hippocrates identified black bile as the cause of “most fevers” (“The Nature of Man” 3), and for this reason, the fever of lovesickness was believed to be caused by the burning of black bile.
by the Aristotelian “Problem XXX,” which described the melancholic temperament, regarded as “possess[ing] a large quantity of hot black bile,” to be the most susceptible to lovesickness: a melancholic could “become frenzied or clever or erotic or easily moved to anger and desire…” (“Problem XXX” 954a). Galen also affirmed that when black bile “overflows into the substance of the brain itself, it causes melancholy…” (“On the Affected Parts” 88) – a notion that was later adopted by medieval and early modern physicians and applied to lovesickness. 17

The humoral model established an interrelationship between the mind and the body, determining the way that an emotional experience, like love, could produce bodily disorder: “Fears, shame, pain, pleasure, passion, and so forth: to each of these the appropriate member of the body responds by its action” (Hippocrates, “On Humours” 81). For Hippocrates, the seat of the passions, and the locus of the disturbance associated with love, was the brain: “Men ought to know that from the brain, and from the brain only, arise our passions, joys, laughter, and jests, as well as our sorrows, pains, griefs and tears” (“The Sacred Disease” XVIII; 175). 18 In “The Sacred Disease,” Hippocrates wrote that when the brain was “not healthy,” affected as it was by temperature and moisture levels, the imbalance could disturb the patient’s spiritual condition or generate “any… unnatural affection” (Ibid.). Yet the humoral composition of the organism was believed to both affect and be affected by love. Not only could a humoral imbalance generate an affliction marked by spiritual suffering, but a physical ailment could also result from powerful

17 Medieval and early modern thinkers believed that, affected by heat, black bile burns and renders the brain dry, which leads to subsequent physiological and psychological disturbances: “black bile, which fills the head with its vapors, dries out the brain, and ceaselessly troubles the soul day and night” (Ficino, Commentary 6.9). The physician Andre Du Laurens similarly insisted that love "so drieth the humours" that it alters the temperature of the body and “especially that of the braine, [which] is overthrowne and marred" (120).
18 Hippocrates argued definitively against localizing the site of the passions in the heart: “Some people say that the heart is the organ with which we think, and that it feels pain and anxiety. But it is not so…” (Hippocrates, “The Sacred Disease” XX; 181). The brain was also suggested to be the site of the malfunction associated with love owing to the organ’s role in estimating external objects: “Through it… we … distinguish the ugly from the beautiful, the bad from the good, the pleasant from the unpleasant…” (Ibid. XVII; 175).
spiritual motions. Love could be produced by excess humors, yet it could also disturb the humoral equilibrium of the organism. The passions were deemed to be subject to the will only in a limited way, and for this reason, both Hippocrates and Galen recommended moderating the passions lest they produce ill effects on health. Hippocrates believed that illness could arise from overindulgence in or abstention from love (Hippocrates, “Affections” 5:7). Galen echoed the sentiment that “moderation is best,” maintaining that excessive passions could generate “incurable diseases” (Galen, On the Passions and Errors of the Soul 32, 66).

In his formulation of the lover’s malady, Galen was influenced not only by the work of Hippocrates but also by Plutarch’s literary rendition of a well-known case of lovesickness that was diagnosed and treated by the physician Erasistratus. Galen’s description of the lovesick subject as “sick or pale... sleepless or fevered from love,... stricken with the human emotion of sorrow” (Wack 7) bore a striking resemblance to the lover portrayed in Sappho’s poetry. Galen was essential in the history of illness resulting from libidinousness. Whereas fictional accounts and philosophical treatises regarded the immoderate or unfulfilled iteration of love as damaging for the body and soul, its acceptance as a genuine illness by the medical community did not occur until the fourth century A.D. Prior to Galen’s interest in Erasistratus’ case, the notion that love possessed detrimental effects on the health of the organism had only been shared by poets and philosophers. Yet through his influence, lovesickness was recognized as a genuine illness by the Byzantine physicians Oribasius (320-400 AD) and Paul of Aegina (625-690 AD) and eventually entered into the medical curriculum. Its status as an ailment began to change when Oribasius was commissioned to treat a case of illness resulting from hidden, dejected love. The

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19 As will be discussed in the next chapter, the case recognized and corroborated the detrimental effects of love on the health of the organism.

20 See Wack 6.
physician outlined the symptoms of the affliction under the heading “On Lovers.” He described the patient’s fixation on the object of affection, which was later regarded as a characteristic symptom of lovesickness in both medical and fictional accounts: “the passion of those who are incessantly preoccupied by their love is difficult to uproot” (Oribasius qtd. in Duffin 49). Entering the medical discourse, lovesickness was then passed on to the Syrians and the Arabs, under whose influence the conception of this affliction further evolved.\(^{21}\)

After the disintegration of the Roman Empire, which resulted in the loss of Greek and Latin medical texts, the medical tradition of lovesickness virtually disappeared from European culture until the physician Constantine the African (1020-1099) brought several Arabic texts to southern Italy. Constantine’s publication of the medical handbook for travelers, the *Viaticum* – a translation of a text by the Islamic physician Ibn al-Jazzar (898-980) – revived interest in lovesickness, and the influence of his work lasted for four centuries. The *Viaticum* and its commentaries by medieval thinkers introduced and integrated the Greek and Arabic views of erotic love into medieval Christian culture. The philosophical and medical writings from antiquity, supplemented by the work of Haly Abbas, Avicenna, and Rhazes, converged and contributed to a complex, comprehensive paradigm of lovesickness in the *Viaticum*, which provided the foundation for future thought on disappointed love.\(^{22}\) Lovesickness thus made its way during the late middle ages to doctors and literary authors who could not read the original material, and upon the publication of the *Viaticum*, sections of medical compendia devoted to the disease of love became increasingly popular.\(^{23}\)

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\(^{21}\) For an in-depth discussion of the history of lovesickness during the middle ages, see Wack; Duffin.

\(^{22}\) For a discussion of the role of the *Viaticum* in the history of lovesickness, see Wack xiii-xiv; Sobol 4-5.

\(^{23}\) For a thorough history of the development of lovesickness in the early modern medical curriculum, see Beecher and Ciavolella.
Such medical treatises further refined the association between the humors and the affliction of love. For medieval and early modern physicians, blood and black bile comprised the causes of lovesickness in its different stages: an excess of blood was believed to incite turbulent desire during the initial manic stage of lovesickness, while the superfluity of black bile produced the cold, dry, melancholy phase characterized by loss and longing. The 16th century French physician Jacques Ferrand (1575-1630) referred to the condition when blood is in excess as an “amorous disposition,” during which the patient experiences “a Motion of the blood. . . . through the hope of pleasure” (Ferrand 261). As the humoral component of seed in both men and women, excess blood was damaging because un-evacuated seed was believed to possess an adverse effect on the patient’s mental condition: “by sending up divers noysome vapours to the Braine... [the seed disturbs] the operation of its cheifest Faculties” (Ibid. 241). The English scholar Robert Burton (1577-1640) further maintained that an excessive level of blood caused a state of madness in lovers: “For such men ordinarily as are thoroughly possessed with this humor, become senseless and mad, insensati & insani... and as I have proved, no better than beasts, irrational, stupid, head-strong...” (197-9). Described thus, excessive sexual desire was not subject to the will of the patient.

Medieval and early modern literary texts featuring lovesickness absorbed the medical discourse of the humoral theory and depicted their lovesick sufferers accordingly. At the opening of William Shakespeare’s most memorable dramatic depiction of love longing, Romeo and Juliet, Romeo suffers from a mysterious affliction, the physical and psychological symptoms of which are described by other characters before he enters the stage. They are concerned about Romeo as he hides in the fields, shuns the company of closest friends, sheds tears, and “away

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24 See Babb 134. Ferrand’s remedies for lovesickness corroborated this distinction. He recommended “fasting for love in the early (warm and moist) stage” and “nourishing foods in the late (cold and dry) stage” (Ferrand, 331-33).
from the light [he] steals” (Shakespeare, *Romeo and Juliet* I. i. 137). Exhibiting despondency and ennui through “deep sighs,” “sad hours seem long” to Romeo (Ibid. I. i. 133, 161). Neither his parents nor his friends “know the cause” of his illness, as the young man keeps the transports of his soul “so secret and so close” (I. i. 143, 149). Yet, before his melancholy pallor is unveiled to the audience, the allusion to Romeo’s condition is made by Montague, who expresses his fear that the ailment may affect Romeo’s health, predicting that “black and portentous must this humour prove,/ Unless good counsel may the cause remove” (I. i. 141-2). The impending “black… humour” refers not only to Romeo’s somber, mirthless state but also to the excessive amount of black bile, which was believed to be both a cause and a product of lovesickness in Elizabethan medicine. When prompted by Benvolio to reveal the source of his pain, Romeo confesses to suffering from “Not having that, which, having, makes them [the hours] short” – that is, from the impossibility of possession (I. i. 164). Benvolio is able to discern that his friend’s mysterious malady is caused by “tyrannous and rough” love (I. i. 170).

The humoral model provided future clinicians an etiology of lovesickness, which found lasting influence in Western medicine; yet a further explanation was required for the sudden incitement of the illness – for the process initiated by the sight of the beloved, which could not be accounted for by a humoral predisposition. The medieval physician Gerard of Berry (late 12th-13th century) argued that only the gaze of the beloved "touches the cause of true love" – an etiology the origins of which could be traced to the Platonic discourse on love (Gerard of Berry, qtd. in Wack 59). Plato’s dialogues offered a model that provided the foundations for the

25 Medieval and early modern literature is replete with cases in which love presents in a concrete detrimental effect on the sufferer’s organism. In Thomas Lodge’s medieval romance *Rosalynde: Euphues Golden Legacy* (1590), – a source of influence for Shakespeare’s *As Your Like It* – Phoebe falls ill of love for Ganymede, who is the cross-dressed Rosalynde and whom the lovesick maid could never possess. Zelmane in Sir Philip Sidney’s prose work *The Countess of Pembroke's Arcadia* (1590) dies of love, as does Calantha and Penthe in John Ford’s tragedy *The Broken Heart* (1633), the latter of whom starves herself to death.
medieval and early modern conception of the lover’s spiritual experience. The speech of Eryximachus in Plato’s *The Symposium* distinguishes between two types of love – a moderate healthy love and a carnal desire, a malfunction that overpowers the body and the mind: "… when the outrageous Love is more in control … it causes a lot of injury and destruction” (*The Symposium* 27). In *The Phaedrus*, carnal love is similarly portrayed as a madness characterized by irrationality and lack of self-possession: “[lovers] themselves agree that they are more mad than sane and that they know their intentions are wrong but cannot control themselves” (Plato, *The Phaedrus* 91). Plato’s dialogues thus established a dichotomy between rational, pure love and irrational, vulgar love, reflecting the same dichotomy in his model of the soul. The soul is illustrated in *The Phaedrus* by the myth of the winged chariot, driven by a pair of horses, “one of which is noble and good… while the other is of the opposite stock and opposite in character” (Ibid. 104). The noble horse – a symbol of the rational portion of the soul – lifts the chariot up toward the divine, while the other horse – a symbol of the irrational, carnal half – draws the chariot back down to earth. For Plato, love is similarly divided: it could take the form of a rational meditation on the divine or a carnal desire for bodily possession.

In *The Symposium*, Diotima demonstrates that ideal love begins with the contemplation of the particular, physical object of beauty, which is subsequently transcended in favor of the beauty of all bodies, institutions, and values, until the lover reaches the contemplation of the universal form of Beauty, itself (Plato, *The Symposium* 47-8). Ironically, the encounter with beauty that generates the mental ascent could also lead to an obsessive fixation on the particular, earthly object, which disturbs the somatic and psychic condition of the organism. The spiritual ascent could only be achieved so long as the lover relinquishes the desire for possession, yet vulgar love is not born of reason and entails an irrational desire for permanent possession of an
ephemeral being. As Socrates describes in *The Phaedrus*, the ignoble horse continually pulls the chariot – that is, the soul – toward carnal desires, producing the lover’s inability to complete the cognitive ascent (Plato, *The Phaedrus* 110). This signifies that ideal love functions in accordance with the rational soul, as it promotes the subject’s proximity to the divine; carnal desire, on the other hand, clouds the reason and corrupts the will. Platonic theory thus contributed to a conception of vulgar love as an affliction, manifesting in a consuming contemplation of a corporeal object.  

While the Platonic model only deemed vulgar love to be a source of physical and psychological suffering, both forms of love generated a physiological response. As Socrates describes, the process is initiated by a gaze of beauty, upon which the lover experiences “goose bumps and something of… dread comes upon him… and an unusual warmth and sweating seizes him” (Ibid. 108). Love is reminiscent of the soul’s original, winged state. Upon the encounter with beauty, its wings once again begin to grow: “…the effluence of beauty he receives through his eyes… moistens the wing-feathers… the shafts of the feathers swell and begin to grow from their roots over the entire form of the soul, which was feathered all over before” (Ibid.). Such a reminder of the lover’s former divine state results in disregard for his earthly life, and for this reason, Plato identified love as a “kind of madness” (Ibid. 107). The wings’ growth is a painful process, alleviated only by the presence of the beloved, from which the soul “obtains relief from its pain and rejoices” (Ibid.). Suffering consequently arises from the beloved’s absence, producing bodily desiccation and preventing the wings’ development: “the openings of the

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26 This twofold conception of love was subsequently adapted by the medieval and early modern Christian culture. In Plato’s doctrine, distinct as they appear, both pure love and carnal love are caused by the sight of the physical manifestation of beauty. The Platonic ascent requires the fulfillment of all the stages in achieving the cognitive ascent, including the initial appreciation of the particular body. However, Neoplatonic formulations exhibited a far stricter dichotomy between moderate, Christian love and the irrational love that originated from the desires of the flesh. Demonstrating the tendency to denigrate carnal love, Ficino claimed that illness arises in those “who, having abused love, converted what is a desire for contemplation into a desire for embrace” (*Commentary* 6.9).
passages through which the feathers push their way out become quite dry and close up, shutting the shoots of the feathers up inside” (Ibid.).

Like the Hippocratic corpus, Plato’s model entailed an interaction between the body and the mind, providing a way in which love could produce illness. By assigning somatic localizations for his tripartite soul in *The Timaeus* and *The Republic*, Plato established an association between the organs where the parts of the soul are localized and the passions that could affect their condition. The brain contained the immortal soul, "whereby it reckons and reasons the rational," whereas the mortal soul – "that with which it loves, hungers, thirsts and feels the flutter and titillation of other desires" – was situated in the torso (Plato, *The Republic* I. iv. 439d). Plato divided the mortal soul into two functions: the irrational, inferior portion, located in the liver, which was responsible for carnal appetites, and the superior, feeling portion, located in the breast, “which is the helper of reason by nature unless it is corrupted by evil nurture” (Ibid. I. iv. 440e–1). The feeling portion of the soul, believed to be prone to external influences, was "subject to terrible and irresistible affections – first of all, pleasure, the greatest incitement to evil; then, pain, which deters from good. . . mingled with irrational sense and with all-daring love" (Plato, *The Timaeus* 1193). The breast, and particularly the heart, thus came to be regarded as the seat of the passions and as a possible locus of the malfunction associated with lovesickness in future medical and philosophical thought.

Scholars have chiefly agreed that, as famously suggested by Michel Foucault, the medical conception of mental illness underwent a major paradigm shift in the 19th century with the development of the psychiatric discipline and particularly with the advent of psychoanalysis.27 Yet close analysis of Platonic and Neoplatonic discourse on lovesickness reveals insights about

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27 As suggested by Foucault, the study of psychology did not exist prior to the 19th century, and the term “psychology” only came into use during the 18th century. See Bynum, et al.
the lover’s psychological motions that may be called a prelude to psychoanalysis. Jacques Lacan notably referred to Socrates as “the precursor of psychoanalysis” (Écrits 323). Both paradigms emphasized the lover’s delusion about the nature of the loved object. The Neoplatonic formulations of ideal love replaced the form of beauty with goodness, which signified that the lovesick patient overestimates the beloved’s internal qualities.28 Avicenna (980-1037) associated illisci – the Arabic term for love – with persistent striving toward perfection:

Every being which is determined by a design strives by nature towards its perfection...And this love is the source of its yearning for [the good] when it is absent... and of its unification with it when it is present... (“A Treatise on Love” 212-3).

Articulated thus, lovesickness arises from the misguided belief that the beloved, the physical object of beauty, is “the good” toward which one must strive, rather than a mere mediator in the lover’s quest to reach the ultimate good – that is, God. In the Neoplatonic formulation, the lovesick patient conflates divine and earthy goods, and the ailment may be described as a fervent spiritual desire for the divine ideal, improperly displaced onto a material object, which the lover pursues with all the zeal and piety that has taken the form of a carnal passion.29 The Italian philosopher and son of a physician Marsilio Ficino (1433-1499) compared the lovesick subject to Narcissus of the Orphic text. Rather than pursuing the soul’s true object, he embraces that which is ephemeral and “admires the reflection of it in the water,” confounding the body, which is nothing but “the shadow of the soul itself,” with the eternal (Ficino, Commentary 4.17). The corporeal beauty by which the lover is enamored “is an image of [his] own beauty,” which signifies that, like Narcissus, he “desires [his] own beauty” (Ibid.). Unable to distinguish between the material and the divine, the lover fixates on an object that could bring neither

28 See Wells 24-5.
29 For a discussion of the lover’s self-deception about his spiritual love for an ephemeral object, see Wells 35-6.
spiritual satisfaction nor relief. The delusion about the object of affection is thus central to the experience of lovesickness, as the patient “desir[es] one thing” while “pursuing another” (Ibid.). In this way, the Platonic theory and Neoplatonic formulations function as a prelude to future psychoanalytic insights on Narcissistic love.30

Medieval and early modern literary texts also adopted and explored the Platonic notion of vulgar love as a form of delusion about the beloved. As the paradigm of lovesickness was passed down through the Arabic scholars, the influence of the Platonic theory could be discerned in the work of Geoffrey Chaucer. In “The Knight’s Tale,” the kinsmen Arcite and Palamon gaze at Princess Emily and instantly succumb to a condition that not only affects their physical and mental life but also proves fatal for one of them. Abandoning their promises of eternal friendship and loyalty, neglecting their noble quest to defend the city of Thebes, and forgetting the misfortune of their confinement, the knights debate their relative claims on the heart of the young beauty. Palamon argues that the honor belongs to him who was the first to lay eyes on the damsel, urging Arcite to abide by the promise to “forthren” his kinsman in matters of love (Chaucer, *Canterbury Tales* 1136). Yet Arcite retorts that Palamon’s love is not genuine, because he loves Emily as a “goddesse” (Ibid. 1157), unlike him, who loves her “for paramour” – that is, as a woman, a carnal being (297). This accusation signifies that Palamon’s is an “affeccioun of hoolynesse,” whereas Arcite desires possession of a finite object (300). Contemplating her loveliness for the first time, Palamon prays to “Venus” (244), believing that the Goddess may have been “in this gardyn thus… transfigure[d]” (247), and only begs that she “of oure lynage have som compassioun,” rather than demanding physical possession of the object embodied by Venus. Arcite’s love, on the other hand, is “as to a creature,” founded in sexual desire – the

30 For Sigmund Freud, love could serve the purpose of curing the Narcissistic ego, as will be discussed in the fifth chapter.
manifestation of the Platonic notion of vulgar love (301). He longs to “have hir mercy and hir grace” (262), to possess Emily. The debate about which of the kinsmen is more deserving of the beloved alludes to the two types of love described in Plato’s doctrine, one of which is a worthy ideal and the other a form of illness. At the tale’s conclusion, it is Palamon who, having perceived Emily’s beauty as a fraction of the divine, is rewarded with the object of his love, whereas Arcite’s carnal longing is punished by death. The two knights are bid to participate in a deadly tournament to champion the hand of Emily. When, unable to bridle his passions upon his triumph, Arcite rides “on a courser” so that he may “shewe his face” (1819), Saturn punishes him, discharging the knight from the horse. Palamon’s rational, noble sublimation of passion thus triumphs, and his love is deemed deserving of its object.

As lovesickness was initiated by the gaze of the beloved, medieval and early modern physicians sought a direct path through which love affected the organism. Plato compared the lover to someone who has caught an “eye infection,” deeming the eyes the portal – “the natural route to the soul” – through which the “stream of beauty” could penetrate the body during the encounter (The Phaedrus 111). Medieval medical thinkers increasingly referred to lovesickness as an infection that has entered the body through the eyes and outlined this process during the late 13th and 14th centuries. Physicians conceived of a pseudo-physical, pseudo-spiritual substance that comprised the medium of such infection – that is, pneuma, translated as ”air,” “spirit,” or “breath.”

31 The pneuma, or spirits, received its most influential formulation from Stoic philosophy, which regarded it as the animating principle of the organism.32 The spirits

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31 Aristotle identified pneuma as “the vital principal of the organism, the source of the inner bodily heat and thus bound to the blood,” asserting that this substance “determines the physical and mental constitution of man.” (Aristotle, On the Parts of Animals bk. II, ch. 4, 651a12). For further use of this term, see Aristotle, On the Parts of Animals bk. III, ch. 3, 665a0: cf. bk. III, ch. 4, 666b0, “On Sleep and Sleeplessness” ch. 2, 456af.

32 The Stoics envisioned the organism as a single unit, in contrast to the dualist model of Plato, which conceived of the body as enclosing the immaterial soul (Harvey 5).
were composed of both material and immaterial elements – refined blood and air, respectively – which were combined in the heart. Their partly material and immaterial composition allowed unimpeded correspondence between corporeal and spiritual substances. The spirits were believed to receive and convey the images of material data, or “external bodies…, which cannot be imprinted directly on the soul” (Ficino, Commentary 4.3). As Ficino explained further, “The soul and the body, which are by nature very different from each other, are joined by means of the spirit, which is a certain very thin and clear vapor produced by the heat of the heart from the thinnest part of the blood” (Ibid. 4.6).

Lovesickness consequently came to be regarded as the product of spirits travelling from the eyes of the beloved to those of the lover: “The amatory infection comes into being easily and becomes the most serious disease of all” (7.5). Ficino described the infection process and its effects on the organism, claiming that the beloved’s spirits, consisting partly of her blood, travel from her heart through the lover’s eyes, leave an imprint in his mind, and trigger the fixation on her image. The lover’s eyes are the window through which the foreign blood contaminates his organism and generates illness:

…the poisoned dart pierces through the eyes, and since it is shot from the heart of the shooter, it seeks again the heart of the man being shot, as its proper home; it wounds the heart, but in the heart's hard back wall it is blunted and turns back into blood. This foreign blood, being somewhat foreign to the nature of the wounded man, infects his blood. The infected blood becomes sick (7.4).

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33 For a discussion of the conception of pneuma in medieval and early modern medical thought, see Wack, “From Mental Faculties to Magical Philters” 10; Wack, Lovesickness in the Middle Ages 49; Wells 26; Beecher and Ciavolella 79.

34 This etiology of lovesickness combined the Platonic conception of love by means of sight with the Aristotelian theory of images stripped of materiality by the mental faculties.

35 As Ficino expressed, “a ray which is sent out by the eyes draws with it a spiritual vapour, and that vapour draws with it blood” (Commentary 7.4). Robert Burton similarly inquired into the cause of suffering: “how and by what means beauty produceth this effect?” The answer he provided was, “By sight: the eye betrayes the soul, and is both active and passive in this business; it wounds and is wounded; is an especiall cause and instrument, both in the subject and in the object” (228).
Ficino further theorized that, as the body becomes infected with traces of the beloved’s blood, the foreign spirits are inclined to return to their source, which produces the lover’s yearning toward their original possessor: the “spiritual vapour and blood... always draws him toward the person by whom he has been infected” (7.5).\(^{36}\) This generates the desire to possess, or indeed to merge with, the object whose spirits plague the lover’s body.

The motions of the spirits further accounted for the lover’s suffering, which was caused not only by the infection but also by the dissipation of his own vital sources as he fixates on the beloved. Ficino described that the lover continually gazes at the loved object, and “there also fly the spirits,” leaving his body cold and dry (6.9). The dispersion of the lover’s spirits also affects the consistency of his blood, which grows thicker as the organism attempts to compensate for the depletion. This process was thought to generate further spiritual torment:

> …the thinner and clearer parts of the blood are used up every day in replacing the spirits. On that account, when the pure and clear blood is dissipated, there remains only the impure, thick, dry, and black. Hence the body dries out and grows squalid, and hence lovers become melancholies. For from dry, thick, and black blood is produced melancholy… (Ibid.).

In this way, the melancholy state characteristic of the lovesick patient received a humoral explanation, as Neoplatonic thinkers attributed psychological pain to the body’s composition.\(^{37}\)

The literary representation of lovesickness accurately represented the concurrent medical and philosophical paradigm, featuring numerous cases of the “amatory infection.” In the *Art of Love*, Ovid ascribes to the beloved’s eyes the power to fire a “flying dart” (l. 196) directed at an unsuspecting victim, causing the “deepest wounds [that] are oft receiv’d from eyes” (l. 193).

\(^{36}\) Ficino undoubtedly echoed Plato in this explanation of fixation. See Plato, *The Phaedrus* 111.

\(^{37}\) Plato also believed that the movement of what he called the “flood of passion” between the lover and the beloved could produce a physiological response: “setting...[the beloved] all aflutter, it moistens the passages of the feathers and causes the wings to grow...” (*The Phaedrus*, 111). The infection of the beloved with the lover’s spirits “in turn fills the soul of the beloved with” returned love (Ibid.).
Petrarchan poetry and pictorial representations since the Middle Ages were similarly rich in imagery of arrows – a symbol of the spirits – being fired from the beloved’s eyes. Writing a century earlier than Ficino, Chaucer likewise dramatized romantic infection by sight in “The Knight’s Tale.” When Palamon first “cast[s] his eye upon” Emily (Chaucer, Canterbury Tales 219), he instantly experiences a physiological response that is compared to a wound: “he bleynte, and cryede ‘A!’” (Ibid. 220). The young lover describes the sensation of having been pierced “thurgh-out myn ye” in the “herte” (238-9). Arcite undergoes a similar response to perceiving Emily for the first time. Her beauty physically “sleeth” him, almost as though she intentionally deploys the infecting spirits (260). Love’s “firy dart (706),” likened to a knife, “stiked thurgh [his] trewe careful herte” (707). Confessing his love to Emily, Arcite accuses her of being “the cause wherfore that I dye” and claims that she “sleen me with youre eyen” (709-10). The beloved is frequently depicted as both the source of the lover’s affliction and its cure. In accordance with the ideas elaborated in The Phaedrus, Arcite admits that he must continue to gaze at the beloved to maintain his well-being: “That I may seen hir atte leeste weye,/ I nam but deed, ther is namoore to seye” (263-4). Once Emily’s spirits penetrate the hearts of Arcite and Palamon, the lovers are compelled to contemplate her image, and they escape their prison in pursuit of her.

38 See Dawson 26-7.
39 Plato’s doctrine had entered the medieval literary and medical paradigm of lovesickness by means of the Viaticum by the time Chaucer featured it in his work.
40 In The Two Noble Kinsmen, Emily poignantly confirms that both victims – Palamon and Arcite – are suffering for “the misadventure” of having gazed at her (Shakespeare and Fletcher III. vi. 190). The inability to keep his eyes on the beloved is the equivalent of death for Arcite, while subsequent opportunities to gaze at her bring him back to life: “Her bright eyes breake each morning gainst thy window, /And let in life into thee” (Ibid. II. iii. 9-10).
41 Upon leaving his prison cell, Arcite believes that, unlike Palamon, he will no longer have the opportunity to gaze at Emily, and he has no recourse but "wanhope and distresse" (Chaucer Canterbury Tales 391). With the loss of Emily, he loses his "lif…, lust…, gladnesse!” (Ibid. 392).
Early modern literary works also adopted the notion that spirits are the medium of amatory infection and explored their role in the inception of affection. In the sonnet “The Lively sparks that issue from those eyes,” Sir Thomas Wyatt (1503-42) captures the medical dogma when describing the spirits that emit from the beloved’s eyes and pierce the lover’s heart: “The lively sparks that issue from those eyes/ Against the which ne vaileth no defence/ Have pressed mine heart” (1-3). John Donne (1572-1631), on the other hand, portrays the motion of the spirits between the eyes as a mutual interaction between lovers: “Our eye-beams twisted, and did thread/ Our eyes upon one double string” (“The Ecstasy” 7-8). In William Davenant’s play, The Platonick Lovers (1636), Buonateste elaborates in scientific detail on the idea that the lovers engage each other through the interaction of the spirits emanating from the eyes. He expresses, “how Amorists oppos'd in levell to/ Each others sight, unite and thridd their beames,/ Untill they make a mutuall string, on which/ Their spirits dance into each others braine,/ And so beginne short Journeys to the heart” (II. i). Shakespeare’s Romeo and Juliet, however, mocks the notion that the spirits overwhelm the reason and the will. Mercutio’s raillery of Romeo’s having been injured by Rosaline’s eyes demonstrates the play’s humorous treatment of the young man’s first love: “Alas poor Romeo! He is already dead; stabbed with a white wench's black eye…” (II. iv. 13). Adopting the medical ideology, Romeo explains Rosaline’s inability to love him as a resistance to “the encounter of assailing eyes” (Ibid. I. i. 213).

Whereas the Platonic theory served as the framework for the conception of lovesickness as a spiritual quest toward the divine displaced onto an earthly object and established its etiology as an infection produced by the gaze of beauty, the Aristotelian doctrine contributed to the view of lovesickness as a failure of mental processes. Aristotle’s theory suggested passionate love to be a distorted contemplation of beauty resulting from a corruption of cognition – the mechanism
by which external stimuli are transformed in the mind into comprehensible data. According to Aristotle, the intellectual process of illuminating, or making sense of, and organizing information entails stripping sensible objects of materiality until they are recognized as universals, because the soul is “the place of forms” (On the Soul 429a27). The process begins when the material object encountered is transformed into sensible species, or an image devoid of matter that travels between the world and the mind, and the object is perceived in this form by the external senses. Aristotle compared sense perception of species to the manner in which “wax receives the imprint of the signet ring apart from the iron or gold of which it is made...” (Ibid. 424a). As such, the image is subsequently directed to the internal senses, where its evaluation begins: the species is initially transmitted to the faculty Aristotle called the imagination or fantasy, the function of which is to store the image of an object no longer present, and subsequently, it is relayed to common sense, memory, and finally to cogitation. The product of such mental evaluation is a phantasm – a form that could be understood intellectually, having been further purified of matter and organized by the internal senses. The phantasm is potentially intelligible and becomes actualized when, provided the process is successful, it is directed to the part of the mind called the agent intellect. This mental faculty illuminates the phantasm by extracting any remaining materiality and transforms it into intelligible species – an image that could be received and recognized by the agent intellect as a universal, rather than a particular, object. The intelligible

42 I am greatly indebted to Giuseppe Gerbino, Professor of Historical Musicology at Columbia University, for a cogent explanation of this process in Aristotelian doctrine. For a discussion of the adoption of the terminology of species in the middle ages, see Wack, “From Mental Faculties to Magical Philters” 10.
44 Aristotle explained in De setisu et sensibilitibus that the “… imagination has no need for the external object in order to make it present. The imagination, therefore, does not deal with corporeal forms” (qtd. in Agamben 94-95).
45 The agent intellect, Aristotle wrote in On the Soul, "is separable, impassive and unmixed, since it is essentially an activity; for the agent is always superior to the patient, and the originating cause to the matter” (bk. III, ch. 5, 430a15). In Generation of Animals, he also explained that the agent intellect is of external sources and is immortal (bk. II, ch. 3, 736a28). For a further analysis of Aristotle’s conception of the agent intellect, see Beecher and Ciavolella 47.
species is then stored in memory – in the part of the mind called the passive intellect – which
retains the "image, related as a likeness to that of which it is an image " (Aristotle, On Memory
and Recollection 451a).

In accordance with Aristotelian theory, love is a product of this process. Its healthy
iteration arises when a beautiful object is first perceived by the external senses, the intellectual
process of cognition then occurs, and finally, it is recognized as a particular form of universal
beauty – a conclusion very similar to Plato’s notion of ideal love. The unhealthy iteration of love,
on the other hand, is a product of a malfunction in the cognition process. As suggested by
Aristotle and formally described by medieval thinkers, a failure in the cognition of the beautiful
generates lovesickness. This process begins when the beautiful object initially affects the sight,
received by the external senses as sensible species, where the pleasurable perception of its beauty
takes place: “the pleasure of the eye is the beginning of love. For no one loves if he has not first
been delighted by the form of the beloved…” (Aristotle, Nichomachean Ethics bk. IX, ch. 5,
1167a). The sensible species subsequently affects the imagination, and, upon being presented to
common sense, “it… involves appetite,” thus appearing desirable (Aristotle, On the Soul bk. III,
ch. 9, 433a 13-15). This image is extolled by the internal senses, which causes the pursuit of the
object.46 Rather than relaying the phantasm to the agent intellect to be identified as a universal,
the pleasure of sensation, being too potent, overcomes and derails the internal senses, which then
continually conjure and process the phantasm, resulting in its overestimation (Aristotle,
Nichomachean Ethics bk. X, ch. 4, 1174b).47 Derailing the intellectual process of evaluation, the

46 “This movement is always in something which is avoiding or pursuing an object” (Aristotle, On the Soul bk. III,
ch. 9, 432b 27-8).
47 Aristotle claimed that the phantasm “may be erroneous… especially when the object of perception is far off” (On
the Soul bk. III, ch. 3, 428b28-9).
phantasm displaces the conception of the universal good toward which all must strive and becomes the sole object of contemplation and pursuit.48

The pathological iteration of love was deemed by Aristotle, as all the passions, “an affection of [the] soul” (Aristotle, On the Soul bk. I, ch. 1, 403a25-b8). While initiated in the mind as a malfunction of cognition, lovesickness possessed a corresponding bodily experience. Aristotle maintained that the body and the soul, along with its passions, were inherently interconnected:

…there seems to be no case in which the soul can act or be acted upon without involving the body; e.g. anger, courage, appetite, and sensation generally. It seems that all the affections of soul involve a body—passion, gentleness, fear, pity, courage, joy, loving, and hating; in all these there is a concurrent affection of the body…the soul is inseparable from its body (Ibid. Bk I, ch 1, 403a1).

Like Plato, Aristotle identified three souls: the rational, which was localized in the brain, the vegetative, localized in the liver, and the sensitive – the site of the passions – localized in the heart (Ibid. bk II, ch 4, 415b-32b).49 For Aristotle, once the internal senses presented the object as desirable, an appetite for the object was born, which was located not in the rational mind but in the sensitive faculty of the soul, experienced as “a boiling of the blood… surrounding the heart” (Ibid. bk. I, ch. 1, 403a25-b8).50 A fragment of the Aristotelian treatise Eroticos,51 preserved by Abu T 'All ben Muhammed al-Daimali's Al ma'tuf (11th century), added that the heat subsequently spreads to the entire organism through pneuma.52 In other words, what begins

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48 For a more detailed account of Aristotle’s ideas about the process by which love is generated by a failure of the intellect, see Beecher and Ciavolella 47; Gerbino 27-9; Achtenberg 159–78.
49 See Aristotle, On the Soul 406b, 414b; 403a, 408b, 432b.
50 Desire is not a part of the intellect but rather, “desire, passion, and wish are the species” of appetite (Aristotle, On the Soul, bk. II, ch. 3, 414a29-b6). Desire could consequently obscure reason and compel it to pursue an earthly, ephemeral object (See Beecher and Ciavolella 47).
51 The original Arabic text could be found in Walzer 42-43.
52 See Aristotle, On the Parts of Animals bk. III, ch. 3, 665a l0: cf. bk. III, ch. 4, 666bl0. Medieval and early modern physicians applied the Aristotelian notion of the dispersion of hot spirits throughout the body as the explanation of the fever commonly ascribed to lovesickness. As the physician Arnaldus of Villanova (1235-1311) expressed,
as a psychological experience of gazing at an object of beauty ultimately results in physiological alterations.

The Hippocratic, Platonic, and Aristotelian theories converged and coalesced in the medieval and early modern medical discourse, generating a paradigm of lovesickness that served as the foundation for future discourse on disappointed love. As exhibited by Constantine’s *Viaticum*, lovesickness was an affliction that possessed a humoral component, yet it was also characterized by a mental fixation on an image generated by malfunctioning mental faculties and was born of the impetus to strive for the “good.” Medieval and early modern physicians focused their attention on tracing the localization of the malfunction associated with lovesickness. Adopting the Aristotelian notion that faculties of the soul are localized in the various parts of the body, medieval physicians postulated that lovesickness is produced by a disorder of the organ associated with the accompanying faculty and could also affect the functioning of that organ.

In view of the fixation plaguing the lovesick patient, such physicians as Avicenna and Constantine followed the Hippocratic model by situating the malfunction in the brain. On the other hand, those who regarded lovesickness as an overwhelming passion localized it in the sensitive soul in the heart – a notion that had an enduring presence in literary representations of love. Shakespeare’s *Romeo and Juliet* features Friar Lawrence’s discussion of the heart as the locus of love. Learning of Romeo’s passing affection for Rosaline, the Friar argues that when love is situated in the eyes, it is fleeting, suggesting that such affection is solely based on the object’s external appearance. Yet he identifies true love as that which is localized in the heart:

“When something pleasing or enjoyable is presented to the soul, the joy coming from the apprehended pleasure multiplies the spirits in the heart. Suddenly they heat up, and this heat . . . causes the spirits to be spread to all the members of the body” (qtd. in Wack 80-1).

53 Such thinkers included the 13th century physician Giles in his gloss on the *Viaticum*, the 15th century English writer Thomas Wright, and Nicolas Coeffeteau (1574-1623), a French theologian, poet and historian.
“So soon forsaken? young men's love then lies/ Not truly in their hearts, but in their eyes” (I. iii. 67-8). Situating the irrational, vegetative portion of the mortal soul in the lower abdomen, physicians who regarded lovesickness as an illness of excessive sensuality, on the other hand, regarded the disorder to be in the liver – the seat of concupiscence. Jacques Ferrand contended that the localization of “erotic melancholy” begins in “the liver,” from where “blackish vapors rise… to the brain” and “corrupt” its faculties (236). His contemporary Andre du Laurens (1558-1609), however, believed that the infection takes root in the eyes and then “maketh a way for it selfe smoothly to glaunce along through the conducting guides … unto the liver" (Discourse of the Preservation of Sight, 118).

Several medical thinkers, regarding lovesickness to be a disturbance of the brain, determined to uncover the particular site of the impairment. They insisted that the mind’s attempt to renew the sensual pleasure of conjuring the beloved’s image derails one of the faculties of the brain, which then misjudges and exaggerates this image. According to the medieval model of the brain’s anatomy, the organ was split into three sections, referred to as ventricles, each of which was responsible for a distinct cognitive function. The general consensus of the medical community was that the first ventricle, located in the front third of the brain, contained both common sense and fantasy, which received the images of sensory data and stored them when the objects were not present, respectively. The middle ventricle of the brain, which Constantine identified as the rational intellect, was believed to contain the imaginative faculty, the function of

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54 On the other hand, in Fletcher’s and Shakespeare’s The Two Noble Kinsmen, the lovesick Jailer’s Daughter identifies her liver as the organ damaged by love: “we maids that have our Lyvers perish'd, crakt to peeces with/ Love, we shall come there, and doe nothing all day long but picke/ flowers with Proserpine” (IV. iii. 20-3).
55 For an in-depth discussion of the localization of lovesickness in medieval and early modern medical treatises, see Wack 31, 79, 94-7, 186-87; Jackson 354; Hunter 177; Mckenzie 56.
56 See Wack 56-7; Beecher and Ciavolella 78-9. The ventricles were believed to be organized by the order of complexity. The foremost part of the brain dealt with simple tasks, while the functions of the middle and the back of the brain were increasingly more intricate.
which was to organize the data it received from the first ventricle, and the estimative faculty, which judged the value of the images, discerning whether something ought to be coveted or avoided. The posterior portion of the brain was believed to contain the faculty responsible for bodily motion as well as memory, which preserved the images it received.

Adopting Aristotle’s conception of lovesickness as a failure of the internal senses to maintain an accurate image of the beloved, a majority of medieval physicians determined that the malfunction must be localized to either the imaginative or the estimative faculty. In his gloss on the *Viaticum*, Gerard of Berry regarded the estimative faculty as the site of the disorder that produced lovesickness. He explained that when a “highly acceptable and pleasing [image] strikes the mind,” the pleasure causes the estimative faculty to be “induced by sensed *intentiones* to apprehend insensible accidents that may perhaps not be real” (Gerard of Berry, *Notule super Viaticum*, qtd. in Beecher and Ciavolella 71). That is, when evaluating a highly pleasing sensory image, the estimative faculty may be deceived and may assume that outer beauty is indicative of inner beauty. The pleasure of sensation may also cause the estimative faculty to suppress any information that undermines the beauty and goodness of the beloved. If the lover “should encounter sensations that are not desirable[,] they are hidden from the obsessive concentration of the mind” (Ibid.). Any negative impressions remain concealed, suggesting that the phantasm is abstracted from the original form perceived by the external senses, which produces an overvaluation of the object, or as Ficino described, a conviction that the beloved is “more beautiful than he [truly] is” (*Commentary* 6.6) – a delusion typical of lovesickness.

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57 See Beecher and Ciavolella 78-9; Wack 91. Certain physicians split the function of the imagination between two faculties of the brain. Avicenna’s model localized the "imaginatio" in the first ventricle, which he believed solely receives images from common sense, while the faculty referred to as "cogitation" was located in the middle ventricle, and it synthesizes and organizes these images (Wells 36).

58 Such a misapprehension of the object caused lovers, as explained by Gerard of Berry, to “believe some women to be better and more desirable than all others” (Gerard of Berry, *Notule super Viaticum*, qtd. in Beecher and Ciavolella 71).
The imaginative faculty was also deemed to be culpable in the development of lovesickness. Seeking an explanation of the defect in the cognition process, physicians argued that, when the estimative faculty malfunctions and diligently labors to recreate the pleasure of sensation, it draws heat and spirits from the nearest ventricle – the site of the imagination. Gerard of Berry and Arnaldus of Villanova (1240-1311) insisted that the imaginative faculty grows dry and cold with the loss of the spirits it supplies to its neighbor, which produces an increase of the melancholy humor that spreads through the brain and rivets the phantasm there, forcing all attention to its contemplation.\footnote{See Wack 57.} Offering an alternative etiology of the lover’s delusion about the beloved’s value, the medieval French physician Bernard of Gordon (1258-1320) argued that the disorder in the imaginative faculty, in consequence of its “fixation,” causes an “impairment of the estimative faculty” (qtd. in Heffernan 83-4). The lover’s mind is “so full of her figure, face, and manner,” that he becomes “convinced that she is better…” (Ibid.) In other words, the process of fixation on the beloved alters her image in the mind, which generates the delusion about her qualities. Robert Burton argued that, when the imagination is corrupted, other vices ensue, claiming that the faculty prefers “falsehood” over truth, “deluding the Soul with false shewes and suppositions” (251). Considering this preference for falsity, the imaginative faculty conjures inaccurate information that paints the phantasm as superior to its real-life model.\footnote{For an in-depth discussion of the medieval and early modern view of the role of the imaginative faculty in lovesickness, see Wack 52-6.}

The tendency to regard lovesickness as a malfunction of the imagination accounted for its association with the illness of melancholia, as medical treatises characterized patients of melancholia by their overactive imagination and deeply impressionable mind. The melancholic was believed to possess a superior ability to visualize the world. In the words of Burton, the
ailment “improves [the patient’s] meditations,” yet his imagination is also more “apprehensive, intent, and violent,” prone to delusions or fixations (249). Having gripped an idea, the melancholic is unable to disrupt its grip on his mind (Ibid. 391). Burton further explained that the melancholy imagination keeps “the species of objects so long” that the subject amplifies the qualities of the image “by continuall and strong meditation” (250). Possessing such a powerful imaginative capacity, the melancholy temperament was regarded to be more “prone to love” than others (392). That is, the melancholic subject’s mental faculties were ever awaiting provocation. This signified that, whereas the estimative faculty could be mistaken in its judgment of the phantasm, the imaginative faculty’s failure may result from its tendency to fixate on phantasms and invent their qualities.

The lovesick disorder was also attributed to the faculties of fantasy and memory. The medieval Italian physician Bona Fortuna (14th century) insisted that the malfunction that produces lovesickness occurs early in the cognition process when the beautiful object affects fantasy, which then perturbs reason. This conclusion was guided by a reading of Aristotle’s *On the Soul*, which argued that, when the faculty of fantasy is moved by the phantasm, the object appears to the reason to be highly desirable (bk. III, ch. 9-11, 433a-34a).61 Jacques Ferrand, however, argued that memory is “the seat of love” and is responsible for the rumination on the object, “for in the memory is lodged the image and imprint of the cherished object. So it is that lovers above all else enjoy reflecting upon their memories of the beloved” (257). While they failed to reach consensus, medieval and early modern physicians eagerly sought the site of the dysfunction that was responsible for lovesickness.

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61 See Wack 133-4.
Owing to the cold and arid condition of the mental faculties that occurred upon the failure of cognition, the lover not only overvalued the object but also succumbed to an obsessive and consuming state, to which Ficino referred as “assidua cogitation[ne]” (Commentary 6.9). The patient was unable to forget and to properly store the memory of the beloved as an exemplar of a universal form, and he thus became ever fixated on the remembrances of things past, troubled afresh eternally, “as if it were new done” (Burton 388). The mental fixation was regarded as both the effect of the distorted cognition of the beloved’s image and also the cause of further illness. As Ficino explained, fixation “brings on a nature similar to black bile…,” disturbing the humoral balance (Three Books of Life 115). This mental process accounted for the typical distraction that characterized the lovesick patient. Bernard of Gordon observed that, in his effort to recreate the mental experience of gazing at the beautiful object, the lover ruminates on the image, which distracts the mind from all practical matter: “On account of a fixation on a figure and face” of the phantasm, the lover “neglects everything that he is doing...” (qtd. in Heffernan 83-4). Such mental activity prevented proper nutrition from taking place, and the lover’s health was ever waning. Ficino explained that, as the attention of the organism is unremittingly directed to the imagination, “…the food in the stomach is not digested perfectly” (Commentary 6.9). Burton offered an alternative explanation of the role of fixation in the lover’s deteriorating heath, arguing that the spirits are drawn from the rest of the body to the brain where they aid in the contemplation, preventing the stomach and liver from effectively “exhale[ing]…superfluous vapours,” including black bile, which produces further melancholy (303-4).

Medieval and early-modern literary texts not only accurately represented the medical profile of the lovesick patient but also investigated the phenomenon of obsessive fixation, depicting the lover’s tendency to repeatedly revive the encounter with the beloved as well as the
painful memory of her loss. This psychical process is examined in Chaucer’s poetic depiction of lovesickness, *Troilus and Criseyde*. Its portrayal of the malady begins when prince Troilus is roused from his customary composure by the misfortune of perceiving Criseyde, the daughter of Calchas, who has abandoned Troy in favor of the Greek encampment during the Trojan War. Upon gazing at Criseyde for the first time, Troilus is instantly infected by love. Prior to this encounter, the prince has been unharmed by Cupid’s arrows and has mocked his fellow knights when they “Gan forto syke or lete [their] eighen baien / On any womman” (Chaucer, *Troilus and Criseyde* I. 192-3), presuming that such passions could be suppressed if one possesses the will. Troilus’ scorn for Eros is not borne for long. “The god of loue gan loken rowe/ right for despit” (Ibid. I. 206-7), taking revenge on his young assailant. “As proude a pekok kan he pulle,” Cupid deprives the knight of the ability to “his herte stere” (I. 210, 228). The young man’s temperature consequently rises, his humors burn, as he becomes a “subgit vnto loue” (I. 231). Having first “thorugh-shoten and thorugh-darted,” the image of the beautiful Criseyde is riveted in his mind, which is then transformed into a “mirour” that retains her likeness (I. 325, 365). Once Criseyde leaves Troy for the Greek encampment, her image continually appears to Troilus’ affected imagination. The lovesick prince endures the pain of recalling her loss and conjures the phantasm as a temporary means of possessing the lost object (V. 451-455). Shakespeare’s *Romeo and Juliet* similarly portrays the lover’s tendency to fixate on the beloved image, which distracts him from all practical consideration. When he falls in love with Rosaline, Cupid’s

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62 Chaucer also contributed to the discussion of the localization of lovesickness in “The Knight’s Tale.” Arcite’s suffering is “Nat oonly lik the loveris maladye/ Of Hereos, but rather lyk manye/ Engendred of humour malencolik/ Biforen in his celle fantastik” (515-8).

63 Troilus attempts to alleviate his illness by seeking pardon from Eros, whom he has naively and irreverently mocked for years. He promises to abstain from derision provided that the God of love forgive his indiscretions and mitigate his illness (Chaucer, *Troilus and Criseyde* I. 936-8). Troilus begs the God for pity: “mea culpa, lord, I me repente” (Ibid. II. 525).

64 Pandarus deems Troilus’ obsessive fixation on the image of Criseyde, as well as his jealousy, to be responsible for the prince’s prophetic vision of her betrayal (V. 373-4).
“shaft” “empierce[s]” Romeo and “stakes [him] to the ground” (I. iv. 19, 15-6). The young lover loses himself in contemplation of the beloved, fixating on the being who is “the devout religion of [his] eye” (I. ii. 197, 88).

Medical thinkers believed that the rumination on the phantasm further derailed the mental faculties. Continually conjuring the image of the beloved, the patient could begin to hallucinate her likeness. Burton wrote about such deceptions of the mind and explained that the imagination of the lovesick patient becomes overactive and conjures the object of contemplation when she is not physically present (252). He cited a case of a patient who, “through vehemency of his love passion, still thought he saw his mistris present with him,” hallucinating her voice and embrace (156). The lover’s tendency to fantasize the object of affection was frequently explored in fictional accounts. In John Fletcher’s play *The Mad Lover*, among the numerous lovesick characters, Memnon envisions his beloved Calis even when she is no longer present before him, his mind conjuring the image on which he dotes. In Fletcher and Middleton’s *The Nice Valour*, the Duke’s kinsman, a man prone to afflictions of the imagination, not only fantasizes about the beloved but even hallucinates her image.65 Hamlet’s vision of his father’s ghost in Shakespeare’s play may be similarly explained by a hallucination of the phantasm caused by fixation. This theory is corroborated by Gertude’s claim that the apparition is “the very coinage of your [Hamlet’s] brain” (Shakespeare, *Hamlet* III. iv. 137).

Not only could the mind of the lovesick patient conjure the absent beloved, but the additional implication of the Aristotelian theory is that the beloved is invented entirely. During

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65 “Look who comes here, sir; his love-fit's upon him: I know it by that set smile and those congies, How courteous he's to nothing, which indeed Is the next kin to woman; only shadow['s] The elder sister of the twain, because 'tis seen too, See how it kisses the forefinger still” (Fletcher and Middleton, *The Nice Valor* I. i. 184-89).
the process of cognition, the image encountered is stripped of all that is earthly and material as it
is illuminated by the mind, abstracted from the original form in which it is perceived by the
external senses. The phantasm is further exaggerated and altered when the pleasure of sensation
derails the mental faculties. In his treatise *The Dialogues of Love*, the Portuguese physician
Leon Ebreo (1464-1530) explained that the beauty of the loved object is idealized and even
fabricated by the lovesick mind. He argued that “a certain love is born” not for the person
initially encountered but for “this imagined thing [the phantasm]” (Ebreo 33). Such love lacks
a “real” object, because the beloved exists as a function of the imagination (Ibid.). Describing the
lover’s imaginative proclivity, Burton agreed that he tends “to melancholize,” to take
“incomparable delight” in developing phantasms, in “build[ing] castles in the ayre” (283). Burton
further illustrated the phantasmal nature of the loved object by citing a case of a young
man who was ill of love for “a wench with one eye” (156). The lovesick youth was sent away so
that he may forget the beloved. Upon his return, the lover discovered that the young lady had lost
her eye and inquired about the accident. In response, the lady explained, “no…I have lost none,
but you have found yours (Ibid.).” As this case suggests, the object of desire is imagined, and
such love is thus inherently impossible to satisfy.

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66 See Beecher and Ciavolella 47-8.
67 In this way, Ebreo prefigured the theory of desire formulated by Jacques Lacan, who argued that all desire is for
something beyond the present object. For an illuminating comparison between the Lacanian conception of desire
and the medical and philosophical paradigm of lovesickness, see Wells 56.
68 Such patients were believed to transform the banality of existence into a more desirable form, and upon doing so,
the patients were seduced by their “phantastical and bewitching thoughts” (Burton 243). The result of this seduction
was that the fantasy began to “possesse, overcome” the subject, and he was carried along, unable to focus on
“ordinary taskes and necessary businesse” (Ibid. 243).
69 In Shakespeare’s *The Midsummer Night’s Dream*, Puck similarly applies a love potion that generates an
“imperfection of her [the victim’s] eyes,” and she believes the beloved, whose head has been transformed into that
of a donkey, to be flawless (*The Midsummer Night’s Dream* I. iv. 63).
70 In Plato’s *The Symposium*, possession of the object is significantly not the goal of Eros, which signifies that such
desire is not meant to be satisfied.
The lover’s tendency to be seduced by an object of his own creation was also foregrounded in the literary works of the lovesickness tradition. In Chaucer’s *Troilus and Criseyde*, Troilus is so consumed by thoughts of the desired object – “thought ay on hire so with-outen lette” – that he nearly hallucinates her: “his spirit mette/ That he hire saw” (*Troilus and Criseyde* I, 361-3). The lovesick prince not only overvalues Criseyde but indeed invents her qualities. The text emphasizes the disparity between the object encountered and the one the lover imagines. Troilus falls in love with Criseyde not upon learning of her virtues but only upon learning of her superficial merits. The vision of the beloved appears ever superior to the flesh and blood woman that he pursues: “His herte, which that is his brestes eye,/ Was ay on hire, that fairer was to sene/ Than euere were Eleyne or Polixene” (Ibid. I, 298, 453-5). Troilus ruminates on “Hire wordes alle, and euery countenaunce,” which have been “fermely impressen in his mynde,” and for this image, his “lust to brede” grows “more than erst…” (III, 1542-7). Even once he learns that Criseyde has betrayed him, Troilus continues to overestimate and love the image riveted in his mind: “I ne kan nor may,/ ffor al this world, with-inne myn herte fynde/ To vnlouen yow a quarter of a day” (V. 1696-8). His love endures because the true object of his fervent love remains unchanged in his imagination. The text thus illustrates that the object of lovesickness is an image, a shadow – forged and distorted by the internal senses – displacing the person encountered, who is a mere pretense for the development of the phantasm and the fruitless quest to possess it.

In Shakespeare’s and Fletcher’s *The Two Noble Kinsmen* – a rendition of the story the Knight tells in Chaucer’s *The Canterbury Tales* – the Jailer’s Daughter, whose addition to the story offers an account of a woman’s experience of lovesickness, undergoes an experience of lovesickness that is similar to Troilus. She fixates on Palamon, repeats his name variously
throughout her incoherent discourse (“my heart was Palamon” (Shakespeare and Fletcher II. iv. 17)), visualizes him relentlessly, and ruminates on her participation in his escape from prison in hopes that “he shall love” her (II. v. 10). Her lovesickness begins with an encounter with beauty. Upon merely “seeing” Palamon’s external qualities, the lovesick heroine instantly imagines him to be the ideal gentleman, “a goodly man” (II. iv. 8). She believes that she is unworthy of his merits, that she is “base” in comparison (II. iv. 2). The play uncovers her overvaluation. The Jailer’s Daughter acknowledges that Palamon has expressed little gratitude in response to her assistance in his escape: “he has not thank’d me/ For what I have done: no not so much as kisst me” (II. vi. 21-2). She even wonders why she “should… love this Gentleman,” considering that “to marry him is hopelesse” (II. iv. 1, 4). The young girl’s enduring love and idealistic view of Palamon are inconsistent with his neglect, yet she continues to fixate and to long for the source of pain.

_The Two Noble Kinsmen_ further demonstrates that the beloved is but a model for the object of contemplation and thus unnecessary for the development of love. The Doctor who is engaged to treat the Jailer’s Daughter’s illness determines that he must deceive her mental faculties by persuading the young lady that her Wooer – appearing before her in disguise – is actually her beloved Palamon. His rationale indicates that the loved object, whom her “mind beats upon,” is but the effect of the “pranks and friskins of her madness” (Shakespeare and Fletcher III. iv. 128-30). The Doctor expects that her consistent fixation on the phantasm of Palamon that she has created ensures the success of his trick. When the young man enters her chamber in the guise of the beloved, the Jailer’s Daughter easily accepts the deception, envisioning Palamon’s image in the face of an imposter. The effectiveness of the Doctor’s remedy corroborates the notion that the true object of her love is not Palamon but the phantasm
that her mind has created and conjured, sustaining her love despite his indifference. In this way,
Moving beyond dramatizing a medically accurate account of lovesickness, literary works gave
form to the nuances of the lover’s mind and explored the psychical tendencies to which medical
and philosophical texts alluded.  

As has been demonstrated, the ancient medical and philosophical roots of lovesickness
provided future medical theorists with a variety of potential etiologies. Medieval and early
modern physicians conceived of the amorous affliction as a disorder caused by a humoral
imbalance, as an infection produced by foreign spirits emitted from a “wench's black eye”
(Shakespeare, Romeo and Juliet, II. iv. 13), or as a dysfunction of one of the mental faculties.

Yet, upon the publication of the Viaticum, the socio-medical code also regarded the lover’s
mality as a prestigious malady. Constantine’s treatise and its commentaries referred to
lovesickness by the term amor hereos, which suggested love to be an illness to which the noble,
the heroic succumbed – a notion widely supported by medieval romantic culture. The
emergence of the conception of lovesickness as a heroic disease was aided by the influence of
the Aristotelian “Problem XXX,” which associated melancholia and lovesickness with

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71 This psychological profile of the lover in the literary and medical lovesickness tradition anticipated future
scientific discourse on pathological love and the phantasmal nature of the loved object. Within the psychoanalytic
framework, the etiology of such idealization would undoubtedly differ from that described in medieval and early
modern medical theory. As Freud described, overestimation is the natural response to investing the sexual ideal with
the libido that has been directed away from the subject’s ego during the process of ego-development. He conceived
of overestimation of the beloved as a necessary step in reclaiming the self-regard. The psychoanalytic explanation of
the idealization of the beloved, indeed, of the phantasmal nature of the object of love, will be discussed in greater
detail in Chapter V.

72 Explanations of the source of this notion vary. Beecher and Ciavolella claim that Constantine translated Ibn
Eddjezzar's term 'ishk – excessive love – as hereos, and this choice developed a conception of the ailment as noble
and heroic (67). Both Wack and Duffin, on the other hand, maintain that Constantine’s student Johannes Afflaci incorporated both the Arabic version in Ibn Al-Jazzar’s chapter on 'ishk and the Viaticum to construct a second
edition of the text on lovesickness, entitled Liber de heros morbo (Wack 46; Duffin 52). While Constantine used the
words eriosis and eriosos to designate lovesick patients, Afflaci replaced the terms with heroicus, signifying
"belonging to a hero" as well as "belonging to a lord or nobleman" (Wack 46). Afflaci also concluded this edition
with the title: "Finit liber heroice passionis" [Here ends the book of the disease heros] (Wack 46). Duffin further
explains that the alternative name amore heroico was later employed by Arnaldus of Villanova in his title to the
treatise Tractatus de amore heroico (ca. 1280) (52).
mythological heroes, elevating such afflictions to the status of “Heracles,… Ajax and Bellerophon” (Aristotle, “Problem XXX” 953a21).\textsuperscript{73} Aristotle determined that eminent artists and philosophers also frequently succumb to “melancholies, … affected by diseases caused by black bile” (Ibid. 953a20). The association between melancholy love and internal virtues was also a product of Aristotle’s identification of the atrabilious temperament, which was subsequently regarded as most prone to succumbing to lovesickness, as inherently more clever and “in many respects superior to others in mental accomplishments, the arts, as well as in public life” (954b3-4).\textsuperscript{74} The patient of amor heroes consequently attained the status of a distinguished individual, a melancholy poet-philosopher, a person of superior intelligence as well as potential for lofty introspection and artistic insight.

The literary texts of the lovesickness tradition also explored the implication of the cultural conception of lovesickness as lofty suffering, directing their attention to characters who will to be lovesick. Paying no heed to his friends’ raillery of his perennial role as a lover, Shakespeare’s Romeo nourishes his exalted condition. Friar Lawrence even observes that the young man’s self-torment has reached an unrestrained, extravagant fervor and reprimands Romeo for “doting” on his affliction, for nurturing the pain (Shakespeare, Romeo and Juliet II. iii. 82). The play he inhabits mocks the perpetual lover for his longing to inscribe himself into the lovesickness tradition. Romeo seeks desire, seeks a love that is unrequited or forbidden, finding one unattainable object after another. His love for both Rosaline and Juliet is founded on ephemeral, if not imagined, data. As the chorus justly observes, the melancholy youth is

\textsuperscript{73} The view of the lover as a hero was also influenced by the notion that the beloved is an obtainable good, as portrayed by Haly Abbas and other Arabic physicians who likened the lover’s ailment to a heroic quest (Beecher and Ciavolella 65). For Arnaldus, on the other hand, the explanation of the lover’s heroism was that love possesses the ability to subjugate the soul, “ruling the heart of man, or because the acts of such lovers toward the desired object are like the acts of subordinates toward their own lords” (Wack 151).

\textsuperscript{74} Aristotle explained that the melancholy temperament is erotic, as over-indulgence in intercourse could cause the body to “become cooled” and generate melancholia (“Problem XXX” 955a21-2).
enchanted by mere external merits, “bewitched by the charm of looks” (Ibid. II. prologue. 6). As Romeo persistently covets an object to desire, an object for whom to suffer, he is mocked by his friends, rightly identifying him as “madman! passion! lover!” (II. i.7). Longing to mentally ascend toward the unattainable, to indulge in contemplation and introspection, Romeo’s mental faculties are ever ready to forge a phantasm for whom he may yearn and burn. The text depicts the lover to be the architect of his own desire, eager to displace one love object for another, to construct his torment.

…

By providing a foundation for the etiology of lovesickness as a humoral imbalance, of an infection, or a malfunction of the mental faculties, the ancient medical and philosophical texts imparted to the future literary works about disappointed love abundant psychological phenomena to explore.75 The fictional works of the lovesickness tradition not only accurately represented the details of the affliction that were elaborated in medical treatises, but they contributed to the exploration of the lover’s internal condition, uncovering the psychological implications of the medical and philosophical theories. They focused on such psychopathologies as the tendency to confound the beloved with the “good” toward which he must strive, as well as the investment of the beloved with qualities that she lacks, and even the invention of the beloved’s qualities entirely. The subsequent chapter continues the discussion of the medical paradigm of lovesickness from antiquity through the early modern period, proceeding to the medical accounts of diagnostic methods, the range of physiological and psychological symptoms, the commonly prescribed treatments, as well as the literary exploration of the lovesick psyche.

75 See Sobol 8.
Chapter II
Physicians and their Tools: Diagnosis, Symptoms, and Treatments

Within the framework of medieval male aristocratic culture, lovesickness was regarded as an ennobling disease, yet in Chaucer’s Troilus and Criseyde, the lovesick hero takes great pains to conceal his love not only from its object but even from his closest confidant, Pandarus. Observing his miserable friend, Pandarus urges Troilus to disclose the wound. Yet the prince is concerned that the discovery would emasculate him. Prior to being stricken with love, Troilus has regularly mocked his male companions when they “Gan forto syke or lete [their] eighen baien / On any womman” (Chaucer, Troilus and Criseyde I. 192-3). He has taunted them for yielding their will to love, for losing their self-possession, and for exhibiting immoderate passions. Once Troilus recognizes that he cannot suppress his own feelings, he fears to be a subject of similar mockery and feigns a purely physical illness to conceal its true psychic cause, “lest men of hym wende/ That the hote fire of loue hym brende” (Ibid. I. 489-90).

Social pressures frequently rendered the lovesick patient reluctant to name the source of his ailment, while a proper diagnosis was essential for determining a course of treatment. Pandarus, assuming the role of a physician, articulates the concurrent medical opinion when he insists that Troilus assist in his own recovery: “ffor who-so list haue helyng of his leche,/ To hym byhoueth first vnwre his wownde” (I. 857-8). Yet the prince is not interested in helping “his leche” and remains silent while pining away and longing for death. For this reason, Pandarus

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76 In medieval culture, the attainment of the beloved was believed to spiritually perfect the lover (Wack 151).
77 To prove to the reticent Troilus that love bears no shame, Pandarus recalls the lovesick Phoebus, the “first fond art of medicine,” who possesses knowledge of treatments for all illnesses (Chaucer, Troilus and Criseyde I. 659). Yet even the powerful God, argues Pandarus, has no remedy for love: “al his craft ne koude his sorwes bete” (Ibid. I. 665).
78 Such reticence appears inconsistent with the high regard toward victims of amor hereos. The heroism of the lovesick subject was rendered problematic because the affliction placed the male lover in a position of servitude to a woman, which reversed the gender hierarchy and debased, if not effeminized, him (Wells 23).
attempts to diagnose his friend’s spiritual affliction by reading such physical symptoms as groans, emaciation, and tears (I. 550, 553, 556). Troilus’ bodily signs serve as indicators for his internal motions. In accordance with the diagnostic practices of medical practitioners, Pandarus acts on the belief that the body betrays the subject’s desire when a verbal confession is undesirable. Yet he proves to be an uninitiated reader of the lover’s body, erroneously identifying the prince’s symptoms as signs of fear or remorse before Troilus confesses that love is the true source of his malady (I. 554, 575).

For medieval physicians, a trusted methodology of diagnosing a reticent patient’s lovesickness was to measure his pulse – a technique that could be traced to the Alexandrian medical doctor Erasistratus (end of the 4th century BC). Plutarch’s *Parallel Lives* provided an account of Erasistratus’ medical case that took place when the doctor was summoned by King Seleucus of Assyria to treat his young son, hopelessly plagued by an unknown ailment. Unable to draw sufficient information from Prince Antiochus about the cause of his illness, Erasistratus decided to perform an experiment: numerous women were asked to pass before Antiochus while the doctor measured the patient’s pulse. Everything remained unchanged until the appearance of Antiochus’ young step-mother Stratonice, which instantly raised the prince’s pulse rate. The beautiful Stratonice’s presence also incited other measurable symptoms in her despondent step-son:

> His words and speech did faile him, his colour became red, his eyes still rowled to and fro, and then a sodaine swet would take him… and in the end,… he became like a man in an extasie and traunse, and white as a kearcher (Plutarch 413).

This somatic betrayal, consisting of alterations in skin color, sweat, general disorientation, even delirium, in addition to the altered pulse rate, signaled to Erasistratus that the prince was suffering from lovesickness for his step-mother. Plutarch even cited a literary precedent to
corroborate the physician’s diagnosis, comparing this list of symptoms to those “which Sappho
d Buffyeth to be in lovers” (Ibid.). In full confidence that a union with the beloved would cure his
patient, Erasistratus demanded a promise from King Seleucus to fulfill any requirement for the
prince’s recovery, deceiving the King into giving his wife away in marriage to his son. As
predicted, the union with Stratonice cured Antiochus, and they lived healthily ever after, so to
speak. This literary paradigm, including treatment for illness caused by love, along with the
diagnostic method of measuring the patient’s pulse, entered the medical and literary lovesickness
tradition, where it found a lasting influence.

Erasistratus’ method of diagnosing the psychic source of the affliction through its somatic
manifestations exemplified the medical conception that extreme passions could generate physical
illness and, in a more general sense, that the body and the soul were intertwined.79 This belief
was shared by Galen, as the notion that “the faculties of the soul correspond to the humoral
composition of the body” became the foundational principle of his medical practice (On the
Affected Parts 93).80 For Galen, the soul and its transports were affected by the qualities of
warmth, cold, dryness, and moisture, and the passions were consequently accompanied by
somatic indicators, such as heart palpitations or an erratic pulse rate (Ibid. 89). Intense feeling
could also produce illness because, as Galen maintained, “the body tends to be affected by
mental conditions” (On Prognosis 105). For this reason, the patient’s pulse rate became the
accepted sign by which one could recognize the presence of powerful emotions, including hidden
love.81

79 See Sobol 24.
80 As Wack explains, Galen conceived of the passions as one of the six "nonnaturals" (along with air, diet, repletion
and evacuation, sleeping and waking, and exercise), which determined the condition and health of the organism
(41). For a more detailed discussion on Galen’s theory of the “nonnaturals,” see Siraisi 101; Maclean 251-53.
81 Galen referred to overpowering passions as “diseases of the soul” (Galen, On the Passions and Errors of the Soul
53). Love could arise from one of our “irrational powers” – that is, “the concupiscible,” which disregarded judgment
Plutarch’s account of Erasistratus’ medical case caught Galen’s attention, and he alluded to the *pulsus amatorius* in his own treatise *On Prognosis*, wherein he claimed to have similarly diagnosed a lover’s malady. In Galen’s case, the female patient was suffering from sleeplessness and, like Antiochus, refused to identify the cause of her ailment. Galen postulated that her illness could be attributed to two possible sources: “a depression caused by black bile” – a strictly physiological imbalance – “or from some worry she was unwilling to confess” (Ibid. 10-3). To distinguish its true source, Galen proceeded to perform the experiment of his predecessor and to read the alterations in the patient’s bodily symptoms. The young woman’s condition remained unchanged until “a man coming from the theatre remarked that he had seen Pylades dancing. Her [the patient’s] expression and facial colour changed, and… I found that her pulse had suddenly become irregular in several ways” (103). These symptoms signified to the physician “that the mind is disturbed” (Ibid.). To confirm his suspicion, Galen measured the patient’s pulse when she was informed about the presence of another performer, yet her pulse rate then remained stable. These observations enabled Galen to diagnose the cause of illness to be love for the dancer Pylades. Yet Galen denied the existence of “erotically motivated pulses,” the alteration of which he believed did not specifically indicate a romantic ailment (105). Rather, he argued, any disturbance of mental or emotional sources could produce such a physiological response. As the pulse rate was altered by potent feeling, its measurement remained for Galen the appropriate method for detecting a range of illnesses of psychical sources.82

The notion that physical symptoms could be read for their underlying emotional causes was also adopted by medieval and early modern physicians. Whether localized in the brain, the heart,

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82 According to the Byzantine physician Paul of Aegina (625-690), an alteration in the pulse was not “peculiar to lovers” but was indicative of any disorder of the soul (1:390-1).
or other, less noble, organs, lovesickness was indicative of an inherent interconnectedness between the body and the soul. Deeming the soul to be situated in parts of the body, physicians recognized a direct route by which the condition of the one affected the other. The pulse remained a trusted signifier of lovesickness. Avicenna believed the pulse rate to be affected not only in the beloved’s presence but even at the very mention of her: “…when remembrance of the beloved occurs, and particularly when that happens suddenly; and it is possible from that to demonstrate who the beloved is, without him revealing it himself. . . .” (qtd. in Jackson 355).

The medieval physician Bona Fortuna also insisted that the pulse could elucidate “the passions of the soul, [and] manifests the mind's secrets” (qtd. in Wack 136). Numerous literary works portrayed this diagnostic technique, recounting their version of the Antiochus and Stratonice narrative. When the prince falls in love with the king’s daughter in Torres Naharro’s *Aquilana* (1517), his lovesickness is discovered by the physician Esculapius, who measures the young lover’s pulse while women of the court pass before him.83 In John Lyly’s prose romance *Euphues and His England* (1590), Fidus tells the story of his experience of lovesickness and observes that he did not wish for anyone to know the cause. His illness remained a mystery until one physician, “an Italian, who feeling my pulses, casting my water, and marking my looks,” unveiled that Fidus was suffering of disappointed love (Lyly, *Euphues and His England* 277).

An alteration in the pulse rate was only one measurable somatic sign, among many, by which lovesickness could be recognized. The lovesick characters of Ovid’s *Heroides* – a collection of letters written chiefly by bereaved mythological heroines – are not observed by a physician who might measure their pulse or otherwise read their body to diagnose their melancholy state. These heroines may intermittently feign indifference toward the beloved who

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83 For an in-depth discussion of Naharro’s play, as well as of various other retellings of this narrative in English and Spanish literature, see Beecher, “Lovesickness, Diagnosis, and Destiny.”
has abandoned them, yet their lovesick condition is betrayed by the physical and behavioral alterations that the illness engenders. Several heroines complain of overwhelming heat, among whom is Dido, likening her bodily temperature to intense fire in her letter to Aeneas: “I am all ablaze with love, like torches of wax tipped with sulfur, like pious incense placed on smoking alter-fires” (Ovid, *Heroides* VII. 23-4). Phaedra describes being compelled to confess her sinful passion to Hippolytus, because the God of love "heats [her] marrow with his avid flame," and she must appeal to the beloved to relieve her febrile state (Ibid. IV. 15-6). The lovesick women are also unable to eat or sleep; they are consumed with thoughts of their bereavement, easily lose concentration, and are morbidly melancholic. Dido describes her sleeplessness and her fixation on the image of Aeneas, to which her “eyes cling to through all [her] waking hours” (VII. 25). She persistently envisions his phantasm, conjured "throughout the stillness of the night" by her inflamed mental faculties (VII. 25-6).

The external appearance of these lovesick heroines is appropriately altered to reflect their self-neglect and fixation on the object of affection. Discovering that she has been abandoned by Theseus, Ariadne is petrified, "colder than ice, and life half left [her] body" (X. 32) Grief then overcomes and "rouses" her (X. 33). She proceeds to manically "beat… [her] breast" and call out to the beloved (X. 38). Ariadne repeatedly urges Theseus to visualize her, “not with the eyes,” but with the imaginative faculty, transformed in appearance by the bereavement: “look upon my locks, let loose like those of one in grief for the dead, and on my robes, heavy with tears as if with rain” (X. 135, 137-8). This unsettling image of Ariadne weeping and strolling along the shore "with hair loose flying" is emblematic in the history of lovesickness of the abandoned woman (X. 47). The violence she inflicts on her own body in unrestrained wrath illustrates the helplessness of the lovesick subject, whose only recourse is to direct her anger toward the self.
The symptoms exhibited by these lovesick heroines have also been described by Sappho long before the medical tradition recognized the legitimacy of the ailment. The heart palpitations, sweating, trembling, and pallor became the *signa amoris* in subsequent scientific and literary texts. Medieval and early modern medical treatises explained that while patients in the early, manic stage of lovesickness experienced sweating and warmth, in the late, melancholy stage, they suffered from dryness, emaciation, sunken eyes, and jaundiced color. Describing the appearance of the lovesick patient, Avicenna focused on the malady’s effect on the eyes, which he claimed became hollow and dry, except for the stages of crying that were accompanied by “murmuring of love” and “restless movements” (qtd. in Jackson 355). The explanation for this symptom was subsequently provided by Arnaldus of Villanova (1235-1311), who insisted that the eyes “follow the spirits racing to the place of the estimative faculty” and thus recede into the head (qtd. in Wack 63). The eyes frequently betrayed lovesickness because they could be read even without the divination of a physician.

The sensation of fire scorching the body described by Sappho and by Ovid’s heroines came to be known as a characteristic symptom of lovesickness. Bodily heat, or fever, was also linked to the Hippocratic description of excess blood as well as to Plato’s account of the lover’s physiological experience upon the sight of beauty. Galen likewise identified fever as a principal attribute of lovesickness in his commentary on Hippocrates' *Epidemics*: “I know men and women who burned in hot love. Depression and lack of sleep overcame them. Then, one day, as a result of their love-sorrows they became fevered” (qtd. in Wack 8). Fever remained a staple symptom of lovesickness through the medieval and early modern period, yet physicians produced an alternate explanation for increased bodily heat. Rather than attributing it to excess blood in the

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84 Sappho’s poetry frequently alludes to the fevered condition associated with love: “my soul burned with passion,” (fr. 48.2); “Suddenly sweat runs unstoppably under my skin…” (II. 1017-19).
body, fever was believed to result from the burning of black bile. Robert Burton described that, “as the heat consumes the water..., so doth Love dry up his radical moisture” (159).

Medieval literature adopted the symptomatology of lovesickness and featured fever and heart palpitations as the signifiers by which the lovesick condition could be recognized. In Chaucer’s *Troilus and Criseyde*, the prince’s physical symptoms intensify upon the nearness of Criseyde: “his herte gan to quappe” (III. 57) and “shorte forto sike” (III. 58). Fever appears in “The Knight’s Tale,” wherein Arcite begs the assistance of Mars, who has also suffered from the fever of lovesickness, in the tournament against Palamon: “Thanne help me, lord, tomorwe in my bataille,/ For thilke fyr that whilom brente thee,/ As wel as thilke fyr now brenneth me” (Chaucer, *Canterbury Tales* 2402-4). In honor of their common bond as victims of scorching love, the divinity ensures Arcite’s victory, albeit short-lived. Early modern literature also depicted lovesick patients experiencing bodily heat, complaining that their love is “‘Burning mine entrails with a strong desire” (Chapman, *The Blind Beggar of Alexandria* I. 232). The lover’s blood vessels are frequently described as “scalding veins” (Marlowe, et al. V. ii), “hot itching veins” (Dekker V. 33), and “lust-burnt veins” (Webster V. iii. 111).85 In John Lyly’s *Endimion* (1588), Tellus characterizes the effect of falling in love as "a continuall burning in all my bowels, and a/ bursting almost in euery vaine" (V. iv. 87-8). Bodily heat often occurs in proximity to the beloved. Frank in John Fletcher’s *Monsieur Thomas* (1639) “sweats too coldly” when he is apart from his beloved Cellide, yet once in her presence, "He sweats extreamly: / Hot, very hot: his pulse beats like a drum now" (V. ii. 45-53).86

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85 In Francis Beaumont and John Fletcher play *Love's Pilgrimage*, a young lover describes his condition similarly: “my veins/ Burn with an unknown fire; in every part/ I suffer alteration; I am poysong'd,/ Yet languish with desire again to taste it” (IV. iv. 14-7).
86 Other lovers both burn and freeze. The young lady describing her love in Ben Jonson's *The New Inn* (1631) alludes to the conflicting physical states: My fires, and feares, are met: I burne, and freeze, My/ liuer's one great coale, my heart shrunke vp With all the/ [fibres], and the masse of blood Within me, is a standing/ lake of fire,
Beyond such involuntary bodily symptoms, the lovesick patient could also be recognized by an unkempt appearance and outward disarray. Fixating on the phantasm, the lover neglects his duties to the self; a disheveled exterior, as well as alterations in mien and clothing, could thus betray powerful emotional transports. Lovesickness could also be recognized by deteriorating sleeping and eating habits. While his love is unrequited, Troilus suffers from insomnia and emaciation, which are caused by fixation on the beloved image that distracts him from attending to the needs of his body: “And fro this forth tho refte him love his slep,/ And made his mete his foo” (Chaucer, Troilus and Criseyde I. 484-90). Such physiological symptoms and changes in behavior became conventional signifiers of lovesickness, without which one could hardly be recognized as a lover. Ingen in Nathan Field's Amends for Ladies does not embody the commonly ascribed symptoms of lovesickness and is accused of feigning the malady. He complaints that his beloved Lady Honor does not believe him particularly because “I do not weep,/ Lay mine arms o'er my heart, and wear no garters,/ Walk with mine eyes in my hat, sigh and make faces” (Field, Amends for Ladies I. i. 91-3).

Shakespeare’s As You Like It (1599) also offers commentary on the diagnosis, symptoms, and treatment of lovesickness. The play engages with the medical doctrine by depicting the tendency of both doctors and laymen to study the patient’s exterior, questioning the reliability of this diagnostic technique. Disguised as Ganymede, a young man, Rosalind creates a ruse that enables her to speak to her beloved Orlando, who also pines for her, of his love. Insisting that she could cure his lovesickness, she bids him to visit her daily and to profess his love as though she is Rosalind. As part of the alleged cure, Rosalind playfully comments on the fickle nature of love

_Curl'd with the cold wind of my gelid/ sighs,..Vntil I see him, I am drunke with thirst, And/ surfeted with hunger of his presence_” (VI. 481.)
and of women, and she taunts the young lover, insisting that his suffering has been exaggerated because he lacks the conventional symptoms of a lovesick patient:

A lean cheek, which you have not, a blue eye and sunken, which you have not, an unquestionable spirit, which you have not, a beard neglected, which you have not… then your hose should be ungartered, your bonnet unbanded, your sleeve unbuttoned, your shoe untied… you are no such man; (Shakespeare, *As You Like It* III. ii. 364-7).

Rosalind’s description illustrates that the symptoms commonly associated with lovesickness in medical literature were so conventionalized that one could not be recognized as a lover without exhibiting them. Lacking such qualities, Orlando does not embody the image of a lovesick patient – one whose forlorn appearance is caused by forgetting all but the beloved: food, sleep, clothing. Speaking in jest, Rosalind raises the possibility that Orlando, whose body is not registering any internal transports, has feigned love. The notion that such symptoms could be imitated or feigned signified that diagnosing the affliction by reading the subject’s appearance was not a foolproof practice, particularly because the character accused of dissimulation in *As You Like It* truly is a lover.

In other literary works, such dissimulation becomes a tool to compel the beloved in one’s favor or to convince others of one’s status as an ill lover who bears lofty suffering. In *Ars Amatoria*, Ovid comments on the necessity to feign the symptoms of lovesickness. He recommends pretending illness to champion the object of desire, contending that love alone is not sufficient and must be accompanied or supplanted by its performance. Ovid presents several symptoms described in medical doctrine that must be painted on the subject’s body, such as paleness, haggardness, and emaciation. He even cites Sappho as a literary precedent that lovers must emulate so that they may be perceived as such. In the spirit of Ovid, Phao is advised by Sibylla in Lyly’s comedy *Sappho and Phao* (1584) to embody the symptoms of the lovesick
subject so that he may elicit pity from his beloved queen Sappho: “Look pale and learn to be lean, that whoso seeth thee/ may say the gentleman is in love” (II. iv. 112-3).

This methodology is skillfully adopted by Fowler in James Shirley’s *The Witty Fair One* (1633). Fowler dons the symptoms of lovesickness to evoke his beloved Penelope’s compassion and to compel her to grant his wishes, to act as his savior. His friend, adopting the role of a doctor, assists Fowler in his pretense and tells Penelope that "his labouring pulse, that, through his fever, did before stick hard, and frequent, now exceeds in both these differences; and this Galen himself found true upon a woman that had doted upon a fencer" (Shirley III. iv. 75-6).

Fowler acts in accordance with Ovid’s assertion that performing the part of a dying patient evokes pity or even love from the beloved: “swear thou languishest and dy’st for her” (*Art of Love* 419) and she will “melt like ice” (Ibid. 423). In Richard Brome’s *The Court Beggar* (1640), the wealthy courtier Sir Ferdinand similarly feigns lovesickness, appearing “more mad than all the rest” (*The Court Beggar* I. i. 160). He expects in this way to seduce the young Charissa and to force his way into the arms of yet another lady, the widow Lady Strangelove. As was characteristic of the portrayal of this motif in early modern comedies, Ferdinand’s stratagem does not succeed. He is compelled to reveal the scheme when confronted by Charissa’s true lover Frederick, who threatens Ferdinand with a duel.

These fictional accounts of lovesickness questioned the act of reading the soul’s motions through the visible changes in the body, and they uncovered the potential fallibility of the reader. Rosalind’s accusation that Orlando is posing as a lover is made in jest, yet the possibility that a disordered appearance may function a form of dissimulation is explored in Shakespeare’s *Hamlet*. Whether to manipulate his enemies or as a true sign of madness, Hamlet dons the attire

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87 This lovesick pose is a ploy by which the lover gains the beloved’s favor: “She thinks you sick, and thinks herself the cause” (Ovid, *Art of Love* 323).
of a man whose internal turmoil has fashioned his exterior. The cause of the prince’s potentially fabricated madness is a subject of much debate, and his concealed spiritual condition is uncovered by interpreting his altered appearance. The signs Hamlet exhibits – paleness, violent trembling, “with his doublet all unbraced, / No hat upon his head, his stockings fouled, / Ungartered, and down-gyved to his ankle” (Shakespeare, Hamlet II. i. 78-80) – correspond to the symptoms commonly associated with “the very ecstasy of love” (Ibid. II. i. 102). Polonius, convinced that his daughter’s charms have driven the young prince to madness, vividly describes the immoderate changes that he discerns in Hamlet when he is rejected by Ophelia: “And he repell’d, a short tale to make,/ Fell into a sadness, then into a fast,/ Thence to a watch, thence into a weakness,/ Thence to lightness, and by this declension/ Into the madness wherein now he raves” (II. ii. 146-50).

Polonius’ reading of Hamlet’s body is undoubtedly problematic. The cause of the prince’s illness is not as evident as Polonius, believing himself to be a keen reader of the soul by the appearance of the body, would like to think. Hamlet’s erratic behavior, distraction, disordered discourse and appearance corroborate Polonius’ diagnosis, yet the old man’s partiality toward a discovery of lovesickness leads him to disregard other plausible etiologies, such as melancholy caused by the death of the King or resentment toward Gertude. The young man’s heated monologue about the dishonesty of beauty may be indicative of frustration with women in general and with his mother in particular. Gertude interprets Hamlet’s illness as a response to her marriage: “I doubt it is no other but the main,/His father’s death and our o'erhasty marriage" (II. ii. 56-57). Yet she proceeds to entertain the hope that Polonius’ diagnosis is accurate: "And for your part, Ophelia, I do wish/That your good beauties be the happy cause/Of Hamlet's wildnes" (III. i. 38-40). The assessment that frustrated love may be the source of Hamlet’s grief indeed
cannot be discounted, as it would explain his manic fit upon discovering Ophelia’s coffin, revealing the ambiguity of his bodily signs.\(^{88}\)

The possibility of dissimulating symptoms of illness and the challenge of diagnostics were also explored in Chaucer’s *Troilus and Criseyde*. As in subsequent comedies, reading the body is a complex process because Troilus feigns illness to evoke compassion in Criseyde and to prove that he is entitled to her affection. While his symptoms, such as alterations in facial color (“ow his hewes rede,/ Now pale” (Chaucer, *Troilus and Criseyde* III. 94-5)), must be evident to an observer, Troilus is advised by Pandarus to feign other physiological signs so that he may be easily recognizable as a lover: “Sey that thy fever is wont thee for to take/ The same tyme, and lasten til a-morwe” (Ibid. II. 1520-1). That is, he must ironically dissimulate bodily illness to convince Criseyde of the genuineness of his lovesickness. Yet, while Troilus exaggerates the severity of his condition, he is “sik in ernest” (II. 1529-30). Unlike Ophelia and Polonius, Criseyde is convinced neither by the blush on Troilus’s face, which suggests a fever, nor by his eloquent confession of suffering, but by his inability to speak boldly of his love. The prince’s discourse is erratic and discordant – his pleas burst forth and then subside again. Unlike the potentially feigned bodily symptoms, the loss of Troilus’ typical self-possession evokes Criseyde’s compassion.

The psychological symptoms catalogued in medical treatises were no less ambiguous and rendered the diagnosis of lovesickness no less problematic. The affliction described in two conflicting ways since antiquity: as a manic disorder and as a melancholy one. In *The Phaedrus*, Plato identified the affliction as a “madness” of divine origin (102). The pseudo-Aristotelian “Problem XXX,” on the other hand, depicted two stages of the illness: a manic hot phase and a

\(^{88}\) A conclusive diagnosis of Hamlet’s condition is never produced; however, Polonius’ will to discover love is sufficient to blind him to the ambiguity.
melancholy cold phase. The two stages also reflected the dual humoral etiology, coinciding with a state of excess blood and of excess black bile, which were associated with desire and dejection, respectively. Subsequent physicians writing about lovesickness were divided on its status as a type of melancholia or mania. Unlike his predecessors, Galen, along with Aretaeus of Cappadocia (1st century AD), conceived of lovesickness as an independent disease that merely resembled melancholia and mania. Galen specifically distinguished lovesickness – a disturbance of psychological origins – from melancholia, which he believed to result from a physiological predisposition. Asserting that the two afflictions may appear analogous to most practitioners, Aretaeus of Cappadocia, cited a case of a young man who suffered “serious dejection due to unrequited love”:

A story is told, that a certain person, incurably affected, fell in love with a girl; and when the physicians could bring him no relief, love cured him. But I think that he was originally in love, and that he was dejected and spiritless from being unsuccessful with the girl, and appeared to the common people to be melancholic (300).

As Aretaeus described, the doctors, presuming melancholia to be the cause, offered ineffectual treatments. Yet the psychosomatic nature of the patient's illness was confirmed when a declaration of love cured him: “he ceased from his dejection, and dispelled his passion and sorrow; and with joy he awoke from his lowness of spirits, and he became restored to understanding…” (Ibid.). Unlike melancholia, this youth’s disease was unresponsive to medical intervention, “love being his physician” (Ibid.).

89 Subsequent medical thinkers similarly associated lovesickness with mania or melancholia; or otherwise, they subscribed to the dualism offered by Aristotle’s Problemata (Toohery 265-86).
90 When Galen attempted to diagnose the cause of a patient’s illness, he determined that “she was suffering from one of two things: from a depression caused by black bile or from some worry she was unwilling to confess” (On Prognosis 101-3).
91 For both Aretaeus and Galen, lovesickness was a disease distinct from melancholia, displaying symptoms of melancholia in its depressive phase (See Heffernan 58-9; Jackson 353-4).
The lovesick condition of literary sufferers presented in equally conflicting ways. Troilus’ “wondre maladie” produces bodily fluctuations between opposites – “ffor hete of cold, for cold of hete” (Chaucer, *Troilus and Criseyde* I. 419-2) – and the “hewe” of his face changes “sexti tyme a day” (Ibid. I. 441). Not only does Troilus vacillate between competing physical states, but he also suffers from the accompanying psychological volatility. His love is described as both “wel neigh wood” (I. 498-9), because his “reson” is “in the failleth” (I. 764), and as a profound “wo” (I. 546). Troilus wavers between the two states throughout the poem. Suspecting Criseyde’s infidelity, he rages against the space he inhabits and against his own body, dashing “aboute the chambre sterte,/ Smytyng his brest” (IV. 242). Perpetually uncertain whether his beloved will return, Troilus’ heart grows “hoot and colde” (V. 1102), and he wavers between the desire to die and a rage that could only be abated by inflicting pain on his own body. Once he could no longer entertain the hope of obtaining the beloved’s favor, Troilus experiences dejection and withdrawal, shedding tears, sighing, and longing for death (III. 986). His temperament grows increasingly melancholy, and he seeks solitude, avoiding even his closest confidant: “He ne et ne drank for his malencolye,/ And ek from euery compaignye he fledde” (V. 1217-8). Once Troilus learns of Criseyde’s betrayal, the loss of hope produces a dejected state from which he does not recover: Myn owen deth in armes wol I seche,/ I recche nat how soone be the day” (V. 1718-19). The prince’s lovesick condition resists classification and presents as a form of both melancholy and madness.

In the theatrical staging of the debate about the status of lovesickness, the Doctor in Shakespeare’s and Fletcher’s *The Two Noble Kinsmen* disagrees with the medical distinction between lovesickness and melancholia. Describing his daughter’s illness, the Jailer identifies the alterations in her behavior upon Palamon’s flight from prison as a combination of mania,
insomnia, lack of appetite, and a tendency for distraction and daydreaming: “She is continually in a harmless distemper,/ sleeps little; altogether without appetite, save often/ drinking; dreaming of another world a better” (Shakespeare and Fletcher IV. iii. 3-4). The Jailer’s Daughter speaks vaguely of maidens in love, of men’s betrayal, and of Palamon; her rambling is disordered and convoluted: “alas, tis a sore life they have I’th other place, such burning, frying, boyling, hissing, howling, chattering, cursing, of they have shrowd measure! Take heede; if one be mad, or hang or drowne themselves, theither they goe, Jupiter blesses us…” (Ibid. IV. iii. 31-6). It is not surprising that her father classifies her ailment as a “distemper” – a derangement or a madness (IV. iii. 3). Yet the Doctor summoned to treat her is intent to observe that the affliction must not be diagnosed as a “Madnesse” but rather falls under the category of “a most thicke, and profound mellencoly” (IV. iii. 49-50).

Like Troilus and the Jailer’s Daughter, patients in the melancholy phase of lovesickness suffered from such psychological symptoms as a morbid preoccupation with death and a longing for physical suffering. These symptoms were well-described in medical doctrine, and literary texts frequently focused on this aspect of the patient’s experience. The lover’s death-wish appears in numerous iterations. While some characters seek death as a means of escaping the pain of love, others long to die in their pursuit of a union with the beloved, and yet others choose

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92 Although a physician is not summoned to treat Hamlet’s Ophelia for her discordant talk of flowers and men’s wiles, the similarity of her symptoms to those of the Jailer’s Daughter suggests that the cause of her ailment is also unfulfilled love. Ophelia’s obsession with death and her sexually-suggestive discourse, as she accuses men of seducing and abandoning women (“Young men will do’t, if they come to’t, (Shakespeare, Hamlet IV. v. 59–62)), are similar in both form and content to the songs of the Jailer’s Daughter. Both young women are preoccupied with masculine sexuality, alluding to phallic symbols and the wanton seduction of maidens: “By Cock, they are to blame” (Ibid. IV. v. 59–62); “O for a pricke now like a Nightingale,… Lords and courtiers, that have got maids/ with Child” (Shakespeare and Fletcher III. iv. 25, 38). Yet Ophelia never avows her feelings for Hamlet, while The Jailer’s Daughter is explicit about her desire: “To put my breast against….” (Ibid. III. iv. 26).

93 Constance’s love for Sir Philip Luckless in Richard Brome’s The Northern Lass (1632) is likewise described by the Doctor as a “melanchollie,” yet she appears to be mad, as her love has “turn’d the faculties of all her senses into a rude confusion” (The Northern Lass V. i. 12, 17-8).
death as a substitute for the lost object. In *Troilus and Criseyde*, the prince’s very existence becomes a “quike deth,” yet he describes it in pleasurable terms as a “swete harm,” a desirable experience (Chaucer, *Troilus and Criseyde* I. 411). As Troilus does not relinquish his longing for an unattainable object, he admittedly wills his own suffering: “If harme a-gree me, wherto pleyne I thenne?” (Ibid. I. 409). His desire for physical torment is partly motivated by the possibility that it might distract him from spiritual pain, may render him less sensible to such suffering. The prince wishes to be struck with death’s dart, with its “colde strook,” which is the appropriate weapon for reversing the effects of Cupid’s dart (IV. 511).

Yet death is not only courted because it offers an escape from love-suffering but also as the locus of a union with the beloved. Troilus longs to free his spirit from its bond with the body so that it may follow Criseyde without the restraints of physical matter (IV. 307-8). He pursues a reunion with her in “highte Elisos,” to which he refers as a place “out of peyne” (IV. 789-90). In Shakespeare’s and Fletcher’s *The Two Noble Kinsmen*, death is similarly sought as the means to attain a romantic union. In the deadly tournament for Emily’s hand that Theseus offers to Arcite and Palamon, wooing the beloved becomes synonymous with pursuing death. Both men copiously verbalize their desire to die for the loved object: “ile preserve/ The honour of affection, and dye for her” (Shakespeare and Fletcher III. vi. 271), suggesting that the death wish makes them worthy and that consummation would debase the purity of their love, which only death could preserve.

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94 The wish for death is also portrayed as part of the lover’s quest to be worthy of the beloved. For Troilus, the capacity for love depends on the degree to which he suffers, and the prince nurtures his disease to prove that his affection is genuine.

95 Troilus hopes that his ghost, which “so vnto yow hieth,” will find Criseyde and continue serving her (Chaucer, *Troilus and Criseyde* IV. 320).
The lovesick Jailer’s Daughter in Shakespeare’s and Fletcher’s *The Two Noble Kinsmen* exhibits a similar will to perish: “dissolve my life…I should drown, or stab or hang myself…the best way is the next way to a grave…” (III. ii. 29-33). In contrast to her male counterparts, the lovesick condition of the female patient was regarded in the early modern socio-medical paradigm as commonplace, unexceptional, unlike the ennobling, heroic disease of Arcite and Palamon. Whereas lovesickness was regarded as an ennobling disease in medieval male aristocratic culture, by the early modern period, women came to be regarded as its sufferers, and its status changed from a malady of the hero-philosopher to a form of madness. Yet, rejecting such a conception of the lovesick woman, *The Two Noble Kinsmen* portrayed a heroine who, through her lovesick fantasies, reaches the heights of poetic inspiration and introspection that could not be available to her without the apogee of passion. The Jailer’s Daughter mourns that “the sun,” as a witness to a sin, “has seene… [her] folly” (Ibid. III. Iv. 3). She exhibits an impressive imaginative capacity, describing Palamon as already dead, – “in heaven” (III. iv. 4) – while also identifying his gaze as the cause of her own death: “if she see him once, she’s gone, she’s done,/ and undon in a howre” (IV. i. 126). The heroine has internalized the melancholy, elitist discourse of the male lover and asserts her status as a victim of lovesickness: “my death was noble,/ Dying almost a Martyr” (II. vi. 16-7). She is regarded as a madwoman by the characters who encounter her, yet the lovesick maiden “melancholizes” (Burton 283), exists in a world of her mind, and reaches her potential for artistic insight and contemplation, undermining the medical conception of the lovesick woman. The death-wish is likewise employed by Aspatia in Francis Beaumont’s and John Fletcher’s *The Maid's Tragedy* (1619) to assert her right to love.

Angered that her affection for Amintor is demeaned by the King, who orders her betrothed to

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96 For a discussion of the role of gender in the socio-medical conception of lovesickness in the middle ages and the early modern period, see Wack 121-131.
marry someone else, Aspatia informs Amintor on his wedding night that she will die of grief: “May all the wrongs that you have done to me,/ Be utterly forgotten in my death… You'll come my Lord, and see the Virgins weep/ When I am laid in earth” (Beaumont and Fletcher II. i. 113-8).

Once the beloved is permanently lost, death is frequently sought by lovesick characters as a substitute. When Troilus learns that Criseyde has betrayed him, he longs for death – the only alternative: “Myn owen deth in armes wol I seche” (Chaucer, Troilus and Criseyde V. 1718). Displacing the beloved, death could quench his “hete … with [its] colde strok” (Ibid. IV. 511). As a surrogate for the loved object, death is romanticized and courted in The Two Noble Kinsmen. Arcite insists that, if Emily refuses him, he shall take death for his wife: “my grave will wed me” (Shakespeare and Fletcher III. vi. 284). Learning of each other’s demise, Antony and Cleopatra similarly seek death as a romantic substitute. Cleopatra’s death-wish possesses an erotic significance; she tirelessly threatens to die of love to rekindle Antony’s affection. Each time that Antony is obliged to return to Rome, “Cleopatra, catching but the least noise of/ this, dies instantly…” (Shakespeare, Antony and Cleopatra I. ii. 134). Her contrived suicide threats come to fruition when Antony becomes convinced of her final portent more rapidly than she could revoke it. He elects to join the shades himself: “Nay, weep not, gentle Eros; there is left us/ Ourselves to end ourselves” (Ibid. IV. xiv. 21-2). Antony suggests that dying is the only remaining act for a helpless lover and, rather than suffering the loss of the beloved, he courts death instead. He refers to himself as “A bridegroom in my death” and longs to fly to this new beloved “as to a lover's bed” (IV. xiv. 100-1). Cleopatra also begins to court death in lieu of the beloved. Her seduction of death is replete with sexually-charged language: “Where art thou, death?/ Come hither, come! come, come, and take a queen” (V. ii. 46). In her final scene,
Cleopatra longs for the pain of death as one yearns for the pain of love: “The stroke of death is as a Lovers pinch, which hurts, and is desir’d” (V. ii. 295). She commits suicide by means of a serpent – an explicit phallic symbol – which signifies that death finally displaces her lover. The erotic yearning for death unveils Cleopatra’s “immortal longings” for an eternal union with the object of desire, and this drive toward death is synonymous with love in Shakespeare’s formulation (V. ii. 280).

Romeo and Juliet’s death-wish is similarly interchangeable with their desire for fulfillment in love, and death is courted as a suitable substitute. Unlike other lovesick characters, however, the longing for death does not diminish upon possession of the object in the case of these “star-cross’d lovers” (Shakespeare, Romeo and Juliet Prologue. 6). Romeo and Juliet exhibit a predilection for suffering, which precedes their encounter. From the first moment Juliet gazes upon Romeo, prepared for disappointed love, she is prepared to accept death as her lover: “Go ask his name: if he be married./ My grave is like to be my wedding bed” (Ibid. I. v. 132-3). Her alternative to gratification in love is romantic fulfillment in the arms of death. Romeo similarly welcomes death, insisting that “life were better ended by their [parents’] hate” if Juliet should not love him (II. ii. 77). He urges “love-devouring death [to] do what he dare,” to immortalize his love at its apogee prior to any apparent danger (II. vi. 7).

The preoccupation with death and suffering pervades their affair. Even in her most affectionate oration about Romeo, Juliet visualizes him as already dead: “Give me my Romeo; and, when he shall die./ Take him and cut him out in little stars” (III. ii. 21-2). She is equally sinister in expressing her hatred toward Romeo when she learns that he has murdered Tybalt. Juliet is partly dissembling to her mother in this scene, yet her passionate discourse about the pain she would inflict on Romeo conflates brutality with sensuality: “To wreak the love I bore
my cousin/ Upon his body that slaughter'd him!” (III. v. 100-1). Filled with despair immediately thereafter, Juliet begins to court death, “Come, cords, come, nurse; I'll to my wedding-bed;/ And death, not Romeo, take my maidenhead!” (III. iii. 136-7). As her sensuous language suggests, Juliet seeks the consummation of love in which death displaces her lover.97 In the final scenes of the play, the confounding of love and death comes to an intense peak. Finding the beloved’s body, Romeo refers to “amorous” death’s design to ensnare Juliet as its own “paramour” (V. iii. 103, 105). Longing to seize Juliet’s kiss from death, Romeo drinks the poison, surrendering his life as part of the “bargain to engrossing death!” (V. iii. 115). Upon waking, the distraught Juliet seeks death to be administered with “a restorative” – Romeo’s kiss (V. iii. 165). When the bodies of the lovers are discovered, the prince recognizes the cause of the characters demise: “heaven finds means to kill your joys with love” (V. iii. 292). Prefiguring future psychoanalytic insights on the death drive, Shakespeare’s play portrays lovesickness as a tool toward fulfilling that desire.98

The lovesick longing for death found its philosophical explanation in Ficino’s Commentary on Plato’s Symposium, wherein love is described to be nearly synonymous with death: “anyone who loves, dies” (2.8). Ficino expressed that, when his thoughts are riveted on the beloved, the lover “does not think in himself” and “does not think about himself” (Ibid.) His soul “does not function in itself” and consequently “does not exist in himself either,” which signifies death (Ibid, Italics mine). Ficino emphasized the willed nature of the suffering exhibited by the lovesick subject, arguing that “love is a voluntary death,” because the soul aspires to leave the

97 Their amorous treatment of death demonstrates that these lovers’ desire to go the way of the flesh precedes their affection, which is sought as the means toward death. Just prior to drinking the potion provided by Friar Lawrence, Juliet imagines awaking in the tomb, toying with the bones of the dead and, with perverse brutality, using “some great kinsman's bone” to “dash out [her] desperate brains” (Shakespeare, Romeo and Juliet IV. iii. 54).
98 I am referring here to the insights Freud expressed in “Beyond the Pleasure Principle” on the inherent desire present in every living being to return to its original state.
body to be united with the object of love (Ibid.). He also provided the physiological description of this process: as the lover’s attention and thoughts are always fixed on the beloved, the vital spirits are similarly directed in an effort to leap over into her body. In essence, the lover’s life force is compelled to abandon its corporeal form, and, “snatched out of its own body by this violence of love,” the soul may find rest with God (Ibid. 6.8). Formulated thus, lovesick fixation is a form of *Deus-tropism*, synonymous with the will to die.\(^99\)

Leon Ebreo further adapted the theory articulated by Ficino, illustrating the relationship between the lover’s plight and the drive for a union with God. Ebreo defined love in accordance with the Neoplatonic formulation as the “first act of knowing God,” which enables the lover to ascend closer to the divinity, and this “intimate cognitive union with God” is the end of all means, the source of true happiness (61). Yet his treatise also demonstrated that the human soul is trapped in matter and cannot “continue this perpetual enjoyment” (Ibid.). A permanent union with God is love’s ultimate object, the achievement of which could only be found in death.\(^100\) In medical practice, this phenomenon took the form of the lover’s tendency toward suicide. Robert Burton described the frequency with which love ended in death: “Tis the common humour of them all... to wish for death” (324), and many lovesick victims “made away themselves” (348).

As lovesickness was a potentially fatal affliction, both historical and literary doctors recommended various treatments, lest the patient’s wish to die would come to fruition. The Galenic notion that treatments must be effected by contraries served as the foundation for future lovesickness remedies.\(^101\) To comply with Galen’s tenet, the medical practitioner was required to

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\(^99\) According to Ficino, the true danger of loving lies not in doing so obsessively but in loving unrequitedly. While love is returned, the lover exists in the beloved, yet “the unloved lover… neither lives in himself…, nor does he live in the beloved,” and is thus “completely dead” (*Commentary* 2.8).

\(^100\) “The soul would copulate with God” and would remain in permanent union with Him only in death (Ebreo 61).

\(^101\) See Wack 103.
determine the emotional and physical qualities of the patient’s organism before he could prescribe an appropriate treatment. Depending on whether the illness was in its melancholy or manic stage, the physician fashioned his treatment accordingly. To heal the lovesick patient in his depressive phase, Galen proposed a set of “pleasurable” treatments – “to take frequent baths, to drink wine, to ride, and to see and hear everything pleasurable” – which would rouse and revive him (qtd. in Wack 8). Provoking the patient’s emotions was also deemed useful for reversing the dejected state: “to stimulate anger over an injustice, or to rouse love of competing and of achieving victory over another” (Ibid.). On the other hand, the manic lover was prescribed a regimen of calming cures – treatments that aim to pacify the mind and body. One such remedy was sleep, which the medieval physician Bernard of Gordon recommended for its added benefit of moistening the body “since the disorder comes about because of dryness…” (qtd. in Heffernan 48).

In the medieval and early modern literary works, both medical practitioners and laymen offered potential cures designed to counteract the patient’s physical and psychological condition. the early stages of Troilus’ illness, Pandarus attempts to sway the heart of his niece in favor of Troilus so that the cause of the malady may become the antidote. Yet once Criseyde betrays the prince, Pandarus resorts to distracting him by means of company. This makeshift physician also offers other women as substitutes. Pandarus attempts to counteract the patient’s psychological condition, urging Troilus to simulate a state of health. He hopes that by modeling healthy behavior, the young lover might truly begin to embody it (Chaucer, Troilus and Criseyde V. 411-3). A similar recommendation is made in Ovid’s humorous poem about curing lovesickness “Remedy of Love,” urging the patient to feign a condition “more cold than snow” (“Remedy of Love” 519). Ovid expresses that modeling the behavior one wishes to achieve, such as refraining
from tears “when you have most reason to complain” (Ibid. 521), enables the performance to become reality: “you'll prove, in the event,/ That careless lover whom you represent” (524-5).

To remedy the patient’s obsessive contemplation on the beloved image, medieval and early modern physicians administered a set of treatments designed to distract from such rumination and to dislodge the phantasm riveted in the mind. The methods, including travelling, taking part in labor, drinking wine, and keeping company, were designed to force the mind to withdraw from the destructive passion. Virtually all medical treatises on lovesickness recommended travel to ensure that the lover keeps a substantial distance from the beloved.102 Ovid expressed that avoiding the object could distract the mind from its fixation on the phantasm: “Distance from danger is the surest guard./ Avoid your mistress' walks, and e'en forbear/ The civil offices you paid to her” (“Remedy of Love” l. 86-7).103 In Troilus and Criseyde, Pandarus capitalizes on medical science, advising his patient that Criseyde’s departure may aid in curing him. “Selde seynge of a wight” (Chaucer, Troilus and Criseyde IV. 423) will overpower the prince’s fixation, relieve his anxiety, and “shal dryue hire out of herte” (Ibid. IV. 427). Pandarus urges Troilus not to lose hope, as medical wisdom holds that distance must “affecciouns alle ouere-go” (IV. 424).

As a further cure by distraction, medical doctrine recommended labor. Physicians explained that leisure – what Burton called “the badge of gentry” – altered the humoral constitution and produced an imbalance that encouraged love (238). Leisure was believed to increase the amount of blood in the body, which would otherwise be expended by exercise or labor. As Ferrand maintained, excess blood, converted into “seed,” could predispose the body to

102 In his section on treatments in The Anatomy of Melancholy, Burton suggested travel as the primary cure for resistant fixation (361).
103 Peter of Spain offered an alternate rationale for the need of travel. For him, the novelty of the scenery provided by travel attracted the mind’s attention, interrupting the morbid fixation on the phantasm (Wack 102).
lovesickness (250, 248). Fixation could also more easily take root when the mind was
unoccupied by other activities. For this reason, medieval and early modern physicians explained
that carnal desire, concomitant with excessive blood levels, could be moderated by physical
labor – an activity that was believed to expend blood – as well as “by earnest studie and
meditation, by often fasting… by hard lodging, and such like” (Cogan 245). The elimination of
leisure, affirmed Bernard of Gordon, ensured that “the darts of Cupid perish” (qtd. in Heffernan
80-1). In accordance with concurrent medical theory, Othello advises Desdemona to subdue
the flesh by taking part in more productive exercise: “this hand of yours requires/ A sequester
from liberty, fasting and prayer,/ Much castigation, exercise devout;/ For here's a young and
sweating devil here,/ That commonly rebels.” (Shakespeare, Othello III. iv. 40-44). That is, to
keep the “sweating devil” from overwhelming her rational defenses, it must be exorcized by less
sinful physical activity.

Intending to simultaneously distract the patient from dejection and interrupt the cycle of
obsessive contemplation, physicians also advised the consumption of wine. The medieval
physician Peter of Spain claimed that inebriation could cure lovesickness because the loss of
memory that followed drinking would diminish the fixation and free the mind from tenacious
thoughts. According of Gerard of Berry, the supplementary benefit of wine was in
humidifying the body, which rectified the excessive dryness that was produced by the burning of
black bile. Aridity caused the imaginative faculty to fixate on the image of the beloved, and
wine thus relieved this symptom. Ovid humorously warned that wine must only be consumed in

104 Literary depictions, such as Ovid’s poem, similarly recommended treatment by labor, deeming love to be fueled
by inactivity: “In the first place take leave of idleness…’Tis this brings fuel to the am'rous fire” (“Remedy of Love” l.
142-144). Ovid particularly recommends physical labor, such as farming, to cure the fixated mind: “plough the
faithful field, you'll find/ The wounded earth will cure the lovesick mind” (Ibid. l. 175-6).
105 See Wack 104. For a discussion of the medieval medical recommendation of drinking wine to cure lovesickness,
see Wack 102-6.
106 See Ibid. 63.
excess: “You must not drink at all; or drink so deep" that sleep is induced to alleviate the patient’s anxiety (“Remedy of Love” 907). Burton, on the other hand, cautioned against the excessive use of wine, which, in accordance with the Aristotelian principle described in “Problem XXX,” stimulated sexual desire and thwarted medical efforts for a cure (Aristotle, “Problem XXX” 913b).

Distraction could also be achieved without the danger of inducing further lust by a method that may be deemed the ancient counterpart to Sigmund Freud’s “talking cure.” Ovid emphasized the necessity to “never company forsake” (“Remedy of Love” 662), and medieval and early modern medical treatises also advised the lovesick patient to speak of his woe. “Chatting with intimate friends,” suggested Constantine’s student Johannes Afflacius, was one of the best ways of “removing thoughts of patients of hereos” (qtd. in Heffernan 59). This treatment could also function as an opportunity to administer “good counsel and advice” (Burton 367). In Lilium Medicinae (1303), Bernard of Gordon explained that admonitions could be used for patients who are “obedient to reason,” because they could be “removed from that false imagination” through warnings (qtd. in Heffernan 59). Yet both the Greco-Roman physician Caelius Aurelianus (5th century AD) and Bernard of Gordon warned that counsel and admonitions are ill-advised when the patient’s lovesickness has reached the manic phase, during which he is prone to anger, even violence.107 Beyond its role as a distracting, uplifting, or didactic tactic, logo-therapy was recommended for its effectiveness in allowing the patient to vent harmful spirits through discourse.108

To counteract the patient’s underlying humoral imbalance, medicine also aimed to correct the level of blood or black bile, compelling the patient to vent the excess humor by means of

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107 See Heffernan 58-61.
108 For an illuminating study of “venting” as a therapeutic methodology, see McMaster 7-10.
pharmacological remedies. Galen’s dictum to treat the body by inducing the reverse condition –
curing heat by cooling, dryness by moistening, excess by evacuating – became the founding
principle behind the purges, vomits, and phlebotomies employed for lovesickness. The benefit of
such pharmaceutical treatments was that they provided a direct means of altering the patient’s
humoral imbalance and the accompanying psychological state, unlike treatments that depended
on the patient’s cooperation for their effectiveness, such as travel, counsel, or wine consumption.
Phlebotomy, or bloodletting, was used to regulate blood levels, subduing cravings of the flesh
(Ferrand 261; Burton 57). Ferrand advised drawing out “the superfluity of Blood, by opening the
Liver Veine in the right arme,” thereby reducing the possibility that un-evacuated seed,
composed materially of blood, would become malignant, emit noxious fumes to the brain, and
cause a perversion of the reason and the will (261). In Directions for Health (1600), the
physician William Vaughan further insisted that trapped seed in women produced “unbrideled
affections,” which rendered them unruly and disposed them to wild imaginings (113).
Bloodletting was useful not only for the sanguine, blood-filled stage of lovesickness but also for
the melancholy stage, during which black bile predominated in the body. Black bile was believed
to be present in the blood and could be similarly expelled through pharmacological methods. The
humoral constitution could likewise be manipulated by regulating digestion, namely through
purges and fasting, because black bile was believed to accumulate as a product of consuming
rich foods. 109 Such treatments as bloodletting to mitigate excessive desire as well as purging and
fasting to diminish the lascivious effects of a luxurious lifestyle exemplified the medical
conception of an interaction between the psyche and the flesh, between a psychological and a
physiological imbalance.

109 Bona Fortuna offered specific recipes of the pharmaceutical concoctions (See Wack 139).
Medieval and early modern literary texts frequently alluded to these commonly-prescribed methods of treatment. In Shakespeare’s early comedy *Love's Labor's Lost*, the King and his noble companions succumb to lovesickness. Dumaine is unable to relinquish his beloved, whom he identifies as “a fever,” because, as he explains, “she reigns in my blood” (Shakespeare, *Love's Labor's Lost* IV. iii. 95-6). In response, Berowne recommends a phlebotomy, maintaining that making an “incision/ Would let her out in saucers” (Ibid. IV. iii. 97-8). In *The Two Noble Kinsmen*, Arcite also mentions the use of bloodletting as a remedy for love and mockingly promises to cure Palamon by bleeding him: “I am persuadeth this question sicke between's/ By bleeding must be cur'd” (Shakespeare and Fletcher III. i. 114-5). Such a link between bleeding as a treatment and death was likewise explored in John Ford's *The Broken Heart* (1633), wherein more than one character dies of love. When Orgilus, suffering from lovesickness for the deceased Penthea, is sentenced to death for the murder of Ithocles, he chooses death in the form of bleeding. The dissipation of blood from his body functions both as a form of capital punishment and as a cure for love, which he welcomes joyfully: “Thus I show cunning/ In opening of a vein too full, too lively” (Ford V. ii. 121-2). Purgation as a lovesickness treatment also made its way into fictional cases. In George Chapman’s *May-Day* (1611), the lovesick Aurelio is advised by Lodovico to "purge for… [his beloved Emilia], for love is but a humour" (*May-Day* I. i. 241-2).

Numerous medical treatises described an additional methodology for venting excess seed to restore the patient’s humoral balance and relieve carnal desire – namely, the treatment referred to as therapeutic intercourse, which, like phlebotomy, was believed to draw out surplus blood and seed.110 As the Greek physician Rufus of Ephesus (1st century AD) insisted, the main

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110 Wack explains that this recommendation was made by Peter of Spain in both of his versions of commentary on the *Viaticum* (104).
advantage of coitus was that of “dissolving love” (qtd. in Wack 141). The benefits of this treatment were explained by Bernard of Gordon, who claimed that intercourse relieved dejection and heated the body to reverse the cold and dry condition that resulted from excess black bile.\textsuperscript{111} It should be noted that therapeutic intercourse was used as a means of moderating the patient’s desire, rather than as a way to satisfy it, because the treatment most frequently involved other women, particularly when the desired union with the beloved was unattainable.\textsuperscript{112} The identity of the partner was not a significant factor in the effectiveness of this treatment methodology. The cure was believed not only to diminish sexual desire but also, in the case of female patients, to release un-evacuated menses, which served as a potential explanation of female lovesickness. The blood trapped in the uterus was thought to be released through phlebotomy or, more directly, through intercourse.\textsuperscript{113} Yet therapeutic intercourse outside of marriage, particularly for women, was rarely recommended, as religious conservatives considered it an inappropriate provocation to sin. For this reason, while Avicenna’s medical treatise portrayed the coitus cure as an effective treatment, Christian medieval and early modern physicians only employed this method in case the patient’s lovesickness failed to respond to other remedies.\textsuperscript{114} Burton also contended that such a cure should only be used as “the last refuge and surest remedy” (242). Rather than advocating for intercourse, physicians frequently offered marriage as a treatment for lovesickness, seeking the same effect by more ethical means.\textsuperscript{115}

\textsuperscript{111} “Coitus igitur, quia laetificat & calefacit, & bonam digestionem inducit, ideo bene competit quibus est permissum” (qtd. in Heffernan 87).
\textsuperscript{112} Gerard of Berry’s recommendation to consort with several girls revealed the masculine identity of his patients. While Shakespeare’s and Fletcher’s Doctor in \textit{The Two Noble Kinsmen} implements this treatment for a female patient, coitus was often recommended exclusively for men, to whom sexual activity outside of marriage was available.
\textsuperscript{113} For a discussion of un-evacuated blood in the uterus as a cause of lovesickness and the intercourse treatment for women, see Dawson.
\textsuperscript{114} See Heffernan 87.
\textsuperscript{115} See Dawson 173.
A variation of this methodology was to induce the patient to substitute the beloved for a safer, more available alternative, following Ovid’s dictum to "quench your former passion by a new" (“Remedy of Love” 511).\footnote{In case a single new mistress substituting the true object of desire proved insufficient to relieve the ailment, Ovid also suggests finding “at once, two mistresses” for prophylaxis (“Remedy of Love” 465).} Substitution proves to be an effective treatment in such literary works as *Romeo and Juliet*, *As You Like it*, and *The Two Noble Kinsmen*. In accordance with Ovid’s prescription, Benvolio advises the lovesick Romeo to “examine other beauties” in hopes that they help his friend relinquish the obsessive desire for Rosaline (Shakespeare, *Romeo and Juliet* I. i. 221). Benvolio believes that “one fire burns out another's burning” (Ibid. I. ii. 44), alluding to the medical notion that lovesickness is an infection that enters through the eyes when he recommends, “Take thou some new infection to thy eye,/ And the rank poison of the old will die” (I. ii. 48-9). Romeo unwittingly fulfills his friend’s advice when he meets Juliet, and his newfound love for her leaves no remnant of the desire for Rosaline. In *As You Like It*, Rosalind, cross-dressed as Ganymede, offers the substitution cure to Orlando. As mentioned in the previous chapter, she proposes that he address her as his beloved presumably to both distract him and enable him to vent his excessive passion by speaking of it. Yet Orlando’s performance of wooing her only further incites his desire, satisfying her true motives. It may be argued that Rosalind’s substitution remedy is successful. Attempting to cure Orlando’s lovesickness for herself, she induces him to fall in love with the persona she is donning. The disguised Rosalind becomes Orlando’s new object of desire, ensuring that he continues to love her when she removes her disguise.

Although physicians assured the efficacy of the substitution cure, the patient in literary works was frequently unwilling to "quench… [his] former passion by a new" (Ovid, “Remedy of Love” 511), requiring some medical trickery. As previously discussed, a prominent example of
such medical deception is depicted in Shakespeare’s and Fletcher’s *The Two Noble Kinsmen.*

The Doctor succeeds in displacing the Jailer’s Daughter’s desire onto a substitute by casting another young man as her beloved. His methodology hinges on the notion that the lover’s plight results from a fiction of the mind, and the illness must thus be combatted with an alternate fiction: “It is a falsehood she is in, which is with falsehood to be combated” (Shakespeare and Fletcher IV. iii. 81-2). The desired object is replaced for a less harmful alternative. The Doctor resorts to such treatment not only to moderate the patient’s humoral constitution but also to dislodge the image preoccupying her thoughts and replace it with another. To accomplish the bed trick, the Doctor recommends that the Wooer “confine her to a place, where the light may rather seeme to steale in” (Ibid. IV. iii. 62-3). By doing so, he will remain unrecognized and will create an atmosphere conducive to a rendezvous. Then, in the “name of Palamon,” the Wooer must “commune of Love,” which is all that “her minde beats upon,” enabling the Jailer’s Daughter to gratify her fantasy and mitigate its pernicious effect on her mind (IV. iii. 64-6). Unlike other treatments, the substitution for a less perilous alternative does not distract the lovesick patient from the passion but seeks to gratify it. Recovery depends not on a withdrawal from the object but on employing the phantasm to enact the cure. Such medical trickery substantiated the Aristotelian notion that the object of lovesick desire is a phantasm forged by the mental faculties. Mesmerized by an inner vision of the object, the lover projects this image freely onto any substitute. The readiness with which Romeo, Orlando, and the Jailer’s Daughter

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117 Burton likewise affirmed that as the lovesick patient was ill due to a “wicked incredulity,” and “by the same meanes,” the patient could be cured (254).

118 According to this formulation, the desire is directed not toward the object but toward the process of desiring, affirming the etymology of the word “desire,” which originates from the Latin “desiderare,” meaning “from the stars.” This meaning suggests that desire is a process of reaching, lacking, having lost, or otherwise not possessing the object. For an in-depth discussion of the coitus cure and the implications about the phantasmal nature of the beloved, see Dawson 173.
displace their affection indicates that desire exists independently of the phantasm’s flesh and blood model.  

Beyond cures intended to distract, to uplift, and those designed to balance the humors, physicians developed a method of treatment to counteract the patient’s delusion that the loved object is superior to all others. In accordance with Galen’s dictum to treat by inducing the antithetic state, Avicenna, Gerard of Berry, Bona Fortuna, and Ferrand advised correcting the patient’s view of the beloved by vilifying her, drawing attention to the minute particulars of her body. As Ferrand expressed, the patient must be convinced that “what he finds attractive…, in the judgement of those who see better,” whose estimation has not been compromised, is “actually ugly and deformed” (314). Burton recommended the sight of the beloved’s naked body, which “will be “loathsom, ridiculous, thou wilt not endure her sight,” or otherwise, one may benefit from seeing her “pale, in a consumption, on her death-bed, skin and bones, or now dead” (371). This method was also described in Ovid’s “Remedy of Love,” which referred to the sight of the beloved’s naked body as a “cure, to your own eyes” (“Remedy of Love” 375). In Chaucer’s “The Miller’s Tale,” this treatment proves effective for Absalom, who “he was heeled” when “he hadde kist hir [Alison’s] ers” (Canterbury Tales 3754-7).

Physicians also reminded the male lover that the object of affection is a flawed human being rather than a divine ideal. Ovid advocated studying her flaws – for instance, “how ill-shap’d her legs, how thick and short!” (“Remedy of Love” 336). In Romeo and Juliet, Benvolio recommends that the melancholy lover compare Rosaline to others, who will reveal the “swan” to be “a crow” (Shakespeare, Romeo and Juliet I. ii. 87). Medical practitioners even suggested disrupting the unrealistic conception of the beloved by presenting the lover with jarring,

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119 Emilia observes that the object of Arcite’s and Palamon’s love is that of their imagination, rather than a person of flesh and blood: “The misadventure of their owne eyes kill 'em” (Shakespeare and Fletcher III. Vi. 190).
repulsive, or otherwise disagreeable aspects of her body. Exposed to the physiological functions of an average woman, to her corporeal imperfections, the lover’s delusion about the beloved’s superiority could be subverted. Disgusted and jolted from his false belief, the lover could recognize the discrepancy between the earthly woman and the phantasm fixed in his imagination. This treatment methodology suggested, as Freud later described, that a certain degree of intimacy or familiarity with the loved object could terminate desire. Physicians thus attempted to induce the lovesick patient to perceive the beloved as flawed, disagreeable and to reduce her attraction, her mystery.

While such treatments could be less than successful, the only foolproof cure for both historical and literary physicians was “to let them have their desire” (Burton 798). The notion of the beloved as a cure for lovesickness could be traced to ancient Egyptian and Greek poetry, and Plato similarly called the beloved a “healer” who relieves the lover’s “greatest sufferings” (The Phaedrus, 109). Avicenna cited a case of a young man who “had been dried up and suffered from chronic diseases from depleted vigor due to an excess of love,” but he completely recovered when the object of desire was given to him in marriage (qtd. in Jackson 355). Avicenna regarded this method as the last resort, recommending that the physician unite the lover with the beloved if he “cannot discover any other cure” (Ibid.). In the malady’s literary representation, the beloved was frequently depicted in a contradictory way as both the cause of illness and as the sole means of salvation. Before Chaucer’s Troilus dares to hope that his affection could be returned, he regards Criseyde repeatedly as the source of his troubles: “of al

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120 In an illustration of medical misogyny, treatises recommended presenting the lover with a cloth covered with blood as a reminder of the beloved’s menorrhagia in order that she appear fallible, susceptible to the imperfection of nature, evoking revulsion in the male lover. For an in-depth discussion of this methodology as well as other forms of misogyny in the medical treatment of lovesickness, see Dawson 194-211.

121 In “Remedy of Love,” Ovid explains the effectiveness of this treatment, arguing that gratifying desire will diminish it. He advises to “indulge desire” until all yearnings “are cloy’d” (Ovid, “Remedy of Love” 580).
my wo the welle… my swete fo” (Troilus and Criseyde I. 873-4). Yet after he enlists Pandarus to help champion her heart, Criseyde transforms into a potential cure. When Pandarus pleads with his niece to be “A leche anon,” he suggests that she embodies the only effective remedy for the prince’s illness: “in this manere/ Men curen folk” (Ibid. II. 1579-80). In The Two Noble Kinsmen, Emilia is similarly described as both the source of Arcite’s and Palamon’s suffering and as the cure. Her choice between them is associated with death for one and life for the other. She represents their demise and their antidote, capable of “bind[ing] those wounds up” and ending “their strife” (Shakespeare and Fletcher IV. ii. 3). In Antony and Cleopatra, the lovers effectively bring about the other’s death, yet they consistently refer to each other as the source of relief. Cleopatra’s torments are consistently lessened by the presence of Antony. At the instant when “death will seize her,” Antony “makes the rescue” (Shakespeare Antony and Cleopatra III. xi. 46-7).

Diverging from medical dogma, however, Leon Ebreo’s formulation of lovesickness revealed consummation with the beloved to be a fruitless attempt at treatment. He argued that coitus only illuminated the lovers’ inability to exist in a perfect, uninterrupted union. Philo describes in The Dialogues of Love (1535) that a true merger between the lover and the beloved must be not solely physical but also spiritual – a “complete interpenetration” of one with the other – and coitus would be insufficient for such fusion (Ebreo 69). The lover would “suffer far more and more irresistibly,” remaining in his own body after the enactment of the remedy (Ibid.). Providing a glimpse of potential proximity, a temporary physical union would produce “an even

122 Pandarus appeals to Criseyde’s compassion when he describes the suffering of Troilus, informing her that all hope of his recovery hinges upon “ye helpe” (Chaucer, Troilus and Criseyde II. 320). Troilus similarly seeks the company of Criseyde for the sake of temporary relief for his symptoms: “his hote fire to cesse,/ To sen hire goodly lok he gan to presse;/ ffor ther-by to ben esed wel he wende” (Ibid. I. 445-7).
123 The notion that the beloved is the most effective cure for lovesickness is the basis for Polonius’ logic to send Ophelia to “speak to” Hamlet, who is believed to be suffering from love for her (Shakespeare, Hamlet II. ii. 203).
more ardent desire” for a permanent one (Ibid.). Yet, even if a union with the beloved could cure
the lovesick patient, the major roadblock for physicians who were more optimistic in their
prognosis than Ebreo was the patient’s own reluctance to be cured. Such resistance frequently
presented in two ways: the unwillingness to disclose the cause of the ailment and the reluctance
to relinquish the destructive passion. Galen insisted that the lover’s recovery hinged on his desire
to be cured (On The Passions and Errors of the Soul 53-4). Burton likewise identified the patient
as “the efficient cause of thine owne misery” by “giving way unto” the recalcitrant thoughts
about the beloved (163). This rendered the physician’s role highly problematic: he must read the
somatic signs to diagnose lovesickness and must devise a treatment that would not only
overcome the effects of the illness but also oblige the lover to comply.

Literary texts consistently focused on such psychological nuances, dramatizing the
lover’s refusal to be treated. If fictional physicians are often unsuccessful in treating
lovesickness, it is not because the affliction is beyond their power but because the patient refuses
medical intervention. In Troilus and Criseyde, Pandarus demonstrates his awareness of the
medical notion that love cannot be cured until the patient is willing to recover, begging Troilus
not to nurse the illness: “Delyte nat in wo thi wo to seche” (Chaucer, Troilus and Criseyde I.
704). Pandarus’ recommended treatments are supported by concurrent medicine, yet the prince
resists the cure, refusing to relinquish the object of his passion: “fro my soule shal Criseydes
darte/ Out neuere mo” (Ibid. IV. 472-3). Troilus is entirely reluctant to submit to medical
intervention, willing to suffer rather than relinquish his love: “Ek I nyl nat ben cured…” (I. 758).
The more pain that he incurs, “the more it me deliteth” (III. 1652). He cannot find it in his heart
to “vnlouen” Criseyde (V. 1698), continuing to love her “best of any creature” (V. 1700-1). Expecting death to claim his spirit before it is divested of love, Troilus knows that he will continue to pine and suffer in the world beyond. His death proves not that lovesickness is incurable but that the lover’s suffering is only treatable if the cure is desired. Only characters in comedic representations of lovesickness either submit to treatment, wishing to have their love expunged, or are ever successfully cured. In *As You Like It*, Orlando ironically agrees to be cured by the cross-dressed Rosalind, his own beloved. The Jailer’s Daughter also finds relief in the arms of the Wooer. Tragedies, on the other hand, frequently featured lovesick characters who attempt to conceal their feelings, pray to the Gods to help them, or simply wish for death, rather than submitting to medical intervention. Palamon and Arcite, Romeo and Juliet, as well as Antony and Cleopatra, would sooner die than pursue a cure, despite the best efforts of such confidant-physicians as Friar Lawrence and Charmante.

As demonstrated in the first two chapters, the lovesickness paradigm entailed an interconnectedness between the mind and the body, establishing a relationship between physiological processes and psychological motions. Yet, with the advances that took place during period known as the Scientific Revolution, including Descartes’ dualist model of the organism, Harvey’s discovery of the circulation of the blood, and Willis’ ideas about the nervous system, this notion began to wane in medical discourse. Physicians increasingly began to conceive of lovesickness as a physiological malfunction and sought the specific organic site of the disorder. Literary texts, on the other hand, proceeded to depict cases that centered on the

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124 An explanation for the lover’s tendency to savor his pain was offered by Ovid, who claimed that lovers “linger and indulge… pain” owing to the resilient belief, “though vain those hopes,” that they will be loved (“*Ars Amatoria*” 754-5).
lover’s psychological experience, dramatizing a will to suffer that undermined the medical conception of the lovesick patient as a victim of physiology. Such fictional works represented psychopathologies that resisted simple somatic explanations and uncovered psychological etiologies that traced the lovers’ proclivity for self-torment to their relationship with the self and with the other. The discussion of lovesickness as a point of contact between medicine and literature from the late 17th to the 19th centuries is undertaken in the subsequent chapters, which explore the literary portrayal of psychological nuances that questioned or diverged from concurrent medical theories, both looking back to the ancient lovesickness paradigm and anticipating future scientific frameworks.
Chapter III

“I make my guilty torments all too plain”: Lovesickness as Confession in Racine’s *Phaedra* and Richardson’s *Clarissa*

Prior to the audience’s encounter with the eponymous heroine in Jean Racine’s *Phaedra*, we learn she is “dying of some nameless malady” (Racine I. i. 15). The other characters, along with the play’s viewers, are forced to read the symptoms of Phaedra’s body to uncover her lovesick torment for her young stepson. Over half a century later, Clarissa similarly falls ill and suffers from a mysterious affliction after having spent several volumes of Samuel Richardson’s epistolary novel attempting to escape the clutches of the dashing, manipulative Lovelace. While her body is also consistently read throughout the novel, the characters – both physicians and laymen – are unable to conclusively diagnose the source of Clarissa’s illness. Yet, like Phaedra and their lovesick literary predecessors, she betrays the familiar symptoms: feebleness, emaciation, insomnia, manic episodes, and periods of melancholy. Despite the medical necessity to vent the feelings that have produced their affliction for the sake of recovery, both heroines remain reticent and exhibit a general passivity toward a cure. The lovesick Queen purports that guilt keeps her from pursuing recovery, yet in his insightful analysis of *Phaedra*, Roland Barthes offers an alternative explanation of the heroine’s conflict: “it is not her [Phaedra’s] guilt that constitutes the problem, it is her silence” (116). Clarissa is also unwilling to disclose the feelings that have incited her malady, resisting treatment and aggravating the disorder.

Investigating Racine’s and Richardson’s depiction of disappointed love and the illness that ensues, this chapter proceeds to the medical history of the late 17th and 18th centuries and situates the literary works in concurrent medical and philosophical discourse on the significance of psychical life in bodily illness. Whereas the lovesickness paradigm since antiquity
presupposed an interconnectedness between the body and the soul, enabling a psychological experience like love to affect bodily systems, new formulations of the nature of the organism developed during the Scientific Revolution that undermined this model. Influenced by Cartesian dualism and the philosophy of mechanism, medical science began to conceive of all illness as a product of a somatic malfunction. The passions of the embodied animal soul were established as a potential cause of psychosomatic disorders, yet the rational soul remained a pillar of strength and health. By deploying the lovesickness topos, Racine and Richardson entered the discussion and demonstrated that, while the heroine’s passions are undoubtedly in conflict with her rational faculty, they are not the sole source of her waning condition, illuminating the considerable role of the mind in the health of the body.

Phaedra’s and Clarissa’s avoidance of treatment defies a strictly somatic etiology that does not involve the rational faculty, and the literary texts addressed the limitation of concurrent medical discourse by uncovering the psychological process underlying their willed lovesick suffering. In response to restrictive social factors to communicating love, particularly for women, the heroines profess that any symptomatic betrayal of their lovesickness is unwanted while acting on a hidden wish for the very opposite – to relay their clandestine torment, to be read. Phaedra and Clarissa nourish their lovesickness to transmit feelings through the socially-appropriate means of physical illness. In this way, Racine’s and Richardson’s works not only commented on the woman’s experience of love in restrictive social environments, but by bringing to light the unconfessed, or indeed unconscious, etiology of such self-torment, they prefigured the insights by which the future theory of conversion, formulated by Joseph Breuer and Sigmund Freud in “Studies on Hysteria,” would reframe the medical model. The lovesick
heroine wills her body to suffer, employing its ability to register unvented emotions as an outlet for her internal pain, to communicate her conflicted love.

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The century spanning the end of the Renaissance and the beginning of the Enlightenment was significant for medical history, as Galenic medicine was rejected, at least on a theoretic level. During the period of the Scientific Revolution, thinkers engaged in lively debate on the mind-body relationship, the nature of the organism, as well as the efficient cause of illness, particularly of psychosomatic disorders. Seventeenth century medical science was considerably influenced by the philosophy of mechanism – the view of the universe as a machine, or as a large clock that has been initiated by God. Man, like the rest of the universe, was believed to operate as an automaton, the workings of which could be understood by reducing the machine to its composing parts and uncovering their relationships (D. Schultz and S. E. Schultz 24). This reasoning was also applied to studies of illness and health. As early as 1554, the Spanish physician Gomez Pereira (1500-c.1559) proposed a mechanistic theory of the organism’s functions that asserted the body’s capacity for motion independently of the soul (Greenwood 78). The conception of the human body as a machine was also reinforced by William Harvey’s (1578-1657) discovery of the circulation of the blood. In On the Circulation of the Blood (1628), Harvey described the heart as an instrument that pumps blood, dismissing the time-honored Aristotelian view of this organ as the locus of the sensitive soul. Harvey also explained the significance of the blood in the health of the organism, arguing for the first time that elements

125 For an in-depth discussion of the scientific developments that took place during this period, see Porter, The Greatest Benefit Ch. IX.
126 Mechanist philosophy was influenced by the work of Galileo Galilei (1564-1642) and Isaac Newton (1642-1726). This discussion of the philosophy of mechanism during the 17th century is greatly indebted to Schultz; D. Schultz and S. E. Schultz; Greenwood.
absorbed by the blood stream affect the condition of the body. This theory subverted the notion that illness could be caused by anything other than physiological processes (Heffernan 30-1). Yet the most influential thinker that contributed to the somaticist view of the organism was undoubtedly Rene Descartes (1596-1650), whose ideology was likewise influenced by mechanist philosophy.

Believing that the study of medicine could uncover mysteries of “the natural world” (Porter *The Greatest Benefit* 217), Descartes rejected the humoral theory and postulated in the “Treatise on Man” (1633) that the body functioned as a “clock,” an “automaton,” independently of the spiritual motion of the soul. Descartes also regarded automata as a model for the functioning of all human processes, claiming in *A Discourse on Method* (1637) that his theory would not appear at all strange to those who are acquainted with the automata, or moving machines, fabricated by human industry . . . such persons will look upon this body as a machine made by the hands of God, which is incomparably better arranged and adequate to movements more admirable than in any machine of human invention (*A Discourse on Method* 44).

Comparing the body to such a machine, he described the connections between various mechanical parts, as well as between the brain and the body. In the “Passions of the Soul” (1649), Descartes attributed to the immaterial, immortal soul solely “thoughts,” divided into “volitions” and “perceptions or modes of knowledge” (“Passions of the Soul” 225). The passions, on the other hand, were partly somatic, because they were “caused, maintained and

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127 **The digestion of food, the beating of the heart and arteries, the nourishment and growth of the limbs, respiration, waking and sleeping, the reception by the external sense organs of light, sounds, smells, tastes, heat and other such qualities, the imprinting of the ideas of these qualities in the organ of the "common" sense and the imagination, the retention or stamping of these ideas in the memory, the internal movements of the appetites and passions, and finally the external movement of all the limbs... follow from the mere arrangement of the machine's organs every bit as naturally as the movements of a clock or other automaton follow from the arrangement of its counter-weights and wheels" (Descartes, “Treatise on Man” 108; see also Descartes, “The Passions of the Soul” 225).

128 See Noga 216.
strengthened by some movement of the spirits” that took place in the brain around the pineal gland (Ibid 229). The sprits were believed to be semi-physical substances that circulate the nerves to convey information between the body and the soul. Descartes also established a dichotomy between the bodily passions and reason: “everything that can be observed in us to oppose our reason” must be attributed to the body (236). Denying the soul’s unquestionable authority over its somatic counterpart, he argued that “Our passions… cannot be directly aroused or suppressed by the action of our will,” because physiological phenomena are not under the jurisdiction of volition (235).

Descartes’ schema cast into doubt the long-established conception that the body’s symptoms offered insight into the soul’s transports, as the passions were in themselves nothing but involuntary somatic processes. He further demonstrated that motion could originate in the body independently of the soul, as reflexes: “Besides causing our soul to have various different sensations, these various movements in the brain can also act without the soul, causing the spirits to make their way to certain muscles rather than others, and so causing them to move our limbs” (223). Prompted by “the objects both of our external senses and of our internal appetites,” bodily “sensations” produce bodily activity, Descartes claimed (Ibid.). The implication of his theory

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129 Descartes denied the existence of a sensitive and a vegetative soul, which had previously been believed to be localized in various parts of the body: “In order to explain these functions, then, it is not necessary to conceive of this machine as having any vegetative or sensitive soul or other principle of movement and life” (“Treatise on Man” 108).

130 Descartes’ ideas about the soul’s capacity to moderate the passions were not particularly clear. He asserted in “The Passions of the Soul” that volition is unable to master the passions, providing a clause to suggest that “the strongest souls belong to those in whom the will by nature can most easily conquer the passions and stop the bodily movements which accompany them” (“The Passions of the Soul” 237). In a letter composed prior to the treatise under discussion, however, Descartes expressed the opposing view when offering advice on account of an illness caused by emotional distress that afflicted Princess Elizabeth, the daughter of Prince Frederick of the Palatinate and Elizabeth, the sister of Charles I of England: “I know only one remedy for this: in so far as possible to distract our imagination and sense from them [the distresses], and when obliged by prudence to consider them, to do so with our intellect alone” (qtd. in Cook 37). In other words, Descartes described that volition could restrain the passions by discontinuing the visualization of the painful event or image.
was that the motions of the soul could not be conclusively read from external signs, which was traditionally a significant factor in diagnosing lovesickness.\(^{131}\)

Mechanism paved the way not only for the view of the organism as an automaton but also for the notion that all its malfunctions possess somatic causes. According to Descartes’ formulation, illness, even a psychosomatic malady like lovesickness, must be produced not by the soul, immortal and immaculate, but by a disorder in the machinery of the body.\(^{132}\) The mechanistic model established by Descartes became a source of motivation for physiological research.\(^{133}\) Various discoveries were made in the field of anatomy by means of dissections, which uncovered anatomical structures, particularly in the digestive, muscular, and respiratory systems. Until this period, humoral medicine identified the etiology of illness as a physiological and psychological imbalance, yet new medical theories focused on localizing an organic pathology, emphasizing solids rather than liquids as the source of illness.\(^{134}\) The Dutch physician Herman Boerhaave (1668-1738) distinguished between the chemical and the physical systems of the body, which he believed to be comprised of canal-like nerves that contained fluids. For Boerhaave, health required both equilibrium in the liquids and proper mechanical functioning of the solids.\(^{135}\) Under Descartes’ influence, 17\textsuperscript{th} century thinkers distinguished between the

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\(^{131}\) For this reason, Sobol argues that Descartes’ dualistic model was incompatible with the lovesickness paradigm, which entailed a diagnostic process in which spiritual motions are uncovered through somatic signs (25-6). In accordance with the Cartesian model, a single physical signifier could have multiple signifieds. The reader cannot be certain that he has discerned activity of the psyche or merely spontaneous somatic processes: “The mere fact that some spirits at the same time proceed to the nerves which serve to move the legs in flight causes another movement in the gland through which the soul feels and perceives this action. In this way, then, the body may be moved to take flight by the mere disposition of the organs, without any contribution from the soul” (Descartes, “The Passions of the Soul” 233).

\(^{132}\) See Porter, \textit{The Greatest Benefit} 242.

\(^{133}\) For an in-depth discussion of the developments in the study of anatomy during the late 17\textsuperscript{th} and 18\textsuperscript{th} centuries, see Greenwood 64-185; D. and S. E. Schultz 21-68; Porter, \textit{Mind-Forg’d Manacles} 169-184; Porter, \textit{The Greatest Benefit to Mankind} 201-304; Neve 232-248; Ackerknecht 28-41; King 1-152.

\(^{134}\) See Ackerknecht 36.

\(^{135}\) For a discussion of Herman Boerhaave’s medical theory, see King 122; Porter, \textit{Mind-Forg’d Manacles} 177; Porter, \textit{The Greatest Benefit to Mankind} 246.
immortal rational soul and the embodied sensitive, or animal, soul. During this period, medical science rarely discussed the immortal soul in connection with illness but identified the mortal anima as the agent responsible for mental dysfunctions and afflictions (King 134).

A further source of influence in the new conception of psychosomatic illness was the English physician Thomas Willis (1661-1675), who coined the term “neurologie” to designate the study of the nervous system and identified the cerebral localization of mental functions (Ibid). Willis described the nervous system as tube-like filaments that connected various parts of the body and recognized its vital importance in the health of the organism.136 In De Anima Brutorum Exercitationes Duas (1672), he explained that the anima, entirely somatic in nature, was subordinate to reason and was responsible for motion and sensation in the body.137 The anima was not merely localized in the organs of the body, Willis described, but was a part of those organs, adding that, when matter is “rightly disposed,” the anima arises from it (Dr. Willis’s Practice of Physick 6). Willis believed that the rational soul – the site of intelligence, estimation, and the will – was located in the corpus callosum and interacted with its lower counterpart through the animal spirits.138 He agreed with the French philosopher and scientist Pierre Gassendi (1592-1655) that the specific point of connection between the rational and the animal souls was the intercostal nerve, which enabled reason to manage the bodily passions (Noga 226). Yet, like his contemporaries, Willis did not believe that the rational soul, which was

136 For an in-depth account of the Willis’ role in the development of medical thought on psychosomatic and mental illnesses, see King 134-6; Porter, Mind-Forg’d Manacles, 178; Noga 225-6.
137 While the anima was entirely somatic in nature, Willis also identified it as the body’s vital principle, what later came to be called the sensibility of the organism. For an illuminating and comprehensive discussion of late 17th and 18th century conception of the soul and its relationship with the body, see King 125-151.
138 Willis maintained that “the will, which proceeding from the intellect, is the handmaid of the rational soul; and the sensitive appetite, which cleaving to the imagination, is the hand or procuress of the animal soul” (Dr. Willis’s Practice of Physick 42).
associated with the divine, was implicated in illness. Instead, the etiology of psychosomatic illness like lovesickness was either a “fault of the Brain, and the inordination of the Animal Spirits dwelling in it,” or a “Passion of the heart” – that is, either a product of a mechanical malfunction of the brain or the passions of the embodied anima (Willis, *De anima brutorum* 190).

Mechanist thinkers even extended the reductive philosophy to apply to all elements of the organism, including the rational soul. Thomas Hobbes (1588-1679) identified thought as a systematic property in “On Human Nature” (1654), claiming that psychological processes, including rationality, are “nothing really, but motion in some internal substance of the head…” (31). Sensations – pleasing or displeasing – were believed to be a product of the collaboration between various parts of the body. Boerhaave further described the rational soul not as an immaterial entity but as a concentration of nerves. Yet the most extreme formulation of this idea must be attributed to the French 18th century physician Julien Offray de La Mettrie, who, in *L’homme machine* (1748), famously stated that “man is… a machine” (89). He proposed that mechanistic principles accounted not only for the workings of the body – “a machine which winds its own springs” – but also for all human processes, including reason (Ibid. 93).

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139 Like Descartes, Willis described the capacity of the spirits to produce reflex motion independently of the soul: “… when the spirits in the cerebrum are excited by some pleasant or disagreeable object into a sensation of pain or pleasure they communicate the impression of this idea and motion upon the spirits in the cerebellum which minister to involuntary motions” (*Oxford Lectures* 69). Yet Willis also explained that the passions could affect the functioning of the brain: “Through these interconnections the imaginations and the passions, conceived in the cerebrum, may be communicated through the cerebellum to the praecordia, and similarly the passions from the praecordia may reach the imagination and the cerebrum. Hence, love, anger, etc. cause various praecordial motions accompanied by diverse modulations and fluxes of the blood” (*Oxford Lectures* 142).

140 Considering his mechanistic view of the psyche, Hobbes denied free will (See Greenwood 95; Porter, *The Greatest Benefit* 219).

141 See Noga 238.
The mechanist conception of the mind and body relationship and the soul’s role in illness was opposed by the philosophy of vitalism.¹⁴² Vitalists fervently disputed Descartes’ dualism, maintaining that the motion of the body was a product not of the mechanical function of the heart but, rather, of the intangible soul, which was the source of volition, exercising its will over all organic processes. The most significant advocate of vitalist philosophy was the German chemist and medical practitioner Georg Ernst Stahl (1659-1734). Denouncing that the body could move by reflex, he expressed that its mechanism was merely the tool employed by the soul, which possessed complete agency over every bodily act, in sickness or in health.¹⁴³ He localized the soul in the entire body, which would otherwise decompose without the soul’s presence. Stahl believed that disease was the product of turmoil in the soul, which produced effort on its part to exorcize foreign or destructive agents from the organism – that is, to maintain psychological and somatic equilibrium.¹⁴⁴ Fever was the frequently-used method by which the soul attempted to expel illness. As the source of the affliction, the soul was also the agent of healing, which signified that the health of the body could be said to depend on the reason and the will.

This 17th century debate was significant for the medical understanding of lovesickness. In accordance with mechanist theory, the origin of psychosomatic disorder was a malfunction of either hydraulic or material parts, or of bodily passions, implying that the patient was a passive victim of physiology, of a poorly constructed system. A vitalist view of the efficient cause of illness, on the other hand, suggested a psychogenic etiology, as the soul and its faculties participated in the development of the affliction. Through its representation of Phaedra’s illness, Racine’s play entered the debate, and, as Bernadette Höfer rightly observes, “jettison[ed] the

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¹⁴² For an in-depth discussion of this contention, see French 237; King 144-150; Sobol 25; Brown 11.
¹⁴³ In identifying the intermediary between the physical and the spiritual elements of the organism, Stahl rejected the notion of the spirits (King 146, 149).
dualist Cartesian model” in favor of a vitalist conception of the Queen’s malady. (176). The play draws from the classical lovesickness paradigm and depicts an interaction between the heroine’s mind and body, her exterior and her internal states. It emphasizes the role of the psyche in producing and perpetuating the disorder. When Oenone, Phaedra’s confidant and self-appointed physician, attempts to read her mistress' physical symptoms – emaciation, fatigue, and temperature fluctuations¹⁴⁵ – to gain access to Phaedra’s internal state, she acts on the belief that the somatic illness, gestures, and facial expressions are direct manifestations of the spiritual condition, which the Queen takes such pains to conceal.

The play’s portrayal of the heroine’s symptoms is informed by such ancient models as Sappho’s poetry and Ovid’s *Heriodes*. When other characters describe Phaedra before her entrance on-stage, they refer to her as “sick unto death” (Racine I. i. 10). Upon her initial appearance, the Queen has already grown frail: taking a few steps into the light, “strength abandons” her (Ibid. I. iii. 16). She suffers from insomnia – “pain has dragged her from her bed” – and seeks solitude (I. ii. 15). Grown emaciated, Phaedra exhibits the lover’s “hollow eyes,” which were well-described in medical treatises (I. iii. 18). Her love also has produced temperamental changes. She is melancholy, ill-at-ease, made miserable by her surroundings: “all things oppress me, vex me, do me ill” (I. iii. 16). Frustrated with “all things,” Phaedra exhibits a contempt for her clothing, her maids, all that she encounters: “These veils, these baubles, how they burden me!/ What meddling hand has twined my hair…” (I. iii. 16). Like her lovesick antecedents, she wavers between such states of agitated melancholy and manic fits, manifesting in strings of discordant speech: “Oh, to be sitting in the woods’ deep shade!/ When shall I witness, through a golden wrack of dust, a chariot flying down the track?... Where am I?

¹⁴⁵ Phaedra’s body wavers between “burn[ing]” and “cold and numb” (Racine I. iii. 23).
Madness! What did I say?” (I. iii. 17).146 Recovering from one such outburst, the Queen mourns the loss of her “hankering senses” (I. iii. 17).

Whereas humoralism was replaced by a new organic model in 17th century scientific theory, it was not yet relinquished in practice. Undeterred by Descartes’ radical dismissal of the humoral model, as well as by Willis’ innovations in neuroanatomy and Harvey’s discovery of the circulation of the blood, many 17th century medical practitioners continued to treat the organism in accordance with conventional methods of archaic Hippocratic medicine and humoral pharmacology for ailments of both somatic and psychic origins.147 Physicians also proceeded to diagnose spiritual concerns by reading the body as the site on which the states of the soul could be transcribed.148 The primary method of treatment for all illness remained venting the body of excessive, harmful agents through the use of emetics, diuretics, purges, and phlebotomy; the injurious element – whether excess bile or excess grief – must be evacuated from the organism.149 Continuing to treat along the lines of humoral medicine, physicians nevertheless justified their methodology in accordance with the new medical model that favored an organic etiology of illness. Boerhaave argued that the ancient treatment of phlebotomy, still widely used during the 17th and 18th centuries, was effective because excess blood could apply pressure on damaged vessels.150 Purging was likewise believed to diminish the bodily fluids that endangered

146 For an illuminating discussion of the significance of this seemingly senseless discourse, see Glenn 435-442.
147 Various scholars have argued that mechanism and dualism displaced the antiquated notion of the interrelationship between the body and the soul, yet Enlightenment medical practitioners retained a belief in a psychogenic etiology of disease, just as humoral medicine remained the norm (Rousseau 34). For a detailed account of medical practice in the 17th century and of the prevalence of the humoral model in the etiology of disease, see Wear; Duffin; Roger; Porter, The Greatest Benefit 229-232; King 209-232.
148 Harvey’s discovery of the circulation of the blood provided an explanation for the physiological manifestations of emotional processes, as the blood itself, and the spirits it carried, bore the mark of the passions, producing “the way in which our body reacts differently in every affection, appetite, hope, or fear” (165).
149 The best discussion of the necessity to vent in the 17th century medical model and the detrimental effects of the patient’s unwillingness to do so could be found in Höfer 175-210.
150 See Risse 159.
impaired organs. Psychological forms of treatment were also recommended. The 17th century medical model deemed the passions to be pernicious for the health of the body owing to their capacity to alter the functioning of the organs by redirecting the spirits (Mckenzie 57). For this reason, physicians advised venting immoderate passions by means of speech. Adjusting the amount of fluid in the organism was determined to improve the spiritual condition, and the reverse methodology was deemed equally effective: regulating the psychological state could correct the physiological malfunction. This signified that recovery required an avowal of the cause of suffering, and the repercussions for a patient unwilling to vent the source of illness were believed to be dire, increasing suffering and prolonging the somatic disorder.

This method of treatment is undertaken by the concerned Oenone, who beseeches her mistress to confess the cause of her malady: “Is it your cruel design to die this way?/ What madness dooms your life in middle course?/ What spell, what poison has dried up its source?” (I. iii. 18). Phaedra’s devoted companion illustrates her understanding of the medical model, claiming that “silence… makes [her] sickness worse” (I. iii. 18). Yet the Queen dismisses the treatment of venting, asserting that she would nevertheless die “but with a guiltier name” (I. iii. 20). Bidding Oenone to “serve my madness, not my reason,” Phaedra ensures that her torment is intensified and perpetuated (III. i. 56). The physical suffering she endures is a response to her reticence: Phaedra is dying “to keep that horror unconfessed” (I. iii. 20). Such a reluctance to be cured, damaging to the heroine’s health, was undoubtedly a source of consternation for medical theory, challenging the view of lovesickness as a somatic malfunction that did not involve the rational faculty. Not only does Phaedra avoid a verbal confession but she refuses all forms of therapy. After the initial attempt to treat herself by banishing Hippolytus, she no longer seeks

151 In a Freudian reading of this scene, MacKenzie has observed that Oenone functions as the manifestation of Phaedra’s reality principle (MacKenzie 334).
relief once he returns, assuring herself that nothing “could cure a lovesick soul like mine” (I. iii. 24). Phaedra’s condition is believed to be terminal, yet she does not fight against this fate; resigned to her affliction, she is “a dying woman who desires to die” (I. i. 10).152 Not only did treatment become significantly more challenging if the cause of illness was unknown, but the unwillingness to submit to medical intervention also did not comply with the medical schema, according to which, Phaedra’s rational soul must desire health and must exercise a fair degree of authority over its animal counterpart. By keeping the source of the malady concealed and acting against the interests of her health, Phaedra exacerbates her illness. Dramatizing such a will to suffer on the part of the heroine, the play diverged from concurrent medical doctrine and anticipated future scientific discourse.

Over two centuries after Phaedra enters the stage, her body perishing from unrequited love, Joseph Breuer and Sigmund Freud explored the process by which powerful passions and other mental processes could produce a physiological illness – a notion that underlies the lovesickness paradigm. In their jointly-written treatise “Studies on Hysteria,” Breuer and Freud referred to this phenomenon as “conversion” (86), or what psychiatrists later identified as “somatization.”153 The neurophysiologists not only extended the understanding of the physiological processes behind psychosomatic illness but also reframed the etiological explanation offered by their

152 As Keller describes, the play opens with the “determination” on the part of the heroine to die (183), to see the light “for the last time” (Racine I. iii. 17). See Keller 180-192.
153 The term “somatization” could be traced to the 1926 English translation of the term “Organsprache” used by Wilhelm Stekel, an Austrian physician and psychologist and one of the earliest followers of Freud. “The translator of Stekel, J. van Teslaar, defined “somatization” as “Conversion of emotional states in physical symptoms,” which coincided with the Freudian concept of “conversion,” quite unlike the original meaning of “organsprache” (organ-speech). In a subsequent edition of the text Die Sprache des Traumes, Stekel used the word “somatization” to signify the expression of emotional distress through physical pain, and the term has been attributed to him ever since. In 1950, Franz Alexander further developed the notion of “somatization” in his book on psychosomatic medicine. He explained that studies in “neurotic patients” have revealed that intense or traumatic long-term psychical states have been found to produce “chronic disturbances in the body” (Alexander 40). Kleinman later defined “somatization” as the tendency of patients experiencing "personal and interpersonal" problems to "interpret and articulate them, and indeed come to experience and respond to them, through the medium of the body" (51). For a detailed account of the origins of the term, see C. Marin and R. Carron 43:249–50.
medical forbearers. According to their essay, a healthy organism possesses protective mechanisms that take measures to prevent emotional states from affecting the vital organs. However, the strength of the resistance against this "intracerebral excitation" varies from one individual to another (Breuer and Freud 202), and the physiological defenses may be breeched if the affect is potent enough or if the channels conducing emotion are damaged.\(^{154}\) This may convert the affect into “a somatic phenomenon” (Ibid. 209). Breuer and Freud also argued that internal conflict, and the repression that frequently results, contributed to pathological conversion. They explained that an affliction occurs “when the conflict is one between firmly-rooted complexes of moral ideas in which one has been brought up and the recollection of actions or merely thoughts of one's own which are irreconcilable with them” (210). In consequence of such "irreconcilable" mental states – exhibited particularly by lovesick subjects, by whom the object of affection is both loved and shunned, consummation is both desired and rejected – “the course of associations is inhibited,” the excitation increases, and a somatic episode, “in which the excitation is discharged,” ensues with “a pathogenic effect” (209-10).

There is little doubt that the psychoanalytic framework recast the view of psychosomatic affliction held by 17\(^{th}\) century medical science. Psychoanalysis emphasized psychological processes, frequently unconscious, as the primary cause of such illness. Nevertheless, the similarities between the two models bear discussion, particularly in terms of their approach to curing such afflictions. In their observations on treatment, Breuer and Freud arrived at an opinion similar to 17\(^{th}\) century physicians, maintaining that, to "discharge tension" caused by an emotionally intense experience, the "normal" method would be to "communicate" the emotion

\(^{154}\) Breuer and Freud additionally explained that an innate or illness-caused weakness of the resistance mechanisms that normally protect the “paths of conduction” may produce the breach (203). A "long duration" of conducting emotion may also damage the channels and deteriorate resistance over time (Ibid.) In other cases, mental or physical activity that typically diminishes the "degree of intracerebral excitation" may be insufficient (Ibid.).
"by speech" (210). Breuer and Freud warned that, in the case that the need to verbally vent is unavailable or "denied," the excitation grows in potency, overwhelms the patient’s defenses, and is converted into a long-term illness (Ibid.). This conclusion was shared by 17th century physicians, who recognized the health risks of the unwillingness to verbalize the passions before the notion of repression and its consequences were developed by Freud, and this phenomenon has been variously represented in the literature of the lovesickness tradition.

Racine’s play anticipates the psychoanalytic insights by uncovering the psychological etiology of the heroine’s predilection for lovesick suffering, her refusal of the venting cure. Phaedra’s self-denial, which exacerbates her affliction, is partly a response to the socio-medical paradigm of the Age of Reason, which deemed the passions a deterrent of thought and morality. The revelation of incestuous love would undoubtedly expose the Queen to severe public scrutiny, indicating moral weakness, an insufficiency of the will, and an incapacity to govern the animal soul. Informing the cultural code of Phaedra, Jansenist theology further dictated that human beings innately possess a flaw that opposes the noble motives of the rational faculty and the higher aims of spiritual existence. Oenone verbalizes this conception when she tells her mistress that “weakness is natural to us” (Racine IV. vi. 84).

155 According to Edward Reynolds’ 1640 text Treatise of the Passions and Faculties of the Soul of Man, the rational faculty must be employed to restrain the rule of the passions over actions. He believed that the passions could be “altered into good or evil by virtue of the domination of right reason” (Reynolds 41). In Leviathan, Thomas Hobbes (1588-1679) famously elaborated his theory of the role of the passions in affairs of public interest. For him, the passions were bodily manifestations, and they could only arouse acts of self-interest. For this reason, Hobbes believed that they must be dominated by the intellect to diminish destructive behavior. Descartes similarly argued that one must “subject one’s passions to reason,” yet such suppression must function for the benefit of personal happiness (See James 2). For a comprehensive discussion of the 17th century conception of the destructiveness of the passions and the superiority of the reason, see Cook.

156 The examination of Jansenism, a theological movement in Christianity with which Racine was trying to reconcile, as the governing religious background of the play has been very popular in scholarship on Racine. Lucien Goldmann proposed that Racine’s play demonstrated the Jansenist problem of compromising between “liv[ing] in the world” and “reach[ing] agreement with the civil and religious authorities,” asserting that Phaedra uncovers the tragic impossibility of having it both ways (The Hidden God 375, 371-91). Within the Jansenist framework, the heroine’s conflict becomes the innate frailty of the human condition, caught between her ‘natural’ passions and the rational impulses of her volition that seek to maintain social order (Budzowska 152-3). In other words, Phaedra is a
predetermines Phaedra’s relationship with her love, which she must find deplorable even if her beloved were not forbidden by familial relations. She exhibits guilt about her illness even prior to naming its cause to Oenone and admits the shame of facing the light, of being seen by the “god of fire,… who blush[es] perhaps to see my wretched case” (Ibid. I. iii. 17).

A polarity is established by the play, and particularly by Phaedra herself, between the unwanted passion and her morally upright impulses. A Jansenist tragic heroine par excellence, Phaedra’s psyche is split, torn between the desire to indulge her love and the consciousness that it must be subdued, subjected to the intellect.\textsuperscript{157} She exhibits two imperfectly balanced needs: to suppress her love so that she may avoid contaminating the “purity” of the “light” with her aberrant affection and to obey a passion that she cannot subdue (V. vii. 105).\textsuperscript{158} Oenone perfectly summarizes the conflict of her mistress’ mind: “Her wishes war against each other…” (I. iii. 16). She both loves and desires not to love; she longs for recovery yet avoids treatment: “I hate/ my life; my passion I abominate” (I. iii. 24). The flaw of Phaedra’s love is redeemed by her active rational faculty, which consistently checks the impulses of its passionate counterpart.\textsuperscript{159} In his work on somatization in pre-Victorian and non-Western societies, Arthur Kleinman has explained the reluctance to unveil its cause of psychosomatic illness, arguing that such patients value “the harmony of social relations” over private, “intrapsychic experience” (54). They evade

\textsuperscript{157} For a comprehensive discussion of the disjunction between Phaedra’s opposing inner states about her love for Hippolytus, see Toczyski 324.

\textsuperscript{158} Phaedra variously comments on the split she perceives between the “light” of day, which she associates with purity, and the darkness of her hidden yearnings, which contaminate that light (Racine V. vii. 105). Discourse of infection and contamination permeates the text. Phaedra deems her affliction a source of corruption, fearing that love, which has infected her body, may trickle beyond its limits: “I foul the air with incest and deceit” (Ibid. IV. vi. 83).

\textsuperscript{159} When Phaedra initially falls in love with Hippolytus, she attempts all methods to rid herself of her feelings: she “thought to appease her [Venus] then by constant prayer,… I made continual sacrifice” (Ibid. I. iii. 23). She also attempts to cure herself of the disease by “feign[ing]/ A harsh stepmother’s malice, and obtained… my wish that he be sent/ From home and father into banishment” (Ibid. I. iii. 24).
an open expression of "personal distress," which is perceived to be "embarrassing and shameful" in their social environment (Ibid.). As silence in the face of personal woe was the obligatory credo of the Age of Reason, the importance of social obligations partially determines Phaedra’s self-suppression.

Her reluctance to verbalize the sinful passion enables the Queen to protect the interests of her honor, yet it ironically does not conceal her love, resulting in the very revelation that she seems to wish to forestall. In accordance with concurrent medical theory, suppressing the need to vent the passions exacerbates the illness and transforms them into somatic symptoms. The heroine’s body betrays the emotion, overpowering her attempts at self-suppression, or, more accurately, owing to those attempts. Breuer and Freud would later explain this phenomenon, claiming that the suppression of the venting impulse causes an increased excitation that is inevitably discharged, that somatization operates by displacing verbal language. The very act of suppression forces the emotions to be somatized – transformed into symptoms of illness – as if written on the body. The prolonged self-inhibition merely intensifies the feeling, and as the heroine does not give it vent, the symptoms – the manifestation of the supremacy of intense passion over the body – operate on behalf of this irresistible need. Phaedra somatically reveals the sinful love particularly because she attempts “to keep that horror unconfessed” (Racine I. iii. 20).

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160 Kleinman observes that, only when the self becomes the dominant center of gravity for social discourse and relations, do expressions of emotional turmoil become more prevalent. He argues that, until the expressions of psychological woe became acceptable for “the Victorian middle class,” somatization was a very common feature of emotional disturbance (Kleinman 55).

161 The merits of suppressing the passions was expressed by the 17th century philosopher Francis Bacon, who claimed that an individual of strong will could subdue violent emotion. He deemed the endeavor to be fraught with difficulty, because even when the passions were “laid asleep and extinguished,” they could just as easily be revived: “give them matter and occasion, they rise up again” (Bacon 742).
The Queen’s physiological experience of falling in love, which recalls her lovesick predecessors, betrays what she refuses to verbalize. Upon beholding Hippolytus for the first time, Phaedra’s body responds to the sight of beauty by a quickened motion of the blood to and from its exterior: “I blushed, I paled…” (Ibid. I. iii. 23). Her blushing is highly revealing – it is, in Freud’s phrase, “a mild erection of the… head” (qtd. in Brown 194).\(^\text{162}\) Yet the clash between the passions and reason manifests in conflicting physical symptoms. Blood initially rushes through her body, which manifests in flushing and blanching, enabling Phaedra to run toward the beloved, yet the rational faculty subsequently constricts those bodily systems that could encourage attraction, and then her “eyes no longer saw,” her “lips were dumb” (Racine I. iii. 23). The heroine’s passions are betrayed not only through symptoms of illness but also through symptomatic acts, to borrow a phrase from Freud.\(^\text{163}\) Her self-suppression produces unplanned confessions, and Phaedra frequently finds that she has spoken against her will: “Madness! What did I say?” (Ibid. I. iii. 17). Her declarations of love – so unpremeditated, so sudden in their delivery – are not motivated by the search for treatment but are merely a product of the suppressed need to communicate. In the initial exchange with Oenone, Phaedra attempts to conceal her love until she is unable to withhold the verbalization: “I feel love’s raging thirst” (I. iii. 22).\(^\text{164}\)

Such self-betrayal is repeated during her first and only exchange with Hippolytus. Revealing her sinful love is not the Queen’s object, yet the suppressed feeling returns in the form of a verbal confession. Phaedra merely laments the loss of her husband, and the musing on

\(^\text{162}\) Brown cites Freud’s explanation that “conversion hysteria genitalizes those parts of the body at which the symptoms are manifested,” suggesting that suppressed desire returns or is converted somatically to the genitalized cheek in the form of a blush (196-197).

\(^\text{163}\) In *The Psychopathology of Everyday Life*, Freud discussed what he called “symptomatic actions” – namely, those acts that are generated by unconscious processes (*The Psychopathology of Everyday Life* 191-216).

\(^\text{164}\) As soon as the history of the disease pours forth, the remorseful Queen hopes that death “draws near” (I. iii. 24).
thwarted love triggers thoughts of the true object of affection and finds an outlet in a spontaneous discussion of Hippolytus. The two images – the beloved, with whom she is conversing, and the allegedly idolized husband, called up by her monologue – conflate, and Phaedra betrays that she could “speak with him [the beloved],” because “he breathes in you [Hippolytus]” (II. v. 45). She confesses to a “crazed” passion while concealing its true object, venting the oppressive emotion under the pretense of a permissible subject.\textsuperscript{165} When the embarrassed youth accuses his step-mother of being unfaithful to her husband, Phaedra feigns that he has misunderstood the meaning of her lament. Yet, as the shamed Hippolytus turns to leave, fear of his loss overwhelms Phaedra’s body, and an open confession of love pours forth: “Ah, cruel Prince, ‘twas no mistake./ You understood; my words were all too plain” (II. v. 47).

The heroine claims to be troubled that her physical form expresses inner turmoil against her will, suggesting that the affliction is uncontainable, untreatable: “I make my guilty torments all too plain./ My eyes, despite me, fill with tears of pain” (I. iii. 18).\textsuperscript{166} Yet the question of whether Phaedra could restrain or moderate her passion is indirectly raised throughout the play. A purely mechanistic explanation of her illness raises some questions. Why does Phaedra, along with the other characters, hold herself accountable for her “illicit” desire (IV. Vi. 84)? A somatic etiology of her illness would deem her passive, helpless in the events of the play, a victim of her bodily nature.\textsuperscript{167} The heroine’s persistent guilt insinuates an “active choice” on her part, as Toczyski describes it (324). Oenone attempts to alleviate her mistress’ distress, maintaining that

\textsuperscript{165} To verbalize the forbidden, she visualizes a young Theseus, yet innocent of his subsequent romantic escapades that render him “the fickle worshiper of a thousand maids,” particularly in the guise of Hippolytus as he appears at that moment (Racine II. v. 45).

\textsuperscript{166} Rather than admitting her love, she wavers between labeling it her “shame” and her “fate,” the responsibility for which she attempts to displace onto the Gods, suggesting that her malady is incurable, inescapable (Racine I. iii. 20).

\textsuperscript{167} It would be more satisfying, and more consistent with Racine’s dramatic sensibility, influenced by the classical Aristotelian conception of the tragic form, if Phaedra were at least complicit in her criminal love, willing her suffering while she is simultaneously aware of her corrupted principles.
Phaedra has been “lured by a fatal spell,” that she is “not free” to subdue those feelings (Racine IV. vi. 84), yet the lovesick Queen expresses her guilt, her responsibility: “My hands, thank Heaven, are guiltless, as you say./ Gods! That my heart were innocent as they!” (Ibid. I. iii. 19).

Phaedra moreover does not contend with the affliction that engenders the revelation of her feelings. So “passive” is the heroine in the face of a love that she claims to abhor and disdain (Toczyski 324), that her effusive professions of helplessness and entreaties that the Gods cease her torment are suspect. 168 Such passivity toward treatment in general and toward venting in particular suggests that Phaedra’s alleged desire for a cure is a form of self-deception and that the spontaneous revelation of emotion is on some level desirable for her. The vow of silence notwithstanding, the heroine exhibits an impulse more powerful, more motivating than the shame of exposure: the longing to communicate her inner state. Not only is her psyche split between the passions and the loathing for those passions, but she is also torn between the need to suppress their verbalization and a desire to convey them, to be heard, to exercise the right to a confession of love.169 As the medical paradigm emphasized the necessity to vent powerful feelings for the subject’s health, the impulse to do so must be irresistible. Phaedra numerously expresses the hardships of subduing the emotion as well as the venting impulse. Aware that her body is perennially read, observed with suspicion, she has “dared not weep and grieve in fullest measure” (Racine IV. vi. 82). Upon learning of Hippolytus’ love for Aricia, Phaedra comes to regret the significant effort she has invested into concealing her emotions, forced to “quench[… her] thirst” for disclosure “with tears” (Ibid. IV. vi. 82). Communicating her love is Phaedra’s

168 In his study of the medical paradigm of melancholy in Phaedra, Hofer points out, that both Phaedra and Hippolytus exhibit a “passivity” about dealing rationally with shameful love, and hers is a “taedium” that stands in dire contrast to the vigor of her love (176). See also Toczyski 321-332.
169 The Cartesian division between the passions and volition would be an inaccurate or incomplete model for the work’s complex presentation of the heroine’s inner conflicts of a divided self. His model fails to account for unconscious volition that aids in self-destructive passions.
most compelling desire, and for its fulfillment, she is tempted to enter the light where the state of her soul may be visible through the body.\textsuperscript{170} Yet, fearing the dominance of her passions, she subsequently retreats, taking cover in darkness.

Considering the stigma associated with her feelings, Phaedra could only unveil her inner torment in a manner that is not in conflict with her rational faculty. Kleinman has explained that, in the presence of oppressive social factors, emotion must be communicated "more subtly" (56). If love cannot be verbalized, it must find an alternate outlet in the body. Within the socio-religious framework of Racine’s play, which values logic and rationality over the passions, the heroine could only reveal love without violating her honor through somatic illness. In accordance with the vitalist conception of the organism, the body functions as a mirror of the soul, and it could thus be used in a performative capacity, as a text on which the condition of the soul is relayed, serving the subject’s need for self-expression in a way that is socially acceptable.\textsuperscript{171} The physician gains access to the subject’s soul by feeling the pulse, and the patient may also utilize the somatic manifestations of the internal states as a means of self-exposure. Unlike a verbal confession, the affliction allows her to maintain the position that her love is a deviant illness requiring suppression and to avoid exhibiting hope where none should exist. Such involuntary, spontaneous revelation of feelings provides the means of confessing without breaching the constraints of decorum, enabling the Queen to display her love without seeming to do so willingly. A verbal avowal would render her disloyal, desirous in the eyes of the public, while she longs to be read as self-sacrificing, as a “poor victim… of Heaven’s curse” (Racine II. V. 47). She frequently expresses the hope that Hippolytus visualize his step-mother as helplessly

\textsuperscript{170} An alternative reading of this opening scene is offered by Toczyski, who argues that Phaedra enters the visible realm to see her own situation more clearly, rather than to be seen by others (329).

\textsuperscript{171} Kleinman identifies the body as the mediator between the self and the external world and deems it a tool by which the psyche communicates itself to the other (51).
“dying” of love (Ibid. III. i. 56), consistently evoking suffering as an amulet against his disdain: she has tormented herself by resisting the need to confess, and he must thus not hate her. During their unhappy exchange, Phaedra urges that if he could but “for a moment… look at [her],” his “eyes could see” her suffering by reading the signs on her pitiful body (II. v. 47). She explains that her confession is not a product “of free will,” but rather that her heart, “consumed by love,” is too “frail” to suppress its transports and commands her tongue to speak of its desired object (II. V. 47).

The source of Phaedra’s strict policy of silence and suppression is not concealment but quite the reverse: the desire to communicate her spiritual motions through the body. She avoids confession and wills to suffer, as illness enables her to attain some relief from the burden of silence, to communicate her status as a victim of love. In this way, while Racine’s play reflects concurrent scientific discourse by distinguishing between the carnal passions and the rational soul, it also implicates the heroine’s volition in her affliction. Phaedra’s desire comes to fruition, as her body is regularly treated as an object of reading by the other characters, who interpret spontaneously betrayed gestures and facial expressions as manifestations of the ailing psyche: “mortal despair is what her [Phaedra’s] looks bespeak” (V. v. 97). Yet the heroine consistently fails to be read as a suffering subject by the beloved. Hippolytus sees but the contaminating nature of his step-mother’s disease, concerned that this corrupting agent may spread and “poison all this house” (III. vi. 66). By the end of the play, Phaedra is tormented no less by the beloved’s demise than by the failure to convey her inner suffering, yearning to make a concluding declaration, and the somatic performance takes the form of death, of communication in extremis. The heroine’s suicide serves as the ultimate form of physical suffering to relay her internal condition. Her demise is accompanied by a verbalization of her transgressions, yet the ardor is
not adequately expressed with the words, “heaven lit a fatal blaze within my breast,” and physical pain must accompany them (V. vii. 104).

Not only does Phaedra delegate the remaining strength of her body to unburden the soul, but she also atones for her shameful love through suffering.\(^{172}\) The heroine chooses to die slowly and deliberately so that her “remorse be told,” to re-experience the spiritual pain through the body in exchange for exoneration (V. vii. 104). Phaedra’s death conveys that her immoral or cruel behavior was accompanied by spiritual torment, and for a Christian heroine, the expiation is implied therein. The poison she chooses as the instrument of suicide alludes to the tradition of female lovesickness. It is the very “poison which Medea brought to Greece” (V. vii. 104). A lovesick literary precedent, Medea uses poison to enact her revenge and to communicate her status as a wronged lover. Poison is a fitting instrument for Phaedra’s death, an ideal counteracting agent for the internal contaminant with which she has been infected upon first sight of her step-son. Functioning in accordance with the Galenic notion that cures are effected by contraries, the poison – an antidote for lovesickness – “dim[s] [her] eyes” that have “soiled what they could see” (V. vii. 105).\(^{173}\) The process of dying in agony compels the audience to sympathize with the heroine, reading her languishing form as a signifier of inner turmoil.

Over half a century after Phaedra’s body performs her spiritual suffering, the eponymous heroine of Richardson’s *Clarissa* expresses the view of the mind and body relationship that was

\(^{172}\) Phaedra’s death, predetermined from her first entrance onstage, appears to function in accordance with the socio-medical view that indulging in the passions invariably leads to the subject’s undoing or demise. The play tends to punish those characters who subordinate reason to their desires: Hippolytus loves Aricia in violation of his father’s will, Aricia too succumbs to love’s spell, and even Oenone is blind with love for her mistress; all are met with suffering or death. It is tempting to read the conclusion of Phaedra’s story as a form of punishment on the part of the play for the heroine’s nourished passions. Yet the condemnation is dealt by Phaedra herself, which signifies that her suicide is an exercise of the will over the punishment due her by the social order, embodied by her husband. Rather than continuing to passively languish, Phaedra sacrifices herself to produce her final statement. By the curtain’s closing, she incurs no external blame, at last procuring relief from the burden of silence.

\(^{173}\) The “venom gives/ An alien coldness” to her blood and extinguishes the fire of her poisonous love, procuring her “burning veins some peace” (Racine V. vii. 104).
exhibited by her lovesick literary precedent: "what a poor, passive machine is the body when the mind is disordered" (303). Like Dr. George Cheyne (1671-1743), the British physician who specialized in illnesses of the nervous system and Richardson’s friend and regular correspondent, Richardson believed in the passions’ capacity to produce physical reactions, even illness and death. 174 Diverging from the mechanist tendency of 17th century scientific discourse, Clarissa’s statement about the powerful influence of the mind over the body reflected the prevailing 18th century conception. 175 With a rise in interest in nervous disorders and with the introduction of the notion of sensibility into medical discourse during this period, significant advancements in the understanding of psychosomatic illness took place. 176 In light of innovations in the field of anatomy, the 18th century site of such afflictions as lovesickness shifted from the heart and the brain and became associated with the nervous system and with heightened nervous sensibility. 177 In medical doctrine, the term “sensibility” referred to the organism’s responsiveness to sensory stimuli and to emotions, and it was associated with the capacity for powerful feeling, intellect, acuity, as well as delicacy and gentility. The notion could be traced to the work of the British physician Francis Glisson (1597-1677), which was subsequently fully developed by the Swiss anatomist Albrecht von Haller (1708-1777). Glisson argued that every bodily organ possessed an inherent quality of irritability, the propensity for motion, which allowed the organs

174 See McMaster xiv. For further discussion of Richardson’s correspondence with Cheyne, see Stephanson 270. 175 Henry Mackenzie (1745-1831), the author of The Man of Feeling, summarized the concurrent view, asserting that the health of the organism depended on “the influence of the mind upon the body” (qtd. in McMaster 5). 176 Jean Hagstrum traces the etymology of the term in 18th century letters, observing that it is derived from “sensus” and “sentire,” which, resembling the word “sentiment,” combines “judgment of mind” and “free-flowing, uncontrolled feeling” (7). Hagstrum explains that by the middle of the 18th century, the term gathered a variety of loosely related meanings, namely “perceptibility by the senses, the readiness of the organ to respond to sensory stimuli, mental perception, the power of emotions, heightened emotional consciousness, and quickness of feeling” (9). In other words, the medical view of sensibility entered the discourse on the responsiveness to emotion, and the term not only referred to physiology but also to psychology. The cultural conception of sensibility also entered into the socio-medical view of patients suffering from nervous disorders. For a further discussion of the etymological and cultural significance of sensibility, see Todd. 177 Already by 1653, William Harvey asserted the nerves’ status as “plantings of the brain,” which carry emotion and sensation to and from this center of consciousness (qtd. in Rousseau 24).
to respond to external stimuli. Haller subsequently distinguished between the responsiveness of muscular tissues and of the nerves. According to Haller’s model, motion and feeling were products of two properties: irritability and sensibility, respectively. Irritability was a property of the muscles in their contraction as a response to external factors, and it generated movement of the body without the presence of feeling. Sensibility, on the other hand, was a property of the nerves and the source of feeling in the organism. As Haller explained, while the irritable element of the body simply became “shorter upon being touched,” the sensible was responsible for transmitting the impression of the external world to the soul by means of the nervous system (qtd. in Figlio 186.).

Sensibility became central to the logos of psychosomatic illness in the 18th century. Unlike Boerhaave, who believed the nerves to be hollow tubes through which fluids were conducted and who still favored a hydraulic etiology of such afflictions, physicians influenced by the theories of Willis, Glisson, and Haller deemed the nerve structures themselves, as well as the emotions they conveyed, to be the locus of disorder. This medical model recognized the capacity of mental processes to affect bodily systems by charting the pathways that connected the psyche to the body. As Cheyne declared in The English Malady, “Feeling… gently or violently impress[es] the

178 For an in-depth discussion on the contribution of Glisson to the 18th century understanding of irritability and sensibility, see Porter, The Greatest Benefit 222; Noga 235.

179 A similar model was proposed by the English physician Benjamin Rush, who deemed the organism to be affected by external stimuli, which, when acting upon the body, create “excitability,” or generate motion. That is, when a stimulus develops a “convulsive excitement,” such as an overpowering feeling, illness of the body could ensue (Carlson viii).

180 Along with Descartes, Haller denied that the emotional seat of feeling was the sensitive heart, or that desire resided in the liver, and insisted that the movement of the mind was conducted by nerves through the spirits (Rousseau 28-9). Haller was a mechanist, believing that the mind was a function of the nervous system in the brain. The nerves were accordingly identified as the site of feeling, the medium between the mind and the body. See Yolton 153-89; Hall 5- 106; Cummings 191-203; Noga 235.

181 While physicians like Robert Whytt recognized that the nerves were not hollow tubes, the understanding of the nervous system was refined upon the discoveries made by the 18th century Italian physician and philosopher Luigi Galvani. Galvani recognized that the nerves were wires conducting electricity. See Porter, Mind-Forg’d Manacles 177; Noga 237-8.
Extremities or Sides of the Nerves..., which by their Structure and Mechanism, convey this Motion to the sentient Principle in the Brain" (49). Powerful emotions could weaken the condition of the vessels that they “impress” and could also affect the health of the organs to which they are connected through the nerves.\footnote{See Noga 236. Strong passions were also believed to affect the spirits transmitting them. For this reason, the notion of the interrelationship between the body and soul endured undeterred by the influence of Cartesian dualism and was reinforced by the 18\textsuperscript{th} century conception of sensibility.} The experience of intense feeling could render the body vulnerable to nervous disorders, and weaker bodies – that is, physiological constitutions that possessed heightened nervous sensibility – were more susceptible to such afflictions. Cheyne explained that patients who possessed “weak, loose, and feeble or relax’d nerves” were more sensitive to impressions and more prone to nervous afflictions than those with a more resilient or elastic constitution (68).\footnote{The 18\textsuperscript{th} century Scottish physician Robert Whytt affirmed that patients of nervous disorders, who are “thrown into convulsions and faintings,” are predisposed owing to “a particular delicacy of constitution,” and that such nervous ailments “are produced by causes which, in people of a found constitution, would either have no such effects, or at least in a much less degree” (71).}

It was not uncommon for 18\textsuperscript{th} century literary characters to fall dangerously ill upon an emotionally intense experience or even to die of a broken heart.\footnote{Such psychosomatic illness could be found in the works of Moliere, Richardson, Burney, and Sterne. This phenomenon is also represented in 19\textsuperscript{th} century fiction, such as the works of Austen, Eliot, Dickens, Bronte, Gaskell, and James, among others. For an in-depth discussion of the literary representation of psychosomatic illness, see McMaster; Wiltshire.} Clarissa’s characterization is remarkably like the highly sensible patients depicted in concurrent medical treatises. The Scottish physician Robert Whytt (1714-1766) described such temperaments as “very quick and easily excited, on account of a greater delicacy and sensibility of the brain and nerves” (77).

Unlike the other characters in the novel, Clarissa’s body is highly sensible to the transports of her mind, ever responding with accompanying somatic manifestations: "in her whole aspect and air,” explains Anna about her beloved friend, there is “a dignity that bespoke the mind that animated all” (Richardson 1466). Such heightened sensibility signifies that Clarissa is more sensitive to
emotionally intense events than any other character in the novel, whose firmer constitution renders them insensible or whose ability to suppress the body’s responsiveness is indicative of a deceptive nature, and predisposes her to nervous afflictions, particularly during her long cohabitation with Lovelace. Clarissa finds herself entirely in the rake’s power, disgraced and helpless. Unable to return home, she must engage in psychological warfare for her chastity and reputation. Their numerous disputes prove to be very taxing on Clarissa’s delicate constitution, and the emotional distress she experiences often produces fits of nervous illness. She suffers from trembling, headaches, manic fits, faintness, and pain, reflecting medical theory on nervous disorders and heightened sensibility. During each nervous episode, the heroine’s limbs tremble, and the illness, for which she must take “hartshorn and water,” – a prescription commonly used for nervous afflictions – typically persists for several days (Richardson 1007).

The heroine frequently falls ill when she is in Lovelace’s thrall, yet her health fares no better upon fleeing him, as she succumbs to a malady from which she does not recover and the cause of which she does not disclose. Whereas careful readers of Phaedra’s body must find the cause of her illness evident even prior to the spontaneous confession, Clarissa’s heart is not equally legible. Her reticence renders the cause of the disease a mystery that has become fruitful for scholarly debate. One physiological theory is proposed by Margaret Anne Doody, who

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185 In Clarissa, the characters who could command their emotional manifestations, such as Lovelace and Mrs. Sinclair, are ever disingenuous, their mind and body unresponsive to one another owing to the frequent practice of manipulation. For further discussion of the 18th century notion of the relationship between legibility and sincerity, see McMaster 42-68.

186 During the struggle between the frightened Clarissa, who wishes to leave Mrs. Sinclair’s brothel, and Lovelace, who physically detains her in book IV, the heroine’s nerves, unable to endure the strain of intense emotion, are powerless to conduct her muscles, and she involuntarily drops into a chair. Lovelace frightens Clarissa by clasping “about her knees,” and a nervous episode ensues (Richardson 646). Her symptoms during this and several other fits of nervous illness correspond to those identified by Whytt in his description of patients who possess “an uncommon delicacy of their nervous system” (Ibid. 74). As he describes, an event that occasions “sudden surprise,… fear, grief, …or other passions,” could result in “violent tremors, palpitations, faintings, and convulsive fits” (Ibid.).

187 Of all the novel’s characters, Clarissa’s body tends to be the most legible. Her organism’s heightened responsiveness to the motions of her soul, transmitted via the spirits through her delicate nerves, renders her unable to repress the somatic signifiers of emotion. For 18th century thinkers on pathognomy – the study of the passing
suggests that the heroine dies of “galloping consumption,” resulting from the time she spends in prison (171). John Wiltshire, however, refutes this interpretation, maintaining that “there is no mention of coughing” (44). In his study of the novel’s internalization of the concurrent medical model, Raymond Stephanson rightly observes that, whereas numerous scholars have attempted to uncover its physiological cause, Clarissa’s affliction is psychogenic in nature (268). He claims that the ailment and demise are an extension of her delicate sensibility and propensity for nervous disorders.

Like her fits of nervous illness throughout the novel, the affliction to which Clarissa succumbs upon fleeing Lovelace, which is marked by lack of appetite, sleep, and bodily weakness, is a product of powerful feeling overwhelming her physiology. Her malady, like Phaedra’s, anticipates Breuer’s and Freud’s theory of conversion. The heroine’s nervous system, under severe duress during numerous excessive emotional experiences, is ultimately compromised. The most harrowing of such events is undoubtedly the infamous night described in Book VI, during which Clarissa is deceived and forced to return to Mrs. Sinclair’s brothel after a short-lived escape, drugged by the women who inhabit the place, and subsequently raped by Lovelace. Yet the feelings that give rise to her fatal affliction are rather conflicted: not only does Clarissa despise the man responsible for her poor health, but she simultaneously harbors undesirable love for him. Unlike the novel’s scholarly reception, its characters – the doctors and laymen attempting to diagnose Clarissa’s disorder – believe that her illness is associated with the

states of the body as indicators of the passing states of the soul, which was particularly popular in the 17th and 18th centuries – the direct route between the soul and the body was believed to be a sign of sincerity, innocence, and lack of affectation. Such legibility was greatly prized, especially in a woman. Clarissa proudly admits a free interaction between her body and soul because she “naturally [has] as open and free a countenance” as she does a heart (Richardson 531). Her emotions are imprinted directly on her exterior, as she lacks the motivation to deceive. For an in-depth discussion of the 18th century view of bodily legibility and its relationship to moral qualities, see Yeazell, particularly the chapter called, “Modest Blushing”; see also McMaster.
motions of the heart. The heroine consistently equivocates in her expression of feeling, yet she frequently complains that her “heart is broken” (Richardson 1080). The site of the malfunction signifies that Clarissa is plagued by psychical distress, and more specifically, the association of the heart with romantic suffering indicates that the malady is caused by feelings for Lovelace. Upon performing a lengthy examination, the doctor identifies her disorder as “a love-case” (Ibid. 1081) and proclaims a conclusive diagnosis: "her heart's broken: she'll die... " (1248).

Whereas the novel chiefly reflects medical discourse about the role of nervous sensibility in Clarissa’s illness, it also anticipates future models of the psyche by demonstrating conflicting mental processes that are exhibited by the heroine without fully acknowledging them – or what Breuer and Freud call “splitting of the mind” (222). Both Phaedra and Clarissa abhor their lovesick passion, yet unlike Phaedra’s mental conflict, Clarissa’s is so polarizing that she refuses to acknowledge her desire, which only manifests occasionally and always without her own acknowledgment of its existence. Clarissa’s feelings for Lovelace are evident to all but to Clarissa, herself. Displaying both affection and bouts of hatred, she refuses to acknowledge the positive side of her feelings. Yet her partiality for Lovelace is undeniable. Whenever Clarissa expresses anger toward him, it is quickly forgotten and replaced by compassion: “How lately did

188 Stephanson dismisses the notion that the heroine succumbs to an illness associated with “a broken heart” (268). However, considering the medical paradigm surrounding the novel’s events, a heart “broken” by overwhelming feeling must not be dismissed as a mere superstitious credence of “folk culture,” as Stephanson identifies it, but rather as a perilous condition that results from the intimate connection between the body and soul and that could indeed be fatal (268).
189 While Clarissa’s physical ailment is portrayed as a product of her nervous sensibility, the novel also adopts the rather antiquated notion of the heart as the locus of emotional suffering.
190 Attempting to determine the appropriate classification for Clarissa’s feelings toward Lovelace, Hagstrum is cautious not to use the word “love” owing to its connotations of devotion, of “social and religious duty” (200). Instead, she glosses Clarissa’s affection by using the heroine’s own words: “conditional liking” (Ibid). Hagstrum explains that Clarissa’s “prepossession” toward Lovelace is evidenced by her agreement to enter into a covert correspondence with him, even if she believes she does so to escape marrying the suitor her family has chosen for her (Ibid.). The mere fact that she is driven “into the seducer’s arms” is indicative of an attraction (Ibid.).
I think I hated him!” (Richardson 678). Her discourse is particularly affectionate when she discerns signs of sensibility or moral growth in the typically unfeeling Lovelace. “My heart,” she explains to Anna, is instantly softened when it finds “kindness and acknowledgements of errors committed” (Ibid. 678). During the course of her illness, Clarissa also variously claims to have forgiven the fiend, imagining that she has overcome and resolved any passionate feelings, yet her response to the mere reminder of Lovelace is unmistakably immoderate, owing to the recollection of his past indiscretions and because her feelings have not been resolved into indifference.

As further evidence of her concealed affection, Clarissa betrays a veiled desire to be visited by Lovelace by the passion of her insistence to the contrary. She preemptively pleads that he must not visit her even when no indication of such an intention is presented by Belford. The lovesick heroine insists that if he has “any pity left for the poor creature whom he has thus reduced, let him not come,” and then she eagerly asks, affecting the need to ensure that the villain does not seek her out, “But have you heard from him lately? And will he come?” (1274). Such a passionate refusal only succeeds in raising the suspicion that it is meant to subdue. Even shortly before dying, Clarissa speaks of her regret, lamenting that she could have "loved him [Lovelace]," could have "made him happy," had he allowed her influence to breach his proud defenses (1341). When she is safe from ever having to endure Lovelace’s company – or phrased otherwise, upon separation from him – Clarissa is unmistakably melancholy, as she “wept several times, and sighed often” in her final weeks (1328). Colonel Morden corroborates this

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191 Clarissa frequently remarks about Lovelace’s villainous nature, yet she also betrays other feelings, admitting that he has made her “miserable for a few months only” (Richardson 1444). She compares her feelings for Lovelace to those she exhibits for other men of her "own family" and deems her affection for Lovelace to be more powerful (Ibid. 690).

192 Such signifiers of grief and passion are reminiscent of Chaucer’s Troilus, who sheds tears and emits spirits when visited by Criseyde at his sick-bed centuries earlier.
explanation: considering Clarissa’s refusal to marry Lovelace, he suggests that traveling abroad may help her recover, which he identifies as "the best physic" for disorders that “owe their rise to grief or disappointment” (1331).

Clarissa’s psyche is divided; she is torn between desire and a moral disdain toward that desire. Such unwanted feelings for the man she ought to despise exhibit the heroine’s psychological conflict – her split self – and her inability to recognize the feelings is a form of proto-repression that prefigures the insights of Freudian psychoanalysis. Breuer and Freud reframed the etiology of psychosomatic illness offered by 18th century physicians, deeming repressed mental states, incompatible with dominant principles, to be central to pathological conversion. According to their explanation, driven by “the volitional interest in being pleased with one's own personality” (Breuer and Freud 210), the subject represses a mental process that is in violation of her ethical code. The repressed, hidden from the ego owing to its attendant danger to her value system, retains its affect and could contribute to a severe somatic illness (Ibid. 213). Clarissa’s affliction anticipates this etiology of psychosomatic illness, as her affliction is a manifestation of her failure to reconcile her affection for Lovelace with the hatred she knows is owed him.

Produced by unfulfilled love, Clarissa’s malady, like Phaedra’s, is aggravated by her passive approach to treatment. The developments in the medical model that took place during the 18th century did not diminish the patient’s role in treatment. Unveiling and venting the troublesome or overwhelming emotions remained the predominant method for managing psychosomatic

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193 The psychological phenomenon depicted in the novel merely prefigures the future psychoanalytic formulation. Clarissa refuses to acknowledge her affection, rather than submerging the mental state into the unconscious part of the mind.
disorders. The inability or unwillingness to confess was believed to lead to serious illness, even madness. Such a case is featured in Burney’s Camilla, in which the eponymous heroine is unable to reveal her passion for Edgar and ultimately succumbs to a near-fatal illness caused by untreated (unvented) love. Clarissa is similarly reluctant to disclose the wound, evading not only the discussion of her love but also of the events that have taken place during that final night at Mrs. Sinclair’s. In the letter to Ms. Howe that enumerates the incidents leading up to her rape, Clarissa refuses to name the crime that has been committed against her. She is unwilling to pronounce her source of grief, wishing to avoid the trial to which she is entitled: “I would sooner suffer every evil,” she protests, “than appear publicly in a courtroom to do myself justice” (Richardson 1019). After providing a cryptic account of that night to Anna, she never speaks of it again and only vaguely refers to her sorrow as though attempting to suppress its memory. Clarissa even requests that her friend never “open [her] lips in relation to the potions and the violences [she] has hinted at” (Ibid. 1013).

Such silence is undoubtedly detrimental for Clarissa’s health not only because it prevents her from moderating intense feeling but also because it eliminates the possibility of contending with the trauma of Lovelace’s final act of injustice. Breuer and Freud would go on to offer an additional explanation of the necessity to speak lest the emotion overwhelms the bodily defenses, establishing that the treatment enables the subject to master the trauma retroactively. They demonstrated that inhibition of the venting impulse may leave unresolved a “psychical reflex”

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194 For an illuminating study of the role of “venting” in the treatment of psychosomatic illnesses in 18th century medical practice, see McMaster 7-10.
195 In “Beyond the Pleasure Principle,” Freud offered the following definition of trauma: “We describe as ‘traumatic’ any excitations from outside which are powerful enough to break through the protective shield” (“Beyond the Pleasure Principle” 29), and such an experience entails a “factor of surprise, of fright” (Ibid. 12). He also explained, à propos of conversion, that illness operates by replacing the emotional effect of the traumatic experience: “…physical injury, by calling for a narcissistic hypercathexis of the injured organ, would bind the excess of excitation” (33).
that longs to be "fully achieved" (Breuer and Freud 205). To bring Clarissa's impulse to oppose her tormentors to its desired conclusion and to vindicate her chastity, she must publicly denigrate Lovelace and the fiendish women. As she avoids naming the crime, her anger and grief remain unresolved, her impulses for self-defense are stunted, and her illness is exacerbated.

In representing such self-inflicted suffering, the novel does not pathologize Clarissa's reluctance to avow, but rather, it suggests a psychological etiology that traces the heroine's refusal to seek health to her relationship with the other. To uncover the mental processes underlying Clarissa's silence and self-suppression, social factors to verbalizing the passions must be considered. Compared to the Age of Reason, the socio-medical framework of *Clarissa* exhibits a more positive view of lovesickness and other afflictions that result from powerful feeling.196 The paradigm of sensibility, which provides the backdrop for Richardson's novel, held the subject afflicted by the passions in high esteem, deeming her delicate organism and responsiveness to the passions to be associated with the highest moral and spiritual qualities. Cheyne expressed his admiration for patients predisposed to nervous afflictions, noting that a nervous ailment “never happens, or can happen, to any but those of the liveliest and quickest natural Parts, whose Faculties are the brightest and most spiritual…,” who possess a “Genius… most keen and penetrating” (180).197 Yet, while the capacity for powerful feeling was prized, its open expression was regarded as inappropriate, indecorous, particularly for members of the aristocracy and for women.198 A shift in the structures of 18th century Western European society

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196 Lovelace mocks the notion of nervous sensibility and its relationship to mental acuity, sensitivity, and compassion, because he represents, as Stephanson rightly argues, an "older socio-medical code" (277).

197 For an illuminating discussion of the qualities associated with subjects of heightened sensibility, see Stephanson, 274. Evidence of Clarissa’s possessing all these traits in abundance could be found throughout the novel, and, as Stephanson notes, it is corroborated by Ms. Howe’s eloquent eulogy (274-5).

198 See Yeazell 5-42.
resulted in greater preoccupation with self-expression, both verbal and somatic.\textsuperscript{199} The emergence of the bourgeoisie produced an increase in awareness and caution concerning human interaction, a rise in observation on the behavioral distinctions between the social groups, and a keen attentiveness to civility and politeness.\textsuperscript{200} Particular reticence could be observed in 18th century works of fiction focused on the motions of the psyche, wherein the body provides a point of access to inner states that would otherwise remain unspoken and becomes the site of self-signification, of self-exposure. It is no wonder that Lovelace and Clarissa are reluctant to trust each other’s words and are instead “great watchers of each other’s eyes,” facial expressions, and other involuntary symptoms that could provide insight into the other’s mind (Richardson 460).\textsuperscript{201}

Clarissa is not ashamed of powerful feeling, yet she is courteously reticent. The passions that preoccupy her are not merely indecorous but are also in opposition to her dominant principles, to her convictions. She is unable to fully verbalize her grief owing to the “disgrace” she associates with the rape (Ibid. 483), and an accusation of Lovelace is also unfavorable in light of the Christian values that advocate love and forgiveness toward one’s aggressors. The social environment additionally deemed an open avowal of love inappropriate and potentially dishonorable for women.\textsuperscript{202} Acknowledging love for the rake would undoubtedly be unbecoming for the morally-upright Clarissa, particularly after the egregious crime he has committed against

\textsuperscript{199} The bodily manifestation of emotion and the practice of reading bodily signs became of great interest for 18th century thinkers. Various treatises – by Lavater, Bulwer, Le Brun, Hogarth – were devoted to the practice of reading the body to discern the attendant passions and to identify the signification of gestures, expressions, and somatic signs. See McMaster.

\textsuperscript{200} Barbara Korte explains in her illuminating study on body language in literature that, beginning with the novels of Richardson, the language of eye movements, muscle trembling, and nervous distempers became more significant than its verbal counterpart (191-213).

\textsuperscript{201} Treatises written on the somatic manifestation of the passions and the signification of bodily signs regarded verbal language with a great deal of distrust owing to its inaccuracy as well as its usage for the sake of equivocation (McMaster 216). One could easily deceive with words what one cannot conceal with the body: the logos of the physical form are less easily dissimulated.

\textsuperscript{202} For an in-depth discussion of the social restrictions for 18th century noble women to openly verbalize love, particularly before the confession is made by the male counterpart, see McMaster, particularly her illuminating discussion of Burney’s \textit{Camilla}; See also Yeazell.
her. The clash between her latent love for Lovelace and her intellect, highly cognizant of the proper conduct for the public self, thwarts the heroine from recognizing or verbalizing her feelings.

Like Phaedra, Clarissa’s suppression of the venting impulse fails to conceal her emotions, as they are betrayed through symptoms of her legible form. Whenever Clarissa’s need to vent is denied, physical symptoms take the place of words. Throughout her disputes with Lovelace, he perpetually disregards her attempts at communication, and her bodily manifestations function as proof of her feelings. Clarissa similarly suppresses her unwanted love and the need to speak of it, the emotion gains in potency, and returns to overwhelm her body. As a vigilant reader of her physical form, Belford observes that Clarissa is “so weak, and so low,” even “faint,” so that not only must she “lean… upon Mrs Lovick,” but she is even “unable to write… with steadiness” (1247). The heroine frequently succumbs to fainting spells and suffers from sleeplessness and emaciation – a symptom reminiscent of Phaedra’s unwillingness to nourish her body. “[Clarissa] endeavoured to eat, but could not,” explains Belford, “her appetite was gone, quite gone…” (1246).

Novels of this period frequently represented the detrimental effects of un-evacuated passions – physical signs, unwanted bodily acts, and symptoms of illness invariably take their place. In Burney’s *Camilla*, the heroine must stifle a confession of love for Edgar, causing her cheeks to communicate what she conceals: “Camilla again was silent; but her tingling cheeks proclaimed it was not for want of something to say” (507). Upon learning that he may marry her cousin, illness instantly betrays her internal condition: “She grew pale, she became sick” (Ibid. 191).

When, during one of their numerous disputes, Clarissa expresses her wish to live independently of her captor, she fails to communicate her inner turmoil, and a somatic response instantaneously follows. As her desire to be “a free agent” is disregarded, she becomes “choked with grief and disappointment” (Richardson 913). Her body begins excessively “shaking,” which must inform Lovelace of what he refuses to accept in words (Ibid. 914). Aware that he is deaf to her pleas, that she lacks a voice with which to express her terror and disappointment, Clarissa merely cries out “no, no, no, no,… shaking her head with wild impatience” (914). Her self-possession is quickly depleted, and the intensity of emotion produces a physiological disturbance, manifested as a series of unrestrained bodily acts: “She wrung her hands. She disordered her head-dress. She tore her ruffles. She was in a perfect phrensy” (Ibid. 913). She quickly becomes “all passion and violence,” resulting from the return of suppressed feeling that overwhelms her resistance mechanisms (913).

Clarissa also complains of insomnia: “rest is less in [her] power than ever,” because “sleep has a long ago quarreled with [her]” (Ibid. 1127).
The feelings associated with the trauma of rape are similarly converted into bodily symptoms – fatigue, trembling, loss of sight. Each time that Clarissa attempts to evoke the details of the event, she is prohibited from doing so by the rational faculty. She often confesses to Ms. Howe the difficulty of remembering the affecting incidents, and the mnemonic recreation is never without an outburst of somatic illness caused by the return of feelings. Breuer and Freud later described the phenomenon prefigured by Richardson, explaining that, in conversion, symptoms of illness arise concomitantly with the revival of the "original affect," or more accurately, they arise in place of the revival (204). The most dreadful parts of Clarissa’s final night in Lovelace’s thrall are “faintly indeed, and imperfectly remembered” (Richardson 1011). Yet the moment “some visionary remembrances” arise, she must cease the letter that evokes what is overly “shocking” for her delicate form (Ibid.). The recollection causes her illness to “grow worse” (1018), her “spirits” are instantly depleted, and nearly “faint[ing],” she falls “very ill” (1001). “Recollection! Heart-affecting recollection! How it pains me!” cries Clarissa (1005).

Like her predecessor, however, Clarissa is not unwilling to expose the source of her affliction; she too does not pursue health, allowing the information to breach her defenses. Both the apothecary and the doctor recognize that the "disorder was in her mind" and that the unwillingness to be treated stands between Clarissa and her recovery, asserting that she “can do more for [herself] than all the faculty can do” (1081). The doctor urges her to be her “own doctress,” who, to “grow better,” must, and is evidently able to, “do all in [her] power to be well” (1082). Yet his recommendations are always greeted with disagreement and reluctance: "you see how weak I am" (1276). 206 While the doctor attempts to “add to [her] days,” Clarissa, “far from

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206 At the doctor’s proclamation that her life is yet to be prolonged by a few days, Clarissa receives the news with regret. She admits her reluctance toward a reconciliation with her family lest their renewed affection alter her desire to quit life, which she is "now really fond of quitting" (Ibid. 1277). To "be divested of these rags of mortality" is the only happiness she could imagine for herself (1341).
being desirous to have them lengthened,” disregards his expertise and declines the treatment (1276). She unceasingly finds evidence that she "cannot continue long" and even brings a coffin into her bedroom, believing the affliction to be terminal before such a prognosis is made by any medical practitioner (1276).

The heroine wills to suffer because illness enables her to relay her inner suffering. While she is forced to suppress her passion and its avowal, the longing to relay her internal condition, to speak her clandestine torment, is irresistible and motivating. Clarissa pleads against Lovelace’s visit and insists that she has benevolently forgiven him, yet the wish to be heard, to speak to and against her aggressor is desirable, particularly because her previous attempts at communication have been ignored or trivialized by him. Believing himself to be blameless, the rake refuses to acknowledge her grievances even after the crime he has committed and deems Clarissa’s nervous fits, passionate displays, and more generally, the physiological responsiveness to emotion, to be an “effeminate affectation” (Stephanson 277).207 She longs to express the horror of his misdeeds against her and to communicate her formerly unheeded message about the powerful role of feeling in the life of the organism.208 Throughout the novel, her object has been to attest to the merit of her sensibility and to dissolve Lovelace’s defenses, seeking signs of emotion in his typically illegible form.209 The heroine proceeds to impress her message upon him after she

207 Through the viewpoints of his main characters, Richardson is dramatizing the debate between two conflicting socio-medical codes about the relationship between the body and the mind. Stephanson argues that Lovelace belongs to an older social and medical order, which conceives of sensibility not as a genuine principle of a responsive organism but as a feminine pretense. Clarissa, on the other hand, embodies a newer order of ideas that are indorsed and corroborated by the novel (277).

208 For an in-depth discussion of Clarissa’s efforts to reform Lovelace, see Martin 600.

209 That is, Clarissa has attempted to mold Lovelace into the figure worth her affection, into the phantasm she has invented – a man of sensibility.
officially ceases to grant him the pleasure of her company and once he lacks the ability to
dismiss her.210

Like Phaedra, Clarissa’s passions must be relayed in a manner that is not in violation of the
social constraints on the woman’s role in romantic relations, and illness enables her to
demonstrate what is too shameful and private to verbalize. Speaking her feelings would not be
equally decorous, equally powerful to exposing them through bodily signs, which are less likely
to be contrived. As a signifier of a delicate nervous system, psychosomatic illness provides the
way to communicate the heroine’s heightened sensibility, her capacity for compassion and
mental acuity, and her status as a suffering subject. Rather than resuming to persuade Lovelace
of the deleterious effects of his actions, which has never proved successful, a demonstration
through her own affliction must be more effective. Clarissa professes to entertain "little hope" of
truly affecting the impervious sinner by "any thing serious or solemn" (Richardson 1248), yet
she desires Belford to write Lovelace when the he is particularly touched by her enervated
condition so that “a proper use be made of the impression" of her waning health (Ibid. 1248). She
desires that Lovelace read her emotions through her bodily suffering and recognize that they are
a force worthy of his attention, that the psyche must be regarded with caution, with sensitivity.

Clarissa’s somatic communication is not ineffective. Providing a language for the hidden, her
legible form registers the trauma of the unnamed incident, and the other characters distinguish
the atrocious acts committed by Lovelace. Markers of illness and other bodily symptoms signal
that emotional burdens are not being evacuated, and pain and weakness proclaim what the lips

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210 Like her predecessor, Clarissa’s desire to unburden the soul of the passions is never explicitly stated. Yet her
longing to communicate to Lovelace is revealed indirectly. Clarissa often alludes to the wish that the villain be
informed of her torment. Protesting against a continued correspondence, the greatest proof of her desire to be heard
by Lovelace are the two final letters she writes him, in which she expresses his role in her suffering: "I owe it... to
your undeserved cruelty" (Richardson 1425).
conceal. The story of her rape does not pour forth, yet the physiological consequence of the remembrance that emerges in its place enables Belford to read the injury inflicted by his friend. Clarissa’s symptoms are rich with meaning. Upon being offered a visit from Lovelace, she develops “a dimness in her sight,” which communicates an aversion to laying eyes on the fiend (1328). The other characters also detect her “lurking love,” reading her bodily signs as signifiers of a broken heart (932). As Jean Hagstrum rightly observes in her study on erotic love, the heroine’s denial of her attraction to Lovelace is exposed by Anna, who describes her friend’s affection in terms of a somatic response to Lovelace, using the words “glow” and “throb” (72). Through such symptoms, the heroine’s body exposes her grief, which she never fully verbalizes, and love, which she fervently resists.

Although Belford acknowledges the young sufferer’s feelings and relays them to Lovelace, the rake remains untouched by her plight and continues to deny his culpability. Like her lovesick predecessor, Clarissa requires one final communicative act to breach the barriers of Lovelace’s “hardened insensibility” and to upset his "inward tranquillity" (1426). To achieve this, she longs for death so that her body would serve as the parchment on which her feelings may be written. She secretly craves the victory of dying “in [Lovelace’s] presence,” forcing the fiend to read her story and be moved, to feel the burden of his crimes against her (1220).

211 See Hagstrum 200.
212 Clarissa’s observers also sympathize with her plight, deeming her a most worthy young lady, who does not deserve such suffering. Her illness is read by its observers in accordance with her view that such an affliction is indicative of powerful feeling and mental acuity. Anyone who lays eyes on the afflicted young lady recognizes signs of merit on her exterior. The parson, detecting the qualities that medical science attributed to subjects of heightened sensibility on her form, informs Mrs. Smith, “you have an angel in your house” (Richardson 1245). Belford is the character most moved by her affliction and responsiveness to feeling. She becomes an object of his "admiration"; Lovelace’s former accomplice is quite swayed in her favor and reads the dignity of her mind in the motions of her body: she is a "sweet and tender blossom of a woman" (1306). Belford is entirely converted to Clarissa’s view of sensibility. He begins to believe that men’s exhibition of emotion through tears is notemasculating but only adds to the manifestation of sensibility, indeed of humanity: "Tears… are no signs of an unmanly, but, contrarily, of a humane nature" (1225). Her final triumph would be Lovelace's “remorse,” which must overtake him in the form of "a dangerous sickness," followed by spiritual recovery (Ibid. 1426).
Whereas Phaedra leaves her audience under no illusion about the cause of her demise, Clarissa’s death is as ambiguous as her illness. She neither ingests poison to end her life nor indicates the source of its conclusion. Scholars have attempted to explain the physiological cause of her death, yet a more plausible explanation, and one that is more consistent with the medical model that guides the depiction of illness in the novel, is that a psychological mechanism is at the heart of Clarissa’s demise. Her resolve to die is sufficient to end her life. Such a psychosomatic death is in keeping with the ideology of Dr. Cheyne, who believed that psychical processes could not only affect “the pulse, Circulation, Perspiration, and Secretions, and the other Animal Functions,” but also – particularly “in nervous cases” – restore or destroy “life” (47). The potency of Clarissa’s psyche over the organism is so acute, her body is so sensitive to its effect, that she dies of an attraction to death. She expires in a public performance of suffering, and although the scene is not observed by Lovelace, he is the intended reader privy to all its details via Belford’s letters, finally moved and altered by the heroine’s torment.

In their depiction of lovesickness, Phaedra and Clarissa represent and respond to the concurrent socio-medical debate on the mind/body relationship and on the role of the psyche in the health of the body. The texts display the limits of the mechanistic approach in favor of a view of psychosomatic illness that recognizes the significance of the heroine’s mental states in its

214 An illuminating interpretation is offered by John Wiltshire, who, in consideration of Clarissa’s attraction to the prospect of death, argues that the heroine commits suicide by starvation – a condition he dubs “holy anorexia” (44-5). This theory is in accordance with Clarissa’s tedium and frustration with a life that has resulted only in grief and disappointment, and insufficient energy from malnutrition could account for her recurring fainting spells. Yet such starvation is more likely a symptom, rather than the cause, of her death, considering the novel’s interest in psychological causes of bodily motions.
215 Even Lovelace acknowledges that Clarissa’s death is a product of her own will rather than of an external source or of a strictly physiological affliction: “her departure will be owing rather to willfulness… than to any other cause” (Richardson 1346).
216 Clarissa precipitates her demise so that Lovelace’s “last hour” is "such as [her] own” – a death caused by overwhelming emotion, a broken heart (Ibid. 1362).
cause and progression. They also uncover the characters’ psychological conflict, anticipating future scientific discourse on the psyche and its afflictions. The heroines long for what they do not long for, desiring to be a suffering subject of love while despising the passions that make them so. The concurrent medical view of the organism was predicated on the notion that the rational soul always desires health. Yet the texts diverge from the view of the split between the animal soul – the source of illness – and the unchanging, unadulterated rationality that is not implicated in such afflictions. While the depiction of the heroines’ illness demonstrates the battle between the passions and reason, it also exhibits a volition that does not fully abide by rationality, as is demonstrated by their unwillingness to submit to medical intervention.

Racine’s and Richardson’s works also highlight the conflict inherent to the socio-medical paradigm – a cultural climate that restricted women’s communication of love and grief, while medical doctrine deemed verbal communication to be essential for treatment of lovesickness. Social forces prevent the externalization of feeling, yet the heroines desire to bridge the gap, and the only way to do so, while abiding by the code of conduct, is through somatization. Their passivity toward recovery, indulging in a suppression of feeling that only exacerbates their affliction, epitomizes the will to suffer that is typical of lovesickness. Phaedra and Clarissa attempt to quell both the passion they deem too shameful to avow and the venting impulse. The reason for their indulgence in the torment, which may seem counterintuitive to the sensible Oenone, Clarissa’s doctor, and Belford, is that the lovers act on the hidden, irresistible desire to relay their clandestine pain, on the longing to be read. By stifling the need to avow, the lovesick Phaedra and Clarissa sublimate the psychical experience into physical pain to transmit it through the socially-accepted medium of the ailing body, effectively displacing the locus of communication, even if it could only be found in illness. Here, illness dramatizes female desire,
concealing it as silence and propriety. The other characters interpret spontaneously betrayed gestures and facial expressions as manifestations of the psyche, enabling suppressed or otherwise conflicting emotions to become legible. By indulging in physical agony, Phaedra expresses what she could never otherwise verbalize – her capacity for grief and self-sacrifice – and her bodily pain vindicates her immoral, incestuous love. Hardly aware of her motivation, Clarissa desires to verbalize her grief, her heightened sensibility, her capacity for intense feeling, and to relay a “lurking love” suppressed by the conflict between hatred for the villain and desire for the phantasm of a sensible Lovelace. The texts portray lovesickness as a somatic means of communicating one’s psychological condition, providing the subject a voice, albeit through the torment of the body.
Chapter IV

“Had I Died, It Would Have Been Self-Destruction”: Indulged Lovesickness and Mastering the Other in Austen’s Sense and Sensibility

As demonstrated in the previous chapters, literature of the lovesickness tradition has presented cases that challenged the somaticist etiology of this psychosomatic illness. It has responded to the limits of the medical model both by treating love as a malady of the soul that cannot be accounted for physiologically and by offering etiologies that could be traced to the character’s often latent psychological experiences. The texts have uncovered the inadequacy of the dominant medical doctrine in managing the psyche and its contradictory processes, such as the lover’s symptomatic will to suffer, to which the field of psychoanalysis would subsequently devote its attention. While the previous chapter explored the depiction of the patient’s unwillingness to unveil the cause of illness and pursue treatment, the current chapter examines a literary case in which the lover encourages her malady. Specifically, this chapter situates Jane Austen’s representation of lovesickness in Sense and Sensibility in the early 19th century developments in psychiatry and neurology, during which time, the management of love as an affliction was divided between the two disciplines, conceived either as a strictly organic functional nervous disorder or as a type of madness that subjugated the patient’s reason and will. Austen’s work joined the ranks of literary texts that diverged from the medical paradigm by examining the psychological portrait of Marianne Dashwood, who is so much taken with lovesickness that she longs to be struck by it and is willing to endure the accompanying physical torment.

The novel draws on the classical representation of self-inflicted suffering on the part of the abandoned lovesick heroine, as seen in such works as Ovid’s Heroides, Gabriel de
Guilleragues’ *The Letters of a Portuguese Nun*, and Aphra Behn’s *Love Letters to a Gentleman*. Notwithstanding their diverse cultural and historical contexts as well as the variety of circumstances that have brought these women to their bereavement, they share a tendency toward self-directed aggression and a longing for death. In this way, both Austen’s heroine and the lovers of these epistolary texts exhibit the symptoms that were subsequently described by the psychoanalytic doctrine in its exploration of melancholia.\(^{217}\) While concurrent medical treatises consistently deemed the lovesick patient, particularly the female lover, a madwoman wanting in rationality, the fictional works portrayed a will to suffer that undermined this conception and uncovered a psychological etiology that traced the heroine’s proclivity for self-torment to her contentious relationship with the lost other, anticipating the Freudian theory formulated in “Mourning and Melancholia.” Unlike the madwomen of medical discourse, these lovesick characters subject themselves to the pangs of love because their physical pain functions in service of a psychological and social necessity. They indulge an affliction that is more valuable than recovery, as it provides an avenue for revenge against the duplicitous beloved.

Austen’s novel also deploys the lovesickness *topos* to explore the role of gender in the experience of disappointed love and the accompanying humiliation. Lovesickness creates a context for a romantic relationship that is denied by the beloved. The affliction enables Marianne to negotiate her position as a Georgian Era-woman who violates the code of conduct for romantic relationships and to establish her agency in a society that excludes her from the retaliatory rituals associated with betrayal and wounded honor. The heroine’s affliction functions as a prolonged psychological duel, a suicide fantasy through which she punishes the beloved and the society that inculcates the limiting customs.

\(^{217}\) It is not surprising that much of Freudian insights are inspired by their readings of literary works. The fictional corpus of lovesickness mediates between the concurrent medical doctrine and the emerging field of psychoanalysis.
Whereas little alteration took place in medical theory during the Georgian Era, medical practice, on the other hand, made significant advancements in accordance with the scientific developments of the pervious century. The breakthroughs in the field of anatomy compelled physicians to finally abandon the by-then obsolete theory of the humors. This ancient model gave way to a mechanistic etiology of illness that was developed during the Scientific Revolution, and attention to the fluids was superseded by the study of the nervous system—a development that was chiefly influenced by the discoveries of Thomas Willis. Lovesickness was identified either as a madness or as a disorder of the nervous system throughout the Georgian Era. For this reason, significant for its history was the advent and development of the psychiatric discipline, as well as the early 19th century medical conceptions of the mind and of its afflictions.

While some scholars argue that the study of the psyche first began in the 16th century, others contend that psychiatry was born around the 1790s, during which time, such physicians and asylum owners as William Tuke (1732–1822), Vincenzo Chiarugi (1759–1820), and Philippe Pinel (1725-1826) began to treat psychologically-afflicted patients. The practice of exclusively managing mental disturbances came into being, and psychiatry emerged as the first medical specialization. In addition to the nervous system, the brain became an object of medical interest and research. Physicians had formerly held that, whereas the mind could be

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218 See W.F. Bynum, et al. 11, 90. Some historians disagree with the commonly-accepted notion that the theory of the humors has been relinquished by medicine. In Passions and Tempers, Arikha Noga devotes her lengthy study of the humoral model to demonstrating that it has endured as part of medical ideology in various iterations throughout its history until the present day.
219 That is, during the end of the 18th century, the physicians began to perceive mental illness as a medical problem, rather than dealing with it merely as a moral one.
220 As Roy Porter explains, “Hunter and Macalpine thought there had been Three Hundred Years of Psychiatry, 1535-1860” (Mind-Forg’d Manacles 169).
221 See Porter, Mind-Forg’d Manacles 173-4; Ackerknecht 34; Oppenheim 17. As Bynum, et al. explain, in England and in The United States, “a formal psychiatric profession developed in the first half of the nineteenth century, decades before medical specialties such as cardiology, gastroenterology, or neurology” (Bynum, et al. 90).
overpowered by the bodily passions, it could not in itself succumb to illness, yet this belief changed during the late 18th century, as medical science began to recognize that the brain and the mind could potentially become deficient, diseased, or mad (Neve 235).222

By the early 19th century, the management of mental illness came to be divided between the disciplines of neurology and psychiatry. Psychiatrists, then referred to as alienists,223 were chiefly confined to caring for the mad in asylums, while neurologists – physicians “trained in general pathology and internal medicine” – managed ‘neuroses,’ or what were more commonly called functional nervous disorders (Shorter 136).224 Typically afflicting the upper classes, functional disorders indicated a failure of the nerves that presented with no alteration in anatomy, as was determined during investigations of the patients postmortem (Wood 4). Such illnesses were not seen as a form of insanity, and for this reason, they did not require the management of alienists but could be treated by general practitioners. In his View of the Nervous Temperament (1807), Dr. Thomas Trotter described the prevalence of these diseases in medical practice: “They have been designated in common language, by the terms Nervous; Spasmodic; Bilious; Indigestion; Stomach Complaints; Low Spirits; Vapours, etc. In the present day, this class of diseases forms by far the largest proportion of the whole, which come under the treatment of the physician” (xv).

222 In England, psychiatry as a field of study came into being when the physicians of King George III were unable to contend with his delirium, calling forth the specialist Francis Willis. As a result, the writing on mentally ill patients produced a great deal of discussion about the authority of the physician as well as the site of the treatment, culminating in a public debate on asylum reform that took place during the 19th century (see Porter, Mind-Forg’d Menacles 32, 175).
223 The term is derived from “alienation of mind,” which could be traced to the 15th century, and ultimately from the Latin word “alius,” which means “other” (Oppenheim 28).
224 See Wood 4; Bynum 89-90. Oppenheim also explains that while the term “neurologie” was coined in 1660 by Thomas Willis, it did not attain its current signification until the 19th century, designating the medical profession in which the nervous system is the object of study (29). The relationship between neurology and psychiatry also varied from one country to another. As Bynum discusses, “in the German-speaking lands, they merged in the middle of the 19th century to form the rich neuropsychiatric tradition of Griesinger, Wernicke, Krafft-Ebing, Meynert, and Korsakoff” (89).
The source of mental illness remained a subject of debate for the medical community.²²⁵ Physicians were starkly split between two camps: those who favored a somatic etiology, perceiving mental illness to be caused by a disturbance in anatomy, and those who believed such maladies to possess a psychogenic origin. This trend was in part influenced by the ideology of Georg Stahl (1659-1734), who identified two independent groups of mental afflictions: what he called the “sympathetic,” which were a product of organic malfunctions, and the “pathetic,” or disorders that did not possess a physiological source (Ackerknecht 35). During the late 18th century, the somaticist view dominated in the field of psychiatry, which deemed all illness to be caused by an evident or latent bodily malfunction (Shorter 27; Ackerknecht 36). An considerable factor in the prevalence of somaticism was the research on brain lesions performed by such pathologists as Giovanni Battista Morgagni (1682 - 1771), who conducted autopsies on psychiatric patients (Ibid. 36). As a professor of anatomy, Morgagni believed that illness could be produced either by a general – that is, humoral – impairment of the body as a whole or by a defect in a specific organ. Morgagni deemed mental illnesses to be specifically associated with localized cerebral impairments.²²⁶

Nineteenth century alienists continued to favor the somaticist etiology of insanity, deeming the condition of the nerves and the brain to be significant in disorders of the mind.²²⁷ An increase in research in the field of anatomy during this period further bolstered the somaticist position.²²⁸ The Edinburgh surgeon Charles Bell (1774-1842) uncovered evidence that revised the medical

²²⁵ As Bynum, et al. describe, the “physicalists” were Thomas Mayo and George Nesse Hill, while the “mentalists” were Anrew Harper and Alexander Crichton (12). See also Oppenheim 26.
²²⁶ For an account of Morgagni’s medical thought, see Noga 245.
²²⁷ For an in-depth discussion of the somaticist trend in 19th century medicine and psychiatry, see Oppenheim 32-8.
²²⁸ The condition of the nerves as well as their sensibility remained a significant factor of the medical conception of mental illness in the 19th century. The late 18th century English physician Erasmus Darwin believed mental disorders to be the outcome of a poor relationship between the body and mind – namely, the outcome of an incongruity between organic and spiritual motions (Porter, Mind-Forg’d Manacles 179).
conception of the nervous system, proposing that nerves constituted a collection of fibers rather than hollow tubes that conducted fluids, as Boerhaave had previously described them.\textsuperscript{229} The English neurophysiologist Thomas Laycock (1812–1876) also advanced the understanding of the construction of the brain by uncovering its capacity for independent reflexive functions.\textsuperscript{230} Such anatomical findings gave credence to alienists who increasingly directed their focus to the brain and who treated insanity as a strictly physiological illness.\textsuperscript{231} The somaticist approach that alienists favored was also privileged in the view of functional nervous disorders. Neurologists principally believed that such afflictions resulted either from structural abnormalities or from lifestyle choices that deprived the organism of proper nutrition.\textsuperscript{232} While the physiological impairment associated with madness was thought to reside in the brain, that of functional nervous disorders, such as hysteria, hypochondriasis, and melancholia, was believed to be localized in the nerves. To account for the sudden onset of nervous illness, physicians provided a variety of explanations from gastric defects to abnormalities of the blood, all of which could affect the functioning of the nervous system.

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\textsuperscript{229} Bell also theorized the existence of nerve strands of distinct origins in the spinal cord that were responsible for motion and sensation (Oppenheim, 29).
\textsuperscript{230} Thomas Laycock refused to distinguish between functional nervous disorders and madness, deeming both to be derived from a structural flaw in the nerves (Ibid. 29-30).
\textsuperscript{231} See Ibid. 37-8.
\textsuperscript{232} The notion that functional disorders possessed an organic causality could be traced to the work of physicians like Cheyne and Whytt (Shorter, 25).
notwithstanding the advances in anatomical studies that helped make headway in diagnostics, its approach to therapy was rarely effective in practice. Healing the mad included a variety of remedies, such as phlebotomy, emetics, and purges, as well as immersion in cold water. Drugs were used to stimulate or to pacify the patient’s physiology, and mechanical instruments were employed to shock the body, aiming to disturb the system and correct the physiological malfunction. Yet the drugs and devices did not prove successful, and the discrepancy between the somaticist theory and the effectiveness of its therapies was palpable.\textsuperscript{233} This problem compelled some alienists to admit that recovery depended more on the effects of time and chance than on their resources. The inability to verify the localized malfunction or to offer successful remedies justified the possibility of a psychogenic basis in psychiatric afflications.\textsuperscript{234} The Georgian Era wardens of mental institutions understood that talking was often a superior method of treatment than the usual somaticist approaches, like phlebotomy or purgation. Attributing the illness to the mind rather than the brain, they sought individual causes – that is, “mentalist” etiologies (Ackerknecht 38).\textsuperscript{235} Psychological cures were increasingly accepted as alienists began practicing a methodology termed was “moral management,” or “moral therapy” – treatment that was directed to the patient’s mind, that encouraged interaction between the patient

\textsuperscript{233} For an in-depth discussion of the ineffectiveness of somaticist treatments in the 19th century, see Porter, \textit{Mind-Forg’d Manacles} 184-207.

\textsuperscript{234} In addition to the inability of somaticists to demonstrate the effectiveness of their methods, another factor in the advance of the psychogenic basis in the medical view of insanity and functional nervous disorders was the influence of German Romanticism on the medical model – an influence that dominated early 19th century German psychiatry. The movement away from the strict rationality of the Enlightenment, in addition to a growing distrust in reason as the sole faculty necessary for the improvement of human life, resulted in great interest in and esteem for passionate and irrational mental states. Such a movement significantly affected the socio-medical understanding of the psyche, and it was at this point that psychiatry became an academic discipline that was practiced by German university physicians, rather than solely by asylum proprietors. Such physicians increasingly directed their attention to the mental experience of their patients (Ackerknecht 60-81).

\textsuperscript{235} See also Porter, \textit{Mind-Forg’d Manacles} 197.
and the doctor, and that was less physically and mentally agonizing than its somatic counterpart (Porter, *Mind-Forg'd Manacles* 206).  

The push toward a more humane treatment of the mad began during the late 18th century, when reforms were instituted to alter the brutal therapies practiced on such patients. The English physician William Battie (1703-1776) played a significant role in effecting this change, arguing that “management did much more than medicine” (Ibid. 207). His widely-read *Treatise on Madness* (1758) insisted on the need for confinement and supervision. Battie believed that madness would not be efficiently cured by indiscriminate remedies, that each case must be considered individually: “Madness therefore, like most other morbid cases, rejects all general methods, e.g. bleeding, blisters, caustics, rough cathartic, the gumms and faetid anti-hysterics, opium, mineral waters, cold bathing, and vomits” (93-4). Other physicians responsible for the improvement of treatment were Philippe Pinel (1725-1826) and his pupil, Jean-Etienne-Dominique Esquirol (1772-1840). Pinel was well-known for favoring the psychogenic etiology of mental illness, recognizing the failures of somaticism. As evidence, he offered the patient’s frequent experience of a psychologically distressing event just prior to the onset of the affliction, demonstrating a correlation between mental life and madness. Pinel also discounted the notion that lesions in the brain served as proof of a mechanist causality, claiming that variations in healthy physiology could account for such lesions. In the list of the causes of mental deterioration, he included the patient’s bodily constitution, yet he deemed social and

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236 Many physicians did not choose between a somaticist and a psychogenic etiology of madness, and many treated their patients by using both moral therapy as well as drugs and other physiological manipulators (Porter, *Mind-Forg’d Manacles*, 206). For a further discussion of the introduction of “moral management” into the treatment of the insane during the Georgian Era, see Porter, *Mind-Forg’d Manacles* 187, 206-222.

237 See also Ackerknecht 34-5.

238 As Alexander and Seleznik describe, “In spite of the efforts to mechanize man, the psyche reappeared again and again” (135). See also Ackerknecht 42-7.
environmental factors to be of more significance than biology (Appignanesi 55). Pinel was undoubtedly a fervent advocate of moral therapy. Esquirol likewise established a direct relationship between mental life and mental health, yet he did not deny the role of biology. Under the influence of Battie, Pinel, and Esquirol, alienists began to recognize that psychology could exert a powerful influence over the health of the body and treated the patient accordingly. Face to face contact between patients and their physicians, who attempted to curate remedies that specifically suited each affliction, greatly increased (Shorter 32; Porter, Mind-Forg'd Manacles 209). Like their counterparts in asylums, early 19th century neurologists also offered therapies for functional nervous disorders that were directed toward the mind rather than the body. One such method, in frequent use since the end of the 18th century, was hypnosis, the practice of which contributed to the development of the talking cure.

Moral management of mental illness during this period chiefly depended on the medical conception of its psychological causality, which was significantly influenced by the writings of such philosophers as Rene Descartes and John Locke on epistemology. Descartes denied the notion that our phenomenological experience of reality renders an accurate grasp of that reality, suggesting that discrepancies may occur. In other words, he saw misconceptions as a factor of perception, and madness constituted an affliction in which the principal cause was a faulty understanding of the external world. The medical conception of mental illness was also shaped by John Locke’s philosophy of the mind and of the learning process. Locke did not believe that human beings possess innately received ideas, or a priori knowledge, arguing instead that the

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239 See Appignanesi 55-6, 59.
240 Hypnosis and its relationship with the future treatment practices of psychoanalysis will be discussed in greater detail in the subsequent chapter.
241 “But the chief question at this point concerns the ideas which I take to be derived from things existing outside me: what is my reason for thinking that these resemble these things” (Descartes, “Meditations on First Philosophy” 26).
mind begins its journey toward understanding as a *tabula rasa* and is molded by subsequent perception. In his *Essay Concerning Human Understanding* (1690), Locke stated that knowledge is assembled by the mind from sensory data into notions and more complex sequences of thought, and depending on the effectiveness of this process, the mind could develop a healthy understanding of the world and of itself, or it could become mistaken in its associations, generate false or ill-forged links between sensations, and a disparity could develop between external reality and the mental schema of that reality. Otherwise stated, the mind could become disturbed as a consequence of an illusory impression of the world, mistaking what is false for what is true. Distinguishing between fools and the mad, Locke emphasized that insanity is a result of a delusion based on “false principles”:

> A fool is he that from right principles makes a wrong conclusion; but a madman is one who draws a just inference from false principles ... A madman fancies himself a prince; but upon his mistake he acts suitable to that character (Bk II. ch. xxxiii, 5).

Locke’s work was significant in advancing the medical understanding of the psychogenic source of madness, contributing to the belief that the problem was to be found in the mind itself, in the rational faculty, rather than to result from a humoral imbalance or from excessive passions overpowering reason (Noga, 243; Porter, *Mind-Forg’d Manacles* 191). Such alienists as William Battie and the Scottish physician William Cullen (1710-1790), inspired by Locke’s formulation, identified “deluded imagination,” in the words of Battie, as part of the “essential character of madness” (68). Cullen distinguished between insanity (*vesania*) and madness. He believed insanity to be physiological in origin, a product of neurological damage, and deemed madness, just as Locke would have it, as a misperception of reality – a “false judgment” that produced

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243 Locke also believed that the ambiguity of language often plays a part in the misconception about reality (Book II, ch. xi, 127).
“violent emotions” (Cullen 145). Lockean philosophy was also conducive to the practice of moral management. While the medical doctrine of previous periods considered the mad to possess an animal-like lack of capacity for thought, which rendered them incorrigible, Lockean theory rather likened them to children, suggesting the possibility and the need of re-education (Porter, *Mind-Forg’d Manacles* 192, 212). The mind could be altered, refashioned in accordance with reality and with the proper code of conduct. When asylum owners adopted moral management as the standard method of treatment, they aimed not only to alter the patient’s mental processes but also to influence him ethically, to correct the misconceptions in understanding, and to impose decorum and self-control. As Samuel Tuke (1784-1857), the proprietor of England’s York Retreat – an institution for the mentally ill – phrased it, the management of the insane resembled “the judicious treatment of children” (151). In addition to talking, alienists frequently made use of rewards and punishments, as well as fear and even silence to avoid indulging the patient’s delusive ideas (Loudon 236; Porter, *Mind-Forg’d Manacles* 226). These psychological therapies, often replacing drugs and mechanical instruments, nevertheless remained quite severe and indiscriminate. Physicians aimed to enforce a socially-determined code of conduct rather than attempting to understand or legitimize the individual experience of the patient.

The influence of Locke’s ideas was also discernable in the medical theory of love-related illnesses. In the medical treatises of the Georgian Era, love’s pathological iteration came to be classified as either a functional disorder of organic origins and treated by neurology, or it was

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244 As Foucault asserted, the proverbial chains had been struck off the insane in the 19th century, yet the newly developed treatment methodologies practiced in asylums presented yet another exercise of power over the patients, another form of suppression: “Fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience” (Foucault, *Madness and Civilization* 247). For an illuminating discussion of the role of ethics, education, and authority in the treatment of the insane, see Porter, *Mind-Forg’d Manacles*, 206; Small, 44.
managed by psychiatry as a psychological cause of madness. In his *Practical Observations on Insanity* (1806), the physician Joseph Mason Cox wrote about the effects of “unsuccessful” and “disappointed” love “on mind and body,” arguing that such an experience could “terminate” in “suicide,… insanity,” or even “murder” (297). In *Outlines of Lectures on Mental Diseases* (1825), the Scottish physician and alienist Alexander Morison (1779-1866) described the “febrile” symptoms associated with love as well as the “increased sensibility,” emphasizing that when “hopeless,” love could produce “insanity” (115). As they filled the pages of medical treatises, sufferers of madness caused by love also occupied the asylums. In the late 18th century, James Boswell (1740-1795) observed that “disappointed love” was “one of the most frequent causes of madness, as every body may be convinced who has curiosity and firmness sufficient to visit the receptacles of insanity and contemplate human nature in ruins” (82). When, in 1810, the English physician William Black conducted a study of the types of insanity prevalent in London’s Bethlem mental hospital, he discovered that love was the fourth most common source of the mental afflictions to be found there (Porter, *Mind-Forg'd Manacles* 33). A number of the love-mad patients comprising these institutions were men, yet insanity caused by love was believed to afflict a great deal more women (Ibid. 219).

In its capacity as a source of madness, lovesickness was associated with delusive ideas and an over-active imagination. Arising from a mistaken association of ideas, the affliction was believed to develop because the lover’s mental image of the beloved did not conform with reality. As the alienist and madhouse keeper Dr. Thomas Arnold (1795-1842) explained, an

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245 For a thorough discussion of the role of love in the medical doctrine of the Georgian Era, see Porter, “Love, Sex, and Madness.”

246 Similar results were uncovered in France: Esquirol’s investigation of asylums in Paris revealed that out of approximately 500 cases of admitted patients, “Love” and “Jealousy” collectively constituted the third largest category (Porter, “Love, Sex, and Madness” 218).
overly active imagination, unchecked by reason or judgment, played a significant role in the
discrepancy between understanding and reality. Such an imaginative capacity also led to faulty
associations and could cause the lovesick subject to fixate on his delusion: “The imagination is
too active when it … dwells incessantly upon the lively, and indelible Impression, of some one
object of passion” (Arnold 263). When Esquirol, Alexander Morison (1779-1866), Sir John
Charles Bucknill (1817-1897), and Daniel H. Tuke (1827-1895) – physicians and experts on
mental illness – wrote about lovesickness, their descriptions exhibited the influence of the
Lockean theory of madness, emphasizing the active role played by the patient’s imagination.

In his textbook *Mental Maladies: A Treatise on Insanity* (1838), Esquirol featured
lovesickness, which he dubbed *erotomania* (*erotic monomania*, as he referred to it throughout
most of the text). 247 He defined erotomania as “a mental affection, in which the amorous
sentiments are fixed and dominant” (Esquirol 335) and categorized it as a form of *monomania* –
a “type of insanity, in which the delirium is partial, permanent, gay or sad” (Ibid. 200). 248 The
symptomatology of *erotomania* entailed changes in appearance as well as in behavior. Observing
the countenance of his patients, Esquirol described that their “the eyes are lively and animated,
the look passionate,” yet in the absence of the beloved, their appearance is “dejected, their
complexion becomes pale; their features change…” (336). The patients’ physiological and

247 In *Outlines of Lectures on Mental Diseases* (1825), Morison, on the other hand, distinguished *erotomania* from
what he called “the melancholy of disappointed love,” unlike which, *erotomania* was characterized by “the presence
of delirium,” affecting the patient’s ability to command his behavior (49).
248 Esquirol distinguished *erotomania*, which he identified as an affliction of the mind, from such related illnesses as
nymphomania, or excessive sexual desire in women, and satyriasis, excessive sexual desire in men, which he
believed to be produced by malfunctions of the organs: “Erotomania differs essentially from nymphomania, and
satyriasis – an illness wherein the evil originates in the organs of reproduction, whose irritation reacts upon the
brain. In *erotomania*, the sentiment which characterizes it, is in the head. The nymphomaniac, as well as the victim
to satyriasis, is the subject of a physical disorder” (335). Like Esquirol, Morison, Bucknill, and Tuke differentiated
between *erotomania* and the conditions of satyriasis and nymphomania by localizing the site of their malfunction to
different parts of the body. While satyriasis and nymphomania were situated in the reproductive organs, *erotomania*
was localized in the “mind” (Morison 49).
behavioral alterations consisted of loss of “sleep and appetite,” while they were “restless, thoughtful, greatly depressed in mind, agitated, irritable and passionate” (336). This condition could only be ameliorated with the “… return of the object beloved,” which immediately “intoxicates [the patient] with joy” (336). In treating the disorder, Esquirol still believed therapeutic intercourse to be useful, administered in the form of marriage, which he regarded as “almost the only efficacious remedy” (342). Yet he firmly believed, much like physicians before him, that the effectiveness of the treatment chiefly depended on the patient’s desire to be cured, and while he recommended remedies to pacify the nervous system – “prolonged tepid baths, diluent drinks,... together with a vegetable regimen” – he recognized that "it is only the accomplishment of the desires of the patient, that can cure him" (342).

Esquirol’s description of erotomania emphasized the active role of the imagination in constructing the desire. Like 18th century physicians, he deemed the “nervous temperament” to be predisposed to this affliction, and he likewise associated the patients with a quick and sensitive mental disposition and unsurprisingly with “a lively and ardent imagination” (Ibid. 342). As he explained, the beloved image is invented by the lover’s mind and, as such, the “perfections” are “often imaginary” (336). 249 Esquirol called erotomania a mental distraction and localized it, along with Morison, “in the head,” as “a lesion of the imagination...” (335). In their collectively composed treatise A Manual of Psychological Medicine (1858), Bucknill and Tuke likewise identified the patient of lovesickness as “the sport of the imagination” (283). 250

The imagination could ultimately induce the love-mad patient to lose touch with reality. For this reason, the patient was believed unable to properly associate ideas or regulate imaginary

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249 The malady is “a chronic cerebral affection,” Esquirol described, that “is characterized by an excessive sexual passion; now, for a known object; now, for one unknown” (335-336).

250 For more information on Tuke’s description of erotomania, see Jackson 370-1.
processes, to possess a lack of reason, weakened judgment, a faulty understanding, and to exhibit
what Boswell described as a transgression of custom and good judgment (75). The association
between love-madness and irrationality and the conception of such patients as possessing an
abnormal psychology deterred early 19th century alienists from fully exploring the lover’s mental
processes. The notion that the mind itself could be diseased was undoubtedly gaining ground in
medical theory, which was promising for the investigation of the afflicted psyche. Yet the
influence of Lockean philosophy on the medical conception of mental illness produced a
tendency of alienists to remain prescriptive, more interested in correcting the psychological
phenomena than in understanding or analyzing them. As Foucault famously contended, medical
science remained inadequate at truly tracing a psychological etiology of mental maladies, and
the psyche remained uncharted. In their representation of disappointed love, 19th century novels,
such as Austen’s Sense and Sensibility, reflected the concurrent medical dogma, depicting a
medically accurate portrait of the love-mad subject. Yet Austen’s narrative also explored the
psychological portrait of the lovesick patient, uncovering an etiology of lovesickness that eluded
examination in medical doctrine.

In light of the Lockean influence on medical theory, it is not surprising that Sense and
Sensibility depicts a heroine whose imagination is central to the development of a nearly-fatal
case of lovesickness, and the novel examines the role of the illusory impression of reality – or,
the mistaken association of ideas – in the progression of the affliction. Marianne Dashwood, like

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251 Esquirol’s treatise, like majority of medical texts since the early modern period, featured women as the
characteristic patients of lovesickness. “The passion of love makes girls mad,” likewise asserted Morison (iii). Men
were supposed to be less predisposed to such afflictions than women during the Georgian age particularly because
they were thought to be more rational, to possess superior estimative capabilities. Women, as the principal sufferers
of illness produced by disappointed love, were deemed, as Roy Porter describes, “inconsistent, weak, over-excitible,
readily exhausted by activity, and altogether lacking in self-control” (Mind-Forg’d Manacles 106; See also Porter,
Mind-Forg’d Manacles 101-3).
252 See Foucault, Psychiatric Power.
Charlotte Lennox’s heroine in *The Female Quixote* earlier and Austen’s Emma Woodhouse later,253 falls victim to disappointment in love owing to her idealization of the passions in general and of love in particular. The novel introduces Marianne as a female Quixote, drawn to the lure of feeling, to sensibility and the sentimental,254 and particularly to lovesickness. The heroine believes that love is characterized by the inability to “overcome… [the] affection,” preparing for one of two outcomes from the start of the novel: happy love or eternal lovesickness (Austen 329). Her active imagination forms tales of "melancholy… disastrous love," which she positively longs to experience (Ibid. 49). Succumbing to lovesickness is precisely the future Marianne has written for herself; all that is wanted at the beginning of her imagined narrative is a suitable object. *Sense and Sensibility* thus exhibits an ironic stance toward the lover’s malady, particularly toward a heroine who wills to be subjected to it. The irony is introduced simultaneously with Marianne, who, possessing numerous admirable attributes, – “generous, amiable, interesting” – is described as “everything but prudent” (4).

The young Miss Dashwood’s judgement of others is likewise shaped by her illusory belief in the superiority of organisms that respond acutely to the passions, and “great importance [is] placed by her on the delicacies of a strong sensibility and the graces of a polished manner” (172). Like Richardson’s Clarissa, Marianne is sympathetic to people who suffer from love-related ailments, who display such symptoms as “the flushed [cheek], the hollow eye, and quick pulse of a fever” (295). When Elinor expresses a tempered version of her love for Edward, Marianne calls her “cold-hearted” (3). After his brief visit to Barton, for instance, Marianne "blushed to acknowledge" how calm her sister appears, demonstrating her own preference for affliction over

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253 For a comparative study of the heroines of Jane Austen and Charlotte Dacre, see Small 72-104.
254 As Jean Hagstrum explains, the term “sentimental” was “bestowed” by Lawrence Sterne to indicate the “sensible” and the “pathetic” (247).
self-command, or, heaven forbid, mildness of feeling (89). She wonders why Elinor lacks the symptoms of lovesickness, why she does not resemble the heroines of Sentimental fiction: "when is she dejected or melancholy? When does she try to avoid society, or appear restless and dissatisfied in it?" (33).\textsuperscript{255} The heroine’s predilection for Willoughby and her initial dislike of Colonel Brandon similarly hinge on the young man’s eager responsiveness to the passions and the seemingly dispassionate, deliberate manner of the older gentleman. Unable to read Brandon’s history from his reserved demeanor, Marianne does not favor him specifically because she does not think him capable of violent emotions.\textsuperscript{256} Her affection for Willoughby, on the other hand, is contingent upon his suitability to the role of the hero in a Sentimental novel: the young man appears "equal to what her fancy had ever drawn for the hero of a favourite story" – that is, he is the ideal beloved to render her lovesick (36).\textsuperscript{257} Such “false principles,” as Locke would have identified them, produce the delusion that leads to Marianne’s affliction, and her mistaken conception of the passions predetermines the suffering she is to experience, which chiefly results from love born of illusions. In this way, \textit{Sense and Sensibility} mocks not only its heroine’s preference for the convention of lovesickness but also her desire to write her life in the style of the latest novels.

Austen’s novel mocks not only the fascination with the 18\textsuperscript{th} century cult of sensibility but also the medical notion of sensibility itself, questioning the relationship between emotional processes and health. The physiological symptoms that Marianne gladly displays, and that Elinor

\textsuperscript{255} Elinor explains that she wishes to “avoid any encouragement of my own partiality” prior to being “assured of his [Edward’s] regard,” so that she may prevent unnecessary suffering. Yet Marianne, unable to comprehend such prudence, accuses her sister of insensibility (Austen 17).

\textsuperscript{256} Colonel Brandon communicates his inner state not less than Willoughby. While the Colonel is reserved, his want of a passionate exterior is caused by "some oppression of spirits" (Ibid. 42).

\textsuperscript{257} Marianne’s imagination also invents the qualities of Willoughby upon which her love is based. The narrator explains that, rather than attempting to discern the young man’s true nature, "her imagination was busy" with the phantasm of which Willoughby is a mere model (36).
is ever quick to suppress, are consistently employed by the novel to convey the psychological condition of its heroines. The language of disease is also used to describe acute states of the psyche. The words "sickness" and "affliction” frequently replace and represent "woe" or "grief" (153). The term "spirits," used repeatedly by the characters, indicates a pseudo-physiological state that refers to both mood and health – a state of both mind and body (155). Yet as previously discussed, the etiology of illness that centered on the passions was on the decline in medical science in favor of a model that emphasized pathological mental processes or cerebral lesions. Following medical dogma, Sense and Sensibility casts into doubt the notion that powerful feeling alone “bring about serious physical illness” (Wiltshire 46). The novel is consistently skeptical or ironic in its depiction of characters who seem to fall ill from overwhelming feeling. Purporting to possess heightened responsiveness to feeling, such characters render members of society in fear for their health. “Poor” Fanny Dashwood’s claim that she “suffer[s]… agonies of sensibility” enables her to dominate and manipulate her husband and to behave improperly without seeming to breach decorum (Austen 322). She expresses passionate anger and feigns psychosomatic illness, citing acute sensitivity to the passions as justification. In other words, sensibility is her frequently-used excuse for misbehaving.

258 Recognizing Colonel Brandon's unreturned affection for her sister, Elinor observes that his "spirits" are "worse" than they have previously been (143).

259 As Janet Todd explains, the cult of sensibility was not only on the decline during the late 18th century, but it was continually under criticism, because sensibility became linked to notions of political radicalism during this period. The internal characteristics associated with sensibility also underwent significant changes – sensibility now signaled self-indulgence, effeminacy, immorality, indolence, selfishness, and irrationality (Todd 129-146). Johnson, on the other hand, contends that the novel depicts the code of sensibility as a cultural construct that is destructive for young women, demonstrating that it encourages physical breakdown in response to personal woe.

260 As in Austen’s other novels, several characters employ the conception of sensibility to manipulate others. In Pride and Prejudice, Mrs. Bennet makes claims about her ailing nerves, as the site of the malfunction associated with powerful feeling, to manipulate her husband and bend her daughters to her will. For an in-depth analysis of this tendency on the part of Mrs. Bennet, see Wiltshire 20-1.
Sense and Sensibility also diverges from Sentimental novels like Clarissa by demonstrating psychosomatic illness that results not from spontaneous emotion alone but from emotion indulged or unrestrained. Unlike its predecessors, the text does not decry the suppression of feeling, which the novels of the previous century suggested to be evidence of deception. Austen’s novel favors the display of sense, exhibiting the merit of the characters’ ability "to govern" their feelings (4). Contrary to Marianne’s assumption, Elinor is not as unresponsive to distressing events as her sister believes her to be. The word “sense” in the title of the novel undoubtedly applies to the elder Miss Dashwood, alluding to her rationality, clear-headedness, and dependability, which function as a foil to the qualities of Marianne, yet Elinor’s “sense” does not signify an incapacity for feeling.261 Excesses of emotion nearly overwhelm her command over the body. When Marianne receives Willoughby’s letter of rejection, Elinor, who is greatly concerned about her sister, is "hardly able to hold up her head" and endures the anticipation of learning the letter’s contents in "a general tremor" (153). Yet Elinor makes a far greater effort to contain the passions and their display. She sacrifices the desire to communicate her feelings, avoiding the self-betrayal that would render her vulnerable to public scrutiny and to the raillery of society gossips like Mrs. Jennings. Hearing Lucy Steele’s confession about her engagement to Edward, Elinor suffers “an exertion of spirits, which increased with her increase of emotion” (112).262 Yet the sensible heroine continually “command[s] herself” against indulging the “distress” (119); she “mourn[s]” the loss of “the object of her love,” yet, aware that the grief must be “regulated,” she keeps it “checked by religion, by reason, by constant employment”

261 The term “sense,” as explained by Jean Hagstrum, was used during this period to refer to “judgment,” yet it did not signify the absence of feeling (271).
262 The cause of Elinor’s suffering is lovesickness, manifested in “an emotion and distress beyond anything she had ever felt before” (Austen 116).
Not surprisingly, Elinor’s disappointment in love does not produce the near-death illness to which Marianne eventually succumbs. Marianne’s body, on the other hand, is susceptible to psychosomatic illness not owing to the acuteness of her feeling but because she does not attempt to moderate or suppress it, suggesting that by giving in to "sorrow" – or, "seeking [an] increase of wretchedness" – she incites or prolongs physiological disturbance (5). Unwilling to govern her passions, Marianne indulges them for so long that her body becomes quite sensitive to subsequent occurrences of powerful feeling. The heroine ultimately grows incapable of restraining the emotional manifestations on her body, and, upon subsequently attempting to suppress her feelings, they are invariably transformed into physical symptoms. When she is asked by Elinor to conceal her "bitterness" about the news of Lucy’s engagement to Edward, Marianne’s body betrays the feeling: "when Mrs. Jennings talked of Edward's affection [for Lucy], it cost her [Marianne] only a spasm in her throat" (227). Unlike Fanny, she does not abuse her sensibility to compel others to her will, yet Marianne’s fascination with the notion of a sensible organism that is so much in vogue in the novels she reads renders her frequently physically overcome in a way that is distressing for her family. The text complicates the presentation of a heroine who possesses an “excess of…” sensibility,” demonstrating that Marianne suffers not from sensibility itself but from its

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263 Unlike Richardson’s novel, the ability to command or suppress emotions and their accompanying bodily responses is not indicative of cultivated insensitivity or deceit in Sense and Sensibility. Elinor is undoubtedly sincere. "In spite of herself," Elinor often blushes, betraying embarrassment or concern (Ibid. 309). Yet undeterred by the exertion, she manages to govern the expression of internal motions, however painful they may be, to maintain decorum and protect herself from eyes prying into her soul.

264 The novel describes powerful passions as an "affliction," which could be ever renewed if they are "sought for" (5).

265 Marianne’s body, like Clarissa’s, becomes highly legible, exhibiting the mental processes that she nourishes. She speaks her affection through every glance at Willoughby.

266 As her indulged passions further erode bodily defenses, any subsequent passions overwhelm Marianne’s organism, which is evidenced by her inability to restrain tears when Elinor’s painting is snubbed by Fanny and Mrs. Ferrars: "She could say no more: her spirits were quite overcome; and hiding her face on Elinor’s shoulder, she burst into tears" (161). If Marianne practiced Elinor’s self-command, she could abide by decorum, yet owing to the habit of indulging her sensibility, the body ever betrays her internal condition.
indulgence (4). In essence, Sense and Sensibility mocks not only the fascination with the 18th century cult of sensibility but also the notion of sensibility itself, the notion that the passions could spontaneously and irrepressibly overwhelm the organism.

Marianne cultivates her sensibility, ensuring that her disappointment about Willoughby’s departure for London incites lovesickness. Unlike previous accounts of the lover’s malady wherein the symptoms arise spontaneously, the alterations in Marianne’s condition are the result of studied sorrow. Not only is she consistently "giving way" to overwhelming grief, but she is positively "encouraging" it almost "as a duty" (66). She recounts her woe, compulsively ruminating on the moment of abandonment, which provides "nourishment" to her "grief" (71). Suffering from an "oppression of spirits" leads to insomnia, and Marianne rises from bed with a "headache" (42). The narrator attributes these symptoms to her "potent... Sensibility" (71), explaining that the lack of "command over herself" renders her "without any power" (70). Once Willoughby leaves Barton, Marianne sustains her fixation and melancholy, avoids company, remains in bed, and by doing so, encourages lovesickness. An ironic tone is discernable in the narrator’s depiction of her slow recovery from the initial lovesick episode: "such violence of

267 “[Mrs. Dashwood and Elinor] saw nothing of Marianne till dinner time, when she entered the room and took her place at the table without saying a word. Her eyes were red and swollen; and it seemed as if her tears were even then restrained with difficulty. She avoided the looks of them all, could neither eat nor speak, and after some time, on her mother’s silently pressing her hand with tender compassion, her small degree of fortitude was quite overcome, she burst into tears and left the room. This violent oppression of spirits continued the whole evening. She was without any power, because she was without any desire of command over herself. The slightest mention of anything relative to Willoughby overpowered her in an instant; and though her family were most anxiously attentive to her comfort, it was impossible for them, if they spoke at all, to keep clear of every subject which her feelings connected with him” (70).

268 She fixates on the "contrast between the past and present," longing to "court" the pain of loss: “She played over every favourite song that she had been used to play to Willoughby, every air in which their voices had been oftener joined, and sat at the instrument gazing on every line of music that he had written out for her, till her heart was so heavy that no farther sadness could be gained; and this nourishment of grief was every day applied. She spent whole hours at the piano-forte, alternately singing and crying; her voice often totally suspended by her tears. In books, too, as well as in music, she courted the misery which a contrast between the past and present was certain of giving. She read nothing but what they had been used to read together” (71).
affliction indeed could not be supported for ever," yet Marianne could revive "effusions of sorrow" by continually recalling reminders of Willoughby (71-2).²⁶⁹

In its depiction of the psychological symptoms that Marianne experiences, the novel looks back to the ancient medical and literary lovesickness tradition. When she first encounters Willoughby, the heroine’s view of him is reminiscent of the classical lovesick overestimation: "Every thing he did was right. Every thing he said was clever" (45). She imagines a phantasm that she confounds with the real Willoughby, whom she hardly knows, because all his self-revelations during their acquaintanceship are determined by her preferences: "if… any objection arose, it lasted no longer than till the force of her arguments and the brightness of her eyes could be displayed. He acquiesced in all her decisions, caught all her enthusiasm…” (40). Marianne also exhibits the distraction typically associated with lovesick patients when she awaits an encounter with Willoughby in London, and her thoughts ever dwell on the beloved in a way that recalls her literary lovesick predecessors.²⁷⁰ Even before Marianne is conclusively rejected by Willoughby, Elinor observes how violently the news of his apparent indifference affects her sister, who could engage in no activity while anxiously expecting his visit, nor abide by decorum when overcome with melancholy owing to his continued absence: "Marianne, too restless for employment, too anxious for conversation, walked from one window to the other, or sat down by the fire in melancholy meditation" (146).

²⁶⁹ During this stage of Marianne’s illness, her psychological symptoms occur independently of their typical somatic accompaniment, which demonstrates the heroine’s desire to be lovesick rather than lovesickness itself. As Helen Small observes, Marianne is not the heroine of a sentimental plot but is “acting the role of suffering romantic heroine,” indulging in her woe to somatize and imitate the heroines of Sentimental fiction (95). Like Fanny, the manifestations of Marianne’s indulged passions are a form of oppression for her family: “giving pain every moment to her mother and sisters, and forbidding all attempt at consolation from either. Her sensibility was potent enough!” (Austen 71).
²⁷⁰ "Her eyes were in constant enquiry; and in whatever shop the party were engaged, her mind was equally abstracted from every thing actually before them, from all that interested and occupied the others" (Austen 140).
However, the novel begins to encourage pity for Marianne when she is rejected and betrayed by Willoughby in London. The cold interaction between them in the ballroom results in a somatic episode: “Marianne, now looking dreadfully white, and unable to stand, sunk into her chair” (150). Aware of her sister’s nourished sensibility, Elinor "expect[ed]… to see her faint" and attempts to treat Marianne with "lavender water" to prevent it – a treatment commonly applied for its calming effects (150-1). After receiving Willoughby’s letter of rejection, the heroine becomes afflicted with what physicians would diagnose as a functional nervous disorder. Marianne’s head is "aching," and she is unable to rise from bed without falling or fainting and suffers from lack of appetite and insomnia. Upon such disappointment, she proceeds to experience both somatic and psychological symptoms of lovesickness: “… it was many days since she had any appetite, and many nights since she had really slept; and now, when her mind was no longer supported by the fever of suspense, the consequence of all this was felt in an aching head, a weakened stomach, and a general nervous faintness” (157). Elinor refers to her sister’s ailment as "a nervous complaint" (195), and Marianne soon experiences a nervous episode not unlike those that plague Clarissa throughout the novel:

… no attitude could give her ease; and in restless pain of mind and body she moved from one posture to another, till, growing more and more hysterical, her sister could with difficulty keep her on the bed at all, and for some time was fearful of being constrained to call for assistance (163).

Such ungovernable movement of the body signifies that mental processes have impaired the condition of the nerves, and the heroine’s feelings are manifested in unrestrainable bodily motion. As the initial shock of Willoughby’s loss dissipates, Marianne’s nervous fits give way to a long-term state of "a gloomy dejection" (182). For the duration of her stay in London, she is "languid and low from the nature of her malady," and over time, she loses “her colour, and…"
grow[s] quite thin” (266). Described thus, Marianne embodies the conventional portrait of the lovesick patient.271

Once the heroine arrives at Cleveland, she succumbs to a more severe malady than the prolonged but manageable condition that she has suffered during her stay in London. She experiences “a cold so violent as, though for a day or two trifled with or denied, would force itself by increasing ailments on the concern of every body, and the notice of herself” (264). Marianne’s illness, the symptoms of which include bodily weakness, fever, “a pain in her limbs, a cough, and a sore throat,” is diagnosed by Mr. Harris, as an “infection” that has "a putrid tendency” (265). The somatic etiology proclaimed by the apothecary is evaluated by numerous scholars, rightly regarding an accurate diagnosis the key to determining the novel’s portrayal of illness and medicine in general. In his thorough and illuminating study of Austen’s novels Jane Austen and the Body, John Wiltshire characterizes Marianne’s malady in accordance with the somatic trend of Georgian Era medical science – that is, he identifies it as a “remitting fever” (46). Contrasting it with Clarissa’s illness, which results from heightened sensibility, he deems Marianne’s affliction to be somatic in origin. As evidence of his theory, the physiological symptoms that would likely be attributed to unfulfilled love in earlier literature incidentally occur only after the heroine subjects herself to physical hardship and self-neglect – she exposes her body to the cold climate, tires herself by walking long distances, and subsequently remains in wet shoes. The suddenness of the onset of her illness also seems to imply an infectious, “putrid” quality, as Mr. Harris describes it (Austen 265). This diagnosis reflects the predominance of

271 When Colonel Brandon inquires after her sister, Elinor does not hesitate to identify her grief as "a most cruel affliction" (Ibid. 170). The term “affliction” signifies both “grief” and a disturbance of the body – the two meanings merge to indicate that Marianne’s disappointment has been potent enough to generate a somatic response.
somatic etiologies in medical doctrine, demonstrating that the passions were no longer believed to have quite so much influence over bodily systems.272

Yet a psychogenic etiology of Marianne’s illness co-exists with the somatic, particularly because all attempts to treat it as merely a physiological dysfunction are fruitless. Various doctor figures unsuccessfully endeavor to cure Marianne by dispensing a remedy intended for her body. The physicians who favor a purely mechanist view of lovesickness and treat the spiritual motions solely as functions of the body, as was common in medical practice, are frequently depicted by literary works to be rather inept at diagnosing and curing the illness. Mr. Harris’ prognosis, for instance, that "a very few days would restore her… to health" does not come to fruition (Ibid. 265). His inability to manage Marianne’s malady is also evident when, speaking “boldly of a speedy recovery,” his treatments produce no change in the condition of the young patient (267). The novel consistently undermines the apothecary’s point of view: "His medicines had failed; the fever was unabated; and Marianne only more quiet — not more herself — remained in a heavy stupor" (270). The descriptions of his ineffectual work are never without a touch of irony and humor: “he had still something more to try, some fresh application, of whose success he was almost as confident as the last, and his visit concluded with encouraging assurances which reached the ear, but could not enter the heart, of Miss Dashwood” (271). The novel’s depiction of the medical practitioner is quite bleak, casting his diagnosis of Marianne’s illness as an infection, as a strictly physiological disorder, into doubt. Mrs. Jennings is likewise a poor doctor for Marianne, amusingly recommending “Constantia wine,” which has previously been helpful for Marianne, amusingly recommending “Constantia wine.” which has previously been helpful

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272 The novel demonstrates the ideological shift in the medical paradigm. In 19th century literature, psychosomatic illness tended to render their readers in doubt as to whether the affliction possessed a psychological cause or whether it was a strictly somatic disorder. By rendering Marianne’s condition not easily recognizable as a disorder born of disappointed love, Austen’s novel reflects an ambivalence in its depiction of the medical model. As evidence of this ambivalence, even as the heroine begins to recover, she nevertheless displays the symptoms of lovesickness that have at length been described in ancient medical treatises: "the hollow eye, the sickly skin, the posture of reclining weakness" (265).
in alleviating her late husband's "colicky gout," for "its healing powers on a disappointed heart" (169). The failure of these doctors demonstrates that to read Marianne’s near-fatal illness as a mere infection is to deny the significance of the novel’s events, to preference the symptoms in favor of the underlying cause.

The heroine’s malady is inextricably linked to her experience of unfulfilled love. Like the apothecary, Mrs. Jennings is an uninitiated physician who lacks understanding of the psyche, yet by mentioning the young girl’s romantic disappointment as a diagnosis to be excluded, she enables Elinor to acknowledge its possibility: "Mrs. Jennings […] scrupled not to attribute the severity and danger of this attack to the many weeks of previous indisposition which Marianne's disappointment had brought on. Elinor felt all the reasonableness of the idea, and it gave fresh misery to her reflections" (271). The heroine’s illness presents with the symptoms of lovesickness that were identified by concurrent medical practitioners. The English physician Joseph Mason Cox (1763–1818), who devoted his professional career to treating mentally ill patients in institutions, presents a case of love-madness in which the patient bears a striking resemblance to Marianne. He explains that the 19-year-old woman was afflicted owing to “A tender attachment to a worthless object, [which] at length diminished her natural vivacity, she became pensive, and fond of solitude” (Cox 89). Cox describes the physiological symptoms that resemble those of Marianne once she succumbs to the affliction at Cleveland. He reports that, following the disappointment, “A protracted and painful parturition reduced her delicate frame to extreme debility and emaciation, while her ideas became confused and her mind obviously diseased. Her days and nights were passed in alternate raving, vociferations and incoherent murmurs” (Ibid.) Such “raving, vociferations and incoherent murmurs” are reminiscent of Marianne’s first night after learning of Willoughby’s betrayal as well as of the delirium that
takes place at Cleveland. The symptoms she suffers throughout the most precarious stages of the illness – the disturbed sleep, the nervous movements and gesticulations, as well as the anxious, unfounded inquiry about her mother, who, Marianne fears, will be in danger if she replicates Marianne’s own trip to London\(^{273}\) – particularly resemble the account of love-madness given by Cox:

The repose of the latter became more and more disturbed; and her sister, who watched, with unremitting attention, her continual change of posture, and heard the frequent but inarticulate sounds of complaint which passed her lips, was almost wishing to rouse her from so painful a slumber, when Marianne, suddenly awakened by some accidental noise in the house, started hastily up, and, with feverish wildness, cried out (Austen 268).\(^{274}\)

Wiltshire rightly assesses that a “‘moral’ reading” of Marianne’s illness – “one which conceives of the self as to some degree a self-determining or limiting ethical agent” – “runs concurrently with a broader appreciation of the exigencies of physiological and psychopathological necessity” (49). The novel holds the heroine accountable for her affliction, which signifies that, while sensibility alone is not sufficient to “bring about destruction” (Ibid. 46), the heroine’s languid melancholy is converted into a near-death bodily illness by the act of nourishing her feelings and subjecting her body to precarious conditions. That is, unlike lovesick heroines that preceded her, Marianne’s affliction is not the effect merely of a sensibility natural to the organism but of active effort to indulge it, of the desire to be ill, a will to suffer. Her mother and sister have frequently attempted to convince Marianne to govern the passions lest they overwhelm the organism, yet the lovesick young lady does not desire health.\(^{275}\) Elinor begs,

\(^{273}\) For a reading of Marianne’s delirious concern about her mother’s trip through London, see Wiltshire 48-9.
\(^{274}\) Once Marianne falls ill at Cleveland, Elinor even utilizes the age-old diagnostic technique of measuring the patient’s pulse, which alludes to the classical cases of the lovesickness tradition, wherein erratic pulse betrayed hidden love: "Elinor perceived, with alarm, that she was not quite herself, and, while attempting to soothe her, eagerly felt her pulse. It was lower and quicker than ever. And Marianne, still talking wildly of mamma, her alarm increased so rapidly, as to determine her on sending instantly for Mr. Harris" (Ibid. 268).
\(^{275}\) When the initial grief of Willoughby’s loss abates, which is evidenced by Marianne’s “calmer” state and her ability to eat, she continues to fixate on the source of her misery, indulging the torment (72).
"Exert yourself, dear Marianne,... if you would not kill yourself" (Austen 157). Yet preferring to “kill” herself rather than subdue her woe, Marianne ignores the advice. Mrs. Dashwood even recommends the travel cure – a treatment commonly prescribed for lovesickness since antiquity – knowing the danger of returning to "Barton, where every thing within her view would be bringing back the past in the strongest and most afflicting manner, by constantly placing Willoughby before her, such as she had always seen him there" (Ibid. 182). Such advice is no less wise for its lack of success, as it could only be effective if the subject desires to be cured.

Marianne savors her woe with increasing fervor, particularly during her return trip to Barton. When staying with the Palmers at Cleveland, Marianne seeks "solitude," continually avoiding company and reveling in recollections (153). Drawn to the imaginary, she evokes memories of Willoughby’s estate and contemplates that she may have been its mistress. Yet reality is quickly remembered; she sheds "tears of agony" for the loss of the fantasy, at which she simultaneously "rejoiced," glad at any opportunity to aggravate or advance her illness (261). The lovesick heroine decidedly "resolved" to continue to "indulge" in such "solitary rambles" (261). She also mistreats her body, walking "all over the grounds," even "in the most distant parts of them, where there was something more of wildness than in the rest," subjecting herself to "the wettest" grass (262). If that ordeal does not sufficiently strain the body, Marianne proceeds to inflict further injury by "sitting in her wet shoes and stocking" (264). Such self-destructive behavior invariably produces a “violent… cold” (264).

The uninitiated apothecary is unable to discern what Marianne herself confesses upon recovery – she has indulged the woe, she has willed her body to suffer, perhaps even to die: "My

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276 When Elinor encourages her sister to vent, "as much as possible to talk of what she felt," Marianne casts her from the room, longing to direct all her attention to the grief: "You had better leave me" (171). Mrs. Dashwood likewise pleads with Marianne not to indulge in "regrets," which only reminds the girl of how "mortifying and humiliating must be the origin of those regrets, which she could wish her not to indulge!" (182).
illness, I well knew, had been entirely brought on by myself... I saw that my own feelings had prepared my sufferings, and that my want of fortitude under them had almost led me to the grave" (299). The heroine’s guilt corroborates the active role that she has played in the affliction. Mrs. Dashwood also describes Marianne’s malady as the result of "self-provocation," acknowledging that her elder daughter suffers equally, only with "greater fortitude" (309). The sisters’ responses to disappointment in love are highly significant, as they undergo very similar circumstances: both believe that their affection is reciprocated, and both are disillusioned when they learn that the beloved is engaged to someone else. Yet Marianne’s equally broken-hearted but more sensible sister does not seek "silence, solitude, and idleness" and thus avoids succumbing to a physiological disorder (89).

Diverging in some ways from the conventional representation of lovesickness, the novel’s exploration of the patient’s mental processes nevertheless resembles its predecessors – texts featuring abandoned lovesick women, such as Ovid’s *Heroides*, Gabriel de Guilleragues’ *The Letters of a Portuguese Nun*, and Aphra Behn’s *Love Letters to a Gentleman*. These epistolary works similarly feature the heroine’s will to suffer, along with the preoccupation with death and the fixation on the imaginary. These lovers plead with the beloved, threaten to cease waiting for him, appear to wish for relief from their misery, yet like Marianne, they indulge in torment and bodily pain. Even the young women who do not take their lives dream of a painful conclusion. Such self-directed aggression and ill self-regard are central to the depiction of the female lovesick subject in these works. Ariadne’s epistle in Ovid’s *Heroides* offers an emblematic representation of lovesick anguish. Finding herself abandoned by Theseus, the heroine’s grief

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277 The resemblance of *Sense and Sensibility* to works of the epistolary genre featuring lovesick heroines should not be surprising, as Caroline Austen wrote to James Edward Austen-Leigh that the novel was “first written in letters—& so read to her family” (Austen-Leigh 185).
grows so intense that she responds by ravaging her body. Ariadne’s initial response to bereavement is to “throw… [herself] headlong from… [her] abandoned bed,” then her “palms resounded upon… [her] breasts,” and she “tore [her] hair,” the body bearing the burden of her inner turmoil (Ovid, *Heroides* X, l. 15). When her voice fails to call back Theseus’ ships, she proceeds to inflict further violence: “… what my voice could not avail, I filled with beating of my breast” (Ibid. X, l. 37-8). Ariadne notably imagines and longs for various iterations of death: “there rush into my thought a thousand forms of perishing” (X, l. 85). She repeatedly threatens that she will be torn limb by limb, hoping that "wolves rush on me" or that "tawny lion[s]" or "savage tier[s]" could fulfill her wish for death (X, l. 89-90). Her fantasies of physical suffering, of the "wolves" that might "rend my vitals with their greedy teeth," are acutely graphic (X, l. 83). Learning of Paris’ marriage to Helen, Oenone is also distraught by how quickly the beloved could displace her. Yet the initial displeasure with Paris is quickly replaced by a discontent with herself, and Oenone proceeds to injure her own body: "Then indeed did I rend my bosom, beat my breast, and with the hard nail furrowed my streaming cheeks..." (V, l. 72-3). Medea is likewise pained by the irony of losing the man she "saved" to a rival, who now "reaps the fruit of my toil" (XII, l. 175-7). Hearing the song that celebrates Jason’s wedding, Medea abandons her concern for social norms and wills to experience the turmoil somatically: “straight I rent my cloak and beat my breast and cried aloud, and my cheeks were at the mercy of my nails" (XII, l. 153-4). Sappho’s response to abandonment is similar. Rather than aiming her violence at the beloved, she directs aggression toward her own body: "I felt no shame to beat my breast, and rend my hair, and shriek" (XV, l. 114-6). Unlike Oenone or Medea, Sappho’s letter functions as a preparation for suicide. She describes her encounter with a Naiad who, pitying the lovesick heroine for the "flame" of which she "burn[s]," informs her of the magical cliffs of Leucadia,
from which one could leap to be liberated from love (XV, l. 9-10).²⁷⁸ In her letter to
Demophoon, Phyllis also enumerates the various weapons that she may use to end her suffering.
Seduced by death, she “long[s] for poison, [to] pierce… my heart,” or to be “ensnare[d] in the
noose” (II, l. 139-42).

Austen’s Marianne also resembles her namesake, the lovesick heroine of Guilleragues’ *The
Letters of a Portuguese Nun*, particularly in her self-directed hostility, self-deprecation, and the
desire for death. Internalizing the officer’s perspective, Marianne – the lovesick nun –
consistently expresses self-blame and the need for punishment, particularly when she feels
wronged by the beloved: “I ought to die with shame for having believed myself the mistress of
my conduct” (Guilleragues 5). When the officer dances with another woman, Marianne abhors
everything: “the inventor of dancing… the French woman…,” and most importantly, “myself”
(Ibid. 13). She consistently vows to sacrifice herself for the beloved, hoping to “sooner see
[herself] condemned to the depth of despair,” (14) or “to sacrifice all the pleasure of [her] life”
(15), perennially purporting to subordinate the self to the well-being of the other. She also
expresses the longing for death, which would leave her heart no longer "exposed" to the "anguish
of [the beloved's] absence" (63).

As the epistolary genre enables the lovesick heroine to communicate her inner motions, it
offers insight into the psyche of her counterpart in the novel. In other words, the sometimes
inscrutable mind of Austen’s Marianne, bent on indulging in illness without explanation, is
illuminated by the letters of her lovesick precursors – letters to the beloved that Marianne could

²⁷⁸ Sappho seemingly offers the beloved a chance to return, threatening that she will otherwise choose to fall from
the cliff. Yet before a response could be obtained, she claims that death is "better ‘twill be than now" and accepts her
fate: “I shall go, O nymph, to seek out the cliff thou toldst of; away with fear – my maddening passion casts it out”
(Ovid, *Heroides* XV, 177, 175-6).
not compose. Her self-directed aggression is comparable to her lovesick predecessors: the heroine exposes her body to the cold and indulges in melancholy recollections, nourishing a physiological affliction that is nearly fatal: “Had I died,” she confesses, “it would have been self-destruction…. I wonder at my recovery” (Austen 300). Like the epistolary novels that preceded it, Sense and Sensibility explores the circumstances that bring about such self-torment, which is not merely a means of communication for these lovers. Their love has already been confessed, and its verbalization has failed to provide satisfaction. The beloved has remained unmoved, unremorseful. Many of these letters could never be sent, or they are directed to a beloved who will never receive them or will not care to read them, signifying that the lovesick heroines desire something beyond communication.

Such a will to suffer was subsequently explored by Sigmund Freud, who, unlike the medical practitioners of the early 19th century, sought to uncover a psychological etiology. Freud explained that “a real slight or disappointment coming from... [a] loved person” produces one of two responses: “mourning” or “melancholia” (“Mourning and Melancholia” 243). Whereas mourning is a healthy response to object-loss, the symptoms Freud attributed to melancholia resemble those experienced by lovesick patients – namely, “profoundly painful dejection, cessation of interest in the outside world,” – which is evident in their fixation on the beloved while neglecting all else, “inhibition of all activity,” and “a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings” (Ibid. 244). In mourning, the subject experiences a “withdrawal of the libido from this object,” which is displaced onto a new one (249). Yet, unwilling to accept the loss, the melancholic does not...
relinquish the beloved, and “the free libido… [is] withdrawn into the ego,” establishing “an identification of the ego with the abandoned object” (Ibid.). In other words, the melancholic clings to that which pains him.

As he proceeds to censure and loathe the internalized object, the loathing is redirected toward the self: “the hate comes into operation on this substitutive object, abusing it, debasing it, making it suffer” (251).\textsuperscript{280} Whereas in mourning, the disappointment is externalized, in melancholia, “the ego itself” is treated as the locus of displeasure and worthlessness. The melancholic “reproaches himself, vilifies himself,” and even exhibits violence toward the self, yet the true object of such animosity is the lost beloved (246).\textsuperscript{281} The outcome is that, otherwise lacking power, the melancholic could express the hatred felt toward the beloved by means of his own ego, and Freud identifies “illness” as one form of such displaced vengeance (251). The lover’s “tendency to suicide” is likewise motivated by the desire to inflict harm on the other (252). According to this formulation, lovesick self-torment is intended for the other, which is always a recursive struggle against the self. The psychological tendency illuminated by Freud has been the focus of literary representation of love long before the emerging field of psychoanalysis made it a subject of study. Such characters are reluctant to relinquish the love and simultaneously exhibit animosity toward the beloved, which is re-directed toward the self, deriving “sadistic satisfaction from… [their own] suffering” (Ibid.). Their vengeance frequently assumes the form of a threat of death, expressed as a suicide fantasy in which the sorrowful, remorseful beloved recognizes his responsibility and is infected with a desire that only loss could incite.

\textsuperscript{280} The ego effectively splits between the condemning and the culpable faculties: “one part of the ego sets itself over against the other, judges it critically” (Freud, “Mourning and Melancholia” 247).

\textsuperscript{281} As Freud explained, the melancholic patient’s accusations are often “hardly at all applicable to the patient himself, but that…they do fit someone else, someone whom the patient loves or has loved…” (Ibid. 248).
In Ovid’s *Heroides*, Dido’s letter to Aeneas functions as a posthumous act of vengeance. The epistle is introduced as the song of “the white swan,” which traditionally precedes death (Ovid, *Heroides* VII, l. 4). Dido does not merely wish to end her life but desires that the news of her demise reach the beloved and pain him. Her intention to die by means of the sword given to her by Aeneas notably incriminates him in her death: "You shall… be reputed the cause of my own doom" (Ibid. VII, l. 64). Dido fantasizes that the beloved will imagine her mad with love and sorrow during her final hours, "with hair streaming, and stained with blood," that he will be stricken by guilt for his unfulfilled promises (VII, l. 70). She pointedly concludes the letter with an incriminating epigraph to be engraved on her tombstone: "From Aeneas came the cause of her death, and from him the blade..." (VII, l. 195). The heroine’s body, as the only available object, incurs the punishment intended for the other.

While Dido, as well as Phillis and Sappho, explicitly bring their threat of suicide to fruition, other lovesick sufferers merely threaten to do so. Ariadne desires that Theseus imagine her beaten body as an unsettling signifier for her internal state: "…look upon me now – not with eyes, for with them you cannot, but with your mind – clinging to a rock all beaten by the wandering wave. Look upon my locks, let loose like those of one in grief for the dead, and on my robes, heavy with tears as if with rain" (X, l. 135-40). She also taunts him with the threat of suicide, warning that there is no one "who is to keep the swords of men from piercing [her] side" (X, l. 89-90). In *The Letters of a Portuguese Nun*, the self-aggression exhibited by Marianne also functions as the sole weapon of a woman made powerless by the steadily waning affection of her beloved.

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282 The internalization of the beloved turns quite literal in Dido’s epistle, as she discusses stabbing herself with Aeneas’ “blade” (Ovid, *Heroides* VII, l. 195).
283 In Sappho’s epistle, the heroine similarly compels the beloved to choose between returning and "causing [her] death" (Ibid. XV, l., 190).
284 Ariadne requests that Theseus return to provide the proper burial rites for the woman in whose death he is implicated: “‘twill yet be you who bear away my bones” (X, l. 152).
of her beloved. She vows that the “treachery” of the officer’s indifference will not "pass unpunished," hoping to rouse his feelings by inciting fear and regret (Guilleragues 124). Marianne indulges in a suicide fantasy that entails both the lover’s discovery of her lifeless body and his acknowledgement of responsibility. She dreams that her body, framed by a coffin, is delivered to the officer, and, tormented by the loss, he values her sacrifice: "my memory would be dear to you, and you would, perhaps, be sensibly affected by my dying some extraordinary death" (Ibid. 84). The nun envisions that her death would compel the beloved to “think often of [her]” (84), to “tenderly regret [her]" (85). In Behn’s Love Letters to a Gentleman – another epistolary novel giving a lovesick heroine a voice – Astrea similarly hopes that her suffering may inspire love, which she believes is ever diminishing: "how could this indifference possess you, when your malicious soul knew I was languishing for you?" (Behn 153). Her vengeance takes the form of a suicide threat: “I think you must desire to find me dead at your return” (Ibid. 17). Astrea ever displaces the responsibility for her death onto the beloved, attributing her wish to "kill herself or... die of grief" to his waning love (81). Such a suicide fantasy enables her to envision Lycidas’ remorse, to imagine his desire to return, albeit too late.

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285 For the lovesick nun, to love is to feel disquiet, displeasure, to abandon "repose" (Guilleragues 65). It is not surprising that the beloved’s “repose” makes Marianne irate (Ibid. 25), because it signifies composure rather than love: "how much am I to be pitied that you do not share my grief, but that I alone am wretched" (79). As the officer’s pain would be indicative of love, it becomes her object. Unwilling to suffer, or indeed die, in silence, she recounts her toil so that the “sufferings… [may] not be useless” (102).

286 Marianne expresses her death-wish particularly when she feels that the officer has not been "sensible of [their] pleasures," warning him against failing to recognize her worth. (Ibid. 79). She displaces the responsibility for her death onto the beloved, compelling him to choose between love and murder: "I wished not to return to a life which I must lose for you" (86).

287 In the final letter, Marianne claims that, unable to affect the beloved with her pleas, she will instead "release" herself "by some extremity" (Ibid. 127). To avoid appearing naive about the officer’s waning feelings, she purports to expect that he will "learn" of her death "without much sorrow" (127). Yet by verbalizing the plan to take her life rather than bringing the plan to fruition, the lovesick nun betrays her true desire to pain the beloved by means of the threat.

288 Astrea identifies love as an experience of agony and desires to afflict the beloved, thus infecting him with love. Astrea wishes that his time is filled with "thoughts of [her] (a sufficient curse)” (Behn 145), wishes to ignite in Lycidas the same "disrelish and aversion for everything on earth" that she suffers in his absence (Ibid. 85).
In its depiction of Marianne’s encouragement of illness, Austen’s novel draws on the classical literary representation of the female lovesick subject and anticipates the psychoanalytic insights. Like her lovesick precursors, Marianne responds to what Freud would call “a real slight or disappointment coming from… [the] loved person” (“Mourning and Melancholia” 249). A portrait of Freud’s melancholic, she refuses to relinquish the disloyal Willoughby, yet her hostility toward him is ever redirected toward the self. Marianne’s desire to incite Willoughby’s suffering is disclosed once she recovers: “I am not wishing him too much good,’ said Marianne at last, with a sigh, ‘when I wish his secret reflections may be no more unpleasant than my own. He will suffer enough in them’” (Austen 299). She acknowledges that her self-torment has been a form of torment for the other, vowing upon recovery that her feelings "shall no longer worry others, nor torture myself” (Ibid. 301). Like her sister-in-law, Marianne employs bodily suffering to exercise an agency in a relationship in which she lacks conventional authority.

Whereas the vengeance is merely imagined and threatened without success by her predecessors, the willed near-death affliction of Austen’s heroine produces the desired effect. Having formerly remained “insensible” to Marianne’s feelings, Willoughby undergoes a profound change when the news of her illness reaches him: "I was too much shocked to be able to pass myself off as insensible…” (286). He instantly "left London" to see her for what he fears would be the last time (275). Marianne does not witness his distress, yet the novel allows the reader to rejoice in the alarm and sorrow that are evident in the young man’s manner of pleading with Elinor: "For God's sake tell me, is she out of danger, or is she not?" (275). In addition to luring Willoughby to her, Marianne’s illness arouses the feelings that his conscience could not arouse. The affliction compels him to acknowledge his guilt, to seek Marianne’s forgiveness, and to regret sacrificing happiness for financial security: “it is astonishing, when I reflect on what it
was, and what she was, that my heart should have been so insensible" (276).\(^{289}\) Willoughby no longer wishes to justify his mistreatment of Marianne as an act committed in the name of prudence or his duty as a fiancé.

Faced with the prospect of losing her forever, the greatest stumbling block to their relationship is no longer of importance. He is now convinced that Marianne’s “affection and… society” would have nullified the effects of their destitution, as he finds himself deprived of the joy that he hoped to receive from his affluence, losing “every thing that could make it a blessing” (277). Her illness teaches Willoughby to love: "I did not know the extent of the injury I meditated, because I did not then know what it was to love" (277). He now identifies Marianne as “dearer to me than any other woman in the world,” speaking with such affection as only the threat of her loss could have aroused (282). The young rake even entertains hope of renewing their relations, of laying a claim on Marianne’s affection if he is “by any blessed chance at liberty again” (288). His love lasts long after she recovers, and he continues to idolize the image of the woman forever lost to him, setting her as the ideal to which all others are compared: "For Marianne,… he always retained that decided regard which interested him in every thing that befell her, and made her his secret standard of perfection in woman; and many a rising beauty would be slighted by him in after-days as bearing no comparison with Mrs. Brandon" (330).\(^{290}\) Willoughby experiences all that Marianne, as a scorned lover, could have desired: he deems himself culpable, seeks forgiveness, is unhappy, and exhibits signs of lovesickness.

\(^{289}\) Willoughby has previously deceived himself about the harm he caused, yet Marianne’s affliction ultimately dispels his self-delusion. He speaks of the remorse he felt when forced to reject her, yet that remorse was easily subdued by weak arguments: “… time and London, business and dissipation, had in some measure quieted it [his conscience], and I had been growing a fine hardened villain, fancying myself indifferent to her, and choosing to fancy that she too must have become indifferent to me; talking to myself of our past attachment as a mere idle, trifling, business; shrugging up my shoulders in proof of its being so, and silencing every reproach, overcoming every scruple, by secretly saying now and then, ‘I shall be heartily glad to hear she is well married’” (Austen 282).

\(^{290}\) Willoughby begins to idealize Marianne, worshipping every trait – "Her taste, her opinions – I believe they are better known to me than my own, and I am sure they are dearer" (Ibid. 282).
Beyond afflicting the beloved, Marianne’s indulged illness also functions as a response to the restrictions faced by women in romantic relationships. A major source of the heroine’s distress throughout the novel is that, coupled with the bereavement, her naturally-emerging feelings conflict with what is expected of her as an unmarried young lady. The Georgian Era code of conduct regarding women’s personal predilections obliged them to disobey and consistently suppress their natural impulses. Women were expected to conceal their partiality for a man, particularly if he has not previously confessed his love. The Dashwood sisters’ encounters with their social circle demonstrates this restriction, and the frequent blushes that appear on the girls’ faces are symptomatic of their stifled feelings. Mrs. Jennings, the most active representative of their society, frequently capitalizes on the conventions that bind young women’s capacity for openness to mock them by attempting to expose the disposition of their hearts. When Margaret is probed by Mrs. Jennings about the "young man who was Elinor's particular favourite," the girl betrays that such a man exists without naming him (Austen 52). This humiliates Elinor while Mrs. Jennings is shamelessly amused by the young lady’s embarrassment. The episode establishes the little authority possessed by the young women over their inner life, in response to which, Marianne "turn[s] very red" with anger, as she characteristically does when the need to conceal her feelings arises (Ibid. 52).

Elinor, whose sensibilities are aligned with the text, consistently wishes that her sister’s sentiments were not betrayed through her exterior and expresses hope that Marianne exhibit some "self-command" (80). Yet, enamored with the notion of subordinating reason to her sensitive faculty, such consideration of decorum is particularly odious to Marianne – she

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291 Such a restriction is also explored in Frances Burney’s *Camilla*, wherein the necessity to suppress her affection causes Camilla to somatize love into symptomatic bodily acts. For an in-depth discussion of such conventions and their representation in *Camilla*, see McMaster 1-24.
"abhorred all concealment" especially when the need for "self-command" was asked of her (45). Dismayed at the thought of having to hide what is natural to her, Marianne deems such dissimulation to be "disgraceful" and longs to communicate her emotions without suppression or subterfuge (45). The heroine is emboldened by the ideology of the novels she reads and believes that social principles ought to be adapted to the internal laws. She is particularly impatient with the chronic hypocrisy of London society. While its members profess to sympathize with her, they are more interested in the scandal of her unfulfilled affection for Willoughby and would in an instant, disregarding their avowed friendship to Marianne, seek the company of the future Mrs. Willoughby, who is believed to be a "woman of elegance and fortune" (185). Marianne continually derides such dissemblers and intentionally unveils their intrigues and calculated gestures of good-will.

Tony Tanner rightly argues that Marianne’s illness is a response to the problem of living in a society that contradictorily “forced people at once to be very sociable and very private” (88). Rather than moderating the feelings that engender her illness, Marianne indulges them. When Elinor begs her sister to prove to the world that she is innocent by keeping up her spirits, she has no wish to hide her grief, proudly asserting, "I care not who knows that I am wretched. The triumph of seeing me so may be open to all the world…I must feel — I must be wretched — and

292 She accuses society of condemning her for acting on her impulses. When Elinor attempts to convince Marianne that her trip to Allenham alone with Willoughby has been an impropriety, as evidenced by Mrs. Jennings’ discussion of their engagement as a foregone conclusion, Marianne reproaches the gossiper, absolving herself of the supposed crime of obeying her feelings: "I value not her censure any more than I should do her commendation. I am not sensible of having done anything wrong in walking over Mrs. Smith’s grounds, or in seeing her house" (Austen 59).

293 When her in-laws, Mrs. Ferrars and Fanny, praise Miss Morton’s paintings in favor of those of Elinor, Marianne retorts, "This is admiration of a very particular kind! What is Miss Morton to us? Who knows, or who cares, for her? — it is Elinor of whom we think and speak" (Ibid. 203). She refuses to take part in pretenses or to indulge others in the same.

294 Tanner alludes to another Freudian essay, “Civilization and Discontents,” to explain the source of Marianne’s illness. He diagnoses her affliction as “neurosis brought on by repression” of natural impulses in response to the need to subjugate them to polite behavior and the secrecy required by society. Sickness, in other words, is her bodily response to the necessity for self-suppression, for self-control – it is “the cost of her entry into the sedate stabilities of civilized life” (Tanner 99).
they are welcome to enjoy the consciousness of it that can" (161). She condemns the members of her society, particularly those who have expected her self-suppression while consistently mocking her, for providing the backdrop to her tragedy, for “prevent[ing] her ever knowing a moment's rest” (183). As Marianne succumbs to lovesickness, she desires that the manifestation of her deteriorating health be painful to others, to injure those she deems responsible for her woe. She longs to demonstrate the outcome of being bound by a property that is determined by others, to disturb the conventions.

Marianne’s indulged affliction additionally functions as response to the lack of agency of wronged or dishonored women. Willoughby’s letter not only serves to reject Marianne but also attributes the love they have shared solely to her. This letter is undoubtedly damaging to the heroine’s reputation: the implication that Marianne has betrayed unrequited love and has even bestowed a lock of her hair as a token of affection stains her honor as a maiden. Willoughby’s seduction and subsequent betrayal of Marianne bears a resemblance to his treatment of the younger Eliza. Yet, unlike the daughter of Colonel Brandon’s beloved, the young Ms. Dashwood’s honor remains undefended by a male protector of her family. Her father’s death left Marianne and her sister under the care of their brother, which is limited to perceived good intentions. Rather than defending his sister, Mr. Dashwood merely laments her loss of value in a market wherein women are objects of exchange. Men whose honor has been stained were entitled to a socially-acceptable, albeit illegal, course of action – a means of wiping the stain. In such conflicts, men could issue and accept challenges to a duel, particularly when shamed or humiliated. Willoughby and Colonel Brandon participate in the dueling ritual to resolve their

295 Helen Small reads Marianne’s illness similarly, deeming it a “vehicle for revenge,” and claims that the novel employs nervous disorder to enable a woman to communicate her feelings when verbal communication is deemed in appropriate (89).

296 For an in-depth discussion of Marianne’s resemblance to the two Elizas in the novel, see Harris.
dispute: the gentlemen meet "by appointment" to "defend" and to "punish" behavior, respectively (180). This signifies that men’s suffering possessed an outlet in action; rather than remaining a mere fantasy, their grief could find a resolution in the real world. As a wronged woman lacked a socially-acceptable manner of doing so, ridiculed if she should violate the convention of silence, Marianne duels using the only weapon over which she has complete authority – her body. Within the frame of this cultural paradigm, her death-wish could be read as a prolonged psychological duel that aims not only to contend with the offender but also to wipe the stain and redeem her honor.

The near-death experience discernably alters everyone’s perception of Marianne, making her dearer even to Mrs. Jennings: "Every thing that the most zealous affection, the most solicitous care, could do to render her comfortable, was the office of each watchful companion" (196). Her vengeance exacted, the heroine proceeds to quickly recover. Her health has arguably seen some improvement prior to Willoughby’s arrival, yet as soon as the affliction renders the rake repentant and lovesick, Marianne is visibly better. The novel attains the desired effect from the heroine’s suffering, and Willoughby’s regret serves as a turning point in her illness. Upon

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297 The self-disciplined Elinor believes that there is only "a fancied necessity" in the practice of dueling, whereas Marianne does not denigrate such romantic acts (Austen 181).
298 Within the frame of 19th century dueling culture, suicide could be the symbolic means of restoring honor when the offender refuses the challenge, as the dueling code held that blood must be shed to wipe the stain that has been caused by the offense. For an in-depth discussion of 19th century dueling practices, see Reyfman; Mccord; Leigh; Sharpe.
299 Marianne’s lovesickness also incites grave remorse in her mother, who recognizes “her own mistaken judgment in encouraging the unfortunate attachment to Willoughby…” (Austen 291). Yet, in the comic fashion that is typical of Austen, Mrs. Dashwood quickly forgets her lesson about encouraging such affection and exhibits equal optimism about the potential relationship between Marianne and Colonel Brandon.
300 When Elinor returns to her sister’s room after Willoughby’s visit, "she found her just awaking, refreshed by so long and sweet a sleep to the extent of her hopes" (Ibid. 289).
301 Several scholars, such as Tanner, Small, and Todd, read Marianne’s recovery with more cynicism. Tanner writes that “Marianne does, in effect, die,” – that is, the active, feeling, unrestrained Marianne dies to make room for the socialized, reasonable young lady (101). Todd argues that, as the novel offers a “sustained attack[…]” on the cult of sensibility and sentimental novels, its conclusion resolves the sentimental plotline by “mock[ing] and stifl[ing] the agony of the female victim” (144). That is, the affliction converts Marianne into a sensible heroine, “socializ[ing] the near scream of Marianne into sensible rational discourse” (Ibid. 145). Small reads Marianne’s illness as unresolved, maintaining that her recovery is not demonstrated by the novel: “the process of her restoration to mental
learning of his tormented visit, which could only have been procured by her illness, Marianne is
unmistakably gratified: "I have now heard exactly what I wished to hear" (303). Her wishes
fulfilled, she subsequently exhibits an "apparent composure of mind" (296), ready to "exert"
herself to avoid indulging her feelings and nourishing suffering (311). Having succeeded in
redeeming her wounded honor, Marianne is free to behave more sensibly, to abide by decorum,
determining that her "feelings shall be governed and… [her] temper improved" (301).

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As early 19th century medical science remained prescriptive about mental illness and
functional nervous disorders, focusing more on correcting mental patterns than uncovering a
psychological etiology, it was up to literary texts to dramatize the nuances of the lovesick
patient’s psyche. Austen’s novel portrays a psychology of love that both draws and departs from
the concurrent medical doctrine, which described the affliction as a product of either a somatic
malfunction or the mis-association of ideas. The heroine’s imaginative leaps and ill-formed ideas
undoubtedly contribute to her affliction, yet her indulgence in it suggests an active and deliberate
mental process taking place. Unlike the love-mad patient of medical doctrine, whose lack of
reason, weakened judgment, and faulty understanding were believed to transgress custom and
sense, Marianne is neither irrational nor lacking in self-awareness; she is able to abide by
decorum, yet she rejects it. Rather than identifying her internal motions as mere delusions,
Austen’s novel proposes an etiology of Marianne’s illness that emphasizes her own psychical
life, her relationship with the other.

Providing insight into the psychological profile of the lovesick patient who nourishes the
affliction, Austen and her forerunners anticipate the psychoanalytic doctrine, prefiguring the

health is elided. The last occasions of her nervous breakdown remain problematic and disturbing, unsentimentalized
but also unresolved. The novel simply declares them cured” (98).
Freudian explanation of the melancholic response to loss or disappointment. *Sense and Sensibility* employs lovesickness to enable its heroine to negotiate her position within the cultural conventions of love and to appropriate the code of honor to redeem the offense through self-harm. Rather than helplessly succumbing to lovesickness, Marianne employs the affliction as her weapon, her sole source of authority. While the text remains ambivalent about the heroine who begins the novel as an object of its mockery, she wields sensibility to subvert expectations and evoke sympathy from the members of her society. As Carl Niekerk explains, "Masochism always involves a double-bind with respect to power. On the one hand, it implies a sense of victimhood and therefore a lack of power. On the other hand, this lack of power is made into an instrument of power and a means to gain access to power" (174). Like her lovesick analogues, Marianne’s self-punishment is an act of masochism through which she is effectively sadistic. In this way, the lovesick heroine functions as a symbol of subverted power.
Chapter V

"I am not at all happy as I am": Narcissistic Object-Choice in Gogol’s Nevsky Prospect, Turgenev’s First Love, and Dickens’ Great Expectations

One of the most intriguing enigmas of Charles Dickens’ Great Expectations (1860-1861) is what it shares with other works of the lovesickness tradition, namely the hero’s unceasing adoration of a most unattainable, unloving, and cruel object. Admitting that he is “a fool” (Dickens 175) for pursuing Estella “against reason” (Ibid. 212), Pip is entirely unwilling to displace his affection. In his choice of a love object – indeed, in the very qualities of that object – Pip bears a striking resemblance to Vladimir of Ivan Turgenev’s First Love (1860). Both characters are incessantly warned about their error in judgment, yet they refuse to relinquish the beloved. Like Great Expectations and First Love, Nikolai Gogol’s earlier depiction of lovesickness in Nevsky Prospect (1835) features a lover who similarly bestows his affection on a woman who not only does not return his love but who is entirely inappropriate as a love object. Piskarev descends into illness, suffers the pangs of lovesickness, yet he continues the unrelenting pursuit of a beloved of his imagination, a phantasm that does not resemble her real-life counterpart. Such an infelicitous object-choice, as well as the unwillingness to renounce the unrequited, unhappy love and to displace the object in favor of a more available alternative, is yet another iteration of the will to suffer on the part of the lovesick subject depicted in literary works.

This chapter situates the novels’ portrayal of such pathological desire in the mid-19th century medical paradigm, tracing the transitional conception of the psyche and its afflictions.

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302 Vladimir is warned by Dr. Lushin that he has “been most unlucky in [his] choice” (Turgenev, First Love 167), yet the young man reveals that “it is sweet to burn and melt” (Ibid. 159). Estella also variously attempts to disenchant Pip from his unwavering and irrational love yet fails to deter him.
during this developmental period in the study of psychiatry.\textsuperscript{303} Broadly covering the medical theory of Western Europe, this chapter focuses on Victorian England and Russia, where the understanding of psychological processes was greatly influenced by the spirit of positivism. Whereas mental illness was chiefly attributed to an organic pathology, afflictions that pertained to love, sex, addiction, or other deviations from the social norm were treated moralistically against notions of vice and responsibility. Medical science could only account for psychological perversions by theorizing that a failure occurred in a portion of the mind that governed all mental processes, that inherently desired health, and was motivated by self-interest. In the literary texts composed during this period, representing love’s pathological iterations served as a way for writers to enter the discussion on the mind and mental illness. Such novels deployed the lovesickness \textit{topos} to explore psychological nuances and to dramatize psychopathologies that troubled the medical model, such as the characters’ pursuit of an unloving, unattainable, or indeed imaginary beloved, which undermined the conception of the rational will. Calling for a more complex psychological theory, the literary works demonstrated that the psyche is subject to its own set of principles that are distinct from the laws of matter and is not strictly driven by conventional rationality, self-interest, or concrete benefit. In this way, they contributed to the discussion of mental processes that were in the early stages of development in concurrent medical science, anticipating future scientific formulations.

Originating in distant parts of Europe, these novels offered a similar psychological etiology of their characters’ pathological love, drawing from the myth of Narcissus, and established an association between psychopathology and the patient’s biography in a way that

\textsuperscript{303} As Roger Smith explains, the term “psychology,” was used in the mid-19\textsuperscript{th} century, yet it did not yet designate a separate discipline or “area of knowledge” but was a “generous term” ("The Physiology of the Will" 82). It referred to a “collection of works” that belonged to multiple disciplines – “philosophy, social theory, physiology, neurology, alienism, and psychiatry” (Vrettos 69).
preceded the psychoanalytic insights of Sigmund Freud. The cause of the character’s torment appears to be unreturned affection, yet, as the obstacles to his pursuit in no way thwart that pursuit but serve only to encourage it, unrequited love is a mere form of self-deception, a pretense. The pursuit of the beloved in these texts is only a means to an end; the narcissistic lover’s true object is to reclaim self-regarding feelings – that is, to redress past trauma, such as the loss of parental love – for which the quest to overcome the beloved’s unattainability is a substitute. Each lover believes that his suffering is caused by the unattainability of the beloved and the unrequited nature of his love, yet the beloved’s attraction is precisely her unloving, unattainable nature, because only such an object is suitable to the narcissistic quest of forging his identity against an experience of loss. Their beloved is the ideal mediator in Piskarev’s, Vladimir’s, and Pip’s quest to attain mastery – a mastery not over an other but over the memory of loss – that is, over a part of the self, which could only be achieved via fantasy. The novels thus prefigure the insights formulated in Freud’s “On Narcissism” and “Beyond the Pleasure Principle,” bridging the divide between the medical model of lovesickness and the future doctrine of psychoanalysis.

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During the course of the 19th century, medical science adopted a mode of inquiry that was influenced by the positivist philosophy formulated by August Comte. The principle that truth could only be reached by the empirical scientific method, as well as the notion that the laws governing all processes could be discovered, guided the medical discipline during this period. George Henry Lewes, the scientifically-oriented English philosopher and partner of George Eliot, explained that positivism merged the best of scientific study and philosophy: “The new

304 As Joravsky explains, positivism is the “nineteenth-century term for the belief that there is no truth except the truth disclosed in science” (62).
Philosophy . . . is destined to… present a doctrine which is positive, because elaborated from the sciences, and yet possessing all the desired generality of metaphysical doctrines, without possessing their vagueness, instability, and inapplicability” (The Biographical History 779).\(^{305}\) Positivism enabled thinkers to examine individual cases as a way to determine universal laws. The “highest condition” of positivist exploration, Lewes maintained, "would be to be able to represent all phenomena as the various particulars of one general view" (Ibid. 780). In accordance with this aim, the study of physiology became central to managing disease, offering positive knowledge of the state of the organism that could be deemed ‘healthy’ and of conditions peripheral to that norm. In other words, physicians began to conceive of disease as an adverse deviation from standard bodily functions (Murav 34). As demonstrated throughout this dissertation, underlying the medical conception and treatment of lovesickness for the duration of its history was the ongoing scientific debate about the nature of psychological phenomena and mental illness. During the 19\(^{th}\) century, the debate proceeded as the discipline of physiology and the developing field of psychology competed over authority in cases of illnesses like lovesickness. Whereas the organism was still treated as an interaction between somatic and psychical processes in 18\(^{th}\) century medicine, by the middle of the 19\(^{th}\) century, the prominence of empiricism in scientific thought led to the triumph of mechanism over spiritualism in the conception of the mind and mental illness.\(^{306}\) The relationship between the mind and body all but dissolved.\(^{307}\)

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\(^{305}\) Lewes's discussion of Auguste Comte’s ideas, which was initially published in the Leader and subsequently in book form as Comte’s Philosophy of the Sciences: Being an Exposition of the Principles of the "Cours de philosophie positive" of Auguste Comte (1853), popularized the French philosopher in England. For a comprehensive discussion of the influence of Comte on Lewes, see Postlethwaite 67.

\(^{306}\) Considering the emphasis on spirituality that took place during the Romantic period, the psychogenic view of illness was preferred. The “synthetic philosophy” of Herbert Spencer was also highly influential throughout Europe and promoted the materialist medical/philosophical conception of the organism. See Joravsky 10-12; Sobol 123, 225; Oppenheim 43.

\(^{307}\) For an explanation of this dissolution, see Oppenheim 43-4.
A central figure in establishing the procedures of the scientific method in medicine was the French physician Claude Bernard. He believed that the practice of gathering data by means of structured examination must be applied to the medical discipline. The concurrent understanding of the phenomena that constitutes life was, he believed, a product of the advancements made in the field of physiology. Contending that every life process is determined by the relationship between the external environment and the internal state of the organism, Bernard challenged the vitalist notion that the soul, unaffected by the environment, is fundamentally unlike matter and is the source of life. In his view, the organism was subject to the laws of matter and was thus molded by ungovernable forces. This signified that, as the laws remain ever the same, conditions must be the source of illness. The psyche was similarly determined by prearranged laws, and mental disturbances accordingly resulted from a combination of the physiological environment and unfavorable external conditions (Murav 38).

The movement toward materialism was similarly proceeding in English and German medical science. The physicians Thomas Laycock (1812–1876) and Wilhelm Griesinger (1817-1868) independently articulated the belief that physiological forces were at the heart of all organic phenomena and that reflexive processes of the brain were the source of the experience of the mind (Joravsky 8-9). In Die Pathologie and Therapie der psychischen Krankheiten (1845), a widely translated and highly influential text, Griesinger expressed that deviations from the psychiatric norm must be identified as physiological illnesses caused by disturbances in the brain.

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308 “Thanks to the great development and powerful support of the physio-chemical sciences, study of the phenomena of life, both normal and pathological, has made progress which continues with surprising rapidity” (Bernard 1). The distinction between the “normal and [the] pathological” conditions of the organism became central to medical science in the 19th century and had wide implications for the conception of mental illness.

309 For an in-depth discussion of Bernard’s medical philosophy and his influence in 19th century thought, see Murav 34, 37-8, 145.
Victorian psychiatrists also believed that they could uncover the mysteries of the mind and find cures for both functional nervous disorders and severe forms of insanity through the investigation of the body (Oppenheim 33). The structure of the brain and the nervous system was thought to possess answers to questions with which alienists had perennially struggled, placing their faith in studies of nervous tissue under the microscope and anticipating the ability to localize cerebral malfunctions by charting the structures of the brain. Reacting against the spiritually oriented period of Romanticism, Victorian psychiatry embraced a reductive materialism that called for the subordination of psychical activity to bodily processes.

The majority of 19th century British thinkers believed reflex action in the brain to be the determining factor in psychological phenomena and even the personality. According to the English philosopher Herbert Spencer (1820-1903) – a precursor to Darwin on the subject of evolution – nervous activity constituted consciousness, and all mental states were the phenomenological equivalent of what he called “nervous shocks”: "It is possible, then—may we not even say probable—that something of the same order as that which we call a nervous shock is the ultimate unit of consciousness" (151). Alexander Bain (1818-1903), the Scottish philosopher and educator, similarly expressed in 1855 that mental processes are the result of activity in the nervous system: “It seems as if we might say,” that if there are “no currents” in the nerves that generate reflexes in the brain, there is “no mind” (*The Senses and the Intellect* 53).

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310 In Germany and Britain, the study of mental illness became an academic discipline in the second half of the 19th century, during which time, it began to be included as part of the medical education at universities. See Oppenheim 11; Ackerknecht 74.
311 During the 1850s, the study of tissue under the microscope was greatly improved by the methodology of staining the cells under investigation, which originated in Germany and the Austrian Empire (Oppenheim 24). Notwithstanding the movement toward materialism, physicians had not reached a consensus on the etiology of mental illness even by the end of the 19th century (Bynum, et al. 16).
312 See Brett 202-241. Even personality was believed to be a factor of physiology, of bodily reflexes. Lewes discussed his conversation with Bain in his journal on June, 3rd, 1866, during which they distinguished between “active” and “contemplative” personalities by the nature of their respective reflexes: "Together we groped our way to some explanation of the organic differences between the receptive and active intellects. He began by remarking
Whereas the predominant trend in the study of mental illness was the exploration of bodily systems, a new independent discipline of psychology was simultaneously developing. Deeming the "organic state, and its corresponding mental state" to be "the antithetic terms for one and the same fact," Lewes nevertheless expressed that the study of the psyche cannot entirely be covered by that of the body, diverging in this way from positivist thought in Comte’s Philosophy (1853): “I feel that Positive Philosophy demands a modification of Comte's Classification, and instead of considering Psychology as a mere branch of Physiology, we ought to insert between Biology and Sociology another fundamental science, Psychology” (Comte’s Philosophy 210). A model of the organism was developing during the middle of the 19th century that was to replace Cartesian dualism that split the organism into the rational mind and the passionate body – a model that conceived of conscious and unconscious mental processes. Medical science was in the early stages in the understanding of the unconscious. The physician John Elliotson (1791-1868) wrote in 1846 about “a double consciousness” (157) or a “twofold existence” (187) that was uncovered by means of mesmerism. In his Principles of Human Physiology (1853), the distinguished Victorian physician and physiologist William Benjamin Carpenter (1813-1885) corroborated this notion, describing the existence of what he called how men of active productivity were almost always men of small receptivity [...]. I suggested that in them the reflex was more direct than in the receptive natures: an idea or emotion rapidly discharging itself in a result or action, instead of exercising a wide reflex on the sensibilities and awakening a complex ideal precursor to the act” (Lewes, The George Eliot Letters 265-66).

313 During this developmental period in the discipline’s history, Bain, who founded the first journal of psychology, called Mind (1876), argued that the emerging study of psychology must be devoid of metaphysics or ideas about a soul or sensorium (see L. M. Smith 55).

314 Lewes also believed that psychology must utilize a language that is independent of physiology: “physiology deals directly and chiefly with the objective aspect of sentient facts [...]; Psychology with the same facts in their subjective aspect as states of Feeling, not as organic changes” (“Problems of Life and Mind” 24; see also 13-14). Lewes argued that, whereas the psyche partook in the processes of the body, it was also affected by the environment; the internal and the external collaborated in determining psychological activity. For this reason, the field of psychology deemed bodily processes to be only one of the factors that guided mental life.

315 See Frank 863.
“unconscious cerebration” (811). This process was a function of the brain and could be detected when

…the attempt to bring a particular idea to the mind has been abandoned as useless, will often occur spontaneously a little while afterwards, suddenly flashing (as it were) before the consciousness; and this although the mind has been engrossed in the mean time by some entirely different subject of contemplation” (Ibid.).

In *The Physiology of Common Life* (1859), Lewes likewise divided mental states into conscious and unconscious, the latter of which, as naturally occurring processes subject to physiological laws, greatly affected the mind’s condition:

There is no doubt that we go through many mental processes without any of that reflex-feeling which is characterized by the phrase ‘being conscious.’ The train of ideas may never diverge from the direct path: a problem may be solved and the mind will be so intent on the solution as to be wholly ‘unaware’ of anything else. During reverie we are not only ‘unconscious’ of the presence of external objects, but of our own state. The intellectual mechanism acts without interruption from sensation. When the word consciousness is restricted thus, we may properly say that there can be unconscious thinking, and unconscious sensation (*The Physiology of Common Life* 169).

Victorian medical and philosophical thought regarded the conscious aspect of the mind to function as the moderator for its baser counterpart. As a result, whereas mental illness was chiefly attributed to a pathology of the body, afflictions that pertained to love, sex, addiction, or other deviations from the social norm were treated moralistically against notions of vice and responsibility.316 Victorian thinkers could only account for the proclivity to what they deemed psychological perversions by theorizing that a failure occurred in a portion of the mind that oversaw all mental processes. That is, the psyche was believed to possess a rational faculty – a new formulation of the rational soul – that always desired health, was motivated by self-interest, that could dispel delusions, and return an ill patient to health. As early as the 1830s, the English physician and physiologist Marshall Hall (1790-1857) and the German physiologist Johannes

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316 For an in-depth discussion of this tendency in 18th and 19th century English medicine, see Porter, *Mind-Forg’d Manacles* 195-204; Porter, “Love, Sex, and Madness.”
Müller (1801-1858) articulated theories about the reflex actions of the brain, yet they nevertheless emphasized that these actions could be governed by the rational will, positing a hierarchy in which the mind managed the somatic brain (R. Smith, *Inhibition* 69). In the same spirit, Carpenter expressed by the middle of the century that the rational will possessed the power to rouse the body and the automatic processes to enact its own wishes: "every one feels… that he really possesses a self-determining power…" (549). This signified that human beings were not "mere thinking automata, puppets pulled by directing-strings" (Ibid.) and that their behavior was guided by “the will, in virtue of its domination over what may be designated as the automatic operation of the Mind" (Ibid. 551). Alexander Bain, who similarly expected physiology to uncover truths about mental states, also wrote about a mental faculty that granted autonomy to human beings.317 In *The Emotions and the Will* (1859), he argued that the will could “regulate the course of our feelings” and thoughts (Bain, *The Emotions and the Will* 359). Bain believed that by moderating the manifestation of inner motions through voluntary “muscles” (Ibid.), the internal environment could be altered: “it is a law of our constitution that the inward wave tends to die away by being refused the outward vent; and with this the feeling itself disappears from the mind…” (361).

The concept of the rational will guided Victorian and Edwardian physicians in their management of mental illness. The will was thought to function as an overseeing agency in a

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317 During the same year, Samuel Smiles (1812-1904), the Scottish author, reformer, and writer of the famous didactic *Self-Help* book (1859), argued that human beings possessed the capacity for self-determination, choice, and free-will, and he urged his readers to maintain self-command: “Whatever theoretical conclusions logicians may have formed as to the freedom of the will, each individual feels that practically he is free to choose between good and evil,—that he is not like a mere straw thrown upon the water to mark the direction of the current, but that he has within him the power of a strong swimmer, and is capable of striking out for himself, of buffeting with the waves, and directing to a great extent his own independent course. There is no absolute constraint upon our volitions, and we feel and know that we are not bound, as by a spell, with reference to our actions” (192). Like Bain, Smiles did not deny that physiology posed a challenge for the will, yet he nevertheless identified the will as the ‘force of purpose,—that enables a man to do or be whatever he sets his mind on being or doing’ (191).
healthy organism, and disorders consequently resulted from a failure of the will in its capacity to
govern the rest of the mind, a failure to exercise reason (Oppenheim 44). This notion was
ironically not in conflict with the materialist thrust of Victorian medicine, because the will was
incorporated into an otherwise somatic model. The nerves remained the means of
communication between the rational will and the rest of the organism, as well as the outside
world, yet the will operated independently of the nervous system and was not reducible to
physiology. As the British Medico-Chirurgical Review described in 1856, the nervous system is
“the instrument by which outward realities around us affect the mind; and by which the mind, as
force or will, reacts in its turn upon the world without” (Morell 351). Rather than uncovering a
psychological etiology of mental disorders, physicians attributed the failure of the will to govern
mental states to a physiological malfunction, such as a disturbance in the functioning of the brain
or the nervous system (Oppenheim 45-6). Such malfunctions could “alter and disturb more or
less the action of the will,” the physician Sir Henry Holland observed in the middle of the 19th
century, “in some cases rendering it feeble and uncertain, in others apparently for a time
abolishing it altogether” (95).

In this way, medical theorists integrated the psyche into a somaticist framework, regarding
the brain and the mind to be distinct but not separate entities (Ibid. 47). Unlike the Georgian Era
view that the mind could succumb to disorder, the Victorians held that the brain was implicated
in mental illness, and the mind manifested the effects of such illness yet remained free from any
degeneration. Thomas Stretch Dowse, who joined the Royal College of Physicians of Edinburgh
in 1873, expressed the opinion that pervaded Victorian and Edwardian psychiatric thought: “It is
now a pretty generally received doctrine that there can be no abnormal condition of mind per se.
It must arise from some molecular derangement of the brain-cells, from poisonous material
floating in the blood, or from an altered condition in the arterial current either in quantity or
quality” (35).

The very existence of physiological reflexes and the unconscious mental processes in which
they sometimes manifested, possessing the capacity to affect or thwart the will, signified that
physiology held a degree of power to determine the course of mental health, behavior, and even
the capacity for self-discipline. That is, the notion that the brain was capable of “unconscious
cerebration,” as discussed by Laycock and Carpenter, signified that the will’s authority over
mental processes was greatly undermined (L. M. Smith 32-3). In The Physiology of Common Life
(1859), Lewes discussed the limitations that unconscious mental states, generated by
involuntary brain reflexes, imposed on the rational will, demonstrating that self-government in
the face of insanity was more problematic than alienists purported. Yet the deep moralism of
Victorian culture prevented thinkers from conceding the possibility that human behavior could
be entirely determined by physiological phenomena, which would divest human beings of
agency and responsibility over their actions. A strictly somatic model might indeed destabilize
the Victorian social structure that called for morally upright and socially conscious behavior. For
this reason, alienists acknowledged the somatic roots of mental illness while nonetheless holding
the patients accountable for their conduct. 318

As the will was an ever-rational measure that subjugated unwanted mental states for the
benefit of the self and of society at large, physicians frequently appealed to this faculty when
treating mentally ill patients, encouraging them to regain order over the unpredictable somatic
processes of the brain, over the chaotic, brute aspects of the personality, and urging them to re-
establish the stability necessary for a proper member of Victorian society (Ibid. 47, 59).

318 For an in-depth discussion of the Victorian conception of the will, see Oppenheim 44-7.
Utilitarian values undoubtedly underlie such a conception of the rational will as an amulet against psychopathology.\textsuperscript{319} The assumption was that the will inherently desires health and recovery, that it is ever motivated by what is profitable – an assumption was undermined by 19\textsuperscript{th} century literary texts featuring lovesickness, as will be discussed later in this chapter.

The movement toward materialism in medicine and psychological philosophy was also taking place in mid-19\textsuperscript{th} century Russia, where the cultural climate was most receptive to the spirit of positivism, particularly as Griesinger’s work became available and was widely read in Russian medical circles during this period (Murav 34-5). The history of Russian psychiatry was rather unlike its counterpart in Western Europe. The management of the mad fell to the Church and to religious authorities until 1762, when Czar Peter III issued an edict (\textit{ukaz}) that altered this practice, directing that “Mad people are not to be sent to a monastery, but rather a designated house must be built, as is ordinarily established in foreign nations…” [“Безумных не в монастыри отправлять, но построить на то народный дом, как то обыкновенно и в иностранных государствах …”] (qtd. in Bazhenov 3, Translation mine). The responsibility for the treatment of the mentally ill thus began to shift from monasteries to men of science, altering the image of the patient from a ‘holy fool’ – mythologized as an ascetic who was more engaged in the contemplation of the divine than in the understanding of mundane reality – to a person suffering from a disturbance of the organism, an illness. By the end of the 18\textsuperscript{th} century, Catherine the Great established the special houses that Peter III called for – institutions referred to as “yellow houses” [“желтые дома”] (Murav 33).\textsuperscript{320} The movement toward modernizing medical…

\textsuperscript{319} The influence of the ethical theory of utilitarianism founded by Jeremy Bentham (1748-1832) and elaborated later by John Stuart Mill (1806-1873) was discernable in the Victorian conception of the mind and of the rational will.

\textsuperscript{320} During this period of Russian history, the purpose of creating such institutions was to ensure safety not for the mentally ill occupying them but for the society at large, in fear that such “dangerous individuals” may affect social order (Brown, “Psychiatrists and the State”268). The “yellow houses” to which the mentally ill were to be sent were
treatment proceeded during the 19th century, when Czar Nicholas I issued a further *ukaz* that removed armed guards from the psychiatric divisions of hospitals (Brintlinger 9).  

Russian psychiatry quickly developed from the Age of Reason to the 19th century, and Western practices were closely monitored by Russian physicians, who sought both further knowledge and to assess their own methodologies (Ibid. 176). In 1829, a translation of Pinel’s *A Medical and Philosophical Outline of Mental Illness* was made available in Russia for the first time, as a result of which psychiatric guides and manuals began to be published regularly from the late 1840s. The popularization of Western medical texts brought the terms “psychiatry” and “psychic” into use in the middle of the 19th century (Brintlinger, “Introduction” 9). As in Western Europe, the current of positivism and materialism entered Russian medical and philosophical thought. Discarding the dualist conception of the organism that was prevalent during Romanticism, the movement toward empiric materialism in the sciences was already taking place in the 1830s and 1840s (Sobol 65). By the 1830s, Russian scientific circles began to reject the speculative methodology of Romanticism as well as the influence of such German philosophers as Friedrich Wilhelm Joseph von Schelling (1775-1854), whose thought

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321 Scholars have not reached consensus about the cause of the development of Russian psychiatry. Lia Iangulova argues that scientific developments of the Age of Reason were not the cause of state reform for the treatment of the mentally ill, but rather, the systematization of psychiatry was established to enable the government to discern whether the supposedly ill could continue to serve, or whether they posed a disturbance, or even a threat, to the society and the autocracy (46-58). Brintlinger proposes that Nicholas’ decision to remove the guards could have been inspired by his visit to the York Retreat, where William Tuke practiced moral therapy – a visit of which the psychiatrist Nikolai Bazhenov spoke in 1892 (176.)

322 The so-called Russian Pinel, who advocated for the humane treatment of the insane in his own country, was the neuropsychiatrist Sergei Korsakov (1854-1900). Among his achievements was the ever popular and informative textbook *A Course of Psychiatry (Kurs Psikiatrii)*, initially published in 1893. He was regarded by colleagues and students as a model physician, having established a tradition of gentle and compassionate treatment of psychiatric patients: “the patient must not be a number, but a person” (Korsakov 563). For an in-depth discussion of the role of Korsakov in the history of Russian psychiatry, see Brintlinger 175-185. Brown, on the other hand, proposes an alternative narrative of the 19th century psychiatric circle, claiming that Korsakoff was regarded as the hero of the history of Russian psychiatry only in Moscow. She maintains that another physician, Ivan Balinkii, was the hero of the Petersburg circle (Brown, “Heroes and Non-Heroes” 299).
significantly shaped the ideology of the Russian Romantics. In the 1850s, the subject of psychology was still under the purview of Russian professors of philosophy, yet by the 1860s, medical science began to investigate the psyche (Todes 3; Murav 36). Like their Western counterpart, somaticists and spiritualists in Russia debated the nature of psychic phenomena and mental illness. This rivalry between psychology and physiology over authority in questions of mental health was most acute during the radical 1860s, the era of reforms and the period during which psychiatry as a discipline was being taught for the first time at the Petersburg Military-Medical Academy by Ivan Balinskii (1827-1902).

The most influential proponent of somaticism in questions of psychical processes and mental afflictions was the physician Ivan Sechenov (1829-1905), “the father of Russian physiology,” as Ivan Pavlov called him (Koshtoiants xii). Although Bernard’s *Introduction to Experimental Medicine* had not been translated into Russian until 1866, Sechenov was familiar with positivist and materialist ideology (Murav 37). In his seminal tract “Reflexes of the Brain” [“Refleksy golovnogo mozga”] (1863), Sechenov expressed his belief that psychological phenomena are not independent of bodily processes:

> “Not being philosophers, we shall not discuss these differences here. We, physiologists, are satisfied that the brain is an organ of the spirit, i.e., a mechanism which, if brought into action by a certain cause, ultimately produces a series of external phenomena which are expressions of psychical activity” (33).

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323 Schelling’s *Natruphilosophie* rejected the claims of empiricism as the sole means of attaining knowledge. *Natruphilosophie* was an early stage of Schelling’s philosophy, which also entailed a unitary view of nature, opposing mechanist and materialist conceptions. This particular phase was quite influential to a group of intellectuals, called The Society of Wisdom-lovers, which was started in 1823. Without denying scientific principles, *Natruphilosophie* focused on the internal forces, rather than what could only be discernable through the senses. The Society of Wisdom-lovers applied the Schellingian philosophy to the organism and believed that a vitalist principle guided all natural processes. This group was influenced by such Russian Schellingians as D. M. Vellansky (1774-1847), who had studied under Schelling and M. G. Pavlov (1793-1840). For an in-depth discussion of the influence of German philosophy on the progression of 19th century Russian scientific thought, see Walicki 74-80; Sobol 65-7; Vucinich 208-10, 283-85.

324 Such debates in Russia were incited by the publication of Lewes’ *Physiology of Common Life* in 1861 (Koshtoiants 145). See also Murav 35; Sobol 123-133.

325 See also Sobol 129-132; Walicki 359.
Sechenov thus reduced psychology to the manifestation of physiology, arguing that mental functions, such as thought, memory, volition, and desire, are products of brain reflexes.\(^{326}\) It is not surprising that the original censored title of Sechenov's essay was “An Attempt to Reduce the Mechanism of Origin of Psychic Phenomena to a Physiological Basis” (Koshtoiants 165).

Not only Russian physicians but also philosophers and writers debated the nature of the psyche and its disorders during this period, and the spirit of positivism endowed the old philosophical debate with new relevance. One voice in the positivist, materialist camp was the philosopher and author Nikolay Chernyshevsky (1828-1889). His essay “The Anthropological Principle in Philosophy” [“Антропологический принцип в философии”] (1860), published in the radical literary journal *The Contemporary*, formulated Chernyshevsky’s rejection of dualism as well as his belief in the somatic nature of all internal processes.\(^{327}\) Following the German philosopher and anthropologist Ludwig Feuerbach (1804-1872), Chernyshevsky identified the soul, like the body, as “a complex chemical process,” resolving the mind/body problem in favor of materialism (104).\(^{328}\) His notion that the mind and the body are not divisible established the foundation for the somaticist approach to psychology:

… man must be regarded as a single being having only one nature; that a human life must not be cut into two halves, each belonging to a different nature; that every aspect of a man’s activity must be regarded as the activity of his whole organism, from head to foot inclusively… (132-3).

Such ideology was highly influential for the Russian school of physiology and particularly for Sechenov.

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\(^{326}\) One of the major opponents of the somaticist position on psychology was the law professor Konstantin Kavelin. In *The Tasks of Psychology* (1872), Kavelin claimed that the soul and the body are separate, yet he also claimed that they are interconnected entities that exercise an influence over one another. For an in-depth discussion of this historical debate, see Sobol 123-33.

\(^{327}\) For a detailed analysis of Chernyshevsky’s work and its role in the 19th century Russian history of physiology and psychology, see Sobol 124-6; Walicki 194-5; Koshtoyants xii.

\(^{328}\) “Physiology and medicine find that the human organism is a very complex chemical combination that is involved in a very complex chemical process called life” (Chernyshevsky 104).
Chernyshevsky was speaking to the materialist spirit of the age, yet his physiological psychology elicited quite a stir among spiritualists who favored the soul as the governing principle of the organism. One such critic of Chernyshevsky’s argument was Pamfil Iurkevich (1827–1874), a professor at the Kiev Theological Academy. As he expressed in *From the Science of the Human Spirit [Iz nauki o chelovechkom duhe]*, parts of which were printed in *The Russian Herald [Ruskij vestnik]* in 1861, the mind and the body are two separate entities that could not be reduced to one another and that require distinct apparatuses for their investigation: “We may talk about the unity of the human organism as much as we want but nonetheless we will always comprehend the human being in a dual manner: the body and its organs by our external senses, and the phenomena of the soul by an internal sense” (114). Iurkevich also favored psychology over physiology as the approach to the study of the mind, whether in illness or in health: “the object of psychology is given in an inner self-contemplation (samovozzrenii); natural sciences cannot give psychology this object, cannot increase this material” (111).

Yet the materialist view of the organism, and of the psyche in particular, reigned in psychiatric circles. Like Chernyshevsky, the “new men” of the 1860s, grown frustrated by the ineffectual words of their intellectual forefathers that were rarely accompanied by action, heartily supported the positivist, materialist view. They regarded science as a proactive method of combating illusive ideas and dreams, seeking to uncover truths and foster progress (Joravsky 55).

The movement toward materialism also had roots in political ideology. As Soviet scholars observed, by claiming the existence of the immortal soul, the autocratic regime enforced subservience to authority figures legitimized by God, such as the Czar and the Church, and held

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329 The thinkers who favored a spiritual conception of organism, “the followers of Schelling,” as Sobol calls them, felt an aversion toward the preoccupation on localization and the fragmentation of the human being (66). Instead, they were interested in seeking psychological etiology (Ibid.).
its subjects responsible for errant or noncompliant behavior (Todes 5). A somaticist conception of the psyche rejected the notion that an immortal soul guided human behavior and subjected them to the God-given will of the emperor, undermining the legitimacy of the autocracy’s claim for feudal order. For this reason, Sechenov’s article, which he initially intended to publish in Chernyshevsky’s radical journal *The Contemporary*, was deemed to be “subversive” by the censor (Ibid. 6).

Sechenov’s view of the physiological basis of psychical processes also had implications for the notion of the will and purposeful behavior. Sechenov not only argued that reflexes in the brain are affected by external phenomena, which determined psychological makeup, but he deemed “all acts of conscious and unconscious life… [to be] reflexes by origin” (137). He described conscious processes as products of symptomatic, involuntary actions of the body, which merely create the appearance of mental agency. Incited by a variety of external stimuli, the nervous system responds automatically, he argued, producing an assortment of mental states. Yet all functions of the mind and purposeful human behavior, which have previously given proof to the presence of a soul, were both a result of and subject to the laws of matter.

Chernyshevsky similarly argued that psychical phenomena were governed by natural laws – the laws of all physical bodies:

… the organism is the material which produces the phenomena under examination, that the quality of the phenomena is conditioned by the properties of the material, and that the laws by which the phenomena arise are only special cases of the operation of the laws of nature (134).  

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330 To demonstrate involuntary reflex action, Sechenov discussed studies in which the neurons in the bodies of frogs were activated to uncover motion when activity in the brain has ceased. For a further discussion of Sechenov’s theory of the relationship between reflexes and psychic activity, see Murav 36.

331 According to this formulation, the human psyche is no different from the mental phenomena of other animals, because it is subject to a code instilled into the organism by nature.
Biological and evolutionary processes governed psychological activity, which signified that willed human behavior was determined by universal principles of self-preservation that guided all living organisms. Conceiving of the mind in this way, mid-19th century thinkers believed that human beings were driven by what is profitable, self-beneficial. This signified that both Chernyshevsky and his British contemporaries regarded man as inherently rational and profit-seeking. Yet, whereas Victorian thinkers presumed that men choose what is pleasurable, healthy, and beneficial for society, guided by the rational will, Chernyshevsky believed that the laws governing human activity predetermine the choice. For him, the natural sciences could not only uncover answers to questions about human nature but could even offer insight into questions of ethics. The notion that human beings are subject to the laws of matter served as the basis for his philosophy of “rational egoism.” This view entailed that, as human beings are driven by the search for pleasure and the avoidance of pain, rationality was directly linked to goodness, and any tendency toward the irrational or unprofitable results from a lack of understanding:

Only good actions are prudent; only he who is good is rational, and he is rational only to the degree that he is good. When man is not good he is merely an imprudent wastrel who pays thousands of rubles for things that are worth kopeks, spends as much material and moral strength in acquiring little pleasure as could have enabled him to acquire ever so much more pleasure (Ibid. 130).

Chernyshevsky thus contended that, motivated by self-interest, human beings also act for the benefit of others. The notion that people are inherently guided by the pursuit of health, profit, pleasure, and responsibility signified that, as in Victorian England, mental illness was regarded

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332 In this way, Chernyshevsky’s work was a precursor to the ideas of Charles Darwin on the notion that genetics determine human characteristics and behavior, as described in *The Expression of the Emotions in Man and Animals* (1872) (see Todes 2).
333 For Chernyshevsky, the natural sciences could provide “solutions of the problems concerning… psychology and moral philosophy” (103).
334 For a discussion of Chernyshevsky’s philosophy of “rational egoism” see Walicki 195.
335 “The interests of mankind as a whole stand higher than the interests of an individual nation; the common interests of a whole nation are higher than the interests of an individual class; the interests of a large class are higher than the interests of a small one” (Chernyshevsky 125).
in mid-19th century Russia as a malfunction that interfered with the organism’s natural programing.

An affliction that inhibits the will from maintaining jurisdiction over all mental processes was love’s pathological iteration. In the medical paradigm of the second half of the 19th-century, lovesickness was still conceived of in two independent ways: as a physiological disorder or as a psychopathology that belonged to the sphere of psychiatry. The movement toward somaticism in the approach to diagnosing and treating mental illness led to the search for “a localized pathology” in medical management of lovesickness (Small 70). That is, rather than seeking a psychological etiology in the lovesick patient’s biography, the will’s inability to govern was attributed to physiological malfunctions. The brain and the nerves were frequently investigated as the site associated with the lover’s affliction, yet as women were believed to be more prone to lovesickness than men, the uterus was believed to be an alternate organic locus of the disorder. With the development of the field of gynecology in the middle of the 19th century, this organ was increasingly deemed to be responsible for women’s psychological ailments. Surgical cures, such as ovariotomy, were thus readily available.336

With the movement toward materialism in psychiatry, attention to love as a spiritual disorder was waning in medical and psychiatric circles. The sexologist Richard von Krafft-Ebing (1840-1902) excluded sexual desire from his characterization of lovesickness, classifying it as a type of paranoia that is devoid of sexual passion. For Krafft-Ebing, the most remarkable characteristic of the lovesick patient was “the delusion of being distinguished and loved” by the object of desire, for whom the patient felt a love that was “romantic, enthusiastic, but absolutely platonic. . . .” (408). He rejected the traditional coitus cure, which he believed to be “sought in vain,” because

336 For the developments in the field of gynecology and their effect on the medical conception of lovesickness, see Small 69-80.
lovesick patients exhibited an “absence of sexual instinct...” (408).337 By distinguishing lovesickness from sexual passion and sexual pathology, Krafft-Ebing drew an imaginary line between spiritual afflictions and somatic ones. Love was steadily being replaced by sex as the harmful factor that could potentially lead to mental illness. As Michel Foucault famously argued, the focus of psychiatry increasingly shifted during the course of the 19th century from spiritually-oriented afflictions, romantic ailments of the soul, to sexual perversions and venereal diseases.338 Psychiatrists directed their attention to the study of deviant sexual desire and behavior, which was associated with vice and irrationality, while unrequited love and the longing for the beloved became of hardly any significance (Jackson 370; Porter, “Love, Sex, and Madness” 220). Unsurprisingly, the emphasis on physiology as the source of mental disorders and the shift in psychiatric interest to sexual pathologies resulted in the virtual disappearance of lovesickness from medical doctrine by the end of the 19th century.339

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Whereas the portrayal of the lover’s affliction was waning from medical doctrine, 19th century literature continued to dramatize psychological maladies resulting from disappointed or unfulfilled love. Beyond its rich dramatic potential, lovesickness also provided an opportunity for writers to explore such questions as whether the psyche is reducible to the body, whether it possesses an inherently rational faculty, and whether it is implicated in illness. The disappearance of lovesickness from medical treatises was not without its effect on literature. Its

337 Krafft-Ebing offered no treatments, having “never seen a case recover” (413).
338 See Foucault, Madness and Civilization; Psychiatric Power. For an illuminating discussion of the disappearance of afflictions associated with love during the 19th century and the rise in interest in diseases associated with sexuality, see Porter, “Love, Sex, and Madness”; Porter, Mind-Forg’d Manacles.
339 Another potential reason for the waning of lovesickness from medical doctrine was that psychiatry standardized diagnoses by providing a new vocabulary that updated such ancient terms as melancholia, mania, and lovesickness (See Bynum, et al. 16-7; Small 22). The psychiatric discipline ultimately divided the lovesick malady into various psychopathological afflictions (See Duffin 61-2; Sobol, “Afterword” 189-199). On the innovations in the 19th century medical paradigm, see Small; Loudon; Noga 244-246, 253-263; Lieburg 67.
portrayal in 19th century novels was less physiologically explicit than it had been in earlier works; this body of literature only vaguely alluded to the physical symptoms associated with the illness or treated them metaphorically, which was a sign of the changing medical paradigm. Gogol’s *Nevsky Prospect*, Turgenev’s *First Love*, and Dickens’ *Great Expectations* centered on the lover’s psychology, and although a diagnosis is never pronounced, the echoes of the ancient paradigm remain discernable. The classical literary and medical tradition of lovesickness is the subtext in these works, and the lovesick patient of ancient and early modern literature is the unofficial muse for their discourse on love.

Like his literary predecessors, Gogol’s Piskarev exhibits the familiar physical symptoms of insomnia and lack of appetite, as well as the psychological signs of lovesickness, such as obsession, distraction, and melancholy. His mind is ever fixated on the beloved image and is divorced from all practical considerations, conjuring the phantasm with growing frequency: “his thoughts were constantly turned to one thing…” (Gogol 264). As the affliction progresses, Piskarev becomes restless until sleep “began to desert him entirely,” and he spends his days unable to “eat[...]) anything; without any interest, without any life, his eyes gazed out the window into the courtyard…” (Ibid. 262). The symptoms grow increasingly devastating as he continues to dwell on an object who cannot return his affection, yet “impatiently, with a lover’s passion, [he] waited for evening and the desired vision” (264).

The depiction of lovesick symptoms is more subtle in Turgenev’s *First Love*, yet Vladimir also exhibits the signs that in literary texts of previous centuries would have been attributed to lovesickness. Upon his initial encounter with Zinaida, the young man fixates on her image, “spend[ing] whole days thinking intensely about her” (Turgenev, *First Love* 161), and grows detached from everyday duties, “scarcely capable of noticing anything” (Ibid. 146). The novel
also alludes to the physiological manifestations typical of lovesickness, such as fever. During the first evening that Vladimir spends engaged in competitive games with Zinaida’s suitors to win small tokens of her affection, the proximity to her body “set[s him] on fire” (156). When he later suspects the affair between Zinaida and his father, Vladimir describes his condition as “feverish,” suggesting the figurative meaning of nervousness, uneasiness, excitability, while also insinuating the more literal signification of bodily heat, which so commonly accompanies and betrays lovesickness.

Like his Slavic counterparts, Dickens’ Pip exhibits the familiar preoccupation, melancholy, and loss of interest upon his initial encounter with Estella. He fixates on her image ceaselessly: his "mind all round the four-and-twenty hours was harping on the happiness of having her with [him] unto death" (Dickens 162). He suffers in the presence of the beloved, yet Pip’s condition increasingly deteriorates once he loses hope of returned affection. As soon as he is relieved from his duties at Satis House and his apprenticeship with Joe begins, the boy believes that Estella is eternally lost, and a profound melancholy descends upon him, manifesting in the burden of the "daily remembrance to which the anvil was a feather" (Ibid. 57). When he subsequently learns of her impending marriage to Drummle, Pip begins to suffer from insomnia, finding that his nights are particularly "anxious,... dismal,... long" (197). Upon losing Magwitch as well, his affliction presents with the familiar array of physical signs of lovesickness and melancholia: “...I had a

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340 By this period, such expressions have chiefly lost their literal significance. Yet, considering the novel’s overall representation of the psychological symptoms of love, they allude to the classical depiction of lovesickness.
341 Throughout the course of her affair with Vladimir’s father, Zinaida also suffers from a condition that could be diagnosed as lovesickness. She exhibits the conventional melancholy. Like Phaedra, Zinaida projects her internal dissatisfaction onto the external world: “everything’s grown so loathsome to me... Ah, I am wretched” (Ibid. 165). Vladimir observes her “blush” and concludes that “she is in love” (166). He also observes various physiological alterations in Doctor Lushin, caused by his long-term exposure to the source of infection: “he had grown thin, he laughed as often, but his laugh seemed more hollow, more spiteful,... an involuntary nervous irritability took the place of his former light irony...” (167).
fever and was avoided, …I suffered greatly, …I often lost my reason, …the time seemed interminable, …I confounded impossible existences with my own identity…” (500).

The novels thus engage with the medical and literary tradition of lovesickness, advancing a portrayal of disappointed, unfulfilled love as a psychogenic illness. Even Doctor Lushin identifies the love-suffering experienced by Vladimir and the other suitors as a malady, a not “normal condition,” of which there is not a common physiological cause (Turgenev, First Love 167). Great Expectations proposes a similar view of lovesickness. Departing from the somaticist orientation of Victorian psychiatry, the novel exhibits no indication that Pip is physically injured during the years that he devotes to the fruitless pursuit of Estella. Miss Havisham points to her heart as the localization of her illness, yet the source of such torment is undoubtedly psychological and could be traced to her infelicitous wedding day. Partly drawing from the concurrent medical paradigm, these novels also undermine the model of mental illness that splits the mind into destructive physiology and the rational will as a regulator of all pathological processes, a utilitarian faculty motivated by profit. They do so by exhibiting what is the common denominator in the depiction of the lovesick patient from ancient Egyptian poetry through the 19th century novel – namely, the will to suffer. For Piskarev, Vladimir, and Pip, this psychological tendency takes the form of an unyielding pursuit of an indifferent, unattainable beloved – an object-choice that would trouble medical theory.

The beloved in these novels is not only unloving but is indeed cruel. Piskarev’s object-choice subjects him to a great deal of suffering. The young lady he encounters on Nevsky Prospect lacks the qualities that he believes her to possess and cruelly mocks his wholesome pursuit of her, yet the young artist does not abandon his love. Vladimir futilely chases Zinaida, who inflicts pain.

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342 For a discussion of Miss Havisham’s love-madness, see Small.
and punishment on all her suitors. Yet he welcomes the destructive emotion, feeling “overjoyed” and experiencing “an excitement [he] had never known before” (Turgenev, *First Love* 143). Vladimir’s object is neither happiness nor profit, as he refuses to relinquish Zinaida and continues the painful quest. Like Vladimir, the older Pip narrates an account of his youthful experience of lovesickness for a young lady who is not merely unloving but who also cruelly taunts and lures him. Trained to “break… hearts and have no mercy,” Estella’s own heart has been fashioned to preclude the possibility of affection (Dickens 118). Upon their initial encounter, she instantly humiliates Pip, identifying him as “a common labouring boy” unworthy of her respect (Ibid. 80). He endures similar torment when Estella is no longer required by her adoptive mother to practice the breaking of hearts: “I suffered every kind and degree of torture that Estella could cause me… She made use of me to tease other admirers, and she turned the very familiarity between herself and me, to the account of putting a constant slight on my devotion to her” (332). She even bestows upon Pip the fitting title of “page” – the same title that Zinaida allots to Vladimir (129). In short, Pip’s beloved is a most unsuitable object for anyone seeking satisfaction in love.

The psychopathology exhibited by these characters demonstrates a submission to suffering that is not in alignment with the Victorian conception of the rational will or the “rational egoist” view of the psyche. Entirely undeterred, or even motivated, by obstacles, these lovers desire that

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343 The very first emotion that Zinaida engenders in Vladimir upon their encounter is insecurity and shame: when the young man is caught gazing at her over the fence, she laughs scornfully and maliciously, with “a flash of white teeth, a droll lifting of the eyebrows,” which renders him “greatly ashamed” (Turgenev, *First Love* 143).
344 Zinaida is often cruel to her devoted page, yet he perceives her as sheer perfection, romanticizing each of her traits, and deems her the ideal of beauty and power: “about every action of hers, there clung a delicate, fine charm, in which an individual power was manifest at work” (Ibid. 162).
345 A prominent example of Estella’s cruelty occurs when she takes Pip “down to the yard" to be "fed in… [a] dog-like manner” (Dickens 112).
346 The title is suitable for both young men. In the courtly love tradition, a “page” served the noblewoman, whom he loved unrequitedly and unconditionally.
which brings no concrete benefit or profit. Pip understands that his pursuit is fruitless, that he is a “fool” for loving Estella “against reason” (261). He is unconscious neither of the pain she elicits nor of her unattainability, admitting that his condition is a “wonderful inconsistency”: while he is happy in the company of Biddy, Estella renders him "miserable" (153). Yet, unlike Biddy – “the most obliging of girls” – the cold, unreceptive Estella is the object of the boy’s fixation and obsession (95). Rejecting rational reasons to despise the “smiter,” the obstacles only bait Pip’s desire, and the more Estella torments him, the more does he idealize her (270). These texts thus undermined the concurrent psychological model and called for a more complex theory of the mind, posing questions about such fruitless object-choice and the attraction of an unloving beloved that would be addressed by future scientific thought.

Nineteenth century medical science was in the early stages of uncovering a psychological etiology of mental affliction that traced the pathology to events or experiences in the patient’s biography. So long as unconscious processes were perceived to be physiological phenomena that could be managed by the rational will, they remained unexplored as motivating factors. Not until the advent of the psychoanalytic framework, when the psyche became decentralized, were unconscious phenomena investigated, rather than being treated as processes in need of restraint. Psychoanalysis sought to formulate comprehensive theories about the states that

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347 The contrast between Biddy and Estella makes Pip’s continued love for Estella all the more surprising. Biddy is neither "insulting" nor "capricious," she is not intent upon inflicting pain – an activity that brings pleasure to Estella (Dickens 119). Biddy "would far rather have wounded her own breast" than she would have harmed Pip (Ibid.). Yet he does not displace his love onto the available, loving object.

348 Psychoanalysis as a theory and therapeutic methodology developed out of the ideas in medicine and psychology that emerged during the 19th century, over the course of which a theoretic switch occurred in the approaches of neurology and psychiatry. Whereas at the start of the century, neurologists treated functional nervous disorders while alienists managed the insane, by the end of the century, the disciplines underwent a shift in their specialization. Neurologists directed their attention to mental illnesses and began replacing asylum owners as the managing physicians at mental institutions, and functional disorders were consequently left to psychiatrists, who started to care for wealthy patients suffering from the nerves – a very broad category of psychosomatic illness (See Bynum, “The Nervous Patient” 94-5; Porter, Mind-Forg’d Manacles 187). Between the years 1870 and 1890, the two disciplines remained entirely independent from one another, managing separate afflictions that did not correlate. Initially conceiving of psychiatric afflictions as somatic malfunctions, by the end of the century, neurologists...
have been previously deemed a madness, a failure of the rational will. The unconscious ultimately replaced the passions as the source of mental illness, yet it came to be regarded not merely as a product of brain reflexes but of the patient’s psychical life, and, within the psychoanalytic framework, a psychological etiology was sought for the sake of diagnosis and management. The treatment methodologies that were deployed with the new model of the mind entailed drawing out the unconscious to understand its source and retroactively contend with that experience.

Half a century after Piskarev, Vladimir, and Pip engage in an unyielding pursuit of unrequited love, Sigmund Freud explored such a harmful object-choice, tracing the pathology to early life experiences. Freud did not simply explain the damaging tendency to pursue that which causes pain in the sphere of romantic love as a failure of the will, as a malfunction in physiology, or as a lack of understanding of profit, but he investigated the hidden, or repressed, motivations. In “On Narcissism: An Introduction,” Freud identified two types of object-choice: “anaclitic” (87) and “narcissistic” (“On Narcissism” 88). Anaclitic refers to the type of love wherein “the sexual instincts are… attached to the satisfaction of the ego-instincts,” which is like what a child experiences for his first love objects – “the persons who are concerned with a child's feeding, care, and protection” (Ibid. 87). On the other hand, an object-choice made on a narcissistic basis is not guided by the satisfaction of the ego-instincts, resulting in a potentially destructive relationship. In “Mourning and Melancholia,” Freud alluded to a remark made by Otto Rank that the reluctance to relinquish a lost or disappointing object as is characteristic of melancholia “seems to imply that the object-choice has been effected on a narcissistic basis” (“Mourning and

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examined the psychological factors in mental illness and began to consider the nature of the psyche, ultimately giving birth to psychoanalysis (Oppenheim 29; Ackerknecht 82). For an illuminating discussion of this switch in the roles of neurology and psychiatry, see Bynum, “The Nervous Patient” 89-102; Oppenheim 27-9.
Melancholia” 249). Such an object-choice is motivated by an unconscious desire to overcome an earlier experience of loss that has rid the subject of self-regard. In a Platonic articulation of man’s original state, Freud explained that the child possesses “primary narcissism” – “an original libidinal cathexis of the ego” (“On Narcissism” 75) – which predates the “development of the ego” (Ibid. 100). Such development entails a loss of ego-libido and a displacement of the erotic cathexis from the self onto others. This loss, according to Freud, is generated by experiences of failure, by the “admonitions of others” [Mahnungen], through which the subject learns his own imperfection, as well as by his “own critical [self]-judgment” (94). Freud summarized this process in “Beyond the Pleasure Principle,” explaining, “Loss of love and failure leave behind them a permanent injury to self-regard in the form of a narcissistic scar” (Beyond the Pleasure Principle” 19).

This experience frequently results in a counter-process, called “(secondary) narcissism” (90), – a drive to reclaim that lost state of “primary narcissism” (75). Yet secondary narcissism involves recovering the “perfection” that used to be the ego “in the new form of an ego ideal” (94), which is an image of “an ideal in himself by which he [the subject] measures his actual ego” and by which he determines the way he “would like to be” (90). One method of contending with the original loss is by a process that Freud identified as “the cure by love,” or by choosing a love object on a narcissistic basis – an object who could assist in fulfillment of the ego-ideal (94). Such an object is perceived as a “sexual ideal… [who] possesses the excellences

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349 The term “narcissus-like” was first introduced in 1898 by Havelock Ellis, who described this “psychological attitude” as one in which the subject takes himself or his body as a desirable object (Morrison 17). For an in-depth account of the history of narcissistic love, see Morrison’s introduction in Essential Papers on Narcissism 1-30.

350 “Mahnungen,” the word Freud used to describe the source of the narcissistic scar, also signifies “reminder,” as in a warning to fulfill an obligation that the subject has yet failed to fulfill.

351 Freud explained that the subject seeks to reclaim primary narcissism by striving to withdraw the libido “from the external world” and to “[r]edirect [it] toward the ego” (“On Narcissism” 75).

352 The subject endows this image with every virtue and perfection, all that he considers “of value,” and it becomes “the target of… self-love” (Ibid. 94).
to which he [the subject] cannot attain” (101). The narcissistic lover could “raise… the self-regarding feelings” by attaining the love and “respect of the [loved] object” (88). In other words, Freud provided a psychological etiology of destructive love by tracing it to the unconscious need to reclaim the original lost state of self-regard by means of a union with an object chosen on a narcissistic basis.

Prior to this psychoanalytic formulation, the psychological etiology of the pursuit of an unloving, unattainable object has been anticipated by literary works of the lovesickness tradition, such as Gogol’s *Nevsky Prospect*. The text not only portrays a character who acts against self-interest but also establishes an association between the psychopathology and his biography. It demonstrates that, contrary to medical conceptions, what is self-defeating, painful, unprofitable may be desirable. Piskarev’s obsessive, unreasonable, blind love for an imagined, unattainable object is tied to his self-image, his loss of self-regard. Although the text is not explicit about when the loss has taken place, it exhibits the effect of the loss in the way that Piskarev relates to his identity as an artist and as a member of the 19th century Czarist Russian society. It takes the form of isolation from society as well as of the absence of grandeur that Piskarev has hoped his artistic talent would procure him. Not only is he timid and shy, modest in the extreme, but he is profoundly displaced. Piskarev is an artist “in the land of snows,” where “everyone is either an official, a shopkeeper, or a German artisan” (Gogol 252). Unlike the “proud, ardent” artists

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353 As expressed by Freud, “The sexual ideal may enter into an interesting auxiliary relation to the ego ideal” (Ibid. 90). While Freud enumerates the various “paths leading to a choice of object” in narcissistic love, the one most fitting to the present discussion is a choice of a love-object like whom the subject “himself would like to be,” or “what he once was and no longer is, or else what possesses the excellences which he never had at all” (90). The question that remains is whether the object could possess the necessary qualities in reality or whether the subject imagines them. Freud stated rather ambiguously that the narcissist “will love… what possesses the excellence which the ego lacks for making it an ideal” (“was den dem ich zum ideal fehlenden vorzug besitzt, wird gehebt”), leaving in uncertainty whether the object could “possess” (besitzt) such “excellence” (vorzug) or whether the sexual ideal as such could only be imagined (101). In a more recent discussion of narcissistic love, Vaknin explains that the narcissistic lover projects “a loveable image” onto a suitable object and then reclaims this projected image to fulfill his ideal self-reflection (31).
living in Italy, where the air is “fresh,” freeing for the production of art, in Russia, “on the contrary,” with its long history of censorship and renunciation of individuality, the artist grows “timid,” “bashful, lighthearted (bespechnyj),” superfluous (Ibid. 252).  

Piskarev’s surroundings are not conducive to the production of art. St. Peterburg is a place “where everything is wet, smooth, flat…, gray, misty” (252). The character internalizes the mood of the city and paints everything “in dull, grayish colors,” mirroring the bleakness and stultifying atmosphere of Nicholas I’s Russia (252). Even Russia’s table of ranks, which was developed by Peter the Great to encourage the nobility’s service to the autocracy in the form of army or civil labor, subjugates Piskarev. The artist lacks a place within this system and is thus forced to become obsequious before “a thick epaulette” – a synecdoche for a highly-ranked officer (252). These images – the Czar, the table of ranks, St. Petersburg – function as the source of the character’s low self-regard. Piskarev’s failure as an artist, his dissatisfaction with his work, is also evident. Creating a painting of his room, Piskarev depicts the defeat of an artist whose creations have “turned coffee-colored with time and dust” (252). Even his tools – “broken easels, an overturned palette…” – have been discarded (252). Not only is Piskarev deemed a failure by the cultural milieu that rewards solely the useful, but he also recognizes the inadequacy of his work, affecting his sense of self in a way that determines his desire for an imagined object.

Freud’s description of love produced by a contention with lost self-regard alludes to the mythological Narcissus, whose affection is directed toward his own reflection. The lovesickness tradition has been variously inspired by this character, depicting lovers who are deluded about

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354 The word “lighthearted” in this sentence is a mistranslation of the original “bespechnyj,” which possesses a negative connotation and is closer to “irresponsible,” “careless,” “thoughtless,” “reckless.”
355 The words “Nicholas I,” “Czar,” “table of ranks,” “autocracy” are never explicitly spoken in Gogol’s text, yet these forces are sensed between the pages; their presence is ubiquitous in Piskarev’s world.
356 Piskarev’s experience of love is directly linked to his loss. He falls “victim of a mad passion” because he is “quiet, timid, modest, childishly simple-hearted” – qualities that indicate a pre-existing loss of self-regard (Gogol 266).
the nature of the beloved, inventing the phantasm and pursuing the person who has little in common with it – a phantasm that is merely the lover’s own reflection. Clouded judgment has been a factor of lovesickness since the scholastic philosophical and medical theory, according to which, the pleasure of contemplating the beloved image could derail the estimative faculty and produce overvaluation of that image.\textsuperscript{357} Gogol’s text draws from this model, extending its implications. To contend with his lost self-regard, Piskarev produces a self-image that he longs to fulfill and that he encounters in each of his dreams. In these visions, he appears as a more prestigious, highly-ranked individual, who attends balls, who is driven by carriages with “lackey[s] in rich livery,” who is married to a wife that “nicely… sits by the window of a bright country house” and creates “order… in his room,” and whose muse remains by his side, inspiring his art (263-4). Piskarev aspires to this self-image so much so that he must take opium to embody it in his sleep. Seeking to fulfill it, he pursues the affection of a fitting partner of this image – a beloved to reflect him as his desired self. Piskarev’s beloved is the image of a woman he compares to Il Perugino’s “Bianca,” whom he believes to be pure, chaste, like the Virgin Mary – the subject of the painting.\textsuperscript{358} She appears to him as the perfect wife to “sit… nicely,” the perfect muse to help him become his desired self. Like Narcissus, captivated by his reflection, the artist dreams of completion through love.

Unfortunately for the lovesick Piskarev, the beloved phantasm of the beautiful and chaste woman he longs for has little in common with her real-life model. Piskarev falls in love while walking along the main avenue of St. Petersburg, – “the most artificial city in the world,” as

\textsuperscript{357} As Freud explained, the “overvaluation” of the object that is typical in narcissistic love is indicative of “an impoverishment of the ego as regards libido in favor of the love-object,” which explains the subject’s low self-regard relative to the sexual ideal (“On Narcissism” 88).

\textsuperscript{358} For a discussion of the original source of the painting to which Piskarev refers, see Mashkovtsev 58.
Dostoevsky would call it\textsuperscript{359} – at the epicenter of the city’s “phantasmagoria” (251). Like all things on Nevsky Prospect, love is a trick of the “light,” of the eye and the mind (250). The very street provides the setting for a delusion, a mirage, by “endow[ing] everything with some enticing, wondrous light” (250). Piskarev mistakenly equates the beloved’s outer beauty – her “eyes,” her “bearing,… the figure, and the shape of the face” – with inner beauty (251). In these external virtues, he reads “sheer wonders!” (251). Unlike earlier fictional representations of lovesickness, Gogol’s text treats the lover’s condition, and particularly his tendency to idealize the beloved, with a degree of irony. The artist’s flaw of estimation is so extreme that his phantasm is the very inverse of the original. Committing an error in judgment that is almost humorous, Piskarev imagines the lady of the night to be chaste, innocent, like the Virgin Mary herself.\textsuperscript{360} Although the real woman is indifferent to the ethical questions of her profession, he imagines that under the aesthetically pleasing exterior is a spiritually enlightened being. Such a discrepancy between the beloved’s true nature and the idealized image that he worships reveals that the naïve artist is not only mistaken about the young lady’s characteristics but that he invents them entirely. Piskarev is so keen to embody his desired self that he imagines the necessary object and projects the qualities onto a real woman. The inciting factor of love is not the perception of the object \textit{qua} object, but rather, it is the lover’s illusion that spurs the quest.

Conceiving of the invented beloved as a vehicle to self-fulfillment, Piskarev’s pursuit takes place in his mind – in dreams and fantasies. The object he initially imagines is invariably superior to him, is the more desirable part of a whole that he has lost. His pursuit of a beloved of

\textsuperscript{359} This is the common translation of the following phrase: “самом отвлеченном и умышленном городе на всем земном шаре” (Dostoevsky 7).
\textsuperscript{360} When he is encouraged by Pirogov to follow this beauty, Piskarev insinuates that it would be nothing short of improper to approach her, noble and pure as she is: “Oh, how could I?... As if she were the kind to walk about Nevsky Prospect in the evening…” (Gogol 251).
whose affection he is not worthy recreates the experience of the original loss of self-regard, the impulse behind which was subsequently explored in the Freudian doctrine, namely through his theory of the compulsion to repeat.\textsuperscript{361} Freud’s illuminating principle is that the repetition of traumatic events – whether through recollection or recreation – is motivated by the unconscious drive to contend with the trauma, to retroactively master the original experience. Piskarev similarly recreates the circumstances of loss by choosing an object who is unable to return his love, because he seeks to overcome the original. Channeling the desire to reclaim self-regard into the pursuit of the beloved, the lover strives to redeem the memory of loss by attaining mastery in the substitutive quest.

Piskarev attempts to overcome his inferior status relative to the imagined beloved, to assume the role of her rightful mate, her possessor. His quest chiefly consists in altering the mental image of the beloved, in contrast to which his own value must increase until he is worthy of her. Piskarev initially perceives her as a “divinity,” as a being devoid of physical form, an unearthly, unattainable object of the Neoplatonic love tradition, untouchable for a mere mortal (253). As he pursues the beauty to her dwelling, she descends spiritually from the Madonna, the “divinity,” to a damsel in distress of courtly romances. Piskarev now identifies her as “the unknown woman [who] entrust[ed] herself to him,” which casts him as a chivalrous knight (255). To convince himself of the lie, he must account for the beloved’s allowing him to follow her. The artist imposes the conventions of the literary genre onto reality, presuming that there must certainly be “some secret and at the same time important reason” for her breach of decorum and “that some important services would surely be required of him…” (255). The designation “unknown

\textsuperscript{361} In his essay, Freud did not discuss the implication of this theory in cases of the repetition of love objects or relationships, yet the lovesick subject shares many qualities with someone suffering from post-traumatic stress disorder. Both recreate a painful event, and both seek mastery over the original.
woman,” as well as the "trust" she is believed to place in him, reflects Piskarev as a brave, honorable knight and requires of him "a vow of chivalric rigor, a vow slavishly to fulfill all her commands" (255). To fully stage the desired plot, he only hopes to suffer as a lover of a courtly romance, wishing that “her commands… be all the more difficult and unrealizable, so that he could fly to overcome them with the greater effort” (255). For “two minutes” – the duration of the fantasy – Piskarev embodies the hero of the knightly quest, freed from his meekness and purposelessness in a country that deems officers engaging in duels, rather than artists, to be its heroes (254).

So powerful is the longing to reclaim his self-regard that Piskarev denies anything that does not conform with the fantasy to perceive the beloved as the necessary link in his narcissistic quest. When reality conflicts with his inner vision – such as when the beloved smiles to invite him to her place of residence – the artist refuses to acknowledge its significance only to succumb more deeply to his own phantasm: “no, it was the street lamp with its deceitful light showing the semblance of a smile on her face; no, it was his own dreams laughing at him” (254). Upon learning of her profession, which interferes with his Platonic love, Piskarev is unable to accept the foolish role in which reality casts him or to relinquish the pursuit of self-fulfillment (256). In the subsequent fantasies, he converts the mental image of the prostitute back into his ideal of femininity, innocence, and meekness. The image may thus reflect his masculinity, boldness, and bravery. The subsequent transformation of the phantasm is exemplified by Piskarev’s identification of the beloved as “a priceless pearl,… the whole wealth of an ardent husband” (257). She symbolically metamorphoses from a subject into a valuable possession of another

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362 Piskarev would prefer to displace the impudence onto himself, attributing it to his own desires rather than to the “divinity” from a “holy place” (Gogol 253).
subject – a tool toward his self-fulfillment. This signifies that Piskarev’s quest to become worthy of the beloved is a quest for mastery over her, over the embodiment of what he lacks.

Unwilling to accept that the beloved does not possess the qualities he longs to attribute to her external form, Piskarev abandons reality in favor of living entirely in the world created by his mind. His dreams provide the setting for the continuation of the phantasmal quest, in the first of which, the beloved is lowered further in status from an idealized Neo-Platonic love object to a mere noblewoman.363 Throughout the following dreams, the beloved’s image is further converted from a woman superior to Piskarev in social status to an object of possession, and subsequently, to one of his own possession. She grows further devoid of physical form, becomes quite disembodied. In this iteration, she graces the next dream as a mere image framed by a window, as two dimensional as a painting: “Oh, how nicely she sits by the window of a bright country house!” (263). The beloved also grows increasingly more mute, managing only to utter an apology for her presence at the brothel: “I’m not at all what you take me for. Look at me, look at me more closely, and say: Am I capable of what you think?” (263). When Piskarev wakes, he utters the words to which his dream has alluded: she is now “the creation of an inspired artist” (263). This alteration strips the beloved image of its remaining vestige of earthliness, rids her of any humanity. The change unveils Piskarev’s wish that she “didn’t exist, didn’t live in the world,” preferring the artwork to the live woman. (263). As she appears less carnal, less human, the beloved is more desirable, because Piskarev’s imaginary self-fulfillment is contingent upon being in possession of such an object. If he could procure this object of ideal beauty, the lovesick artist “would live and breathe” only by this painting, “and then [he] would be happy” (263).

363 Yet this image is nevertheless unattainable for Piskarev, as he remains inferior to her in the social hierarchy. Through the progression of the dream, he improves his position by staging a scene in which the young lady must explain her presence at the brothel to him: “… you must have thought the circumstances of our meeting strange… but I will reveal a secret to you” (Ibid. 260).
“The most joyful” of his dreams is the last, in which the beloved lacks all power to speak, becomes an object entirely of Piskarev’s possession and exists merely to enable his artistic talent (264). Each of the short strokes of this dream is significant, revealing the staging of his desired relationship with the beloved as well as her role in reflecting him as his desired self-image. The dream takes place in his studio, where Piskarev is depicted in the capacity of an artist who is content to paint in the presence of a being absent from his life: “…he sat holding the palette with such pleasure! And she was right there. She was his wife now. She sat beside him, her lovely elbow resting on the back of his chair, and looked at his work” (264). The former designation for the beloved – the ‘prostitute’ – which Piskarev has never spoken, is displaced by “wife.” Yet the additional word to which the dream alludes but which is not named is ‘muse,’ implied by the beloved’s looking over Piskarev’s work the way a muse sits beside the creator and enables his craft. The final brush stroke of the dream is that the lady “leaned her lovely head on his breast” (264). The gesture signifies that Piskarev fulfills his imaginary quest to possess the beloved and to become her mate, illustrating her dependence on him and reflecting him as a stereotypically masculine figure, the protector of the household. Through the imaginary transformation of the phantasm from unattainable superiority to an object of his possession, Piskarev could approach mastery over his loss of self-worth.

After he experiences his last and most pleasing dream, the final obstacle that the artist envisions in his quest consists in transforming the real three-dimensional woman into the desirable phantasm. Piskarev returns to the brothel, longing for the prostitute to become the muse devoid of a carnal life, to exist merely as a mirror for his self-image. In the fantasy he stages during the walk back to the brothel, he is cast as a hero of yet another plot, common to the fiction
of the 18th and 19th centuries, which features the motif of the redeemed prostitute. Such a narrative entails a noble, virtuous, active young man rescuing a fallen woman from the clutches of “depravity” by appealing to her spiritual consciousness, and after she repents and rejects her sinful lifestyle, the hero marries her (264). Piskarev imagines that his poetic discourse will induce the prostitute to recognize the beauty of his offer and to renounce her sins. He projects onto the live woman qualities typical of a heroine of such a plot: “it may be… that she’s been drawn into depravity by some involuntary, terrible accident; it may be that the impulses of her soul are inclined to repentance…” (264). Piskarev is even revived from his illness by the fantasy of this plotline, by the possibility of embodying the role of a hero, whose “deed” in saving the woman’s soul would be “a great one,… restor[ing] to the world its most beautiful ornament” (264).

Yet, as the object of desire is an impossible dream, the lover’s proximity to the real incarnation must disclose the discrepancy between fantasy and reality, invariably subverting his quest. As soon as Piskarev enters the abode of the beloved to make the offer that would undo the enchantment of the “infernal spirit” that had transformed her into a prostitute, reality conflicts with the fantasy (257). Whereas the real woman is as beautiful as his phantasm, she appears fatigued: “pallor had already crept over her face, no longer fresh” (265). She begins to

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364 This motif was frequently employed in Sentimental fiction, and by the 19th century, with the advent of Realism, it became a cliché. Such authors as Nekrasov in "When from the darkness of delusion..." (Когда из мрака заблужденья..., 1845) and Dostoevsky in Notes from Underground (Записки из подполья, 1864) follow Gogol in parodying the motif, reversing its conventions.

365 Reality temporarily disturbs Piskarev’s desired plot when he enters the abode of his mistress for the first time and witnesses a phantasmagoric transformation. He perceives her dwelling as “one of those havens where man blasphemously crushes and derides all the pure and holy that adorns life, where woman, the beauty of the world, the crown of creation” – designations for the beloved as the mate of his desired self-image – “turns into some strange ambiguous being,” which cannot be neatly incorporated into the structure of his fantasy (Gogol 255-6). The beloved suddenly descends from an idealized, unattainable object of the knight’s quest to a being that Piskarev deems unworthy of his love, thus crushing his fantasy and the possibility of fulfillment. Reality revives Piskarev’s loss: as soon as the pursued lady makes her professional offer to her visitor, she reflects him not as a brave hero but as a “ridiculous and… simple… child” (Ibid. 256). Her bold suggestion of sensual acts unveils Piskarev’s meekness and passivity, as evidenced by his awkward somatic response: “he involuntarily lowered his eyes” (255).
speak boldly, in a discourse entirely unlike what Piskarev expects of the image that haunts his dreams, revealing the illusory nature of the plotline he has written for himself: “They brought me back at seven in the morning. I was completely drunk” (265).³⁶⁶ Yet Piskarev proceeds to assume the desired role and to “present[s] her terrible position to her” in accordance with the literary model (265). His offer entails various threads common to the redeemed prostitute motif: he admits to being “poor” and proposes that they will “work…,” will “vie with each other in our efforts to improve our life” (266).

One of the many flaws in his attempt to assume the imagined role is that, poor and powerless as he is, Piskarev is unable to embody the hero of the fictional motif. The greatest hindrance to its fulfillment, however, is the mistaken identification between the beloved of his fantasy and the woman onto whom he has projected her qualities. If she resembled the redeemed prostitutes of Sentimental fiction, the lady would believe his poverty to be no hindrance to their union and would recognize the dignity in the labor he offers, longing to atone for her former way of life. Yet the real woman is not as naïve as the phantasm: aware of the absurdity of the situation, she treats Piskarev as a comical “preacher” (265). She quickly dispels the fantasy, unable to discern the value of any work save for her own: “I’m no laundress or seamstress that I should do any work!” (266). The final clash with reality results not from the beloved’s rejection of his offer but from the comment made by another woman observing the exchange. She mocks the motif into which Piskarev is attempting to inscribe himself and points out the problem with his desire: “If I was a wife, I’d sit like this!” (266). Through this expression and the accompanying gesture of ridicule, the woman exposes that Piskarev’s pursuit is not for an equal partner with whom to

³⁶⁶ Piskarev once again desires that the beloved were incapable of verbal discourse, that she were not a complete subject capable of her own thoughts or words: “better you were mute and totally deprived of speech than to utter such things!” (Ibid. 265).
share his life but for an image that could help repair his own fragmented ego by reflecting him as he desires to appear.

Whereas the “cure by love” was recommended by both the classical doctrine of lovesickness and Freudian psychoanalysis,367 *Nevsky Prospect* demonstrates that such a cure is impossible, because the beloved as the desired phantasm is inherently unattainable. The lover projects the qualities he desires in reflecting his ideal self-image onto a complete, complex being. A union with this being, who is unlike the image haunting the lover’s mental faculties, must invariably disrupt his fantasy. For Piskarev, the encounter with reality is not only disturbing but also fatal. Once the illusion is exposed, he is unable to stage the fantasies that have thus far nourished him, forced to acknowledge that no progress toward reclaiming loss has been made in the realm of the real.368 Finding that the phantasm is lost forever, the fantasy’s collapse is “more than he could bear,” and Piskarev runs from the brothel with dashed hopes (266). Throughout the course of that day, the symptoms of his illness grow increasingly aggressive, and his health deteriorates: “his reason was clouded,” and he came home “pale, dreadful-looking, his hair disheveled, with signs of madness on his face” (266). Piskarev’s lovesickness then reaches its final stage, and he commits suicide by a “razor” to the “throat” (266). In short, *Nevsky Prospect* returns to the traditional, age-old vision of lovesickness in its depiction of the lover’s death, and it

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367 Freud’s essay suggested that the original self-regard could be reclaimed by attaining the love of the sexual ideal. For Freud, the subject could attain renewed enrichment for the ego by achieving fulfillment in narcissistic love, reclaiming the libido that has been directed to the object by possessing her. Yet this notion is highly problematic. The return to the original state of primary narcissism, wherein object-libido and ego-libido could not be distinguished, is as illusory as its memory. Primary narcissism could only have been identified as a lost object post-factum, imagined to have existed after the failure of satisfaction has taken place (See Fink 94). Wholeness as it was experienced before the rift could also never be regained, and a union with a substitutive object cannot bring back that phantasial state. This suggests that the object of desire – the state of primary narcissism as well as the substitutive beloved – is by nature unattainable. The idea that the original loss could be reclaimed is a fiction toward which the subject continually strives.

368 The loss of the phantasm is unlike the loss of a person, who, as Freud maintained in “Mourning and Melancholia,” is displaceable (“Mourning and Melancholia” 249). An object chosen on a narcissistic basis, on the other hand, is so difficult to relinquish particularly because this object is invented to help the lover reclaim self-regard.
demonstrates that fantasy offers the only locus of fulfillment in the lover’s unprofitable pursuit of an imaginary beloved. Gogol’s text diverges from the conception of the rational will as a psychical barrier protecting the self from illness and pain and illustrates the psychological etiology of a harmful object-choice – namely, it serves to resolve an earlier experience that has shaped the lover’s psyche, enabling him to mitigate those effects by means of fantasy.

Turgenev’s *First Love* similarly questions the conception of the rational will by exploring the lover’s self-tormenting choice of an unloving object – a relationship that offers no concrete benefit. The novella also precedes future scientific thought on pathological love by uncovering a psychological etiology that is traced to the character’s biography. The source of Vladimir’s unrelenting love for Zinaida is likewise an early experience of loss that rids him of self-regard. Yet *First Love* diverges from *Nevsky Prospect* in significant ways that anticipate the work of Freud. The account of the lover’s unconscious processes is more complex in Turgenev’s text than its predecessor, as it investigates the role of childhood experience with familial love in future romantic predilections. In Vladimir’s narrative of first love, a great deal of discourse is devoted to describing a lack of parental affection, illustrating that his romantic experience is an outcome of that distant and unrequited relationship. The beginning of his story features what is rightly identified by scholars as an Oedipal triangle. Vladimir explains that as a young man, he is not the object of his mother’s love, most of which is directed toward the father: she “scarcely noticed” her son while remaining ever respectful and “very much afraid” of her husband (Turgenev, *First Love* 140). Piotr, his father, takes “hardly any interest” in the boy and treats him with indifference, “with courtesy,” while Vladimir desires the love of his father even more eagerly than of his mother (Ibid. 159). Piotr wavers between enticing and rejecting his son: he

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369 See Lieber; Isenberg 26-36.
could evoke Vladimir’s affection with “a single gesture,” and as suddenly, he “got rid of me [Vladimir], and again he was keeping me off, gently and affectionately, but still he kept me off” (159).

As the parents’ indifference serves to illuminate his own inadequacy, the boy forges an image of the self that is worthy of their love and approval. Yet salvaging his lost self-regard hinges not only on reclaiming Piotr’s love but also on overcoming the authority of the father in his capacity as a figure of judgment and criticism that prevents Vladimir’s self-fulfillment. Otherwise articulated, Piotr is both the object of desire and the rival with whom the boy contends for love and respect. Vladimir’s experience of romantic love is tied both to the loss of parental affection and the rivalry with his father. The choice of a beloved is highly significant, because it is informed by this childhood memory. His lovesickness has a perceptible Freudian element, as Vladimir is compelled to repeat the loss of parental love in his pursuit of the unloving Zinaida, so that he may overcome the original unrequited relationship by means of this substitute. Unlike Piskarev, who seeks a beloved to reflect him as the desired self-image, Vladimir pursues an object that he perceives as a surrogate for the being depriving him of self-regard. The boy essentially recreates the narrative of the loss of parental affection, wherein the pursuit of Zinaida displaces the desire to reclaim the original loss and to establish an identity against childhood trauma.

370 Unlike Piskarev, however, Vladimir’s desired self-image is informed by the relationship with his father, who serves as a model of the boy’s desired self-image. Vladimir desires to become his father, to displace him. Piotr is consistently described by Vladimir as his “ideal of a man” (Turgenev, First Love 159), as unattainable perfection, appearing to the young admirer to be particularly graceful in his relations with women: “I have never seen a man more elaborately serene, self-confident, and commanding” (Ibid. 140).

371 Freud has notably used the term “Mahnungen” to designate the force inflicting the narcissistic scar, which alludes to the notion that reminders of the original loss are repeated in the narcissistic quest to overcome it.

372 Vladimir’s object-choice could be alternatively explained as a case of mediated desire – a theory postulated by Rene Girard. A similar theory has also been posed in an early essay by Freud, called “A Special Type of Object Choice Made by Men.” In this essay, Freud outlined a type of love in which a rival father figure is required for an object to be loved, which may be interpreted as a revival of the original Oedipal triangle. Accordingly, in selecting
Her semblance to his father makes Zinaida the ideal substitute for the man of whose love Vladimir feels unworthy. A significant likeness between them is evidenced by Piotr’s philosophy on power, which mirrors the behavior of Zinaida. He perceives relationships as a struggle for dominance, procured by the one who could avoid the position of vulnerability, who is not “ruled by others,” who “belong[s] to oneself” (160). That is, power is obtained by avoiding dependence on the other. Piotr teaches his son that the latter must “know how to will,” feeling no obligation for reciprocity (160). Without verbalizing her view of power, Zinaida’s behavior demonstrates a similar philosophy: subjecting the suitors to her will, she never relies on their affection and thus always retains the dominant position. Zinaida also exhibits a familiar tendency in her attention toward Vladimir: she both arouses hope and rejects him, combining pleasure and pain. Like Piotr, she repeatedly lures the young man, rendering him “all agitation and rapture,” and then she “suddenly thrust[s] him away,” maintaining her unattainability, her superiority (164). Zinaida also regards Vladimir as a child unworthy of serious relations, “amus[ing] herself with my passion, [she] made a fool of me…” (161) in a way that is reminiscent of his relationship with his father. She reflects the boy’s loss, his inadequacy vis-à-vis love, and functions as the embodiment of the obstacles to self-fulfillment.

Zinaida as the object of desire, Vladimir is unconsciously motivated by the fact that she is suitable as an object of interest for his father – his own model. His romantic pursuit of her is an attempt to become his father by championing the heart of the object that must be desired by the father. Sadism and masochism are frequently exhibited by the characters of First Love. Zinaida inflicts physical and emotional pain on her suitors, forcing a pin into the hand of Dr. Lushin, for instance, yet she also happily incurs pain inflicted by Piotr’s whip. It is not surprising that Sacher-Masoch was inspired by First Love when writing his novel Venus in Furs (1870), which features this psychological phenomenon. For an in-depth discussion of Turgenev’s contribution to Sacher-Masoch’s work, see Finke 119-37.

In view of Zinaida’s mediation, the insignificance Vladimir feels in his relationship with her displaces other hindrances to self-fulfillment. Once he encounters her, the youth ceases seeking the love of his parents because the drive to attain her love obviates the need to be loved by anyone else. Zinaida becomes the sole object occupying his mind, and he “spen[ds] whole days thinking intensely about her” (Turgenev, First Love 161).
For this reason, not only does Vladimir desire a union with Zinaida, but he also seeks mastery over her, which entails altering her view of him. Vladimir asks, “Que suis-je pour elle?” (151), suggesting that his attempt to forge an identity depends on Zinaida’s perception of him: “I wanted to show her that she had not a mere boy to deal with” (147). If he should successfully master her, the boy could retroactively confront the father and reclaim his right to parental love. Like Piskarev, Vladimir’s pursuit to alter his position as unworthy of Zinaida’s love takes place via fantasy, assuming the form of a quest for the beloved’s heart that is informed by various plots of courtly romance. The role he assumes in this imaginary endeavor is not of a child, who could be ignored, but of a brave, honorable hero who continually makes sacrifices of his well-being for the beloved’s comfort: “my fancy set to work. I began picturing to myself how I would save her from the hands of enemies; how, covered with blood I would tear her by force from prison, and expire at her feet” (175).

Yet, considering the nature of the displacement and the similarities between his father and Zinaida, Vladimir’s interaction with her is as complex as his relationship with Piotr, whom she displaces not only in the boy’s desire but also in his rivalry. The result is that his quest entails altering Zinaida’s view of him as well as physically dominating her. The imagined interaction soon evolves into the pursuit of mastery over her body, which could only be permitted if Vladimir imagines himself to be Zinaida’s rightful mate, to whose will she must submit. The boy consequently makes nightly attempts to catch her in the midst of a rendezvous with her lover. He adopts the role of the wronged husband who seeks vengeance and casts the beloved as a

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375 For further discussion of Vladimir’s attempt to forge his identity through his pursuit of Zinaida, particularly as his attempt pertains to the Oedipal triangle, see Isenberg 35.
376 Zinaida encourages Vladimir’s quest, providing hurdles that he is urged to overcome. She demands, for instance, that the boy prove his love by “jump[ing] down” from some height, and as soon as she “uttered those words,” he “flew down just as though some one had given [him] a violent push from behind” (Turgenev, First Love 172).
“traitress,” attempting to assert his authority over her, to “prove to all the world and to her… that [he] can be revenged” (185). As Vladimir indulges in such fantasies, he visualizes himself not unlike husbands of classical fiction who master and subdue their wives. He likens himself to Aleko of Pushkin’s *The Gypsies*, “Malek-Adel bearing away Matilda,” and Shakespeare’s Othello – legitimate spouses who enact their revenge by murdering their allegedly unfaithful wives (175). Through the imaginary assumption of this role, Vladimir mentally overcomes all that impedes him from attaining Zinaida’s love and respect.

Such a fantasy of mastery also enables the boy to imagine displacing his father. Upon visualizing the success of his pursuit of Zinaida, he begins to behave in a way that resembles Piotr, particularly in the disdainful politeness he suddenly exhibits toward his mother. When Vladimir returns home after spending the evening with Zinaida and her suitors, during which she has bestowed individual attention on him, an instantaneous alteration occurs in his relations with his mother: “I had never gone to bed without saying good-night to my mother and asking her blessing. There was no help for it now!” (157). When the mother later expresses her “displeasure to the frequent visits [Vladimir] paid the princess,” the boy coldly, but politely “kissed her hand… and went off to [his] room” (171). Through the fantasy of mastering Zinaida, the young man is thus able to imitate the role of his father within the frame of the Oedipal triangle of his familial unit. His fantasies function as the locus of contention with the father – by mastering the beloved, Vladimir overcomes, albeit only in imagination, the father’s subjugation.

The case is most overtly and most farcically articulated in *Nevsky Prospect*, yet *First Love* similarly demonstrates the phantasmal nature of the loved object and the impossibility of realizing the quest. Vladimir idealistically envisions scenarios in which he adopts the role of a chivalrous knight, a rightful husband, a hero whose aim is to awaken the beloved’s heart and
achieve mastery over the past. However, the text presents a more complex narrative than what is imagined by the protagonist, and a conflict between his narrative and that of the novel he inhabits is inevitable. Like the prostitute who is believed by Piskarev to be as pure as the Virgin Mary, Zinaida does not conform to Vladimir’s view of her, possessing an independent psychical existence. The real Zinaida, whose mind is more accessible than Estella or the young woman likened by Piskarev to Il Perugino’s “Bianca,” is not the un-masterable object Vladimir believes her to be. Rather, she is a subject of an alternate plot, in which she too attempts to overcome her own obstacles to self-fulfillment.

The cause of the discrepancy between Vladimir’s phantasm and the real woman is that, in casting her as the symbol of insurmountable judgment and unattainability, he is prone to creating illusions about her, the most natural of which is idealization. He sees Zinaida as sheer flawlessness particularly because she is unattainable, out of reach, aligned with all that Vladimir has been unable to master. His desire to perceive her as the phantasm blinds the boy not only to the fact that his father is the rival he seeks but also to Zinaida’s inner life. Her motivation is hardly, if ever, considered by Vladimir, because his narcissism establishes him as the central figure of his imaginary narrative, rendering the other characters (most significantly, the beloved) not as subjects, but as objects – minor characters in what is his story. His true object of affection is an invented image, informed by the un-masterable, unattainable forces from his memory.

This desired image predates Zinaida, who is required only to provide an impetus for Vladimir’s quest, to feed the pre-existent fire, and he thus refers to her as a mere “phantom of [his] first love” (198).

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377 The text suggests that Vladimir forges the desire phantasm prior to the encounter with Zinaida. Envisioning a beloved that resembles his father, Vladimir gazes at her face upon their introduction and recognizes in its contours a form that is already familiar: “It seemed to me I had known her a long while” (Ibid. 148). Falling in love “was destined to be soon fulfilled,” and an encounter with an unloving object would provide the necessary spark.
Vladimir’s encounter with reality is inevitable, and it uncovers the discrepancy between the phantasm he desires and the woman he pursues. Whereas the fantasy of taking revenge on Zinaida enables him to repeatedly imagine mastery, the reality of her rendezvous with a lover instantly transforms him back into a boy unworthy of her love. Once his father comes into view during Vladimir’s vigil, not only do the boy’s impulses for violence instantly subside, but he cannot sustain the fantasy that he is Zinaida’s rightful mate. He drops his knife, and “the jealous Othello, ready for murder,” near to self-fulfillment, “was suddenly transformed into a schoolboy” (186). Longing to indulge in the recursive fantasy, Vladimir remains in denial about Zinaida’s affair with his father for some time. Even when he definitively learns of an existing relationship between them, his response is not that of a man willing to relinquish or displace the unsuitable beloved. Instead, Vladimir’s admiration of Zinaida remains: his “heart throbbed as of old under the influence of her overpowering, indescribable fascination” (192). He chooses not to “know whether [he] was loved, and [he] did not want to acknowledge to [himself] that [he] was not loved” (189).

The fantasy of mastering the phantasm of an unloving, unattainable beloved sustains the illusion that love could cure the fragmented ego, could redeem an early experience of loss. Yet when Vladimir witnesses the secret rendezvous between them years later, during which Piotr lashes Zinaida with his whip, reality exposes the illusion.378 The boy encounters the same roadblock as that experienced during the Oedipal phase of development – the father rides him of self-regard, and the possibility of overcoming the loss is dispelled: “All was at an end. All the

378 The suffering Zinaida is willing to incur is revealed when, upon being given the order, “‘Vous devez séparer de cette…’,” she “stretched out her arm” to receive a blow from the whip with which Piotr tames his horse (Ibid. 195). She is willing not only to sacrifice her reputation but even to subject herself to physical injury. Kernberg observed that it is not uncommon for narcissists to experience a “masochistic pursuit of an impossible love,” and in such cases, the subject’s other relationships are equally imbalanced in his/her favor: “At a second, severer level of pathological infatuation, the opposite development takes place, namely, the severely masochistic pursuit of an impossible love relation while all the patient's other object relations are narcissistic” (22).
fair blossoms of my heart were roughly plucked at once, and lay about me, flung on the ground, and trampled underfoot” (190). Reality further alters Vladimir’s proximity to self-fulfillment upon the death of his father and of Zinaida. The result of the inability to conjure the fantasy is renunciation, stagnation: unable to sustain the imaginary quest for mastery over the past, Vladimir ceases to pursue love as a cure to his loss of familial affection and never marries. Such renunciation, lacking a concrete object, signifies that without the possibility of fantasy, desire, and with it all forward motion, comes to an end. Turgenev’s novella thus illustrates that at the heart of lovesickness – an unprofitable pursuit of an unloving object – is an unconscious process being worked out. Such love is a response to the childhood trauma of loss, which entails finding a mediator with whom the lover contends to master the original unrequited relationship, and the fantasy of mastery enables him to approach self-fulfillment. In this way, the text exhibits a complex vision of the psyche that has no equivalent in concurrent medical doctrine, uncovering an unprofitable, irrational process that serves the needs of mental health.

Like First Love, Dickens’ dramatization in Great Expectations of such a self-destructive object-choice undermines the conception of the rational will as a faculty that inherently desires health and profit. Published within a few years of each other, the two novels exhibit many common features, particularly in light of their genre as Bildungsromanen, in their portrayal of a protagonist’s experience of first love, and in his unrelenting pursuit of a seductive, unyielding object. Considering the similarities, there is a conspicuous lack of scholarship devoted to a comparative study of Turgenev’s and Dickens’ novels. Patrick Waddington details an account of

379 Upon observing this scene, Vladimir expresses with some confusion that while he ought to despise his father, the latter ironically “gained in my [the boy’s] eyes” (Turgenev, First Love 192). Unable to comprehend his feelings, Vladimir urges “psychologists [to] explain the contradiction as best they can” (Ibid. 192), and Freudian psychoanalysis would undoubtedly attribute the increase in admiration for the father to his unresolved Oedipal complex. Piotr’s mastery over Zinaida signifies that he is the object of desire of all the women whose love Vladimir seeks. For an in-depth discussion of the role of the Oedipal complex in this novella, see Lieber; Isenberg 36.
the relationship between the two authors, particularly as Pauline Viardot, whom they both greatly admired, acted as a mediator between them. Waddington also presents some evidence that the authors may have been in correspondence during the late 1850s and spent time together at Viardot’s salon in the early 1860s. There is unquestionable evidence of a mutual interest in the other’s works. Turgenev read most of Dickens, and in a letter to Leo Tolstoy in March 22, 1861, he expressed a deep regard for the English author: “So you didn’t like the English. I had half expected it. It would appear that you had neither the time nor the opportunity to appreciate that spirit of sincerity which beats in the hearts of many of the characters in the novels of Dickens…” (Turgenev’s Letters 92-3). Dickens also felt a reverence for his Russian counterpart, to whose works he was introduced by Viardot, and he even published a translation of a few stories from Turgenev’s A Sportsman’s Sketches in Household Words. Yet there is no concrete evidence of influence between the two authors in their composition of First Love and Great Expectations, which were published in 1860 and 1861, respectively. The content, originating in distant parts of Europe, is undoubtedly similar, and both novels uncovered a psychological etiology of pathological love that drew from the myth of Narcissus and that could be traced to the hero’s early experience of trauma and the forging of his identity against it.

Pip’s loss of love and the accompanying sense of self is most significant in his desire for the unloving, heartless Estella, and the novel explores the loss in greater detail than the texts of Gogol or Turgenev, particularly through the boy’s lengthy depiction of his early childhood experiences. When the novel opens, Pip recognizes the loss of familial connection and his self-image is further eroded by the criticism and disdain of nearly everyone around him. In an

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380 For a discussion of the relationship between the two authors and Viardot, see Waddington. For a look at Dickens’ influence on Turgenev’s Sportsman’s Sketches, as well as on the works of other 19th century Russian authors, see Palievsky and Urnov 212.
381 For a discussion of the author’s similar depiction of childhood in their novels, see Tussing Orwin 139-57.
illuminating study of Great Expectations, Peter Brooks has argued that Pip's search for identity, and with it a sense of lack or loss, begins during the evening the boy spends by the tombstones of his unknown family. As he compares himself to the external world, Pip’s self-judgment commences. He recognizes the identity of all the vast and enormous powers of the world – "the churchyard,...[the] dead and buried,... the marshes,...the river,...the sea" – and in their midst, he discovers his own loneliness, his insignificance, his powerlessness (Dickens 3-4). Pip’s self-assignation is aptly a "small bundle of shivers," juxtaposed with and estranged from the uncountable mass of the world (Ibid. 4). By identifying with his self-created name, Brooks maintains, the boy exhibits an early desire to inscribe his identity into existence, to write his own story.382 Yet Pip finds only lack, because parental love is lost from the very beginning of the novel. To generate a history of the self, he grasps at the "character and turn of the inscription" written on the gravestones of those who, by abandoning him, have deprived him of an identity (3). The absence of his parents incites Pip’s search to reclaim that which he never possessed.

Death is not the sole figure depriving Pip of self-regard; the boy’s childhood is replete with punishments of every nature and from nearly all the members of his family and community. His earliest memories of familial relations are saturated with violence and shame. The young Pip is frequently reminded of being "brought up by hand" – a phrase that possesses the unfortunate dual meaning of the boy’s debt to his sister as well as of the "a hard and heavy hand" that is frequently laid upon him (7). Those who possess power over the boy – that is, "his… betters" (25) – also treat him with disdain, stamping his identity with the nearly irredeemable designation "Naterally wicious" (24). Pip’s fragmented self-image is additionally associated with his memory of the night on the marshes, during which he becomes an accomplice of the escaped convict – a

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382 For an illuminating analysis of the early scenes of the novel in which Pip is “trying to trace out of linguistic fragments his own history” and the relationship of his failure to do so with his love for Estella, see Schor.
conspiracy that the boy is powerless to resist. Throughout the novel, Pip strives to ‘rise’ in life in part to redress his “misdeed,” to escape the link with his “old acquaintance” (71).

Yet it is the encounter with Miss Havisham and Estella at Satis House that sets the boy on a quest to mitigate his experience of loss and forge an identity via love. Since his initial visit, Pip perceives the painful contrast between his humble, “wicious” beginnings and the security, the grandeur of Satis House, which serves as a foil for all he has never possessed. “Whoever had this house could want nothing else” (51), he thinks, while experiencing nothing but want.383 He has previously identified with an external image of the self – namely, with Joe. Yet upon his entry to Satis House, Pip reconstructs his conception of the self and grows discontented with his future apprenticeship and particularly with Joe, the double for his own identity.384 The disdain of Miss Havisham and Estella is "infectious," and Pip has "caught it" (55). On this "memorable day" (66), he renounces Joe as his model in favor of an image of a "self-possessed" gentleman who, unlike Joe, does not arouse the deprecation of his “betters” (277).

Like Piskarev and Vladimir, his experience of loss is the source of Pip’s unyielding unrequited love for Estella, from which he suffers for the remainder of the novel. The romantic pursuit similarly substitutes the longing to overcome figures that inflict criticism and judgment, serving as a mechanism that enables Pip to mitigate childhood trauma. Estella’s symbolizing all that Pip has been unable to master is not surprising in light of her treatment of Pip and the dynamic he witnesses at Satis House. Functioning for Miss Havisham as a medium through

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383 The boy associates Satis House with all the natural forces that he has encountered at the start of the novel, in contrast to which, he is reflected as small and insignificant. For this reason, Pip "descr[ies] traces of Miss Havisham and Estella... In the sky and in the water" (Dickens 100).
384 Even Joe’s manner of speaking becomes distasteful to Pip: “’And there weren’t no objection on your part, and, Pip it were the great wish of your hart!’… I am afraid I was ashamed of the dear, good fellow – I know I was ashamed of him – when I saw that Estella stood at the back of Miss Havisham's chair, and that her eyes laughed mischievously” (Ibid. 91-2). While Pip has previously believed his home to be a "very pleasant place" because "Joe had sanctified it," he now finds himself deeply "ashamed of home," which suddenly appears "all course and common," far from the grandeur of Satis House (97).
which to reclaim her own story of unfulfilled love, Estella is the breaker of hearts of Satis House, the ultimate reminder of love-loss. She provides a way to signify Pip’s “torment” (Schor 545) by bringing the experience of judgement and admonition to its peak. For this reason, Pip explains that a "change was made" after his initial visit to Satis House, upon which he begins to keenly perceive his inadequacy and to ruminate on the images with which Estella has identified him (Dickens 97). He internalizes her view that he is "in a low-lived bad way" (Ibid. 59): his "hands were coarse,... [his] boots were thick,... [he] had fallen into a despicable habit of calling knaves Jacks" (Italics mine, 59). Pip’s pursuit entails not only to attain a union with Estella, to make her a "part of … [his] character," but also to alter her view of him (333). His object of desire, as articulated by Miss Havisham, becomes the love of the “smiter,” – the ultimate reminder of loss and failure – over whom he must prevail to reclaim lost self-regard (219).

Estella’s consistent criticism is reminiscent of Pip’s original loss, the locus of which are the marshes, and his thoughts of her frequently commingle with visions of that night. Pip consequently channels the quest to prevail over “that spell of… childhood” (110), "to finish off the marshes," into the pursuit of Estella’s love and approval (133). He infuses the pursuit of the loved object with the search for what has been lost on the marshes, unable to "dissociate her presence" from his striving to overcome the past (215). When Herbert Pocket, adopting the role of a physician whose object is to disillusion his friend about his damaging love, suggests that Pip "detach… [himself] from her [Estella]," the lover is reminded of what would be replaced by the pain of unreturned affection: his earliest memories of "the old marsh winds coming up from the sea," of himself as a "small bundle of shivers" while the whole world could exercise its power

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385 In her illuminating analysis of Estella’s role in Pip’s process of forging his identity, Hilary Schor mentions that “looking to create the torment he can name and hope to master, Estella's invisible, unresponsive self becomes the light that will guide him…” (545-6).
over him, of the morning when, compelled by the convict, he ran from "the forge" in violation of the law (228).386 Estella becomes the object of all Pip’s striving, the goal of "every line [he] ever read..., in every prospect [he has] ever seen since..." (333). Her image is entrenched in the "hankerings after money and gentility," and she essentially becomes "the embodiment of every graceful fancy" of his "mind" (333). If he should successfully overcome Estella’s view of him, he could retroactively confront and be “raised above” all reminders of criticism and disappointment, realizing his “expectations” through mastery of their displacement (132).387

Pip’s romantic pursuit also entails fantasies informed by the courtly love tradition. On his way to Satis House, he frequently conjures a vision in which he assumes the role of a "Knight," Estella is cast as the "Princess," and Miss Havisham as his "patroness" (211-2). Pip indulges in the thought that the venerable mother figure intends “to bring us together,” that she has chosen him as the hero who may restart the "clocks" of Satis House, “to restore the desolate house… in short, do all the shining deeds of the young Knight of courtly romance, and marry the Princess,” such that the love-loss would be mastered (211-2). Yet much of Pip’s pursuit involves attempts to transgress the boundaries of fantasy, to prove to the real Estella that he is a cultivated gentleman, and for this reason, he repeatedly returns to Satis House, the site of insults and humiliation.388 Freud would go on to theorize that the subject recreates the experience of

386 Robert Polhemus similarly discussed the association between these early mementos and Estella: “Pip's imagery for the ubiquitous of Estella – the ‘line,’ the ‘marshes,’ the ‘stones’ – goes right back to the first chapter and reiterates developing consciousness” (150). Polhemus identifies Pip’s pursuit of Estella as the quest for the affection missing in his early childhood: “His love looks like a craving for the preconscious unity of the self with nature and the not-self, together with the personal consciousness and individuation that linguistic power brings, and with the nurturing and requited affection he missed” (Ibid. 150).
387 Estella’s role as a guiding star that lights Pip’s path from the marshes is punctuated by the prevalence of celestial imagery in his descriptions of her. He variously refers to her as a “light” that “came along the dark passage” of his quest toward self-fulfillment (Dickens 54).
388 Such frequent re-visits to the site of pain are under-examined in current scholarship. Brooks observes that, atypically for a Bildungsroman, Pip’s story is one about the return to the past, rather than progressing forward. He discusses the spontaneous return of Pip’s repressed memories in the form of the convicts that he variously encounters throughout the novel, yet the boy’s motivation to subject himself to the continued mistreatment he experiences at Satis House remains unexplained (See Brooks 512-4).
suffering to assume the active role of that narrative. Dickens’ novel anticipates this explanation. Estella’s identification of Pip as a "stupid, clumsy labouring-boy" incites his desire to assert himself over that title, which entails returning to display his transformation (55). He continually revisits the land of the stopped clocks, longing to actively recreate the circumstances with one variable – himself – and expects to be the sole altered element, the only being for whom time has not stood still.

When he learns of his “expectations,” Pip longs to demonstrate to Miss Havisham and Estella the change that has taken place. Intending to be recognized in the guise of his new identity as a gentleman, he dons the suit that has been commissioned for his new London life. In the fantasy Pip stages on the way to Satis House, Miss Havisham is cast in the role of the fairy godmother, casting him as Estella’s intended mate. When the real Miss Havisham questions him about his “expectations” to evoke envy in Sarah Pocket, the boy interprets every word to be a confirmation of his fiction. He imagines that reality complies with the fantasy, that "Miss Havisham was going to make [his] fortune on a grand scale" (120). As the quest for love reframes the narrative of loss, the fantasy of its fulfillment enables him to envision mitigating that experience and forging his desired identity.

Like its predecessors, Great Expectations uncovers the impossibility of mastering the past by means of love as well as the significance of the imagination in the lover’s object-choice. The true object of Pip’s affection is invented – an image forged in his inflamed mental faculties to engage in a quest that invites the desired fantasy. Like Piskarev and Vladimir, not only does Pip idealize

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389 As Freud articulates, “… we seemed to see that children repeat unpleasurable experiences for the additional reason that they can master a powerful impression far more thoroughly by being active than they could by merely experiencing it passively” (“Beyond the Pleasure Principle” 35). Freud’s additional, and most illuminating, explanation is that the subject returns to retroactively prepare himself for the surprise of the traumatic experience (Ibid. 12, 31-2).
his beloved Estella, perceiving her as the embodiment of refinement and power, but the object on whom he fixates has little in common with the young lady who breaks hearts for sport. In his contemplation of Estella, Pip is certain that he does not “invest her with any attributes save those she possessed,” yet he consistently regards her as “human perfection” (212). Fixating on her image, the face that appears before him is not of Estella but the face Pip has "struck... out of the iron" (215). Herbert frequently reminds his friend to "think of what she is," suggesting that Estella’s qualities are not those with which Pip endows her (229). During the rare moments when she does not taunt or lure him, Estella herself urges the lover to "take warning," calling him “blind” (275) and confessing that she is unlike the mystical image conjured by his imagination: "It is in my nature,… It is in the nature formed within me… I can do no more" (332). Yet Pip remains under the enchantment, insisting that there can "be no such beauty without" a heart (217). Requiring a suitable object to provoke and prolong his quest to overcome the past, Pip projects the qualities he imagines of the perfect mate to the gentleman that is his desired self-image onto a complex individual.

His beloved, phantasmal as she is, is inherently unattainable, and attempting to curry favor with her could only produce failure of the quest for self-fulfillment. Like his Slavic counterparts, Pip’s encounter with the real beloved undermines any advancement he has made. Returning to Satis House to enchant and to master, Pip consistently leaves "under stronger enchantment" (219). Estella’s unchanging opinion ever reminds him of his undesirability, of "how dependent and uncertain" he has been in childhood (215). Like Pip, Estella is not paralyzed by the immobility of Satis House, able to escape and improve in direct proportion to him, and she thus rejects his attempts to establish himself as her equal. Despite being enriched "in reputation, station, fortune" (328), Pip is unable to breach the barrier between himself and Estella, and his
relationship to his star remains the same: he continues to idealize her, "worship[ing] the very hem of her dress," while she feels no discomposure around him (216). Whereas Pip’s fantasies offer a locus of self-fulfillment, reality rarely favors his desired narrative, and he consequently re-experiences the loss, "slip[ing] hopelessly back into the coarse and common boy again” (215) – the powerless boy on the marshes who is "exposed to hundreds of chances" (227).³⁹⁰

Pip must finally confront the discrepancy between the narrative that he has been staging and the reality, as well as between the object at its center and the phantasm, when the past, embodied by Magwitch, returns. This encounter with reality instantly dethrones the fantasy by disclosing its limitations, its impossibilities. Pip learns that Miss Havisham is not his true benefactor and that his expectations have been born of the criminality and deviancy from which he has strived to dissociate himself. The young man’s initial response to the revival of his bond with criminality is to deprive Estella of the status of nobility, which is another attempt at mastery. As he investigates the story of her birth, “tracing out and proving Estella's parentage," he strives to associate her with his own modest origins, wishing "to transfer" to Magwitch a relationship with her (373). Pip hopes to uncover that he and his star have been cut from the same cloth, that they have both been forged by the same creator. Yet this discovery serves only to demonstrate Estella’s unsuitability to his quest, because like Pip, as the daughter of Magwitch, she is subjected to the same social structure. Reality further destabilizes Pip’s fantasy upon Estella’s acceptance of Drummle’s marriage proposal – a decision that conflicts with Pip’s vision of her.³⁹¹ When he learns of her impending marriage, the young man experiences the very torments

³⁹⁰ Pip’s attempts to overcome Estella’s unattainability are ever motivated by reminders of the past that take the form of convicts, as his meetings with them recur throughout the novel. For a reading of this form of repetition in Great Expectations, see Brooks.
³⁹¹ Had Estella chosen another, the perpetual lover might have borne it better, but the thought of his sexual ideal "stooping to that hound" unveils that she is not the phantasm he worships (Dickens 282).
of Piskarev, Vladimir, and the lovesick subjects that have preceded them. Failing in his quest and losing Magwitch as well, Pip succumbs to a physical and psychological illness, exhibiting the now familiar symptoms of "fever" and delirium (422), in addition to the melancholy psychological state that is reminiscent of Vladimir’s renunciation – a condition that is marked by having "no purpose, and no power" (421).

Yet Pip’s discovery of his illusion only temporarily compels him to relinquish the imagined quest,392 unlike Piskarev’s and Vladimir’s recognition of reality, which results in suicide and permanent renunciation from all desire, respectively. When he returns to Satis House in the final scene of the novel, it is a return to his former longing, and the fantasy begins anew. Pip is compelled to "revisit" Satis House "for her [Estella’s] sake," as he explains, continuing to submit himself to the site of torment (440). True to form, his return coincides with the arrival of Estella, the elusive object of desire of Satis House, the traces of whom Pip is seeking. Like the surreal, haunting atmosphere of the overgrown garden, the beloved returns as phantasmal as ever. Although "the freshness of her beauty... [is] gone," Estella remains a distant star, and Pip continues to be taken by her "indescribable majesty and its indescribable charm" (441). His delusion recalls that of Don Quixote, who, famously unwilling to accept that the object he worships is a mere phantasm, chooses to believe the implausible story that she has been transformed into a coarse maid.

Although Estella admits to having “greatly changed” (441), no longer “ignorant of [Pip’s] worth” (442), she also suggests that this meeting will be their last, that they are to "part" on the

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392 In seemingly relinquishing the quest to become a gentleman who might be loved by Estella, Pip appears to have overcome the crushing authority of the past. However, the older Pip-narrator contradicts his younger counterpart here, revealing that the rational self-acceptance is but a fallacy: “Nevertheless I knew while I said those words, that I secretly intended to revisit the site of the old house that evening, along, for her sake” (Ibid. 440). For an illuminating discussion of Pip’s repression of Estella’s origins, see Brooks 520.
spot to which neither will return (442). Yet for Pip, parting and terminating his quest has proven to be "mournful and painful," indeed quite impossible (442). He is unable to relinquish her and exhibits no sign of having heard or heeded her statement that they "will continue friends apart," declaring instead that he sees "the shadow of no parting from her" (442). His words should not be read as an indication of the characters’ definite future. Rather, in the spirit of the meeting in Piccadilly that was Dickens’ original conclusion to the novel, the line emphasizes Pip’s perception of the future: “I saw the shadow of no parting from her” (Italics mine, 442). This does not signify that the parting will not occur but only that Pip does not, indeed cannot, foresee it. Whereas Dickens’ initial iteration of the last line in the serial – “I saw the shadow of no parting, but one” (or the variation used in later editions, based on the manuscript ending restored by George Bernard Shaw, which reads “I saw no shadow of another parting from her”393) – optimistically suggests that the only potential cause of a future separation is death, the final version, which is more ambiguous and more consistent with the tone of the novel as a whole, intimates the disparity between reality and Pip’s illusions in interpreting its shadows. Seduced by the fantasy of mastering the past, the perpetual lover will proceed to imagine the possibility of self-fulfillment and to envision himself as the “self-possessed” gentleman who has overcome Estella’s ill regard of him (277).394

391 George Bernard Shaw restored the manuscript ending in his 1937 edition of Great Expectations, writing in the Postscript that the novel is intended for ‘Sentimental readers who still like all their stories to end at the altar rails’ (Fairhurst, “Introduction” xxxii). For a discussion of the various endings of Great Expectations, see Meckier; Meisel; A. L. French 357-360; Eigner 104-108.

394 As the quest to contend with memories is inherently unrealizable, fantasy offers the sole means of sustaining the possibility of satisfaction, the sole locus of the desired relationship vis-à-vis the past. In the company of the real Estella, Pip is ever "miserable," yet the hope of mastering the phantasm of Estella allows him to imagine "how happy [he] should be" (Dickens 247).
Such a psychologically nuanced portrait of lovesickness as depicted by Gogol, Turgenev, and Dickens both drew and diverged from the medical conceptions of the mentally afflicted lover. With the increasing interest in synthetic philosophy during the 19th century, physicians sought natural laws to explain mental illness. The culture of positivism and materialism thwarted an exploration of the lover’s psychological processes and contributed to the disappearance of lovesickness from medical doctrine. Literature, on the other hand, proceeded to portray a destructive iteration of love that troubled the medical paradigm. In such novels, the characters’ affliction is not reduced to mere physiology but instead results from an individual psychical process that predates the encounter with the object. By deploying the theme of lovesickness, these texts investigated a psychological etiology of mental illness and participated in the dissolution of the pre-psychoanalytic model of the mind. For this reason, in his 1856 tract on mental disorders, the British psychiatrist Henry Maudsley deferred to literature’s unique ability to teach physicians about psychopathology: “Do we not, in sober truth, learn more of insanity’s real causation from a tragedy like ‘Lear’ than from all that has yet been written thereupon in the guise of science?” (The Physiology and Pathology 198). Much of the 19th century readership accordingly looked to literature for insights on the psyche (Joravsky 12).

In Ivan Turgenev’s The Diary of a Superfluous Man (Dnevnik lishnego cheloveka, 1850), Chulkaturin expresses that “Love is a sickness; and for sickness there is no law” (The Diary of a Superfluous Man 38). Yet, contrary to the opinion of Turgenev’s “superfluous man,” 19th century

Freud, himself, expressed admiration for the fiction writer’s ability to discern and accurately represent the complex and contradictory nuances of the psyche long before the formal development of his own field: “Creative writers are valuable allies and their evidence is to be prized highly, for they are apt to know a whole host of things between heaven and earth of which our philosophy has not yet let us dream. In their knowledge of the mind they are far in advance of us everyday people, for they draw upon sources which we have not yet opened up for science” (“Delusions and Dreams” 8).
literary texts, ever respecting the need for form, depicted illness caused by love as a condition that obeys the laws of the mind, which may not be rational or seek profit. The texts questioned the medical conception of the will, illustrating that the psyche is not subject to the natural laws that dictate the pursuit of pleasure and the avoidance of pain, not subject to the principles of utilitarian ethics. They demonstrated that the will may seek what is not profitable and not healthy, and in this way, they alluded retrospectively to the ancient paradigm of lovesickness and anticipated future scientific frameworks. The novels dramatized what was later theorized in psychoanalytic discourse – namely, that lovesick desire is incited by internal causes that are independent of the object, that lovesickness serves the psyche’s need to contend with its own demons, and that the recurrent fantasy of the object is more conducive to self-fulfillment than the reality. The works reveal the psychopathology to be a function of the character’s mental life, of his early experiences. The lovesick patient may choose a beloved unsuitable to happiness in love to satisfy an unconscious psychological need. Such a harmful relationship may substitute the quest to contend with a past event that has deeply affected the psyche and to forge the desired identity. The beloved’s inability to return love is not fortuitous, because only the pursuit of an unloving, unattainable object could displace the contention with the phantasms of lost love. The lovesick subject seeks not satisfaction but only obstacles, longing to maintain the motion toward his ultimate goal, his raison d’etre. At the heart of Pip’s pursuit of the cruel Estella is precisely what he confesses to Biddy: "I am not at all happy as I am...," suggesting that love suffering offers a way to resolve other forms of suffering (Dickens 116). The impassive beloved is a mere pretense for the need to engage in the recursive vision of himself as a “self-possessed gentleman” who has overcome the experience of criticism and failure, to rewrite his story.
Conclusion

The Lovesick Patient in Literature and Medicine

As demonstrated throughout this dissertation, the philosophical and medical texts from antiquity, supplemented by medieval and early modern writings, bequeathed to the future medical and literary tradition a foundation for discourse on illness caused by disappointed love, through which the two disciplines considered psychological processes and their relationship to bodily health. Literary works featuring lovesickness investigated ideas that engaged scientific authorities, such as the mind/body relationship, the nature of mental illness, and the psychopathologies inherent to the lover’s experience, both reflecting medical discourse and diverging from it. The models that have been most conducive to the representation of lovesickness were those that envisioned an interaction between the body and the mind, rather than reductions of the organism to a mechanism, an automaton. Fictional cases questioned the scientific portrayal of the patient as a mere passive victim, rejecting strictly physiological etiologies of lovesickness. Such divergence from concurrent medical thought frequently entailed a focus on the lover’s will to suffer, which resisted reductive models, uncovering psychological processes underlying the lovesick condition that anticipated future scientific frameworks.

Medieval and early modern literary texts assimilated the medical and philosophical discourse on lovesickness from antiquity, which was passed down through Arabic scholars and translated in the West by Constantine the African. As discussed in the first two chapters, the ancient theories – the Hippocratic-humoral model, the Platonic philosophy of love, and the Aristotelian theory of passion – coalesced to form a lovesickness paradigm that served as the basis for future thought on unfulfilled love. Conceived as a product of a pre-existent humoral imbalance, of an infection, or a derailment of the mental faculties, lovesickness acquired a complex etiology and
symptomatology that entered the medical and literary tradition. Characters suffering from love frequently complained of heat burning their veins, alluded to the infectious spirits emitting from the beloved’s eyes, while idolizing a phantasm constructed by their mental faculties. Fictional works also represented the medical debate about the localization of the disorder associated with lovesickness, portraying the heart, the brain, and the liver as the competing organs of love through the early modern period. Such works adopted medical ideas about diagnosing the lover’s spiritual condition by reading physical signs. An erratic pulse rate, which could be detected in the presence of the beloved even when the patient was reticent about the source of the illness, offered the most dramatic potential for literary texts. In addition to the conception of a pulsus amatorius, medical notions about symptomatology were incorporated into literary cases, presenting fever and heart palpitations as common signifiers by which the lover’s condition could be recognized. Dramatizing diagnostic scenes in which the body was read to determine the condition of the soul, fictional works questioned the validity of the interpretations, exploring the possibility of feigning lovesickness. Such dissimulation could be used as a tool to compel the beloved and to convince others of one’s status as a sufferer of love, as is illustrated in Chaucer’s Troilus and Criseyde and in Shirley’s The Witty Fair One. Literary texts also incorporated medical discourse on treatments, featuring both medical practitioners and laymen who offered a variety of potential cures – distraction, therapeutic intercourse, phlebotomy, and vilification of the beloved – that reflected concurrent scientific notions. The works frequently portrayed therapeutic discussions to explore the lover’s refusal to be treated. Such a will to suffer presented in two ways: a reluctance to disclose the cause of the ailment, as is exhibited by Troilus, or to relinquish the destructive passion, as is the case of Romeo and Juliet.
Literature not only represented the physiological details of the affliction that were elaborated in medical texts accurately, but it contributed to the exploration of the lover’s internal condition, uncovering the psychological implications of the medical and philosophical theories. These texts dramatized such psychopathologies as the lover’s tendency to confound the loved object with the ‘good’ toward which all must strive, to invest the beloved with qualities that she lacks, or even to invent the beloved entirely. Chaucer’s *Troilus and Criseyde* and Shakespeare’s and Fletcher’s *The Two Noble Kinsmen* featured lovers seduced by an object of their own creation. Mesmerized by an inner vision of the loved phantasm, Troilus and the Jailer’s Daughter perceive the beloved as utter perfection, avoiding all data to the contrary. As discussed in the second chapter, literature also focused on the lovesick subject’s morbid preoccupation with death and longing for physical suffering – symptoms that were well-described in medical doctrine. While lovers like Troilus, seek death as a means of evading lovesick torment, others, such as Arcite and Palamon, long for death in pursuit of a spiritual union with the beloved; yet others, like Antony and Cleopatra, choose death as a substitute for the lost object.

As medical science evolved over the course of the late seventeenth, eighteenth, and nineteenth centuries, the conception of lovesickness accordingly shifted. What was once regarded as an affliction of the noble and refined came to be known as a madness caused by a faulty understanding, an overly active imagination, or a malfunction of the brain. Yet literary texts diverged from scientific discourse in their depictions of the lover’s psychological processes when the medical model deprived the lovesick subject of agency. The female patient was a subject of medical discussion since the early modern period, during which she came to be regarded by medical practitioners as more prone to succumbing to a lover’s affliction than her
male counterpart.\footnote{For an in-depth discussion of the shifting role of gender in the medical conception of lovesickness during the middle ages and the early modern period, see Wack 121-131, 176; Dawson 4.} Once the notion of lovesickness as a disease of noblemen began to wane, the illness descended in status from an ennobling malady to a debasing one. Medical doctrine particularly regarded women as mad victims of a disease that overpowers the will and the rational faculty. Works of the epistolary genre, which could penetrate the character’s psyche more directly than through the intervention of a narrator, called the medical conception of the female lover as a madwoman into question by investigating her psychical nuances. In Behn’s \textit{Love Letters to a Gentleman}, the letters appear not as the ravings of a being bereft of intellectual capacity but as the rhetorical constructions of an astute artificer. Astrea’s cleverness is uncovered by the discrepancy between what she says and what she means, what she seems to wish to relay and her true desired message. She speaks of her own fearlessness about expressing love, insinuating that Lycidas obscures the motions of his heart in fear of ridicule: "I have nobody to fear, and therefore may have somebody to love" (Behn 152). The accusation is intended to emasculate the beloved, yet it is concealed by Astrea’s deliberately misleading emphasis on her own affection.\footnote{In this way, Astrea not only reproaches Lycidas but also compels him to disclose his own feelings, lest he be deemed a coward.} The notion of the lovesick woman as a passive victim is also undermined by the letters’ clever and persuasive construction, which is juxtaposed with the turbulence of the content.\footnote{Rather than relinquishing her reason to the affliction, the heroine betrays a keen self-awareness and an intention to manipulate the recipient of her artful, rhetorically-effective letters. The epistles are masterfully composed, the sentiments are carefully crafted, the thoughts are premeditated.} The heroine confounds medical science, exhibiting the intellectual capacity of her male counterpart as well as the introspection and artistic insight that have been associated solely with male lovers since antiquity.

In addition to a shift in the conception of the lovesick patient, new ideas developed during the Scientific Revolution that altered medical views about the etiology of lovesickness. Under
the influence of Descartes’ dualist model of the organism, 17\textsuperscript{th} century mechanists undermined
the authority of the soul over the body by a model that portrayed the passions as somatic
processes. As described in the third chapter, medical and philosophical thinkers distinguished
between the mortal animal soul, localized in the body, as the source of psychosomatic illness and
the rational soul, immaterial and immortal, which was not implicated in bodily disorders and
remained an unchanging pillar of strength and health. Psychosomatic illness thus came to be
regarded as a product of a physiological malfunction that was frequently associated with the
passions and involved neither the will nor the intellect, resisting the patient’s power of restraint
or suppression. Against the backdrop of such scientific discourse on the mind/body relationship,
literary works entered the discussion through their depiction of afflictions like lovesickness,
which blurred the line between the psychical and the somatic. Racine’s \textit{Phaedra} displayed the
limits of the mechanistic approach in favor of a vitalist view of the titular character’s affliction
that recognized the considerable role of the mind and its hidden processes in her lovesick
condition.

With the introduction of the notion of sensibility into medical discourse, a belief in an
interaction between the mind and the body was revived in the 18\textsuperscript{th} century, signifying that illness
could result from psychical phenomena. Yet the rational soul nevertheless remained uninvolved
in the cause or the progression of disease. Richardson’s \textit{Clarissa} both drew and diverged from
such scientific discourse through the depiction of the lovesick patient. Like Phaedra, Clarissa is
not subject to the mechanical laws of automata, and both characters will to suffer with an agency
that could only be attributed to the rational faculty. Not merely the passions but also the
heroines’ reluctance to submit to medical intervention contributes to the development of their
lovesickness. That is, the depiction of such active nourishment of the illness troubled the medical model that posited an image of a weak bodily anima and an infallible rational soul.

In the early 19th century, medical science came to regard lovesickness as a product of either a somatic malfunction or of the mis-association of ideas, influenced by the Lockean conception of madness. Austen’s Sense and Sensibility portrays a heroine whose imagination is central to the development of lovesickness. As chapter four argues, Marianne falls victim to disappointment in love owing to her idealization of the passions. Yet, while the early 19th century psychiatric approach to mental afflictions merely entailed attempts to correct the misconceptions in understanding, to impose decorum and self-control, Austen’s novel illuminated the internal motions of the lovesick patient and emphasized the role of her experiences in her affliction. The heroine’s imaginative leaps and ill-formed ideas undoubtedly predispose her to lovesickness, yet her tendency to indulge the passions and willing her body to suffer suggest an active and deliberate mental process. Unlike the madman described in Lockean theory and the medical discourse that it inspired, Marianne employs her status as an afflicted lover to chastise those who have wronged her and to inflict retribution upon the duplicitous beloved.

With the increasing interest in synthetic philosophy through the course of the 19th century, physicians sought natural laws to explain mental illness. The culture of positivism and materialism thwarted the exploration of the lover’s psychological experience, contributing to the disappearance of lovesickness from medical doctrine. Yet, as medicine increasingly conceived of mental illness as a somatic deviation from the norm, literature proceeded to investigate the lover’s psychological conflicts and offered insights that supplemented the descriptions in medical texts. As discussed in the fifth chapter, 19th century novels of unfulfilled love by such authors as Gogol, Turgenev, and Dickens looked back to the traditional, age-old vision of
lovesickness. These novels did not reduce the malady to mere physiology but instead established a connection between the affliction and the character’s biography, tracing its source to an experience that predates the encounter with the loved object. Against the background of medical and philosophical notions of the rational will, which was believed to be motivated by what is beneficial and healthy, the novels favored a model of the psyche in which agency did not necessitate the pursuit of conventional benefit or profit. The lovesick Piskarev, Vladimir, and Pip seek an unloving beloved, seek what is not profitable and not healthy, demonstrating that mental processes defied laws that dictate the pursuit of pleasure and the avoidance of pain, defied the principles of utilitarian ethics. By deploying the theme of lovesickness, literature participated in the dissolution of the pre-psychoanalytic model, uncovering a complex psychological profile that had no equivalent in concurrent medical discourse.

Scholars have chiefly agreed that, as famously suggested by Michel Foucault, the scientific conception of mental illness underwent a paradigm shift at the end of the 19th century with the development of the psychiatric discipline and particularly with the advent of Freudian psychoanalysis, which sought to uncover the patient’s mental processes, frequently unconscious, as the etiology of the affliction, rather than merely reducing it to malfunctions of the body. Establishing its authority over conditions of the mind that had previously been managed by general medicine and psychiatry, psychoanalysis developed systematic theories about melancholy, narcissism, masochism, and the death drive. Yet close analysis of the medical and literary tradition of lovesickness reveals insights about psychological motions that may be called a prelude to psychoanalytic theories. Both the lovesickness paradigm and the psychoanalytic framework emphasized the lover’s delusion about the nature of the beloved. As described in the first chapter, this notion was suggested by the Aristotelian theory of love as a failure of
cognition, which postulated that the beloved image is overvalued by the lover’s fixated, derailed mental faculties in response to the pleasure of conjuring its beauty.\footnote{In the Freudian doctrine, such idealization was attributed to a different cause. As Freud explained in “On Narcissism,” overestimation is the natural response to investing the beloved with the libido that has been directed away from the subject’s ego during the process of ego-development. Freud conceived of such overestimation of the beloved as a necessary step in reclaiming the self-regard (“On Narcissism” 100).}

Freud’s treatment methodology also developed out of the remedies practiced by ancient physicians on lovesick patients. Yet his aim in administering talk therapy, which was to uncover the wound concealed in the patient’s psyche, was unlike the venting cure employed for lovesickness, the goal of which was to raise the patient’s spirits and distract from the torment of love by "spectacles and amusing stories" (Paul of Aegina 3.391). Bringing the hidden desire and fixation to the surface, as Freud sought to do, was deemed to be damaging for the organism within the psychological model that psychoanalysis superseded, because it was believed to promote the fixation that physicians aimed to disrupt. The difference, of course, stemmed from Freud’s localization of desire in the unconscious, while the patient’s awareness of the source of his illness was rarely questioned in the medical tradition of lovesickness.\footnote{For a discussion of the ways in which psychoanalysis revised the medical model of lovesickness, see Sobol 123-89, 197.}

Freud offered a model wherein criticism of lovesickness, typically external to the psyche, was internalized, and the feelings were repressed. This notion undoubtedly revised the schema of the psyche, yet literary texts have anticipated it, exhibiting the lovesick subject’s refusal to acknowledge love, as is the case of Clarissa, whose affection for Lovelace is almost unknown to her.

Freud believed that such psychological discord between the faculties of the mind frequently resulted in a physiological response. The internal conflict would produce a return of the repressed in the form of symptomatic acts\footnote{See Freud, “The Psychopathology of Everyday Life.”} or of bodily illness, identified as conversion. The lovesickness paradigm also presupposed an interconnectedness between the mind and the body,
as emotional experiences could affect physical health. Particularly, suppressed or unvented inner states were regarded as dangerous for the organism. In *Phaedra* and *Clarissa*, the heroines’ unspoken feelings, in conflict with their value system, are re-experienced as illness of the body. Prefiguring the psychoanalytic insights about mental discord, Phaedra’s and Clarissa’s painful somatic manifestation of love is not unwilled, as it fulfills a hidden longing to communicate the pain somatically, to be read. Racine’s and Richardson’s works thus anticipated a model of the psyche in which the character’s affliction is produced by a latent (repressed) desire – a model that moved beyond the traditional split between the rational mind and the passionate body.  

In further exploration of the lover’s will to suffer, literary texts also featured the tendency to fixate on the beloved image and to obsessively repeat, recreate, or recall the memory of loss, prefiguring Freudian insights on the repetition compulsion. The lovesick heroines in Ovid’s *Heroides* fixate not only on the ever-recursive memory of the affair but also on the painful moment of abandonment. Unimpeded by the intervening years, Medea re-experiences her meeting with Jason as well as the accompanying stages of lovesickness: "I saw you, and I was undone; nor did I kindle with ordinary fires, but like the pine-torch kindled before the mighty gods" (Ovid XII, l. 33-4). The description of the affair seamlessly leads to the painful separation. Medea recalls her tattered clothes and her battered body, as well as the desire to shout, to “tear off the wreaths” from her “torn” hair (Ibid. XII, l. 156-7). The torment of the memory does not deter the heroine from continually reviving its circumstances. The etiology of such painful repetition also anticipates Freudian theory, which states that reviving the painful

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402 The split of the psyche into the animal soul and the rational soul was not productive for explaining the lovesick character’s struggle between conflicting mental states.

403 The heroine also takes pleasure in conjuring the image of the young Jason with whom she fell in love, – the “golden locks,” the “comely ways,” and “the false graces of your tongue” (Ovid XII, l. 11-2) – the beloved who is lost forever. Medea returns to this episode more than once. Upon uttering accusations about her abandonment, she once again revives her early impression of Jason: “I saw you, and I was undone” (Ibid. XII, l. 33).
memory is a form of contending with the trauma that renders the ego retroactively the active agent, rather than the passive recipient, of the original event. In his discussion of mastering the memory of abandonment specifically, Freud explained that reconstructing the loss of the object “would have a defiant meaning: ‘All right, then, go away! I don't need you. I’m sending you away myself’” (“Beyond the Pleasure Principle” 16).

In other literary works, the lovesick subject’s willed self-torment as repetition takes the form of recreating an early experience of loss through the pursuit of unfulfilled love. As discussed in the fifth chapter, this psychological etiology of lovesickness is explored in Turgenev’s First Love and Dickens’ Great Expectations. Prompted by a desire to overcome the original loss of familial affection, Vladimir and Pip pursue an unloving, unattainable object. Anticipating the psychoanalytic theory, these lovesick characters seek to retroactively master the loss by overcoming the beloved’s unattainability as a substitute. In First Love, the object-choice also possesses an Oedipal element. Vladimir’s pursuit of Zinaida displaces the rivalry with his father. In other words, lovesickness enables the subject to find a mediator with whom he contends for mastery over the past. Freud insisted that “the aim and satisfaction” of narcissistic love is “to be loved,” which raises “self-regarding feelings” (“On Narcissism” 40), yet the literary representation of lovesickness has illustrated that this aim is subordinated to its very opposite: the lover must engage in a quest to become worthy of returned affection, which is more valuable than fulfillment in love. This signifies that, whereas the beloved’s unavailability appears to be the lover’s greatest stumbling block to happiness, the torment of lovesickness is, in such cases, self-inflicted. Motivated by his longing for mastery, the lover chooses a beloved whose scorn

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404 As Freud expressed, “At the outset he was in a passive situation—he was overpowered by the experience; but, by repeating it, unpleasurable though it was, as a game, he took on an active part. These efforts might be put down to an instinct for mastery…” (“Beyond the Pleasure Principle” 16).
constitutes her attraction, corroborating Denis De Rougemont’s claim that obstacles to the fulfillment of love are far more desirable than fulfillment itself.

Gogol’s *Nevsky Prospect*, Turgenev’s *First Love*, and Dickens’ *Great Expectations* demonstrate that lovesick desire is incited by internal causes that are independent of the object, both looking back to the lovesickness paradigm and forward to psychoanalytic theory. The lovesick character in each novel projects a phantasm onto a person who could never be suitable for the realization of the quest, ensuring that she could not be a source of satisfaction and could never disabuse him of his delusion, enabling him to perennially renew fantasies of mastery. Like Don Quixote, the lover invents the beloved and continually represses the knowledge that she is not Dulcinea del Toboso, the beloved of his imagination. Upon acknowledging his mistake at the end of Cervantes’ novel, Don Quixote descends into a profound melancholy, unable to fantasize being cast in the role of a chivalrous knight and forced to resume his identity as mere Alonso Quijano. To remain under the illusion that mastery over loss is possible, the lover avoids the encounter with reality or suppresses its awareness, endowing the beloved with the desired qualities. Literary texts thus illustrate that illusions must be present for love to persist, that the imaginative act is inherent to lovesickness.

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At this point in the conclusion, I would like to revisit the female figure whom I invoked at the beginning of this study – she walks through the cold English countryside and looks to the past. The novel that she inhabits also looks to the past, depicting a lovesick heroine who, like the abandoned Sappho, Dido, and Medea, desires the pangs of love. Austen’s Marianne resists medical diagnosis and treatment, resists what is expected of her both socially and psychologically. Throughout the texts to which this dissertation is devoted, the lovesick
characters will to suffer, rejecting the medicalization of their condition, rejecting the necessity of a cure. Lovesickness has been a tool both for novelists and their characters – a tool of exploration and negotiation. Moving beyond dramatizing a medically accurate account of the illness, fictional works deployed the *topos* to investigate psychological nuances and to contribute to medical discussions by uncovering how the mind operates under emotionally acute conditions, which is to say, during its most productive moments, when the faculties are most actively engaged. As a psychosomatic illness, lovesickness has offered fertile ground for literary works by granting access to the soul through bodily signals and symptoms. Beyond the dramatic potential of a hidden malady betrayed by the physical form, lovesickness has proved a theme rich in revelations about the psyche, displaying what is betrayed and what has remained elusive, unknowable. In this way, the affliction has offered a means of capturing interior currents. Through their representation of lovesickness, literary texts also uncovered psychopathologies that were sometimes troubling to the established medical doctrine, such as the reluctance to submit to medical intervention and relinquish the deleterious passion, or the tendency to select an object who is unfavorable for satisfaction in love. Such a depiction undermined medical paradigms, displaying the psyche in all its complexity – a complexity that defied simple classifications of illness and health. The texts have thus revealed that the mind resists categorization, resists concrete diagnosis and medical interventions that are grounded in what works for treating the body.

As a condition that mediates between the external and the internal, the social and the private, the body and the mind, lovesickness has also been depicted in literary works as a way to explore broad personal and interpersonal questions. Lovesickness could offer the means through which the subject’s relationship with the self and with the other is negotiated, contested. For some
characters, particularly for female lovers, the affliction has provided a way to establish a context for a romantic relationship in restrictive or oppressive social environments. For others, lovesickness is both an outcome of and a way to cope with memories of loss, and it could also function as a way to establish or forge an identity. The affliction enables characters to contend with restrictions against expressing inner turmoil, to reclaim the low self-regard that may result from early childhood experiences, and to overcome the powerlessness of loss. For these and many other reasons, the patient in the literary corpus of lovesickness invites torment with a will to suffer that transcends a mere desire for an object – a will to suffer that is epitomized by the statement with which another lovesick heroine named Marianne concludes a letter to her beloved French officer in Guilleragues’ *Letters of a Portuguese Nun*: "Adieu; love me always; and be the cause of my enduring still severer sorrow" (66).
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