"What a Poor, Passive Machine": The Psychosomatic Heroine from Richardson to Austen

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‘WHAT A POOR, PASSIVE MACHINE’: THE PSYCHOSOMATIC HEROINE FROM RICHARDSON TO AUSTEN

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By
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ABSTRACT

“WHAT A POOR PASSIVE MACHINE”: THE PSYCHOSOMATIC HEROINE FROM RICHARDSON TO AUSTEN

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Dissertation supervised by Laura Engel

This project examines the psychosomatic heroine, a character type I observe emerging throughout the long eighteenth century who responds to social, domestic, and personal pressures and stressors with mental and emotional preoccupations that lead to physiological symptoms. I demonstrate through close textual analysis that the psychosomatic heroine originates with Samuel Richardson’s *Clarissa* and continues as a trope that Frances Burney’s *Cecilia* and *The Wanderer*, Jane Austen’s *Sense and Sensibility* and *Persuasion*, and Geraldine Jewsbury’s *The Half Sisters* interrogate and transform. Like other heroine types, the psychosomatic heroine reveals sociocultural discourses that speak to what it means to be a woman in the long eighteenth century. My project identifies, however, that unlike other heroine types, the psychosomatic heroine redefines ideas of women’s work in the eighteenth century. Rather than domestic work, maternal work, or professional work, the psychosomatic heroine demonstrates that the most
important work a woman does is on and for herself: she must find a way to manage her mind-body reactions in order to present the necessary image that allows her to navigate her world.
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**Introduction**

*psychosomatic*: involving or depending on both the mind and body (*OED* “psychosomatic,” adj. 1)

*heroine*: The central female character in a story, play, film, etc.; *esp.* one whom the reader or audience is intended to support or admire (*OED*, “heroine,” n. 3)

In this project, I examine the psychosomatic heroine as she emerges and transforms throughout the long eighteenth century. Above are two terms central to this dissertation: ‘psychosomatic’ and ‘heroine.’ The term ‘psychosomatic’ describes a state of being in which the mind and body are in concert, displaying someone’s inner workings on the physical body. Coupled with the term ‘heroine,’ a character type is created whose central presence in a narrative is shaped by her reflection of mind-body connection and expression. The psychosomatic heroine originates with Samuel Richardson’s *Clarissa* and continues as a trope throughout the long eighteenth century. This heroine typifies a mind-body connection, shows evidence of psychic stress or turmoil on her physical body, and develops a means of navigating her world. The psychosomatic heroine reveals women’s issues of the long eighteenth century, articulating through her mind-body the detrimental effects of these women’s restricted lives. Like other heroine types—such as the sentimental heroine, quixotic heroine, Gothic heroine, *bildung* heroine, or heroine of sensibility—the psychosomatic heroine reveals cultural discourses that speak to what it means to be a woman in the long eighteenth century. Unlike other heroine types identified in the novels of the eighteenth century, the psychosomatic heroine redefines ideas of
women’s work in the eighteenth century. Rather than domestic work, maternal work, or professional work, the psychosomatic heroine demonstrates that the most important work a woman does is on and for herself: she must find a way to manage her mind-body and present the necessary image in order to navigate her world.

In recent years there has been renewed attention to the actual work of women, especially professional and laboring women, in the eighteenth century. Rather than hold a profession, the psychosomatic heroine is of the middling classes where work has a different valence but is not less important. The novels of Richardson, Burney, and Austen show that the work of managing the mind-body is hard work indeed, and the failure of this crucial work can be fatal. For this genteel heroine to whom the professional world is closed, the only avenue of gainful employment is to adhere to societal norms and marry into domestic bliss; to do this, she must

2 Laura Engel and Elaine McGirr’s edited collection Stage Mothers: Women, Work, and the Theater, 1660–1830 provides insights about the work of motherhood as much as the work of the stage. Marilyn Francus’s excellent Monstrous Motherhood examines maternal narratives that interrogate domestic ideology. Susan C. Greenfield’s Mothering Daughters: Novels and the Politics of Family Romance, Frances Burney to Jane Austen also provides discussions of maternity and maternal care in the late eighteenth-century.
3 See Jennie Batchelor’s Women’s Work: Labour, Gender, Authorship, 1750-1830 for discussions of working female authors. Engel and McGirr’s collection also speaks to women’s professional work in the theatre, and Engel’s Fashioning Celebrity: Eighteenth-Century British Actresses and Strategies for Image Making examines the materials of women’s stage careers, detailing the means by which they work to maintain both their professional lives and cultivate their personas. Mary Poovey’s The Proper Lady and the Woman Writer details the struggles of women writers against the reigning ideologies of womanhood. Janet Todd, in The Sign of Angelica: Women, Writing, and Fiction, 1660-1800, discusses the profession of writing for women as a vehicle for feminist self-expression. John Brewer’s sweeping The Pleasures of the Imagination offers brief discussions of women’s professional work in the realm of the stage and the literary world.
4 Chloe Wigston Smith, for example, illuminates neglected women workers’ narratives by examining the dress-work and “practical habits” of laboring women. Wigston Smith’s excellent study destabilizes the connections between the novel and the material world by showcasing how the “useful and necessary forms of labor and self-preservation” exploited women laborers (14). My project, however, does not deal with professional work, but rather the self-work necessitated by sociocultural mores that dictate women’s lives.
5 Adding to the dimension of the domestic heroine that Nancy Armstrong examines in Desire and Domestic Fiction, the psychosomatic heroine expands on Armstrong’s notion that “self-regulation” is “a form of labor that is no labor at all,” or an invisible form of labor (91). I build upon Armstrong’s study of the domestic heroine and this sociocultural demand that women conduct themselves in a certain way by adding the category of the psychosomatic, which exposes the fissures in the process of self-regulation.
present a consistent image of unwavering calm and happiness. The novel exposes the ideological fissures in this construction of femininity by way of psychosomatic illness, where the heroine’s placid façade is broken and her genuine mind-body is made visible. However, because this mode of authentic self-expression is unacceptable to society, the psychosomatic heroine must work to govern herself to continue navigating within her world. The novels at the heart of this study of the psychosomatic heroine reveal the that paradox the female subject encounters in the long eighteenth century: what society expects women to be is unnatural, yet they still must conform to these expectations through the difficult labor of self-management.

The psychosomatic heroine is a female protagonist for whom psychosomaticism is a hallmark of her characterization and development. This heroine responds to social, domestic, and personal pressures and stressors with mental and emotional preoccupation that leads to physiological symptoms that vary depending on personal circumstances. The body responds to the mental and emotional environment with symptoms that can range from passivity, silence, and isolation to bodily tremors, illness, decline, or frenzy; the most extreme physical response is death. On an individual basis, the psychosomatic heroine typically sees an onset of mental and physical symptoms in response to relational issues, secret keeping, or social constraint. On a larger scale, the psychosomatic heroine manifests anxieties associated with being a female subject in the eighteenth century: a lack of professional options, a lack of marital choice, and being subject to parental authority and social control.

These sociocultural issues infuse each author’s formation and extension of the psychosomatic heroine trope. Samuel Richardson creates the paradigm for the psychosomatic heroine when Clarissa writes, “What a poor, passive machine is the body when the mind is disordered” (Clarissa 387). Here the female body is condensed to a mechanical entity: a machine
that malfunctions in the face of mental distress. However, as female authors like Frances Burney and Jane Austen respond to this paradigm, the female subject is not merely a “passive machine.” She is a complex subject simultaneously governed by mind and body, and she responds to the world around her, both fictional and real, in interesting and complicated ways. For Samuel Richardson, the first psychosomatic heroine, Clarissa Harlowe, is tied to tragedy, trauma, and the “poor, passive machine.” Frances Burney, who recognizes woman’s inability to be herself in most public situations, yokes the psychosomatic heroine to the fluidity of identities and the requirements of everyday social performance in a world characterized by high drama. Jane Austen, however, expands Burney’s notions, but eschews the high drama and ties the psychosomatic to the realistic everyday: Austen shows women’s daily lives are a touchstone for the psychosomatic in the long eighteenth century. The trajectory of the psychosomatic heroine moves from a tragic, dramatic, almost Shakespearean heroine to your everyday woman struggling with the everyday realities of life.

My choice of texts reflects where the heroine appears: Richardson’s Clarissa is where this character emerges. All of Frances Burney’s novels show preoccupation with women’s situations across class, national, and social lines, but Cecilia and The Wanderer best display her grappling with Richardson’s paradigm of the psychosomatic heroine in a public forum. With the threat of male predation coloring these novels and the recasting of society as the Lovelaceian figure, these texts implicitly acknowledge that the extreme trauma and suffering Clarissa undergoes brings about psychosomatic illness. However, these texts also ask: what about the everyday woman who knows all manner of suffering? Women experience an extreme amount of difficulty in daily life because they must meet society’s expectations in order to maneuver in the world, and they express the results of that difficulty on their physical bodies. Jane Austen
intervenes by nodding to Burney’s commentary on the everyday performances women must enact, but in Sense and Sensibility and Persuasion she leaves the theatrical world Burney inhabits to acutely focus on the necessity of managing internal and external states in the realistic, daily lives of women. By examining the details of each psychosomatic heroine’s narrative through close textual analysis, the trajectory of this character trope becomes clear like the heroine herself: tracing the psychosomatic heroine’s journey as she emerges and changes is the work of reading her mind and body as it is embodied on the page.

My exploration of the psychosomatic heroine is rooted in studies of mind and body that focus on the novel and its central characters. John Wiltshire’s work has been influential from the inception of this project, and his seminal work Jane Austen and the Body opened the door for explorations of the mind-body through his view of illness as particularly revealing and his use of Kleinman’s ideas of somaticization. However, I depart from Wiltshire’s use of 20th-century psychiatric theories as a framework for my project; I primarily work with eighteenth century, pre-Freudian ideas of psychosomaticism in order to see what unique qualities of the psychosomatic heroine emerge in her sociohistorical context. Juliet McMaster and Jillian Heydt-Stevenson also explore the body’s role in understanding narrative, reading characters through the bodily responses and contacts that occur in long eighteenth century literature, and their discussions of the subversive power of the body are particularly powerful.

Engaging in the study of the mind-body, a number of scholars examine the novel in relationship to forms of illness, including the more pathological manifestations of mind-body distress that I eschew in this examination of the psychosomatic heroine. Helen Small and Elaine

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Somaticization, in clinician Arthur Kleinman’s model that Wiltshire explores in relation to Austen’s novels, reflects the ways in which the body is “a vehicle of self-expression,” reflecting cultural discourses that imprint and affect how the body is either well or ill (Jane Austen and the Body 13).
Showalter explore the impact of madness’s increasing feminization in the nineteenth and twentieth centuries, focusing in particular on the figure of the madwoman. The Victorian period has seen fruitful discussions of nervous and somatic illness in the work of Peter Logan, Athena Vrettos, and Meegan Kennedy, who utilize medical and psychological texts to highlight intersections between the novel and its larger cultural context. Elizabeth Wilson and Lilian Furst explore psychosomaticism as a framing category in 19th- and 20th-century literature, observing the ways in which scientific writing intersects with literary evocations of a disordered mind-body.  

In the seventeenth century and the early modern period, Bernadette Höfer and Yvette Marie Marchand explore psychosomaticism in literature across Europe. In looking at the psychosomatic heroine in long eighteenth century literature, I am filling a critical gap in terms of mind-body studies that observe the influence of psychosomaticism in the novel. Though divided by time period, all of the scholarship I have listed provides useful frameworks for seeing the psychosomatic heroine and her mind-body in relationship to sociocultural discourses and the ways in which the novel is a fruitful vehicle for subversion. To illuminate the psychosomatic heroine, I am using a critically eclectic framework, where my literary, cultural, and historical perspective is informed by a number of critical lenses that help orient the project, such as gender

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7 To re-emphasize, my explorations of the psychosomatic heroine are not intended to pathologize; psychosomaticism is a complex category of mind-body experience that in the latter nineteenth century became a category of mind-body illness that was seen as pathological. As my discussion is primarily based within the eighteenth century, this discussion of characters or persons as “disordered” does not fit with my project’s goals nor with the conception of psychosomaticism that appears to fit within the parameters of the eighteenth century’s discourse on the term.

8 Höfer puts 17th century French literature in conversation with 21st century theories of psychosomatic disorders—specifically conversion disorder and the category of psychosomatic illnesses that are categorized in medical and psychiatric pathology manuals—to demonstrate how writers in both periods see physical and emotional pain as inseparable. Marchand embraces Augustine’s view of the body in City of God to read Chaucer, Spencer, and Burton in the context of an integrated mind-body, thus seeing the spiritual and the material in new light in Medieval and Early Modern texts. Marchand also illuminates the practices of medicine by medical men, philosophers, and clergy alike from this view of the spirit as indivisible from the body.
studies, formal analysis, performance theory, theories of embodiment, cultural history, pre-Freudian psychology, and medical humanities.

A Passive Machine?: A Brief Etiology of Psychosomaticism

The simplest definition of psychosomaticism is that it is a condition in which the body manifests mental and emotional anxieties, traumas, stressors and struggles. Unlike madness—which is characterized by a sense of being out of oneself—psychosomaticism involves an acute awareness of self and a distinct presence of mind. Rather than perverting reality or deluded thinking, psychosomatic response is a marker of deep preoccupation with one’s reality and the effects those circumstances have on the mind and body; psychosomaticism includes a deep level of introspection and self-awareness that is impossible in madness. Psychosomaticism, in the case of the heroines of the long eighteenth century that I examine, legitimizes women’s experience at personal, social, and cultural levels, sometimes in the absence of tangible evidence of wrongdoing: the bodies of these heroines literalize internal traumas, anxieties, and personal and interpersonal stressors, thus indicating that something is fundamentally and systemically wrong.

While the term “psychosomaticism” may appear modern in origin, its history is much deeper and longer than the first English usage by Samuel Taylor Coleridge in 18179 makes it appear; one can assume that Coleridge did not merely pull the term from thin air to use in his notes and annotations. The term “psychosomatic” derives from Greek roots—“psycho,” of the

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9 The first documented usage of ‘psychosomatic,’ meaning “involving or depending on both the mind and the body,” occurs around 1834 by Samuel Taylor Coleridge9 (OED, “psychosomatic, adj.” 1). Coleridge also uses the term even earlier in its noun form, “psychosomaticist,” in his marginalia around 1817 (OED, “psychosomaticist, n.” 1). See Neil Vicker’s article “The Medical World of Samuel Taylor Coleridge” for more on Coleridge’s medical experiences and perspectives.
mind, spirit, or soul, and “somatic,” of the body—in usage in the English language beginning in the seventeenth and eighteenth centuries, respectively. The merging of these roots not only unites two entities of the human body that are often separated and parsed out in critical and medical thought, but “psychosomaticism” also speaks to the necessity of seeing the mind and body in relationship.

During the Enlightenment—the time period in which Samuel Richardson, Frances Burney, and Jane Austen are writing—the mind and body were a source of contention in medical and philosophical communities, as they had been for centuries. George Sebastian Rousseau and Roy Porter observe how ideas of the mind-body relationship were speculative at best beginning with the Greeks and up throughout the eighteenth century (Rousseau and Porter 4). The mind-body relationship was, and continues to be, a vexed topic like the age-old chicken-or-egg question. Galen’s ancient medical views and the theory of the bodily humors persisted in England through the medieval period. In humoral theory, psychosomatic illness is solely and firmly placed in the body rather than in the mind: imbalances in natural fluids and problems with internal organs are considered the root of illness. The common populations of the sixteenth and seventeenth centuries saw psychosomaticism as manifestations of sin and witchery; while medical doctors sometimes considered other factors, religious rhetoric largely permeated understandings of psychosomatic illness. Patients were considered blighted by God or diseased

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10 “Psycho” originates from both the noun “psyche,” meaning breath or life, and the verb “psychein,” meaning to blow. It is what grants humanity its foundations and lifeforce.
11 The “Which came first, the chicken or the egg?” debate has more clarity than the mind-body question; science shows us that the egg came first, though the question offers excellent philosophical and meditative fodder, according to Time History writer Merrill Febry. Tangential to this project, but an interesting read, Febry’s September 21, 2016 article “Now You Know: Which Came First, the Chicken or the Egg?” delineates the long-standing history of the chicken-or-egg question.
12 A number of scholars discuss Galenic and humoral theories, including, but not limited to: Simon Kemp, David and Christine Roffe, Andrew Scull, Richard Hunter and Ida Macalpine, and Ernst von Feuchtersleben.
from a bodily imbalance, though the idea of a curse from the Almighty was a typical conclusion by the patient’s community. The doctors of the eighteenth century, however, shifted the primary location from the body to the mind; practitioners like Nicholas Robinson in the first half of the century pragmatically considered that “Every change of the Mind…indicates a Change in the bodily Organs,” thus providing for the possibility that illness could be as influenced by the mind as it can be by the body (qtd. in Hunter and Macalpine 345). Speaking to the primacy of the mind in Enlightenment thought, Rousseau and Porter point to “the supremacy of mind over body throughout the Christian tradition, and the reinforcement of this hierarchy in the aftermath of Cartesian dualism” (Rousseau and Porter 4). With rationality as doctrine, the Enlightenment saw the mind’s capacity to be a ruling force over the mechanistic body. Theories of communicating nerves that travel from the brain throughout the body dominated discourses of mind-body illness in eighteenth-century England. The body became a machine that was subject to the mind; as such, psychosomatic illness became a result of mental and emotional suffering.

Throughout this project, I use the term ‘psychosomatic illness’ when speaking of the suffering and mind-body difficulties these heroines experience. I am not attempting to pathologize women’s experience of suffering—that is the work of the discourses of madness, hysteria, and clinically-diagnosed diseases and disorders. Rather, I am detailing how psychosomaticism speaks to an experience of the mind-body connection that can lead to actual physical illness, as in the cases of Clarissa Harlowe and Marianne Dashwood. Illness is a separate category from disease, which Suzanne O’Sullivan clarifies: “Illness is not the same as disease…. It refers to a person’s subjective experience of how they feel but does not assume any

13 Richard Hunter and Ida Macalpine’s *300 Years of Psychiatry* is very useful for tracing medical thought throughout the 16th and 17th centuries, and Andrew Scull, in *Hysteria: The Disturbing Story*, provides a spectacular condensation of medical discourse through this time period regarding ideas of psychosomatic illness.
underlying pathology. Illness can either be organic or psychological...Everybody’s experience of
illness is their own, and that is where illness becomes distinct from disease” (O’Sullivan 20).
O’Sullivan’s assertions of illness locate the ways in which mental and physical suffering can be
incredibly powerful to the individual, which the Oxford English Dictionary confirms: illness
ranges from the experience of sin, bodily or mental harm, to being indisposed or unwell
Elliot’s sister who uses illness as a strategy to elicit attention and sympathy, the psychosomatic
heroine does experience physiological symptoms that can raise her suffering to the level of
illness. Though characters are not human beings, the way in which the novel developed to
greater mimic the minutiae of human consciousness speaks to the linkages between the novel
and real life: narrative, society, and culture are in relationship as much as the mind and body are.

Narrative Relations: Samuel Richardson, Frances Burney, and Jane Austen

Samuel Richardson, printer and novelist, sparks a century of literary investigation when
he creates the psychosomatic heroine in Clarissa. Clarissa’s acute mind-body self-awareness and
the interest she generates in years to come, reveals a preoccupation with mind-body issues that
Richardson may have developed by printing the majority of George Cheyne’s medical writings.15
Raymond Stephanson’s meticulously researched “Richard's ‘Nerves’: The Physiology of
Sensibility in Clarissa” establishes Richardson’s interest in the mind and body in reference to his

14 An idea that is much more complexly and fully developed by Nancy Armstrong in How Novels Think and Michael
McKeon in The Secret History of Domesticity
15 George Cheyne is most well-known for his treatise regarding The English Malady (1733), a condition he posits
arises from the excess of good living. The English Malady consists of a nervous sensibility that is attributed to being
used to luxury and excess. For more on Cheyne and his influence beyond Stephanson’s work, Glen Colburn serves
as editor to an excellent collection of essays that explore the popularity and ramifications of Cheyne’s theories called
English Malady: Enabling and Disabling Fictions. G.J. Barker-Benfield also devotes considerable attention to
Cheyne’s theories and influence in The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain.
connection to Cheyne and Clarissa’s complex relationship to mind-body illness. Stephanson articulates Richardson’s personal experiences with mental, emotional, and physical sensitivities that drive him to pen Clarissa with a focus on “the mind-body interrelationship” (282). This model that connects the mind-body through physiological manifestations of mental and emotional stress imbues Richardson’s engrossing and taxing novel. Richardson designs a heroine, Clarissa Harlowe, as a paragon of English femininity and virtue, who is slowly tormented with increasingly heinous acts by an inveterate rake, Robert Lovelace. Clarissa’s difficulties are compounded by family strife, for the Harlowe family is depicted as generally unforgiving, self-absorbed, and dismissive.

This persecutory narrative was not new territory for Richardson: his first novel Pamela also explores the seduction and rape attempts on the eponymous heroine by her employer Mr. B. Unlike Mr. B of Pamela, however, Lovelace does not become domesticated or viable marriage material. Instead, he cements his reputation as a villainous degenerate by pursuing Clarissa ruthlessly, using drugs, threats, imprisonment, and rape; he creates traumatic experiences that Clarissa cannot recover from. While Lovelace is a compelling figure, complexly drawn in the sprawling novel, his role as rapist and aggressive persecutor draws the ire of readers. Many of Richardson’s readers wanted a different ending for Clarissa rather than rape and death; they were taken aback by the violence, pathos, and tragedy of the novel. Lady Bradshaigh, a contemporary reader and correspondent with Richardson, calls Clarissa “the dearest friend I have” (Bowers and Richetti 733), which bespeaks her intense attachment to the story and its heroine; in her letters she talks of a lack of sleep and tears throughout her reading of the ending of the novel and the

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16 There is a strain of “Lovelaceian” criticism, as Sue Warrick Doederlein notes, where Lovelace is cast as the central character or interest and his POV is lauded over Clarissa’s (405), perhaps because, as Margaret Anne Doody claims, “Lovelace’s ceaseless psychic energy is fascinating” (A Natural Passion 101).
fate of her “beloved Clarissa” (731). Bradshaigh’s sister, Elizabeth Echlin, similarly hoped for Clarissa’s survival, going so far as to pen an alternate ending to the novel in which Clarissa recovers her health and Lovelace dies while repenting his vast sins against Clarissa (Bowers and Richetti 768-88). For these readers, the lines blur between reality and fiction, and Clarissa’s narrative evokes passionate response.

A sustained interest in Clarissa’s narrative draws out the issue of women’s safety in a patriarchal society. Frances Burney recognizes the viable threats to women’s minds and bodies in everyday life that come as a result of a system that severely restricts women’s choices and options, both publicly and privately. Frances Burney acknowledges how dangerous the public world is to women, detailing in her first journal entry, “To Nobody can I reveal every thought…From Nobody I have nothing to fear” (Journals and Letters 1-2). Only to “Nobody” can Burney be open and honest, exposing her inner self—everyone else, she must “fear.” By penning her journal to “Nobody,” Burney can be safe from the censure she might otherwise receive from an imagined audience. Having lived and worked in her society—Burney was a famed author, worked for the royal family for a difficult four years, and lived as an émigré in France during the tumultuous Revolution—Burney is extremely familiar with the dangers women can face in ordinary and extraordinary circumstances.

Burney’s particular understanding of women’s social situation shines through in her life writing, where familiarity and respect for Richardson’s works also peppers passages. Burney’s most significant nod to Richardson, however, is the homage she pays to him in her prefatory note to her first novel Evelina. In this preface, Burney asserts herself as “starting from the same post”

17 Burney’s first entry is dated March 27, 1768.
as Richardson in penning a novel that investigates human psychology (Evelina 95). This “post”
Burney ventures to start from includes her re-imagining of the psychosomatic heroine’s
possibilities, though she maintains the highly dramatic, almost Gothic narrative world
Richardson imagines. The threats to women’s thoughts, feelings, and bodies elicits Burney’s
interest when she responds to Richardson’s psychosomatic heroine Clarissa and the tragic
paradigm that Burney refuses to fulfill in either Cecilia or The Wanderer. Margaret Doody notes
alliances between Burney’s Cecilia and Clarissa’s narratives, but finds, “Burney cannot leave her
heroine in such a predicament, nor can she kill her off… Cecilia may go through some of
Clarissa’s experiences, but her novel is not Clarissa … Cecilia returns from tragic fate to
marriage and compromise” (Life in the Works 142). Burney chooses life for her heroine Cecilia
and her later heroines Juliet and Elinor; though they may experience any number of horrors and
threats to their lives and livelihoods, Burney imagines more possibilities open to the
psychosomatic heroine than unsurmountable trauma and death.

Jane Austen picks up this more optimistic thread of possibilities for women and their
capacity to manage psychosomatic illness. Austen investigates the private, more domestic sphere
to locate women’s mind-body suffering, and her novels reveal the necessity of appearing
composed in an often turbulent world of personal and social strife. An avid reader and fan of
Richardson and Burney’s novels, Austen borrows precedents they set regarding the
psychosomatic heroine, appreciating Richardson’s insights on human psychology18 and Burney’s

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18 Speaking of Austen in relation to her “psychological discernment” (Mullan 377), John Mullan notes
“Richardson’s direct influence on a novelist who wanted to get the reader in to the minds of her main characters”
(378). Mullan also infers Austen’s reaction to the ‘exemplar’ Clarissa, pointing to Austen’s letter to her niece Fanny
where she declares, “Pictures of perfection as you know make me sick & wicked” (378).
attention to the everyday woman.\textsuperscript{19} Letting go of the extremes of Richardson and Burney’s narratives, however, Austen attends to the more minute experiences of women’s everyday life in a world that is more realistic. As much as \textit{The Compleat Housewife}’s author Elizabeth Smith’s prescriptive ‘receipts’ indicate that “natural process antagonizes the human condition,”\textsuperscript{20} so too do Austen’s novels reveal a similar antagonization of the everyday upon women’s minds and bodies (Wallace xii). Austen, like Burney before her, sees the ways in which the psychosomatic heroine arises from everyday suffering, applying a reading practice that questions Richardson’s paradigm of the psychosomatic heroine.

Burney and Austen, as avid readers of Richardson, initiate a practice of reading that perpetuates and develops the psychosomatic heroine, though in their own unique manners.\textsuperscript{21} Their interpretations of Clarissa’s narrative point to the ambiguities inherent in the psychosomatic heroine’s experience: psychosomatic experience is not cookie cutter perfect in symptom expression, and there are a lot of complications in the narrative of psychosomatic experience for the everyday woman. Richardson’s grand narrative of an ideal woman\textsuperscript{22} battered by a single man and society is not realistic, yet Clarissa’s psychosomatic experience illuminates

\textsuperscript{19} Austen was highly influenced by Burney, as scholars like Jane Stabler, Paula Byrne, Emily Auerbach, and William Galperin establish. She famously names her wildly successful novel \textit{Pride and Prejudice} after a quote from Burney’s Cecilia, and she praises Burney’s novels in her defense of the novel in \textit{Northanger Abbey}.

\textsuperscript{20} Smith’s \textit{The Compleat Housewife: Or, Accomplish’d Gentlewoman’s Companion} is one of the most successful cookbooks of the eighteenth century, a staple in many households, as it details all of the domestic accomplishments and skills a ‘gentlewoman’ should have, ranging from cookery recipes to home remedies. The edition I cite is from the Chawton House Library reprints series, which publishes books of relevance to Austen and the world of her novels.

\textsuperscript{21} The fact that they were also female subjects in the long eighteenth century and occupied liminal positions as female writers in a male dominated world allows them greater access to the complexities of a female’s experience of psychosomatic symptoms. I am not attempting to suggest that Burney and Austen were like psychosomatic heroines, but their experience as women in their cultural context and their unique access to varieties of female experience through personal relationships and interactions grants them a more intimate knowledge that inflects their narratives of the psychosomatic heroine.

\textsuperscript{22} Richardson introduces Clarissa in his list of principal characters as a paragon: “Miss Clarissa Harlowe, a young lady of great delicacy, mistress of all the accomplishments, natural and acquired, that adorn the sex, having the strictest notions of filial duty” (37).
realities of women’s everyday life. Richardson posits a scenario that women writers later question: how do women cope with wrongs against them, whether personal, social, or cultural? Burney and Austen turn to modes of everyday life to answer these questions, rewriting the narrative of the psychosomatic heroine.

Burney and Austen’s revisions to the narrative of the psychosomatic heroine invite the reader to interpret the psychosomatic heroine’s experience and symptoms; the reader has an active part in the ‘diagnosis’ of the heroine’s problems and in understanding and promoting the psychosomatic heroine’s opportunities for healing. The reader must observe and interpret the heroine’s mind-body experiences, like Burney and Austen do with Richardson’s Clarissa. This process of reading points to the larger social and political aims that these female authors convey: a desire to rewrite women’s experience through these narratives of psychosomatic illness and recovery work. The psychosomatic heroine tracks a movement among novelists who seek to reconcile the ills of women’s situations both in mind-body and socially. Burney and Austen inherit from Richardson, but they create a trajectory in which the psychosomatic heroine becomes increasingly self-reliant rather than dependent on a dominant, male voice. Austen and Burney reveal the psychosomatic heroine as she emerges from the mire of boredom, constriction, and oppression with greater physical, mental, and social agency that work helps her achieve.

“A Pattern of Virtuous Suffering”:23 Chapter Summaries

Chapter one, “Samuel Richardson’s Clarissa: Introduction of “The Poor, Passive Machine,” details the manner in which the first psychosomatic heroine comes into being through

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23 Richardson’s correspondent and portraitist Joseph Highmore describes Clarissa’s narrative, saying “Clarissa was designed as a pattern of suffering virtue” (Correspondence 315). The idea of suffering serves as a consistent thread in the narratives of the psychosomatic heroine throughout the long eighteenth century.
Richardson’s use of epistolary form in *Clarissa*. Clarissa’s letters reveal her mind-body connection, showing the effects of mental and emotional strife on her physical body using her “private pen” (*Clarissa* 341). Close reading reveals how Clarissa’s Papers are a major turning point for her narrative as psychosomatic heroine: they expose her as fully and cogently present in processing her psychic distress and indicate Clarissa breaking from the authorial control she has previously been under. Using the work of writing, Clarissa serves as literary critic, and she processes her current and past circumstances in a distinct narrative progression that proves her psychosomatic rather than ‘mad.’

The entry of Dr. H mediates Clarissa’s psychosomatic diagnosis and is a figure of reconciliation for Clarissa and the novel. With his relationship with Clarissa and in his single letter. Dr. H articulates the thesis of the psychosomatic heroine’s necessary work: she must labor to manage her mind-body symptoms, because self-work is crucial to survival. Clarissa’s body is the nexus for voicing personal and social stresses, and through her death, an extreme paradigm of the psychosomatic heroine is created. Ultimately, I demonstrate that *Clarissa* maps the psychosomatic heroine’s emergence as a new type of heroine who has a tragic legacy that women writers interrogate.

The second chapter, “‘A Spirit of Contradiction’: Frances Burney’s Divergent Psychosomatic Heroines in *Cecilia* and *The Wanderer*,” explores two novels in which Burney intervenes in Clarissa’s narrative to assert that bodies are not “poor, passive” machines but can be made to act and can demonstrate the severity of women’s individual and systemic suffering. Burney explores how the pressures women encounter from societal expectations cause psychosomatic response and illness. In response to social pressures, these heroines—Cecilia

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24 Clarissa’s Papers are frequently referred to as her ‘Mad Papers’ by scholars. My reading undermines this designation.
Beverley, Juliet Granville, and Elinor Joddrel—turn to performance as a mode of work, sometimes successfully and sometimes unsuccessfully. I demonstrate how Burney shows performance work functioning in three ways: it reveals, conceals, and controls. Cecilia uses her performance work to reveal the ills of her circumstances and her psychic struggles, Juliet conceals her identity through many performances where she moves between social and professional positions, and Elinor seeks to control others through her staged suicides and theatrical lifestyle. Burney’s novels indicate that women are better able to navigate their world when their performances match society’s expectations, and this reliance on women’s abilities to navigate is yoked to the waning narrative of the doctor figure who by *The Wanderer* no longer serves as a key interpreter of the heroines’ experience. Essentially, performances that conceal are rewarded: Juliet is shown the ideal Burney psychosomatic heroine, because she is fluid in her identity and performances.

Chapter three, “‘The Absolute Necessity of Seeming Herself’: Jane Austen’s *Sense & Sensibility* and *Persuasion*,” also pairs an early and later novel where Austen shows focused attention to the everyday woman and everyday occurrences as stimulants of psychosomatic illness. Austen presents a view of the domestic space as a place where one must self-govern just as much as Burney’s heroines show that the public sphere requires women’s performance. For Austen’s psychosomatic heroines, the ability to self-manage is tied to the ability to navigate their world and achieve as much happiness as is possible for them to do. The self-work of managing one’s reactions that Elinor displays and Marianne learns, and Anne Elliot’s work for others, enables these heroines to mitigate and overcome psychosomaticism. With Austen, it is up to the heroines to self-diagnose, manage, and treat their own ills, so there is no room for a doctor in this

Finally, in the Epilogue I briefly touch upon Geraldine Jewsbury’s *The Half Sisters*, detailing the status of the psychosomatic heroine as she enters the Victorian era. Through the lens of Jewsbury’s metaphor of the corset, I show how Jewsbury affirms Austen’s thesis of work, transforming the necessity of self-work and work for others into a need for professional opportunities for women to explore their passions and intellectual energies. Jewsbury’s psychosomatic heroine Alice presents a bleak picture, showing the domestic duties a woman is expected to fulfill as a threat to health, happiness, and life. In closing, I meditate on the legacy of the psychosomatic heroine, looking towards 21st century conceptions of psychosomaticism, and ruminating on how the possibilities of healing and agency that Burney and Austen introduce into the psychosomatic heroine’s narrative show the tools these heroines use to better navigate their worlds.

In coining this heroine type and tracing her trajectory throughout the long eighteenth century, I intend to expose the inner and outer expressions of women’s subjectivity and complicate notions of women’s experience of illness as a counternarrative to studies of madness and hysteria. By examining the ways in which Burney, Austen, and Jewsbury echo and argue against Richardson’s paradigm of the psychosomatic heroine, I demonstrate the ways in which women’s work is presented as a means of managing the mind-body. This project does not assume completeness or full inclusivity; rather, I offer in-depth discussions of how particular women writers with literary ties to Richardson respond to his paradigm and offer resolutions to
the dissatisfaction narrative Clarissa’s death presents. These women writers show not only that the psychosomatic heroine is very complex and multi-faceted but that she also has other options for managing her psychosomatic expression and afflictions. By examining this evolving heroine type, I uncover the sociocultural restrictions that influence women’s mind-body responses and the ways in which women find to ‘work’ within and against the system that binds them.

25 As one of the most important, if not the most important, writers of his period, Richardson’s influence is immense, extending to other writers such as Lawrence Sterne, Henry Fielding, Charlotte Lennox, Oliver Goldsmith, Samuel Taylor Coleridge, Mary Shelley and many others across the eighteenth century and beyond. Richardson’s novels’ psychological realism and moral rectitude also contributed a greater cultural status to the genre of the novel, which had previously been considered a less intellectual and artistic genre.
Chapter One

Samuel Richardson’s *Clarissa*: Introduction of “The Poor, Passive Machine”

In 1983, Sue Warrick Doederlein concluded her discussion of twenty years of *Clarissa* criticism with a call to action: “A fruitful new reading of *Clarissa* must examine the text for those ambiguities which now seem certainties” (414). Though more than thirty years ago, Doederlein’s call has not fully been answered, and the trends in criticism regarding Richardson’s second novel continue to manifest certain “certainties” that yet remain “ambiguities.” In this chapter, I revel in the moments of uncomfortable ambiguity that pervade *Clarissa* in order to highlight the ways that Richardson formally and innovatively creates a heroine that is embodied on the page: the first psychosomatic heroine. *Clarissa* maps an extreme paradigm of the psychosomatic heroine: she is to respond to intense personal and social stressors—in Clarissa’s case, alienation from her family and the aftermath of rape—with physical decline and death. Richardson’s use of epistolary form allows for mediation and interpretation of Clarissa’s symptoms: her psychosomatic symptoms are articulated by herself, her friends, and her doctor. Further, writing serves a larger purpose in the novel: not only does it comprise the form of the novel in letters and papers, writing enables Clarissa to process, work through, express, and leave a record of her mind-body experiences. For the psychosomatic heroine, Richardson shows that

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26 While Doederlein’s article, “Clarissa in the Hands of the Critics” notes the fruitful possibilities that French feminism and psychoanalysis can offer, particularly in regards to attending to language, the call to action at the conclusion of the article is initially more generalized towards “the resonant complexities” of the novel (414). The call refers to using a “multivalent approach” to explore the novel. My interpretation of Doederlein’s suggestions for future research may take some liberties, but in essence the urge to explore gender in a more nuanced fashion is something I undertake in this chapter.
writing is key for articulation of the mind and body, which enables Clarissa to become embodied, distinct from her author’s imagination in her Papers. Writing, for Clarissa, is a form of work, a labor that produces a key piece of her legacy as a psychosomatic heroine.

Clarissa’s character type has consistently received critical attention, and Terry Eagleton’s assertion of Clarissa as a “public mytholog[y]” and “symbolic space[ ]” opens up the possibilities for Clarissa’s being labelled as a heroine (5). From being deemed a heroine of sensibility, to a religious icon or Christian allegorical figure, a Puritan character, a “Christian martyr,” to a “naïve character” or “novice,” Clarissa’s type as a heroine is contested and various. However, I offer a new category: the “psychosomatic heroine.” The novel’s epistolary form opens the possibilities for multiple points of view regarding Clarissa, her character, and her experience. Clarissa emerges from this archive of letters, curated by Belford, and overseen by the master archiver Samuel Richardson. The multiplicity of viewpoints and character voices enables the reader to both see and interpret Clarissa but also see others’ interpretations of her and her

27 In The Rape of Clarissa
28 Raymond Stephanson, Ann Jessie Van Sant, and Nina Hazar implicitly categorize Clarissa as a heroine of sensibility, though Hazar notes Clarissa is a “sentimental novel” (6).
29 Mona Scheuermann considers Clarissa in the context of “Christian narrative” in which the “entire novel is...a preparation for Clarissa’s death” (61). Van Sant sees the plot of the novel preceding the rape as belonging to Lovelace, but notes that after the rape, “Richardson allows Clarissa to take over plotting her story and to reshape it as the trial of a Christian martyr” (81). Lois E. Bueler particularly focuses on The Tested Woman plot—an “ethical plot”—that is recuperated from the Renaissance era and, for Bueler, has close ties to the Biblical precedent in Job. Ultimately for Bueler, Clarissa’s rape has Christian and Edenic resonances, as her rape “gives her knowledge” (69). Predominantly, scholars that operate in the realm of Christian or religious readings of Clarissa, like Chad Loewen-Schmidt and Jacob Sider Jost, implicitly and explicitly categorize Clarissa as a religious or allegorically Christian heroine.
30 Cynthia Griffin Wolff, in Samuel Richardson and the Eighteenth-Century Puritan Character.
31 Carol Houlihan Flynn identifies Clarissa as a “Christian martyr” in Samuel Richardson: A Man of Letters (246), and she further asserts that this martyrdom results in Clarissa being “elevated above” sentimental heroines (Flynn 101). Ann Jessie Van Sant seconds the notion that Clarissa is functioning as a “Christian martyr” in her work Eighteenth-Century Sensibility and the Novel: the Senses in Social Context (81).
32 Stephanie Insley Hershinow labels Clarissa as a character like a “novice,” akin to the “ingénue” (299).
33 Or, in other language, as Elizabeth Heckendorn Cook notes in her article “Going Public: The Letter and the Contract in Fanny Butler,” “one of the correspondents assembles the letters, but the work is published by a secondary editor, implicitly Richardson” (34-35).
psychosomatic experience. Janet Altman’s assertion of Clarissa’s “epistolarity” renders the meaning of the novel through the readers’ “interpretive act[s]”, thus maintaining a mode in which the characters and the reader are engaged in an active process of interpreting meaning (4). The reader must wade through the details of the letters and character’s voices to critically analyze Clarissa’s mind-body and see her emerge as psychosomatic heroine. The multiple lenses to Clarissa’s body, especially her own view of her body, establish her embodiment while also asserting her larger lack of agency. If Clarissa is imprisoned by the narrative, as her frequent distress and the views of other characters can indicate, Clarissa breaks free with her Papers. When she departs from traditional epistolary form, she explodes the narrative possibilities for communicating her mind and body. In her work as literary critic, Clarissa attempts to break free of the authorial and social control she has been under, though this attempt ultimately fails when the epistolary narrative is reclaimed. Dr. H’s entry into the novel during Clarissa’s final illness provides insight as to how a psychosomatic heroine can survive: she must do self-work to mitigate and manage her symptoms. However, Clarissa’s view of the body as “poor, passive machine” that the “mind can run away with anytime” prevents her from completing this crucial mode of work, thus she dies and creates a tragic legacy that later women writers reimagine.

Clarissa’s emergence as the psychosomatic heroine occurs in stages in the novel, precipitated through her mind-body connection. First, Clarissa recognizes that her body and mind are inextricably intertwined; Clarissa articulates the relationship between her mind and body,

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34 Carol Houlihan Flynn asserts, “Richardson's choice of the epistolary method was a happy one, granting him the tools, the space, and the freedom to develop distinctly different characters speaking directly to the reader” (235). With these different character voices and “tools” to create a narrative, Fred Kaplan declares Richardson has “mastery over the art of narrative” that emerges through his use of narrative devices like epistolary form (554).
35 Altman defines “epistolarity” as: “the use of the letter’s formal properties to create meaning” (4).
36 For Laura Hinton, this active reading and interpretative process implicates the reader in a sadomasochistic viewing position, as Hinton contends that the epistolary form of the novel keeps Clarissa “a slave” to the reader’s “multiple views of her body” (36).
using the letter as a forum to voice the impact of her mental and emotional stressors on her physical body using her “private pen” (Clarissa 341). Her stressors increase because of the untenable situation of her family pressuring her to marry Mr. Roger Solmes, a man for whom her “aversion” makes her subject to Robert Lovelace’s machinations (303). As pressures mount and she is drawn further into Lovelace’s manipulative game, Clarissa exhibits the symptoms of these pressures through her body, articulated in her letters as she notes physical responses of being “raving” (340), “weak and faint” (341), and “very ill” (1001). The rape, occurring midway through the novel, serves as the literary breaking point for Clarissa’s mind and body when she pens her Papers: Clarissa processes and organizes her emotions and thoughts through her Papers, cogently using literary sources to reinforce her understanding of her personal and social situation. Clarissa’s body and body of work becomes the nexus for articulating social and personal distresses and establishes herself as first psychosomatic heroine. Through her work of writing, especially in her Papers where she shifts the narrative form, Clarissa creates a legacy that yields cultural power; she is a new type of heroine for the novel: the psychosomatic heroine.

“A Poor, Passive Machine”: The Formation of the First Psychosomatic Heroine

When Clarissa declares, “What a poor, passive machine is the body when the mind is disordered,” the female body is condensed to a mechanical entity: a machine that malfunctions in the face of mental distress (Clarissa 387). Clarissa formulates her character as one that is subject to her mind with her body a mere “machine.” Raymond Stephanson poses that Clarissa has a

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37 Clarissa’s rape occurs offstage, so there is no incontrovertible narrative proof that the rape occurred. We as readers only have Clarissa’s reactions and other characters’ implied or overt admissions as proof—it is largely through the tangible evidence of her mind-body reactions and writing that allows us to diagnose and see that the rape occurred. Like rape, which has a notorious history of being difficult to prove, psychosomaticism also has a reputation of being something made up, fabricated, or fake. However, Clarissa indicates psychosomaticism’s reality from the start—her body’s responses to her psychic state provide readers with proof of the psychosomatic heroine.
“nervous sensibility,” which he defines as “that intimate relationship of mind and body (the nexus is the nerves) in which one’s mental state can have a direct effect on one’s bodily health (and vice versa)” (268). Stephanson’s physiological model is fruitful for discussing the connection between the mind and body that is crucial to understanding Clarissa’s character and the heroine type that Richardson is creating. Beyond mere “interrelationship,” as Stephanson articulates it, Clarissa manifests mind and body on the page (268). When Clarissa declares the passivity of the body in the midst of the mind’s preoccupations, she articulates Richardson’s definition of psychosomaticism: a state of being in which mental pressure—stemming from social, familial, and romantic sources—gradually wears down the physical body. The first psychosomatic heroine, Clarissa Harlowe, takes shape from the start of Clarissa, articulating how the body manifests the mind’s preoccupations, but is ultimately a “passive machine.”

While Juliet McMaster views the body as “a site of truth” in the novel (Clarissa and Her Readers 189), Clarissa’s body is often considered a subject of “spectacle,” a “cipher,” an object of fetish, or a locus of “pity.” Though her body is also questioned as present in the

38 Lisa Zunshine, on the contrary, argues that Clarissa reveals “the treatment of body language as a privileged source of information about a person’s true feelings and the fallibility of interpretations based on such privileging”; Zunshine views “mind-reading,” or the cognitive idea of “Theory of Mind” as the more reliable way that characters understand each other in the novel (“Richardson’s Clarissa and a Theory of Mind” 128).
39 Laura Hinton in The Perverse Gaze of Sympathy implicates the reader in the sadomasochistic viewpoint of the novel; the reader’s multiple views of Clarissa’s body maintain “the porosity of her body as subject relegated to the subjugated position” (36). Hinton contends that Clarissa’s “body is an ambiguous spectacle at best” (61).
40 Terry Castle in her influential Clarissa’s Ciphers explores the “dialectic of pain” that permeates the novel (15) and maintains that Clarissa is a “victim of hermeneutic violence” (22). In a slightly different vein, Joy Kyunghae Lee, in her article “The Commodification of Virtue: Chastity and the Virginal Body in Richardson’s Clarissa,” views Clarissa’s body as a “cipher” for ideological exploration (39).
41 Elisabeth Bronfen, in Over Her Dead Body: Death, Femininity and the Aesthetic, discusses the fetishization of Clarissa’s dead body, noting that while Lovelace could not possess Clarissa in life that he seeks to do so in death through her physical remains (97-99). Kathleen M. Oliver, in her article “With My Hair in Crystal”: Mourning Clarissa,” discusses Clarissa’s body and distributed mourning jewelry as a “fetish for abstract desires,” in that Clarissa serves as a vessel for others’ attributions of meaning and value (45).
42 Chad Loewen-Schmidt, in his engaging article “Pity, or the Providence of the Body in Richardson’s Clarissa,” argues for “pity” as the “central telos of aesthetic experience” in Clarissa (4), and notes that it is this “affective approach” that informs the reader’s understanding of Clarissa as embodied and the reader’s intended experience of the novel (23).
novel, Clarissa’s letters convince scholars of her ability to construct a self and the view of her body. Perhaps it is the “ontological ambiguity” of the letter form that Elizabeth Heckendorn Cook identifies (17); Cook defines the context of the letter in the eighteenth century as having “two contradictory sets of connotations,” namely: “On the one hand, it was considered the most direct, sincere, and transparent form of written communication,” and on the other hand, “the letter was simultaneously recognized as the most playful and potentially deceptive of forms, as a stage for rhetorical trickery” (16). The contradictions in the letter form can, clearly, lead to uncertainty in discerning Clarissa’s character, as evidenced by the debate over Clarissa’s reliability that challenged readers from the time of publication. However, even when readers and critics question Clarissa’s motives, few can doubt her mind-body presence in the novel.

Clarissa’s body visibly manifests her concerns regarding her family’s undesirable expectations. In her first letter—penned to her friend and confidant Anna Howe—Clarissa draws attention to the body, saying “air and manner often express more than the accompanying words” (Clarissa 42). Clarissa notes that the body is indicative of internal states, more so than “words” or lies that people can easily tell. The body, however, can betray, or perhaps more accurately

43Joy Kyunghae Lee views Clarissa’s body as conspicuously absent in the novel, saying “Clarissa is continually presented as an abstract embodiment of virtue” rather than a physical, sexualized body in the text (39). For Lee, there is a “nonrepresentability” to Clarissa’s body that stems from the ideological warfare at play “within the patriarchal/patronymic orders” of morality, patriarchy, and economy (52).
44 In his controversial Reading Clarissa: The Struggles of Interpretation, William Beatty Warner asserts that Clarissa works towards a “construction of a self” (57). Similarly, Karen Valihora poses that Clarissa’s “construction of perfect self-consistency . . . is a process that becomes complete over time” (163).
45 Gordon D. Fulton in Styles of Meaning and Meanings of Style in Richardson’s Clarissa asserts that “Clarissa herself” constructs the view of her body through her narration in letters (113).
46 In Epistolary Bodies: Gender and Genre in the Eighteenth-Century Republic of Letters.
47 Richardson saw the need to insert more editorial apparatus into the subsequent editions of Clarissa in order to ensure Clarissa was seen as innocent in the events of the novel. Shirley van Marter provides two helpful articles detailing the revisions Richardson made to the second through fourth editions of Clarissa; he includes footnotes, addenda, diction and pronoun changes to clarify character interactions and affirm Clarissa’s innocence and lack of knowledge regarding Lovelace’s game. William H. Wandless picks up on this attempt, noting that Richardson tries, in vain, to guide his readers, yet because of their participation in the meaning making of the text, Richardson’s efforts are an “almost tragic attempt to control interpretation”, as he cannot control their responses despite trying to circumvent this with continued editorial efforts (4).
portray, one’s internal thoughts and feelings. When the Harlowe family is pushing her to marry Roger Solmes and pressing wedding preparations on her, Clarissa draws attention to her physical body, connecting it to her mental and emotional state: “I started!—I was out of breath—I gasped, at this frightful precipitance. I was going to open with warmth against it. I knew whose the happy expedient must be. Female minds, I once heard my brother say, that could but be brought to balance on the chapter of their state, might easily be determined by the glare and splendour of the nuptial preparations and the pride of becoming the mistress of a family” (110). The anger Clarissa feels, the “warmth,” in response to her family’s machinations results in physiological experiences. To Clarissa, her breathing difficulties connect her automatically to the mind, particularly her brother’s misogynistic view of “Female minds” that want only fripperies having to do with weddings to be brought to “balance.” For Clarissa’s brother, a “Female mind” is implicitly unbalanced, needing “glare and splendor” to recalibrate it. This idea of ‘treatment’ matching ‘symptoms’ echoes physician and physiologist Nicholas Robinson who declares in his treatise *A new system of the spleen, vapours, and hypochondriak melancholy: wherein all the decays of the nerves, and lownesses of spirits, are mechanically accounted for* (1729) that treatment for melancholy must equal the severity of the symptoms “when the Nature of the Disease absolutely demands the Assistance of a Powerful remedy” (Hunter and Macalpine 347). For James Harlowe, jun., a “remedy” would be compliance and submission—giving in to the “glare and splendor”—to his and his family’s will that Clarissa bow to their desires that she marry the loathsome Solmes. Clarissa is aware her mind’s inner workings and explicitly conscious of her mind’s impact upon her body, and her emotions are often a vehicle for that impact.

48 I have maintained the spelling Richardson uses in his delineation of “The Principal Characters” following his preface to the novel.
Clarissa’s emotions are often connected to or acted out through her body, and she works to reconcile those emotions. She writes: “I have been forced to try to compose my angry passions at my harpsichord” (Clarissa 231). The idea that Clarissa is “forced” to resolve feelings of anger speaks to a lack of control or a lack of agency, marking Clarissa as a female subject of the eighteenth century. At a period in history in which women had little recourse to employment for utilizing their intellect and talents, Clarissa strives to find a means by which she can work through “angry passions” that assail her. Her connections to art, whether music or literature, give Clarissa a controlled outlet from which to express her internal strife, which she displays later in her Papers.  

The arts are an area in which Clarissa can exert more agency over her body’s actions, complicating Richardson’s notions of the “passive machine.” Clarissa’s passionate playing of Elizabeth Carter’s “Ode to Wisdom” enables her to reach a “calmer moment,” showing active work as a means to resolve, or at least mitigate, difficult emotions (234). This “calmer moment,” however, cannot last when Clarissa notes to Anna that “Every trifling obstruction weighing one down, as if lead were fastened to our feet!” (283). Clarissa emphatically notes the impact of external events on the mind and inevitably the body as well—these mental and external “obstructions” press upon one’s “feet” like “lead.” With such physical, hard language, Clarissa expresses the weight of these “lead”-en thoughts and experiences upon her mental and physical body, demonstrating the role emotions have in creating Clarissa’s psychosomatic response.

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49 In Paper X Clarissa demonstrates her knowledge of poetry and drama and composes her own melancholy verses. Paper X will be discussed more thoroughly in a later section of this chapter.
50 Later chapters explore the ways in which work is presented as a solution to the “poor, passive machine” theory.
However, the body is not independent of the psyche or emotional responses, and the mind is prominent in how the body acts and reacts. Clarissa writes to Anna following her “raving” fit over her family’s antics to get her to marry Solmes (340),

My mind so dreadfully misgave me when I returned, that to divert in some measure my increasing uneasiness, I had recourse to my private pen; and in a very short time ran this length.

And now that I am come to this part, my uneasy reflections begin again to pour in upon me. Yet what can I do?—I believe I shall take it back again the first thing I do in the morning—yet what can I do?

For fear they should have an earlier day in their intention than that which will too soon come, I will begin to be very ill. Nor need I feign much; for indeed I am extremely low, weak and faint. (341)

Clarissa observes the psyche’s connection to the body—she will not need to “feign” illness “much,” because her distress manifests in physical complaints of feeling “extremely low, weak and faint.” These physical complaints clearly stem from her “uneasy reflections” and her reiterations of helplessness: “Yet what can I do?” Her uncertainty and feelings of powerlessness compel Clarissa’s body to manifest the distress of her mind through her “private pen.”51 The labor that writing involves helps Clarissa process the thoughts and emotions that prompt her bodily distress, even if this work does not mitigate the physical symptoms she experiences. Because Clarissa is “uneasy” over both her family’s heightened punishment and persuasion and the fact that she has written to Lovelace that she will meet him. After she sends off her letter to

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51 Brad Pasanek notes in Metaphors of Mind, “Pens figure throughout Clarissa as instruments present to the body for figuring a soul in absence or abstraction…Throughout Clarissa Richardson uses ink as both metonym and metaphor for thought. Specifically, ink often stands in for the emotions, those spirits and passions that circulate in the brain and give color and shape to ideas” (247-8).
Anna in the morning, she will “return from resuming [her] letter, if [she does] resume it, as [her] inwardest mind bids” (342). Clarissa feels compelled by her “inwardest mind” to have an outlet for her intellect, in this case, writing a letter. Clarissa partitions her mind—she has an “inwardest mind,” indicating that there are other types of mind. Clarissa categorizes her mind, and indeed on the same page she speaks of “a good mind”—referring to what she believes is a good idea to “slide down once more…to take back my letter” (341). Instead of equating goodness with stereotypical morality or daughterly obedience, Clarissa equates “a good mind” with one that is active and writing, pursuing her “letter.” In her letters Clarissa is able to express her “good mind,” yet that does not always have positive results for her physical body.

**Clarissa’s Body: Imprisoned and Violated**

Clarissa’s physical body expresses the internal conflict she experiences with the complications of accommodating self, family, and society. In Letter 313, Clarissa notes, “I was very ill, and obliged to lay down my pen. I thought I should have fainted. But am better now—so will proceed” (1001). Clarissa’s illness means that she is “obliged” to cease narration of her story—her agency is depleted by physical ailments. Clarissa’s illness is alluded to in her previous letter, where she states that “The task grows too heavy, at present, for the heart” (1000). Clarissa’s “heart” cannot allow her to complete physical tasks, and Nina Hazar notes the prominence of the heart in Clarissa’s discourse of her mind, observing that Clarissa’s “judging heart” is a sign of her “inwardness” (60). The digital project *The Mind is a Metaphor* lists “heart” as a metaphor for one’s mind and as a connector between the mind and body. This connection

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52 “Heart” yields over 1000 (1018 total) entries when limited to the “Long Eighteenth Century,” and over 1400 without limits (1485 total).
stems from the “heart’s” relevance to the passions, which were often a euphemism for emotional, mental, and bodily experiences. Clarissa’s “inwardness” is asserted through the articulations of her “heart,” her writing, and her body—her thoughts and feelings overflow, imprinted on her physical body when she is “very ill.” Clarissa’s “heart,” that is weighted by her “task,” a weight that is compounded by her physical imprisonment.

Clarissa’s imprisonment provides time for memory to plague her, both mentally and physically. In interactions with the “ladies” who are essentially Clarissa’s jailers, Clarissa notes that many plans are made for her, yet she “had no intention to comply” (Clarissa 1005).

However, what most affects Clarissa is “Recollection! Heart-affecting recollection! How it pains me!” she cries after “she must here lay down [her] tired pen!” (1005). The excess of exclamation points announce the depth of her pain in “recollection.” Her “private pen” becomes “tired,” asserting that Clarissa no longer views the work of writing as a viable means of aiding her bodily symptoms. Presumably, the rape and her imprisonment is what Clarissa recalls—she is plagued by “heart-affecting recollection” and feels the impact of this mental and emotional turmoil within her body. Her fatigue impacts her ability to write and produce the words that connect her to Anna, her only tangible connection to the outside world at this point in the novel and the only caring recipient of her letters. Clarissa’s social isolation is a catalyst for many of her ills, though the rape is, arguably, the greatest of her ills.

The rape, a pivotal turning point in the text that either out of modesty or for dramatic effect occurs off stage, is the greatest of Clarissa’s mental, emotional, and physical assaults. The

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53 Brad Pasanak discusses allusions to the passions in eighteenth-century literature as metaphors of the mind, asserting, “metaphors of mind figure the immaterial self in material terms (3).

54 As Janet Altman observes, Clarissa often “interrupts” her correspondence to Anna to send out letters—“cries for help”—when she is “particularly helpless and isolated” to her family and relatives only to receive rebuffs and “negative” responses; “Clarissa sends out feelers in all directions, only to discover how strong are the walls of her confinement” (178).
ultimate violation, the rape is the event that creates unsurmountable emotional and physical
distresses in Clarissa. Rape is an attack on both mind and body, a stripping of power from the
victim, and a violation of an individual’s bodily agency. In her gut-wrenching narration to Anna,
Clarissa recalls the rape:

Let me cut short the rest. I grew worse and worse in my head; now stupid,
now raving, now senseless. The vilest of vile women was brought to frighten me.
Never was there so horrible a creature as she appeared to me at that time.

I remember, I pleaded for mercy—I remember that I said I would be his—
indeed I would be his—to obtain his mercy—But no mercy found I!—My
strength, my intellects, failed me!—And then such scenes followed—Oh my dear,
such dreadful scenes!—fits upon fits (faintly indeed, and imperfectly
remembered) procuring me no compassion—but death was withheld from me.
That would have been too great a mercy! (1011)

The magnitude of the violation Clarissa suffered is evident in this passage. She must “cut” it
“short,” and she cannot even speak the word ‘rape,’ but calls the act “dreadful scenes” for which
“death” would have been a “mercy.” The repetition of “mercy” throughout the passage denotes
the gravity of the experience and highlights Clarissa’s subjection and Lovelace’s, and the lack
of compassion and decency of the women who assist him. Her punctuation fractures an
“imperfectly remembered” recollection: the emdashes, the exclamation points indicate the

55 Cathy Caruth, Judith Herman, Susan Brison, Ruth Leys, and Dori Laub & Shoshana Felman each offer useful foundational knowledge of trauma theory, its origins, its applications, and its use as a lens for literary analysis. While my focus is not formally on trauma theory’s applications to Clarissa in this chapter, it offers a useful construct for understanding Clarissa’s reactions and processing of the rape.
56 Jennifer Airey demonstrates that rape “provided an efficient short hand for encoding multiple forms of social, political, and economic violation” in both 17th-century political tracts and Restoration drama, and this formulation of rape as a multi-tiered violation is useful for viewing the sociocultural implications of rape throughout the eighteenth century (8).
fragmentation Clarissa’s psyche undergoes, a wound that becomes visible on the page, as the remainder of the letter maintains a coherent and linear epistle, yet there is a pause following her recollection of the rape and her thoughts during that awful scene. The anticipation of the rape, compounded by her drugged state, renders Clarissa “stupid” and “senseless,” and despite her pleas and emphatic promises to “be his,” the act proceeds. Clarissa’s recollections denote the gravity of a forced loss of virtue and the symbolic death of the social, emotional, and physical life that Clarissa’s character could have had.

The rape and its aftereffects characterize Clarissa’s situation as horrific and create an extreme model for the first psychosomatic heroine. Clarissa becomes the tragic figure whose demise is eminent and unavoidable, and Clarissa sees no recovery in sight: she has become a helpless pawn and victim in Lovelace’s “barbarity” (1011). Clarissa foresees no instance in which this “masculine violence” can be overthrown, especially when she is in the throes of her memory—a memory that haunts her mind-body for the remaining pages of the novel (1011). Clarissa foreshadows the shellshock of the post-World War I era, noting that she “will say no more on a subject so shocking as this must ever be to my remembrance” (1011). Just as soldiers encountered the blows of a war without limits and horrible atrocities, Clarissa’s psyche, her “remembrance,” is dealt a death blow. Clarissa experiences “overcharging woes” that “threatened once more to overwhelm my intellects” (1013). These “woes” “threatened” but do not succeed at overwhelming Clarissa, a hallmark of psychosomatic illness as opposed to madness. Clarissa possesses presence of mind, and it is the feelings and thoughts that bring about more misery, stimulated by external forces.

A significant external force is Lovelace’s manipulations of both Clarissa and the reader’s perceptions of Clarissa. To preface the Papers that expose Clarissa’s self-possessed and
immediate processing of the rape, Lovelace deems Clarissa to have a “disordered mind” (887) and to be in a state of “discomposure,” in which “her mind works” oddly, in his estimation, because “she is in this whimsical way” (889). Lovelace deems Clarissa’s state as “whimsical” due to the discarded and disassembled Papers she writes that Dorcas thrusts upon him. In the Papers, Clarissa decries Lovelace’s actions and his libertinism, as well as bemoans her afflicted circumstances for which Lovelace is responsible. Because of her accusations, Lovelace decries Clarissa’s “discomposure” as whimsy, enacting a critique of Clarissa’s presence of mind to form a defense. Clarissa is a rape victim, and Lovelace refuses to feel guilt for his actions, so he deflects his responsibility by asserting his victim’s “disordered mind.” Lovelace is “affected” by the Papers, yet he still does not attribute to Clarissa a “regular mind” (894): he puts her in the realm of the abnormal, of disorder—a realm that in which Clarissa does not really belong.

Proving Psychosomaticism: Clarissa’s Papers

The Papers reveal the tragic nature of Richardson’s psychosomatic heroine Clarissa. Not only is Clarissa’s mind violated by Lovelace’s vicious game of cat-and-mouse and her body violated by his rape, her writing work is thwarted and discarded. Richardson presents a heroine who is meant to be a paragon, but this exemplar of femininity is used, abused, and ultimately discarded in death. Richardson’s authorial control over Clarissa is evident in her overarching narrative, but her Papers are a moment where her mind-body is articulated separately from the standard narrative form. Rather than a letter that is crafted, the Papers are valuable fragments of Clarissa’s psyche and body, scattered on the page with her critical analysis of her mind-body, her personal and social circumstances, and her literary references in Paper X that illuminate her own

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57 Sue Warrick Doederlein exposes a disturbing trend in early Clarissa criticism in which, “few wish to blame Lovelace entirely” for his rape of Clarissa, noting that critics reveal titillation over the rape (407).
literary circumstances. Close textual analysis reveals the nuances of Clarissa’s literary criticism in Paper X. In this section, I will tease apart the references Clarissa interrogates to reveal the ways in which Clarissa proves herself psychosomatic, rather than ‘mad’ or ‘disordered,’ and cements her status as first psychosomatic heroine.

Clarissa’s Papers are a compelling example of Clarissa breaking free: the papers establish her as psychosomatic heroine with a change from a more constructed epistolary form to a more immediate access to Clarissa’s mind-body. Mark Kinkead-Weekes pioneers the discussion of Clarissa’s Papers, arguing that the rape serves, “for Richardson,” to “enable[] him to expose her innermost nature” (231). Ultimately, for Kinkead-Weekes the papers show “a personality disintegrated and remade; a successful search for reorientation after what Richardson clearly thought was the most damaging and challenging blow a woman could suffer” (240). Other views of the Papers also attend to the effects of the rape on Clarissa’s self, citing the “fragmented, Ophelia-like utterances” and “hysterical appeals” shown in the letters, and describe the “dislocation” and “identity crisis” Clarissa suffers when she is “deranged.” The disintegration Kinkead-Weekes and others observe not only affects Clarissa’s sense of self, but the form of the novel itself: Christina Marsden Gillis notes the impact on the form of the novel saying that the “delirium” after Clarissa’s “sexual death” shows “not only the rending and

58 Terry Castle, in *Clarissa’s Ciphers*, claims Clarissa has a “new suspicion of the signifying medium of the letter itself” (119), thus the Papers are used to more accurately portray her state of mind and “fragmentation” (119).
59 Rita Goldberg sees Clarissa’s prose in the papers as “fragmented, Ophelia-like utterances,” appropriate due to the allusions to *Hamlet* in Paper X (120).
60 Wolff offers a brief and oblique mention of Clarissa’s papers, saying Clarissa’s response to her rape, or as Wolff calls it being “stripped bare of its social identity,” is “incoherence” and that Clarissa offers “hysterical appeals” (150).
61 Carol Houlihan Flynn asserts that Clarissa’s “pathetic ‘papers,’ written in her madness following the rape reveal a severe sense of dislocation” (254).
62 Wendy Anne Lee emphasizes Clarissa’s attempts at erasing individual identity in her “fragmented papers,” noting that Clarissa “will not sign her name,” which marks an “identity crisis” (57).
63 Lams conducts an analysis of Clarissa’s papers, claiming that Clarissa is “deranged” (126).
subsequent disintegration of the earthly woman, but the breaking of the letter as an enclosed, individuated text, as a separated whole” (12). This explosion of form displays itself in Clarissa’s Papers, especially in Paper X, to establish Clarissa’s presence of mind and psychosomatic status.

In her first Papers, Clarissa’s grammar and language express her deep awareness of her circumstances. Paper I reveals Clarissa’s distressed mental and emotional state:

My heart was full—I did not know what to say first—and thought, and grief, and confusion, and (Oh my poor head!) I cannot tell what—And thought, and grief, and confusion came crowding so thick upon me; one would be first, another would be first, all would be first; so I can write nothing at all—only that whatever they have done to me, I cannot tell; but I am no longer what I was in any one thing. (Clarissa 890)

The excess of punctuation—the dashes and semicolons—in this short passage alone reveals the scattered nature of Clarissa’s thoughts. She “cannot tell what” she thinks or feels, but she knows that she feels. “Grief” and “confusion” dominate her “poor head” so that she cannot reveal to Anna, the planned addressee, the “dreadful things” that have happened to her (890). With a “full” heart, Clarissa elides her paper with punctuation that points to the overwhelming nature of her mental and emotional state. Her sense of self appears eroded in this passage, and yet a turn occurs quickly after: while she claims to “no longer” be “what [she] was in any one thing,” she then reasserts her sense of self in the conclusion to the paper, writing, “In any one thing did I say? Yes, but I am; for I am still, and ever will be, Your true—” (890). In “one thing” Clarissa

64 Gillis’s claim is fascinating and astute, but her analysis concentrates on specific spaces and the letters in the novel rather than advancing this claim regarding the disruption in the form of the novel offered in her introduction.
65 Self-awareness and presence of mind separate psychosomaticism from madness, as I detail in the introduction to this project.
can have awareness of her identity and a firm sense of self—she is “true” to Anna and their friendship. Aware of herself and of others, Clarissa is not “mad” as Lovelace and critics may claim. If anything, Clarissa is deeply aware of the violation she has just suffered and is processing the events that have recently occurred.

Ironically, when Clarissa reveals her cognizance, Lovelace claims that he “can write no more of this eloquent nonsense” (890). Instead, he passes to Dorcas the duty of transcribing the remaining Papers. Lovelace cannot “bear to read them,” partially due to his wavering sense of guilt and partially due to Clarissa’s awareness of the wrong he has done against her. Not only is Clarissa aware of the heinousness of the sexual act he forced upon her, she is still self-aware. Therefore, she is dangerous to Lovelace’s desired mastery over her and the narrative. Clarissa is “true,” whereas Lovelace is a “young lion, or a bear…or a tiger” who “tore” a lady, presumably Clarissa, “in pieces,” as Clarissa articulates in Paper III (891). Lovelace is likened to a “hungry” animal who preys upon human flesh, effectively killing Clarissa (891). This allegory of her history with Lovelace speaks to the social implications of rape: a loss of virginity is equated to social death if reparations—in the form of the victim marrying her rapist or another man—are not made. Since a “lady” cannot marry a beast, especially when his “nature” is antithetical to her own, Clarissa sees no way but to be “out of nature” (891). Lovelace will not change, and she can only expect him to continue to live according to his “nature,” thus she is a social outcast. Clarissa demonstrates her personal and social acuity regarding the aftermath of the rape: even though she blames herself for trusting Lovelace and thinking she could render him “obedient to her,” she

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66 In the opening to the letter that frames the transcribed papers, Lovelace wavers between incredulity and guilt. He is alternately surprised that Clarissa cares so much that he raped her (“These high-souled and high-sensed girls, who had set up for shining lights and examples to the rest of the sex…are with such difficulty brought down to the common standard” (889)), and guilt over causing what he perceives in Clarissa to be madness (“I am most confoundedly disturbed by [Clarissa’s state post-rape]; for I begin to fear that her intellects are irreparably hurt” (888)).
knows that the “wicked” emerged the victor. Clarissa does what Lovelace attempts to avoid: she processes and unpacks the meaning of the transgression against her body and her psyche.

Clarissa’s Papers follow a distinct narrative progression that expresses her self-awareness and presence of mind. Her transcribed Papers show an intriguing pattern of outward and inward turns: she reaches out to friends and family in Papers I-II; provides a metaphorical representation of her ‘relationship’ with Lovelace in Paper III; chastises herself in Paper IV then converses with Bella, her sister, regarding her “fall” in Paper V (891); recognizes the complete alteration of her life pattern post-rape in Paper VI; then voices a series of accusations to Lovelace in Papers VII-IX; and finally presents a seemingly disorganized collection of quotes and verse both from outside sources and presumably from Clarissa herself. Clarissa’s Papers reveal how fragmented thoughts can become in following “swift misfortunes” (893). The rape and continued distress caused by being trapped where the rape occurred clearly affects Clarissa and her writing and thought process. Interestingly, she continues to write, though Papers I-X are not intended for mailing or distribution: they are collected by Dorcas who is assigned the task by Lovelace. However, these Papers are not meant to be thrown away by the reader; the Papers are included in the narrative, and their differences in form stand out when compared to the letters of the novel—this breaking of traditional, regulated epistolary form undoes the control Clarissa was previously working under. She shifts to a direct, even more “to the moment” form of writing and thinking. The labeling of each paper in bold type setting—for example, “PAPER I” (890)—and the remarkable Paper X that includes sideways quotations and writings, as well as non-linear stanzas, is a rhetorical move that indicates to the reader that he or she should take notice of the material in each paper. John Richetti offers a succinct discussion of Clarissa’s Papers and their dramatic and formal meaning:
After the rape, Clarissa’s disordered pages point to a scattering of her literary powers; these moving fragments are a discarded and incoherent anthology of literary possibilities for understanding a self no longer whole and encompassing those forms Clarissa has used up to now: moral allegory, prophetic denunciation, apt quotation, and retrospective analysis…She recovers from that breakdown by appropriating Lovelace’s histrionics, stealing his dramatic thunder and transforming it by sincere reenactment. (302)

The “anthology” that Clarissa creates inscribes her innermost thoughts and feelings as they happen, and the effect is almost stream of consciousness—though there is a sense of logical progression, thoughts and literary quotes jump out at Clarissa, especially in Paper X. However, Clarissa is not merely “appropriating Lovelace’s histrionics:” Clarissa is engaging with literature like a critic, an individual agent who can transmit her “sincere” experience. Rather than being an “incoherent anthology,” Clarissa’s Papers offer clear and compelling evidence of her sentience post-rape. Clarissa narrates her thoughts and feelings as they occur, and the progression of her Papers indicates her presence of mind. At the moment of her greatest distress, Clarissa’s “powers” are at their highest—Clarissa is at her most creative and expressive of her mind and body. Her work in Paper X shows ample evidence of these literary “powers” that Clarissa commands and organizes into a manifesto of mind-body experience, a psychosomatic archive.

Paper X especially commands the reader’s notice with the askew and nonlinear lines that are visually disorienting and stimulating; the allusivity of the fragment also demands the reader’s attention. Below is an image of Paper X as it appears in the novel: 

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67 This image comes from: https://pankisseskafka.files.wordpress.com/2013/05/melvin3.jpg.
The uniqueness of the typography is apparent, and with the reader being used to letters that follow the standards of the epistolary form, Paper X emerges as a total disruption to those
readerly expectations. Clarissa’s typographical body breaks from the standard format, as the emotions and thoughts she has can no longer be expressed in the same form as before. Paper X marks Clarissa’s embodiment through language and literature; she can no longer be contained by the form of the letter, thus a new form emerges where Clarissa recrafts herself and reclaims her mind-body.

Clarissa’s Paper X is the greatest formal shift in her remarkable set of Papers, because Clarissa takes on the role of literary critic and archivist. Clarissa peppers Paper X with a mixture of literary predecessors and her own thoughts, merging literature, drama, poetry, and her own verse to create her psychosomatic archive. Her first selection hails from Otway’s *Venice Preserv’d*, which she amends to reflect her personal circumstances. Clarissa delineates her immediate state of being:

> Lead me, where my own thoughts themselves may lose me;  
> Where I may dose out what I’ve left of life,  
> Forget myself, and that day's guile!—  
> Cruel remembrance!———how shall I appease thee? (Clarissa 893)

Clarissa seeks guidance, whether from a higher power or through the reader interpreting her words as she quotes “Lead me.” Her feelings of the inevitable tragedy of her life are also apparent, as her choice of Otway’s tragedy and lines that articulate a sense of lost life—“what I’ve left of life”—communicate Clarissa’s distress at “Cruel remembrance!” Her added pause—made lengthy with the use of multiple emdashes—after her “remembrance” points to how the rape reigns uppermost in her mind, which her choice of Otway’s play reiterates. Jennifer L. Airey discusses the overtures of rape in Otway’s *Venice Preserv’d* remarking, “Otway invokes

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68 Terry Castle also implicitly articulates the papers as the moment where body merges with text.
the language of rape to describe intrafamilial conflict and condemn a father who declines to protect his child” (159). The overtures of rape become reality in Clarissa’s circumstances, as “that day’s guile” leads her to her present state. Clarissa’s alteration of Jaffeir’s original lines, “this day's guilt and falsehood,” changes the tenor of the passage from an admission of complicity in the “day’s” events to a declaration of blame and repercussions. Due to Lovelace’s and his accomplices’ actions, Clarissa is consigned to die—the rape is equated with murder, because Clarissa cannot resume her former life. Whereas the tragic hero Jaffeir has a hand in his death, Clarissa, at this point in the Papers, is clear on where her complicity ends; Clarissa cites her culpability in thinking Lovelace a friend, but his horrific actions towards her make her a victim, not an accomplice.

Clarissa signals her tragic future with her next choice of text and the hands by which her death will occur. The sense of impending death continues with Clarissa’s selection from another tragedy, John Dryden and Nathaniel Lee’s *Oedipus*, placed on the right hand of the page and askew:

Death only can be dreadful to the bad;

To innocence 'tis like a bugbear dress'd

To frighten children. Pull but off the mask,

And he'll appear a friend. (*Clarissa* 893)

Death is embodied in this passage, he is a “bugbear dress’d / To frighten children.” The lines Clarissa quotes come from Eurydice, Oedipus’s daughter, speaking to the villainous Creon as they meditate on death in the first scene of Act III; Eurydice’s meditations foreshadow her own

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69 Jaffeir’s divided loyalties between his wife and his political cause cause him to betray his friend Pierre; this betrayal inevitably leads to his death when his friend is sentenced to die. Because a pardon comes too late, Pierre dies (by Jaffeir’s hand at Pierre’s request) and Jaffeir commits suicide in atonement.
catastrophic death at the conclusion of the play, much like Clarissa anticipates her own death. With the “mask” pulled away, Death can then “appear a friend.” It is only “To innocence” that death appears a “bugbear,” but with her bodily innocence ripped away, death now appears to her a “friend” that can release her from the trauma of the rape. Clarissa’s choice of another tragedy points to her sincere recognition of her inalterable circumstances—she meditates on death, because it is what she sees in her past, socially, and in her future, physically.

Lovelace is the one transformed into the “bugbear” with his villainous actions; he is the source of Clarissa’s death. When she turns to Hamlet’s accusations towards his treacherous mother, Clarissa accuses Lovelace regarding his perpetration of rape:

—Oh! you have done an act
That blots the face and blush of modesty;
   Takes off the rose
From the fair forehead of an innocent love,
   And makes a blister there! (893)

The emdash emphasizes the immediacy of Clarissa’s writing and possibly her anger, which is evidenced through the quote she records. Clarissa extrapolates from Act III of Shakespeare’s tragic play where Hamlet addresses his mother Queen Gertrude and alters the original line:
“Such an act / That blurs the grace and blush of modesty, / Calls virtue hypocrite, takes off the rose / From the fair forehead of an innocent love / And sets a blister there,” (Hamlet, Act III, Scene IV). Martin Scofield contends that Richardson’s use of this quote points out “the awkwardness of the stratagem for revealing Clarissa’s inner life,” viewing Hamlet’s words as an indictment against female lust (35). However, the obvious sense of betrayal that Hamlet feels in the face of his mother’s “act” of marrying his uncle, who had a hand in his father’s death, shows
the alliances between Clarissa’s and Hamlet’s situations that is not “awkward” at all (Scofield 35); Clarissa, too, was betrayed by someone she trusted, and she sees her impending death as what that betrayal wrought. Scofield further contends that the “literary echoes only increase our sense of artificiality” in the Papers (35). On the contrary, Clarissa’s use of “literary echoes” point to the ties she has to other characters, and the depths of emotion and despair these ties reveal and these ties map the blueprint of Clarissa’s psychosomatic experience.

The use of Hamlet’s words appears to align Clarissa with the questionably ‘mad’ prince—like Hamlet, there is a question, too, of Clarissa being mad; Lovelace accuses her of being such. However, Clarissa’s Papers reveal that she is extraordinarily literate and aware, so much so that she thinks, writes, and ruminates about her current situation in connection to different texts that span from tragedy to political satire. What is not in question, however, is Clarissa’s opinion of Lovelace’s actions toward her. His “act” “blots the face of modesty” and “makes a blister”: the “blister” is Clarissa’s previously acknowledged “cruel remembrance,” a painful blight upon her psyche that affects her thoughts, feelings, and ultimately her body. Her anguish becomes embodied on the page, as the words of other writers flow on Paper X moving about the page like the varying emotions course through her mind and body. The torture of her emotions is evoked through Hamlet’s rage and pain towards his mother, and Clarissa’s choice of Shakespeare’s tragedy bespeaks her own situation: feeling betrayed by someone she thought she could trust and left to pick up the pieces following the rape and during her continued imprisonment.

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70 Scofield’s approach appears to be formalist, and he uses this example in Paper X to imply Richardson is less skilled than Shakespeare in terms of literary imagination (34).

71 When Clarissa descends into her final illness with its various symptoms and leeching of her bodily strength, she shows the marks of her psychic distress.
Clarissa’s transition from *Hamlet* to Abraham Cowley’s *The Mistress*, particularly the poem entitled “The Despair” flows naturally, demonstrating the inherent logic to Paper X.

Quoting from the last two stanzas, Clarissa copies:

Then down I laid my head,
Down on cold earth, and for a while was dead;
And my freed soul to a strange somewhere fled!

Ah! sottish soul! said I,
When back to its cage again I saw it fly;
Fool! to resume her broken chain,
And row the galley here again!
Fool! to that body to return,

Where it condemn’d and destin’d is to mourn! (Clarissa 893)

The choice of Cowley is interesting, because Cowley lived in exile for twelve years as a Royalist during the civil war, just as Clarissa is physically and metaphorically in exile. Her writing serves as the outlet for the reflections she has on her inner state, and through her work writing she reveals the feelings that need vent. Clarissa’s feelings of isolation reflect the anxieties inherent in the position of women in the long eighteenth century: they are imprisoned by mores that constrain their intellectual and physical liberty. The political context of Cowley’s biography necessarily aligns social context with literary context. While Cowley’s *The Mistress* is a collection of love poems, Clarissa’s choice is the violent expression of sadness: despair. The physicality of the lines signals Clarissa’s physical body’s deterioration; her body is “condemn’d.” The repetition of “Fool!” also creates a sense of pattern as Clarissa utilizes a quote.

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72 Clarissa cites the final verse and the last two lines of the previous stanza of “The Despair” (1647); there are four stanzas total in the poem with an AABBCDD rhyme scheme.
that repeats her own self-condemnations in previous Papers, particularly Paper V when Clarissa notes her “foolish heart” (Clarissa 891). Christine Rees asserts The Mistress to be a “sequence” with a naturally flowing and “unified” pattern in the volume (226), akin to Clarissa’s extrapolations flowing to and from the literary texts she chooses. The innovations in form throughout the Papers resonate with Tim Morris’s observation of Cowley as an innovator in The Mistress, where Morris also observes the emotional qualities of the volume, including its “heartfelt pangs” (32); Clarissa draws on the emotionality of that volume while also creating her own formal innovations by jumping between tragic volumes. Morris further notes how Cowley “evokes Hamlet” in The Mistress (33-34), which shows the flowing parallel between Clarissa’s text selections. For as ‘mad’ as critics may see Clarissa in the Papers, there is an inherent logic to Clarissa’s choices of quotes. The seeming disparateness of Clarissa’s quotations are not disparate at all: they evoke Clarissa’s emotional responses to the rape and her ostracism, but also bespeak her intelligence and presence of mind. Clarissa is a discerning critic who works through her thoughts and emotions, which indicates her status as psychosomatic.

Clarissa wrestles with her feelings as much as the poet in “The Despair,” a hallmark of the psychosomatic heroine that Richardson forms. The physicality of Cowley’s volume is reflected in Clarissa’s evocation of The Mistress, especially “The Despair”; the way that her body is responding to the trauma of her rape shows throughout the quotation that she uses as well as her longing for death due to the transgression against her flesh and her well-being. Cowley’s poem is especially appropriate to express these feelings, because The Mistress has “a remarkable flexibility of technique and theoretical sophistication,” a remark that also applies to Clarissa’s Papers (Morris 37). As Cowley, according to Morris, “takes an ingenious delight in the interplay between the real and the implied texts, and thus control over the ways the poem tries to make
meanings,” so too does Clarissa try to “make meanings from the material conditions” of her current mental and physical state (41). From a volume known for its eroticism, Clarissa chooses the moment of despair in which the speaker speaks of woes so large that he dies, yet “weeps” when his soul returns to “the body.” Clarissa evokes the longing for death that would release her from the emotions and sensibility that anchors her to her tortured body and mind. The trope of destruction and longings for death that circulate throughout *The Mistress* illuminate Clarissa’s conflicted feelings as she seeks to reconcile Lovelace’s actions against her and her new role in the world—or more accurately her inevitable exit from it—a sentiment Cowley’s speaker-lover embraces through the exploration of love and its destructive qualities that are associated with his ‘Mistress’ and, ultimately, the world.

Clarissa’s sense of the destructive and inevitable death lingers in her next transition, where Clarissa returns to Shakespeare’s *Hamlet*. Clarissa’s summons the ghost’s words and places them askew upon the page: “I could a tale unfold— / Would harrow up thy soul—” *(Clarissa 893).* Her perseveration upon Shakespeare’s tragedy highlights the ruminative qualities of Clarissa’s state: she still has the capability to recall and *Hamlet* appears a favorite. Clearly the tragedy resonates for her, and her troubles are enough that they can “harrow up thy soul.” The alignment with Shakespeare, a scion of the English canon also marks Clarissa’s faith in her story as important enough to withstand history and be resonant for readers, to have a legacy. Clarissa becomes the character that will be recreated time and again as the first psychosomatic heroine: a heroine whose mind and body are so deeply intertwined that social and personal pressures produce physiological effects. Clarissa’s “tale” is one that will not only “harrow” her own soul, as her Papers clearly demonstrate, but also “harrow up” the reader’s

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73 From Act I, scene v, line 15.
“soul” with the pathetic qualities of her character. The high drama of Shakespeare’s tragedy highlights the extremes of Clarissa’s narrative as first psychosomatic heroine. By pulling primarily from tragic and political works, Clarissa crafts her analysis as a tragedy. Clarissa’s embodiment through prose, drama, and verse in Paper X marks her as a character who transcends genre and form, both literary and physically, as the words of the ghost from Hamlet demonstrate. Clarissa becomes capable of haunting like a specter, and her reference to Hamlet promotes this ability.

In another return,74 as if she is continually haunted by tragedy, Clarissa re-asserts the fractural nature of her psyche once again through Otway’s Venice Preserv’d. She transposes:

O my Miss Howe! if thou hast friendship, help me,
And speak the words of peace to my divided soul,
That wars within me,
And raises ev’ry sense to my confusion.
I’m tott’ring on the brink
Of peace; an thou art all the hold I’ve left!
Assist me——in the pangs of my affliction! (893)75

Clarissa personalizes her reference to the politically charged play, amending Jaffeir’s lines. Contrary to the expectations that Clarissa might identify with Otway’s tragic heroine Belvidera, she instead chooses Jaffeir as her double, the troubled hero divided between two worlds.76 The “struggle” Janet E. Aikens observes in Otway’s Venice Preserv’d that “engage [the] reader,

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74 There are a number of returns to particular writers throughout Clarissa, particularly Otway, Shakespeare, and Dryden and Lee, as Angus Ross diligently documents throughout his notes to the Penguin edition of Clarissa.
75 These lines come from first scenes of Act IV in which Jaffeir, distraught and conflicted, speaks both to his wife Belvidera and his friend Pierre.
76 Janet E. Aikens notes in her article “A Plot Discover’d; or, The Uses of Venice Preserv’d within Clarissa” the various ways in which Richardson utilizes Otway’s play Venice Preserv’d, particularly that it is the male protagonist of Otway’s tragedy, Jaffeir, that Clarissa most resembles rather than the tragic heroine Belvidera (220-222).
playgoer, author, and fictional character in a curious interpretive struggle” also endures throughout Clarissa’s Papers (227-8). This struggle is captured here in Paper X, where Clarissa struggles with the lines from the play herself. She summarizes and collapses the language of Otway’s lines to best fit her own interpretative struggles with her situation—she reaches out to her one friend to whom she believes can “help” her by “speak[ing] words of peace to [her] divided soul.” The division Clarissa notes echoes Jaffeir’s division between his two loves: his wife and his dear friend. For Clarissa, however, the division is not between two people but two states of being: life and death, both emotional and physical. Clarissa seeks “peace,” an emotional reconciliation that is she feels is denied to her. What she needs cannot be provided solely by her own power—she needs others, a friend, or a doctor, to aid her.

Among Clarissa’s most interesting turns in Paper X is her reference to Samuel Garth’s *The Dispensary,* one of the most highly packed allusions uniting death and a physician that foreshadows her upcoming narrative end. She writes from Canto V of *The Dispensary,* “When honour's lost, 'tis a relief to die: / Death's but a sure retreat from infamy” (*Clarissa* 893). While the longing for death is now familiar to the reader, the turn to Garth, both a physician and poet, brings in another valence of Clarissa’s intellectual acuity. The idea that death is a “relief” when “honour’s lost” demonstrates a literary return to Clarissa’s sentiments in Papers V and VI that without her virtue she can no longer expect to marry or live the life she believes she was

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77 John Sena writes most comprehensively about Garth and his largely obscure long poem, noting the historical significance of *The Dispensary* and evaluates why it has not withstood the passage of time: “the struggle between the apothecaries and physicians...hardly makes for suspenseful reading” (645). Sena documents the minimal critical engagement with the poem, and there is, in fact, very little engagement with the poem on the whole, perhaps due to the lengthy dealings with an issue of lesser historical importance, as Sena astutely observes.

78 Clarissa’s selection comes near end of Canto V of Garth’s poem. Ironically, perhaps, the lines that follow these lines turn to a ‘consider pity’ moment where the speaker says pity my son and your son who go through something like this, a sentiment applicable to Clarissa’s situation too, though no pity will truly be shown through her family. For context, *The Dispensary* is a mock-heroic, satirical poem that also ridicules apothecaries and their allies among physicians as it participates in the debate of the end of the 17th century about providing medicine to the poor.
intended to. In the context of Garth’s Preface to the long poem, Garth notes that “Disease is a represented a Fury” in his work, a “Fury” that has great power. For Clarissa, the “Disease” is Lovelace’s actions against her and those of her unsympathetic family. Garth’s speaker declares in Canto I “Hence ‘tis we wait the wond’rous Cause to find, / How Body acts upon impassive Mind,” a complication of the “passive machine” view of the body; in Garth’s poem, the body is active, but it is also ineffective in creating an impression on the mind. Rather, the “Mind” is impenetrable, resonating with Clarissa’s psychosomatic experience; her mind is similarly impassive, being consumed by recollections of her rape and its implications for her future and the demise of her body. Clarissa’s citation of Garth in Paper X elevates her awareness to larger sociopolitical concerns, as the issue of medical care for the indigent serves as the main historical focus of Garth’s political poem.79 Clarissa also anticipates her connections to her own doctor and apothecary, Dr. H and Mr. Goddard, by including Garth. Though these two medical men do not argue and questions of fees do not come into play,80 Clarissa will require medical care, though ultimately death will be Clarissa’s “retreat.”

Clarissa interjects her own composition, her personal assertion of the tragic prophecy she expects to fulfill. With death seemingly inevitable, Clarissa positions along the left side of the page her own single stanza of poetry:

By swift misfortunes

How I am pursu'd!

Which on each other

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79 See Sena’s article for more on the 1690s medical debate amongst the physicians and apothecaries and Patrick J. Daly’s article “Monarchy, the Disbanding Crisis, and Garth’s The Dispensary” for more discussion of the poem’s political overtones. 80 Dr. H repeatedly denies Clarissa’s attempts to pay him, which creates a comical and playful argument between doctor and patient.
Clarissa feels “pursu’d” by “swift misfortunes”—in an instant, everything changed once Clarissa was raped. Through the medium of verse, she identifies the disruption in what used to be her life trajectory. This awareness of what has happened to her—the “swift misfortunes”—distinguishes Clarissa as psychosomatic and understandably requiring time to process and work through the traumatic event of her rape. This literary release, not unlike the letters she has written throughout the novel, serves to unleash Clarissa’s emotional pain upon Lovelace and the reader. Clarissa’s psychic work is writing, and she uses her writing to voice the social problems women encounter that women writers tackle throughout the long eighteenth century. Clarissa purposes her work as a forum for processing the calamities she has experienced and as a release like catharsis. Though she is a tragic heroine, this release of her thoughts on the physical page does what her psyche cannot do: let go of the authorial control that binds her. The use of verse, with the rhyme scheme ABCB shows the askew nature of Clarissa’s state; the rhyme scheme also aligns with typical ballad structure, a nostalgic mourning for days past and tragic tales of the past, as Clarissa now views her own circumstances. Thus, Clarissa also pens, centered next to the askew lines:

Then farewell, youth,
And all the joys that dwell
With youth and life!
And life itself, farewell! (893)

Clarissa foreshadows the remainder of the novel through these lines: her youth is gone, and “life itself, farewell.” Clarissa does not see a conventional happy ending for herself; her life has become a travesty, and as Richardson’s psychosomatic heroine, her “passive machine” will bid
“farewell.” Death will be a release, as “all the joys that dwell / With youth and life” are no longer available to Clarissa.

Clarissa concludes her Paper X with Dryden’s political satire *Absalom and Achitopel* (1687) and reinforces the moral and religious aesthetic she embodies with her promise of expected martyrdom. She quotes from Part I of the work:

For life can never be sincerely blest.

Heav’n punishes the bad, and proves the best. (893)

Dryden’s poetic work uses Biblical allegory to convey and react to acts of rebellion, which fits tangentially with Clarissa’s moral and religious values. Rounding out Paper X, Clarissa reaches a resolution in which ‘Heav’n’ is the end, “the best” end, that Clarissa sees ahead, and what her author intends for her. The vengeful words “Heav’n punishes the bad” speaks to the anger that still simmers beneath her woeful state. This anger is a consistent thread throughout the Papers, especially Paper X with its repeated references to tragedies and satires in which rage and grief, among other passions, are strewn throughout. With the conflation of political, satirical, tragic, and medical verse Clarissa cites and shapes in Paper X to become her own outpourings, Clarissa creates an opus of emotion, where her physical and mental body are inscribed on the page—a psychotextual body. This literary body, however, is separate from Clarissa’s physical body that remains entrapped in her tragic narrative when the novel’s form returns to letters; Clarissa’s work as literary critic leaves center stage, unfortunately making way for her lengthy demise to become the narrative focus. Clarissa’s decline in health elicits a doctor’s entrance: Dr. H, the “worthy” physician who becomes the new voice of social dissent and resolution.
Clarissa’s “Worthy” Dr. H: The Work on the “Without” and the Required Work “Within”

Dr. H may only pen one letter included in the novel Clarissa, but he is a pivotal character who has seen critical neglect. Heather Meek discusses the practice of epistles sent between doctor and patient as empowering for the female patient, and by all accounts the “very kind” Dr. H attempts to give Clarissa more power (Clarissa 1082). However, while a relationship of letters was a popular mode for doctors and patients, Richardson eschews this for Dr. H and Clarissa; their relationship is articulated through personal visits within letters, creating a more intimate bond that gives this seemingly unassuming and marginal character a larger role than he is given credit for in the novel and in scholarship. Despite good medical care, Clarissa does not recover from her psychosomatic illness, because she understands the body to be a “passive machine.” Dr. H’s interpretation of Clarissa’s illness both legitimizes her psychosomatic condition and points to the necessary self-work that enables the psychosomatic heroine’s survival. In the interim, Dr. H acts as friend and mediator; he provides the medical lens through which the reader views the patient-heroine. Dr. H highlights an important feature of the psychosomatic heroine as she moves forwards across the long eighteenth century: she has an active role in the management and mitigation of her physical symptoms.

Dr. H enters the narrative as a figure of hope in Clarissa’s tragic circumstances. Clarissa’s first interaction with Dr. H comes in Letter 340 when he is summoned by Belford. Mr. Goddard, the apothecary, praises Dr. H, saying, “he knew not a better physician” (1081). Belford claims that Dr. H is a friend, “and a very worthy and skilful man. I named him for his eminence in his

Arthur Sherbo (1957), Florian Stuber (1985), and Adam Budd (2007) provide the only discussions of Dr. H. Sherbo notes that Dr. H may be a composite of three Dr. H’s Richardson knew, while Budd responds to Sherbo’s assertion by noting that leaving Dr. H unnamed serves as a compliment to all while an insult to none of the Dr. Hs. Stuber speaks to parental authority in Clarissa and Dr. H’s role as a paternal authority.
profession” (1081). Ironically, Dr. H is never fully named by Belford or anyone else—he remains his diminutively initialed self. This lack of a full name, however, does not affect how he is deemed a “worthy and skilful man” due to his “eminence in his profession.” Belford promotes Dr. H, elevating his status to Clarissa as well as the reader rhetorically—both through diction and the use of outside support (Mr. Goddard). Clarissa and the reader cannot help but see Dr. H as “worthy” of respect in the narrative and as a trustworthy source of mediation/interpretation. However, Dr. H also proves to the reader that he is a credible source in and of himself due to his medical knowledge and his compassion and care for his patient.

Dr. H proves that his reputation is deserved in his handling of Clarissa’s case, where he shows his skills in assessment. Belford continues to relate information to Lovelace and the reader regarding Clarissa’s condition saying,

Mr. Goddard said he had apprehended her disorder was in her mind; and had treated her accordingly: and then told the doctor what he had done: which he approving of, again taking her charming hand, said, My good young lady, you will require very little of our assistance. You must, in a great measure, be your own doctress. Come, dear madam (forgive me the familiar tenderness; your aspect commands love, as well as reverence; and a father of children, some of them older than yourself, may be excused for them), cheer up your spirits. Resolve to do all in your power to be well; and soon you’ll grow better. (1082)

Arthur Sherbo in his article “Time and Place in Richardson’s Clarissa” postulates on the real-life possibilities for who Dr. H is correlated to and identifies three possible Dr. H’s that Richardson may have thought of: Dr. John Heylin, Dr. Hazlitt, and Dr. William Heberden (144). Sherbo suggests that a reason for Dr. H having only an initial rather than a full last name is for Richardson to avoid potentially offending one of the Dr. H’s in his life (145).
Dr. H is mediated through Belford, but Dr. H and Clarissa take center stage. Dr. H insists Clarissa’s role is tantamount in her healing: she must be her own “doctress.” Dr. H asserts that Clarissa can recover if she “resolve[s] to do all in [her] power to be well.” Dr. H and Mr. Goddard both see Clarissa’s condition as primarily an illness of the mind that, in turn, affects her body—a psychosomatic illness. Therefore, if Clarissa can “cheer up [her] spirits” she can then achieve bodily wellness. As a result of his conscientiousness, Clarissa views Dr. H as “very kind” and says that she “will take whatever [he] direct[s]” (1082). Optimistically, Clarissa comments, “My spirits have been hurried. I shall be better, I believe, before I am worse” (1082); she foresees stasis in her condition, because her “spirits have been hurried,” or improved, by Dr. H’s kindness. At the very least, Clarissa sees the possibility of some lessening of physical symptoms, believing she will improve before she worsens. Dr. H is the amicable presence that enables Clarissa’s initial optimism regarding her psychosomatic condition.

In the interim until her death, Dr. H is a diligent and caring doctor who checks in consistently on his patient Clarissa. Belford notes that “The doctor wrote. He would fain have declined his fee. As her malady, he said, was rather to be relieved by the sootheings of a friend, than by the prescriptions of a physician, he should think himself greatly honoured to be admitted rather to advise her in one character, than to prescribe to her in the other” (1082). The psychosomatic heroine, Richardson’s text shows, requires a “friend” rather than a “physician” to advance healing. This key distinction denotes the qualities that a “worthy” physician should have: he should be able to be flexible in his interactions with his patient in order to support and act as an anodyne (1081). Because Clarissa’s ailment stems more from emotional distress, “the sootheings of a friend” are valued above the straightforward, potentially impersonal “prescriptions of a physician.” The emphasis on “prescribe” presents standard doctoral practice as less effective
than to “advise” a patient, particularly in response to the psychosomatic heroine who is more equipped to be the prescribing “doctress.” This emphasis on advice allows Dr. H to show a balance of power to be necessary for the best outcomes: equality, or at minimum having agency in the treatment, will be more copacetic for Clarissa. To “advise” means that Clarissa is an active agent in her treatment regimen, she has the power to choose what she will take and what she will discard of Dr. H’s suggestions. This shift in power, a necessary shift for Clarissa who has been frequently mistreated by the men in her life, presents a welcome relational change that shows Dr. H the “worthy” and “skilful” man that Belford and Mr. Goddard observe him to be (1081).

The relationship between Clarissa and Dr. H is presented differently to the reader than what is typical to an epistolary novel, as well as in the eighteenth century, where letters exchanged between doctors and patients was more standard. 83 The correspondence between Clarissa and Dr. H is omitted—they exchange letters, but the reader is denied access to that correspondence. Instead, Belford and Clarissa relate the details of the interpersonal exchanges, which highlight the intimacy of Dr. H and Clarissa’s relationship. Belford shows the close, personal attention Dr. H pays to Clarissa in his visits, and Clarissa exerts control over what she reveals of her interactions with Dr. H. While all of Clarissa’s other correspondence is made essentially public in the novel, the omission of her correspondence with Dr. H is telling by privileging that which cannot be seen; the correspondence between Dr. H and Clarissa is ‘behind closed doors,’ emphasizing the intimate and personal nature of their relationship. However, to prevent any hint of impropriety to their relationship, because Dr. H is male and Clarissa female, their interactions are reported firsthand, either by Belford or Clarissa.

83 See Heather Meeks and Wayne Wild, who establish the practice of correspondence between doctors and patients.
Belford diligently provides the details of Clarissa’s time with Dr. H, particularly noting the intimate tenor of their relationship. Belford reports Clarissa’s feelings regarding Dr. H’s visits:

She answered that she should be always glad to see so humane a gentleman: that his visits would keep her in charity with his sex: but that, were she to forget that he was her physician, she might be apt to abate of the confidence in his skill which might be necessary to effect the amendment that was the end of his visits. (1082).

Clarissa finds Dr. H to be “humane” and a “gentleman,” two qualities utterly absent in Lovelace, which enables Clarissa to “keep her in charity with his sex,” implying that she had little “charity” for the male sex following her treatment by Lovelace. While their relationship is grounded in positive, personal feelings, Clarissa will not forget that Dr. H is her “physician,” which continues to establish “his skill.” The emphasis on “physician” shows both the value and the distinction Clarissa accords Dr. H; if she respected him and his suggestions less, his visits might “end.” Dr. H visits frequently, attentive to his patient in “passing by the door two or three times a day” (1082). Clarissa also remarks to Belford, as he records it, that Dr. H is to her, “perfectly paternal” (1082), fulfilling a role that Clarissa’s father, and her entire family, do not. Clarissa’s father rejects her, but Dr. H steps in as a solicitous, caring presence. Dr. H’s presence is so ameliorating that Belford remarks that Clarissa “is somewhat better; which she attributed to the soothings of her doctor” (1082). “Soothing” is here repeated, noting the emotional or physical comfort that the physician provides is key in Clarissa’s current improved state. Yet, despite

Florian Stuber notes the paternal nature of Dr. H in “On Fathers and Authority in Clarissa,” where he discusses Dr. H as “an authority figure on the side of life” who “respects and encourages without trying to break or bend the individual will” (569).
declarations of improved status, Clarissa still asserts that “she should never live” (1083), speaking to Dr. H’s declarations that Clarissa is responsible for her recovery as an active agent. Despite her affection for him, Clarissa only sees hope for temporary relief in her symptoms, but she deeply respects Dr. H’s opinions.

Clarissa establishes Dr. H as an important figure in her illness and as a source of psychic influence. As her treatment proceeds, Clarissa repeats to Miss Howe her praises of Dr. H: “Indeed I am very weak and ill: but I have an excellent physician, Dr H., and as worthy an apothecary, Mr Goddard—Their treatment of me, my dear, is perfectly paternal! My mind too, I can find, begins to strengthen: and methinks at times find myself superior to my calamities” (1088). Clarissa reiterates the “paternal” nature of Dr. H and Mr. Goddard’s care, and her use of an exclamation point speaks to the importance she gives to that aspect of their care. Clarissa upgrades Dr. H from “worthy” (1081) to “excellent,” which demonstrates the increased affection she has for his “perfectly paternal” care (1088). With this “paternal” guidance and care, Clarissa can “strengthen” in her “mind” and “find [herself] superior to [her] calamities”. While Clarissa is the active agent according to Dr. H, she still finds the guidance of a benevolent patriarchal figure elevates her abilities, enabling her to become “superior” to her “calamities,” as if a positive male experience can supersede a negative male experience. Clarissa has agency in her recovery, but she finds she is not fully sufficient for improvement: she must be told to do so by an authorial source that she respects, thus cementing Dr. H’s authority. This privileging of a male voice becomes a problematic piece of Clarissa’s narrative for Frances Burney and Jane Austen, who dismantle the doctor’s narrative in the psychosomatic heroine’s trajectory. Though Dr. H is important in Clarissa’s narrative, the doctor figure, across time, becomes a temporary vehicle for interpreting the psychosomatic heroine.
When Clarissa makes the decision to accept Dr. H’s authority and advice, she also takes on and transmits his voice. Clarissa appears to parrot her physician, saying, “I shall have sinkings sometimes. I must expect such” (1088). The medicalization of her language, the idea that she must “expect such” “sinkings,” speaks to the checking of expectations that come part and parcel to psychosomatic illness: emotions and psychic distress was not created in one day, thus the mind and body cannot be healed in one day. Clarissa’s doctor provides healing and consolation to her, though this amelioration is not enough to prevent intermittent “sinkings.” Clarissa gives voice to her reasoning for these moments of depression when she asserts, “The mind will run away with the body anytime,” thus reiterating Clarissa’s understanding of the body as a “poor passive machine” (1127). Clarissa is fully aware of her mind and body as united—mind, body, and emotion are all intertwined. Because her heart and psyche are deeply wounded, as her Papers show, Clarissa experiences her “sinkings” and does not see herself as capable of regulating her symptoms. Clarissa’s honesty is not valued for her recovery, however, because later in the same letter Belford notes, “An apothecary came in. He advised her to the air, and blamed her for so great an application as he was told she made to her pen; and he gave it as the doctor’s opinion, as well as his own, that she would recover if she herself desired to recover, and would use the means” (1127). The prevailing medical opinion gives Clarissa the agency in her recovery and in her physical wellness, but her work, the “application” of her “pen,” is counted as dangerous to her health. Clarissa is observed to write too much, a denunciation of her intellectual exertions as a means of cure.

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8: Unique to this moment of mind-body recognition is Clarissa looking into a mirror, “the glass,” and reporting what she sees; the “glass” provides a reflection of her innermost thoughts, or as Clarissa deems it “an honest picture of my heart” (1127). Brad Pasanek observes that mirrors are frequently used as a metaphor for the mind in the eighteenth century, using mirrors as a major rubric for designing his dictionary of mind metaphors (5), and mirrors also serve as an “invariant vocabulary for the mind-body” (4).
Clarissa’s agency in her physical health is emphasized by two medical opinions, Mr. Goddard’s and Dr. H’s, but their diagnosis also absorbs the sociocultural rhetoric that oppresses Clarissa. Clarissa is in control, theoretically, of her well-being or her death; her “application…she made to her pen” led her to overexert herself, according to the apothecary, showing that the mind can indeed “run away with the body” and deplete its energies. This troubling rhetoric of female insufficiency incites Burney and Austen’s later responses affirming female labor, as well as their argument for women’s bodies as something more than ‘passive machines.’ Dr. H’s proxy advises Clarissa to take “air,” to get outside in the fresh air and away from mental activity, and the apothecary observes, and also sees it as Dr. H’s opinion, that “she would recover if she herself desired to recover.” Clarissa’s recovery seems contingent on reducing mental exertion and her laboring thoughts, but this kind of work is what Burney and Austen show as critical in a psychosomatic heroine’s survival. Clarissa’s opinion that the body is mechanical and subject to what dominates in the psyche stunts her ability to recover, implicitly reinforcing the patriarchal rhetoric that the apothecary espouses.

Clarissa’s psychosomatic state pushes her onwards to death. Belford details Clarissa’s physical condition, noting when Clarissa has “a tolerable night, and was much better in spirits; though weak in person; and visibly declining in looks” (1100), to when Clarissa “was stooping, but with pain” (1103). Clarissa declares to Belford, “I presume to hope that I have a mind that cannot be debased, in essential instances, by temporary calamities” (1103), which speaks to the spiritual matrix surrounding Richardson’s intentions in creating the novel.86 Clarissa’s “essential instances” are her religious faith and acceptance of Providence—her governing forces. However, another power has great influence over Clarissa: the sociocultural mores that dominate her world.

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86 Richardson’s correspondence and later prefaces to the novel assert the idea that he had a moral and religious purpose to the ending he ascribed for Clarissa, as previously noted.
Clarissa decries the rape as the worst thing to have happened to her, yet “That evil, heavy as it was, is one of the slightest evils I have suffered” (1105). The rape renders Clarissa socially dead—her loss of virginity ruins her chances at a normative female life, as she also reveals in her Papers. Clarissa recounts her woes to Belford, noting that she is nineteen years of age, has an excellent family for whom she used to be “beloved” (1106), she will not be able to marry now, though she “had so much reason to found better expectations” (1106). In the diatribe of her woes, Clarissa reiterates her “father’s malediction” that she also spoke of to Anna, a curse that prompts her to consider her death as “welcomer to me than rest to the most wearied traveler that ever reached his journey’s end” (1106). Clarissa, as “the most wearied traveler,” is ready to greet death to end the wearying emotional turmoil that she does not feel she can physically sustain, particularly in the face of so much patriarchal power against her.

Clarissa cites all of her personal, familial, and social troubles as reasons for her imminent death. Through Clarissa, the psychosomatic heroine is presented as one who bears the weights of the middle class world where sociocultural issues reign as the greatest traumas. Clarissa writes to Anna,

I am persuaded, as much as that I am now alive, that I shall not long live. The strong sense I have ever had of my fault, the loss of my reputations, my disappointments, the determined resentment of my friends, aiding the barbarous usage I have met with where I least deserved it, have seized upon my heart: seized upon it before it was so well fortified by religious considerations, as I hope it now is. Don’t be concerned, my dear—But I am sure, if I may say it with as little presumption as grief, in the words of Job, That God will soon dissolve my substance; and bring me to death, and to the house appointed for all living. (1118)
Clarissa cites Job, the epitome of suffering from the Bible, as her Biblical double; as Job suffered and was rewarded by God, so to does Clarissa see that possibility in her situation. The overwhelming nature of the rejections and “disappointments” she has suffered in conjunction with the rape “seized upon” her “heart.” “Religious considerations” are emphatically listed as her consistent internal barometer, or at least Clarissa “hope[s]” that is the case. Interestingly, Clarissa cites God as the actor in her death rather than noting that she herself is to be responsible: “God will soon dissolve” her “substance.” Clarissa transfers the agency she has to a higher power, believing that there is no way for her to resolve her broken heart and psyche on her own, thus aligning with Richardson’s religiodidactic purposes. The breakdown of her body results from the emotional and mental trauma that the rape inflicted, and compounded by familial and social isolation and rejection, Clarissa sees no way to work through her pain and become physically asymptomatic.

Even with such a valued physician as Dr. H, Clarissa’s tragic end is inevitable when her state of mind does not allow for recovery. To Mrs. Norton, Clarissa asserts that “I have as humane a physician (whose fees are his least regard), and as worthy an apothecary, as ever patient was visited by. My nurse is diligent, obliging, silent, and sober. So I am not unhappy without: and within—I hope, my dear Mrs Norton, that I shall be every day more and more happy within” (1122). Tangled up in Clarissa’s looked to death is her assertions that her bodily comforts are many and her mind, her “within,” needs to catch up. Clarissa claims Dr. H as “humane,” not only for his lack of concern with money, but due to his kindness and care to her “without.” Dr. H, as physician, can only work on the external aspects of Clarissa’s illness; his function is to foster the best possible environment for Clarissa to get better in. Clarissa is cared for by, essentially, a medical team comprised of her physician, apothecary, and nurse. This
medical trio provides for all of Clarissa’s external needs, but they cannot reach the most internal of Clarissa’s symptoms: her “within.”

However “worthy” Dr. H is, Clarissa is still resigned to die, because she cannot reconcile her inner turmoil. As she prepares for death, Clarissa’s physician and apothecary visit, and Belford reports that Clarissa says,

Doctor…you will excuse me for the concern I give you; and so will you, Mr Goddard, and you, Mr Belford; for ‘tis a concern that only generous natures can show’ and to such natures sweet is the pain, if I may so say, that attends such a concern. But as I have some few preparations still to make, and would not (though in ease of Mr Belford’s future cares, which is, and ought to be, part of my study) undertake more than it is likely I shall have time lent me to perform, I would beg of you to give me your opinions (you see my way of living; and you may be assured that I will do nothing willfully to shorten my life) how long it may possibly be before I may hope to be released from all my troubles. (1249)

To Clarissa, her doctor and medical team are “generous” and reign in the category of sensibility, as “to such natures sweet is the pain.” Clarissa continues to assert that she is not the agent in her death—like Job, God will end her suffering—and she “will do nothing willfully to shorten” her life. She also asserts ownership and agency in the ending time left before she dies, as she will keep “some few preparations” as part of her “study”—she uses the possessive “my” when speaking of her study, too, for, though part of the “future cares” of Belford, they are still hers. Interestingly, showing the divide between science and religion, Dr. H does not claim Clarissa as responsible for her decline, because he states to Clarissa that “if you have not better treatment than you lately met with, I am afraid…That a fortnight or three weeks may deprive the world of
the finest flower in it” (1249). The “treatment” Clarissa has received from others, her supposed friends and family and general circumstances, have led to her decline and imminent death; social mores and difficulties plague the psychosomatic heroine, and Clarissa initiates this piece of that narrative trajectory. The social pressures and conditions create Clarissa’s malaise, to which Clarissa says, “God’s will be done!” (1249), though she requests “doctor, be pleased to order me some more of those drops: they cheer me a little when I am low” (1249). Whether the drops are an herbal tincture or an opiate syrup, Clarissa indicates that they “cheer” her “a little,” speaking to the potentially psychopharmacological effects of eighteenth-century pharmaceuticals.

Clarissa’s request for the “drops” indicates her desire to alleviate or numb the thoughts that keep her “low.” Since she is urged to no longer write—essentially barred from working as she had—Clarissa tries something else to help manage her thoughts and emotions. She is not opposed to pharmaceutical intervention, even if it is futile, but she is involved in her treatment, seeking to be “cheer”ed by “those drops.” Her care appears palliative, for Dr. H also recognizes her coming death, which prompts him to write his one published letter.

Dr. H’s one letter holds a unique place in Richardson’s narrative, largely due to its single state and its attempt to repair some of the social ills that plague Clarissa. In a novel filled with letters from a number of characters, though primarily between the major characters, Dr. H, a figure who is declared “worthy” by the fictional editor Belford, only has one printed letter

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87 Dorothy and Roy Porter note that the predominant type of painkillers and medications available in the eighteenth century in England—a time and place they dub a “medicine society” (7)—were opium-based (107, 150, 163-4). Opium’s known effects of causing euphoria and other mood altering such as lessening anxiety and stress, or at the very least relaxation and pain reduction, point to the likelihood that Clarissa’s “drops” may be opium-based. Dr. H’s praised ‘eminence’ indicates that he is likely not providing Clarissa with a nostrum or other similar quack cure, though Heather R. Beatty asserts that “some herbal remedies employed by eighteenth century physicians worked with good effect” like valerian root tinctures for nerves (127). John Wesley’s 1747 publication of Primitive Physic (though published anonymously until 1761) promotes herbal remedies and tinctures, along with other medications depending on the ailment, the promotion of which Deborah Madden asserts as in line with standard medical practice in the eighteenth century rather than mere folk remedy (16-17).
included in his own hand. Florian Stuber views Dr. H’s letter as a too-late reconciliatory move, seeking to return Clarissa to the bosom of her family’s affections, as Dr. H is a benevolent figure in the novel, unlike Clarissa’s father. Dr. H writes of his experience of Clarissa to James Harlowe, Esq., declaring her “absolutely irreproachable in all her conduct which has passed under my eye, or come to my ear” (Clarissa 1332). Dr. H relies upon sight and sound, empirical senses, to evaluate Clarissa’s “conduct,” and using such proves her “irreproachable.” This estimation of her actions stems from his perspective less as a doctor and more as a parent, for he begins the letter, “If I may judge of the hearts of other parents by my own,” (1332). From a personal standpoint, as indicated by his use of “my own,” Dr. H sees parents desiring the reconciliation and using their “hearts” as a barometer to “judge.” Dr. H’s judgment is that Clarissa is “the most excellent of her sex,” high praise indeed, but supported by his effusive language to describe her: “irreproachable,” “glorious,” “honourable,” “greatness of mind,” and, finally, “saint” (1332). Dr. H practically deifies his patient, aggrandizing her reputation in hopes that Mr. Harlowe will “save” his family “by dispatching hither” a “last blessing” upon his daughter, Clarissa (1332). Dr. H’s rhetorical strategies are evident as he uses deep pathos to engage the heart of his letter’s recipient as he speaks of how Clarissa “supports herself in a painful, lingering, and dispiriting decay!” (1332). Dr. H’s passionate speech is motivated by how he is “driven to write, by a kind of parental and irresistible impulse” (1332). Dr. H’s “perfectly paternal” qualities are at the forefront of his letter (1082): his “impulse” stems from his heart, which he cannot resist.

As the only letter included from Dr. H, the letter gains precedence in expressing the utmost qualities of his character: as he is described in Richardson’s delineation of his cast of characters, “a physician of humanity, generosity and politeness” (Clarissa 38). Dr. H writes:
Letter 461: Dr H to James Harlowe, Senior, ESQ.

London, Sept. 4

Sir,

If I may judge of the hearts of other parents by my own, I cannot doubt but you will take it well to be informed that you have yet an opportunity to save yourself and family great future regret, by dispatching hither some one of it with your last blessing, and your lady’s, to the most excellent of her sex.

I have some reason to believe, Sir, that she has been represented to you in a very different light from the true one. And this it is that induces me to acquaint you, that I think her, on the best grounds, absolutely irreproachable in all her conduct which has passed under my eye, or come to my ear; and that her very misfortunes are made glorious to her, and honourable to all that are related to her, by the use she has made of them; and by the patience and resignation with which she supports herself in a painful, lingering, and dispiriting decay! and by the greatness of mind with which she views her approaching dissolution. And all this from proper motives; from motives in which a dying saint might glory.

She knows not that I write. I must indeed acknowledge, that I offered to do so some days ago, and that very pressingly: nor did she refuse me from obstinacy—she seemed not to know what that is—but desired me to forbear for two days only, in hopes that her newly-arrived cousin, who, as she heard, was soliciting for her, would be able to succeed in her favour.

I hope I shall not be thought an officious man on this occasion; but, if I am, I cannot help it, being driven to write, by a kind of parental and irresistible impulse.

But, Sir, whatever you think fit to do, or permit to be done, must be speedily done; for she cannot, I verily think, live a week: and how long of that short space she may enjoy her admirable intellects to take comfort in the favours you may think proper to confer upon her cannot be said. I am, Sir,

Your most humble servant,

R.H. (1332-3)

Dr. H’s letter is deferential to Mr. Harlowe, using caution in expressing too stridently the case for reconciling with Clarissa, hoping to avoid seeming “officious” by declaring himself a “most humble servant.” The “politeness” of Dr. H shines through, but the solicitous care for Clarissa is most apparent throughout the letter; his urgency to fulfill Clarissa’s hopes of reconciliation.
results from his observation that she will not live much longer. With such little time left, Dr. H wishes Clarissa “comfort” that only Mr. Harlowe can provide with his “favours.” Reinforcing patriarchy and paternity as the means by which Clarissa can “enjoy” the time she has left, Dr. H defers to the power family acceptance and support has in ameliorating social issues. However, though Dr. H defers to James Harlowe, Sr., he respects Clarissa, because she is the one who is “admirable.” While his effusive language proves Dr. H’s admiration for Clarissa on the whole, he declares that she has “admirable intellects”—demonstrating that what engages his care for her is her intelligent mind. Dr. H shows how “perfectly paternal” he is, praising Clarissa like a doting father, noting how “excellent” and “irreproachable” she is. To Dr. H, Clarissa can do no wrong that should not be forgiven; her conduct proves her an exemplar of polite society.

Dr. H reveals the social discourses plaguing Clarissa’s unfortunate situation in his letter, implicitly decrying the circumstances that force Clarissa into “misfortunes” (1332). Clarissa bears all with “patience and resignation,” but being such a shining example of eighteenth-century femininity—not one breath of misconduct has been seen or heard by Dr. H—Clarissa deserves better treatment from her family, a “last blessing” to grant her succor. Dr. H’s caring concern for Clarissa and all that she has suffered is so great that he cannot begrudge her inevitable death; he lauds Clarissa’s “greatness of mind,” elevating her to the level of “saint.” The lavish praise Dr. H heaps on Clarissa indicates how he “had greater hopes of her than she had of herself” (1127), indicating that he is not the only “worthy” one in this novel. Clarissa is worthy of familial acceptance and forgiveness, worthy of employment for her intellect, and worthy of survival. There is little hope of Clarissa’s full recovery, as Belford notes that “despair of recovery allowed not room for cure” in psychosomatic illness like Clarissa’s (1127). Richardson’s psychosomatic heroine will die within a week at Dr. H’s estimate, and the “despair” extends to all who love
Clarissa. Dr. H’s letter serves as his last-ditch effort to help Clarissa’s “without”—to help undo some of the social circumstances that drove Clarissa to the heights of psychosomatic illness that lead to her death.

Dr. H’s last calls on Clarissa reflect his care for his dying patient and reveal his narrative purpose as an empathetic figure. Belford narrates one of the final visits by Dr. H, saying Dr. H “tarried” with Belford and reassures Clarissa that her hours are few: “she would hardly see tomorrow night” (1347). While Mr. Goddard and the clergyman take “a solemn and everlasting leave” of Clarissa, her doctor remains as solicitous as ever and affirms her hopes for a near end, giving Clarissa “pleasure” on what she deems “the most joyous occasion” (1347). The first psychosomatic heroine’s doctor, then, is a consoling presence in the heroine’s dark moments—the doctor comforts and cares as much as he diagnoses and prescribes. Dr. H does what Clarissa is unable to do: he attends to the mind-body and the “without” in their turn.

No “Charity”: Clarissa’s Death and Legacy

Dr. H signs his single letter with the initials “R. H.” (Clarissa 1333), and the first initial “R” appears to align Dr. H with the author: Richardson himself. While there is no conclusive evidence for why Dr. H’s first initial is R nor what it represents, I would like to suggest that it has to do with Richardson himself intervening just as Dr. H attempts to intervene on Clarissa’s behalf—by caring for the heroine in a “perfectly paternal” manner and granting her the end that she eventually desires for herself (1082). The emphasis granted to “paternal” in each utterance of the descriptor attached to Dr. H highlights the doctor’s role for the psychosomatic heroine as a friend and counselor more so than an impersonal evaluator and prescriber of mind-body derangement. As the psychosomatic heroine is not mad, her treatment protocol must reflect her
circumstances, which Richardson’s Dr. H attempts to do. Dr. R.H’s inability to cure Clarissa also
points to the unreachable part of Clarissa that cannot be reached by medicine or narrative
intervention. Just as Clarissa asserted her individual presence in her Papers, her will asserts itself
in her inevitable decline and death, thus Dr. H proves ineffectual as both authorial presence and
medical doctor. However, while Dr. H cannot cure Clarissa, he can support her and put her in
“charity” with the sex that wronged her, which may be a cure itself for the socially bound
psychosomatic heroine (1082).

Clarissa exerts the power that she can in her declining state: she looks towards her legacy.
In a final act to indicate her “charity” with the male sex, Clarissa chooses Belford “To be the
protector of my memory…And to be my executor,” as he is the “only gentleman possessed of the
materials that will enable him to do my character justice; And who has courage, independence,
and ability to oblige me” (1176). Key in Clarissa’s command is that Belford has the “ability” to
do what Clarissa asks, for as a male with status, he can actively pursue legally and actually the
protection of Clarissa’s “memory” and the execution of her “dying requests” (1176). Belford
becomes the editor of the volume that contains Clarissa’s tragedy, compiling the materials of her
life and promoting her legacy as psychosomatic heroine as “protector of her memory.”

The reader, as witness to the tragedy of Clarissa Harlowe, receives the letters and papers
Clarissa writes as collective fodder in the unfolding narrative, accessing key moments of
Clarissa’s self-consciousness. Her self-consciousness and self-awareness shows Clarissa to be
the first psychosomatic heroine. Rather than being separated from her narrative, or having her
mind taken out of the narrative by madness, Clarissa settles deeply into her thoughts and
emotions that the reader has access to, which result in physical symptoms—her experiences of
illness and death. The reader, as both one who experiences and considers the impact of Clarissa’s
narrative, is active in the process of interpretation and a “protector of her memory.” Richardson’s experimentation, specifically in regards to how Clarissa’s letters and Papers are physically handled and transmitted, clarifies his project in detailing the experience of the psychosomatic heroine: her experience is to be mediated and controlled by others, and she is to remain a “poor, passive machine.” This problematic rendering of Clarissa’s experience is exactly what authors like Frances Burney and Jane Austen grapple with in their novels reviving the psychosomatic heroine: should a heroine’s experience be so mediated that her agency is continually stripped away? Should the circumstances a heroine is placed in relegate her to death, or is there a form of work that can prevent tragedy?

Richardson’s readers become prey to the machinations of the author: Richardson himself. As Castle and Hinton note, Richardson, more so than Lovelace, creates Clarissa as the victim that is exploited by the misogynist Lovelace and the cruel control of her family and Richardson’s narrative over Clarissa. However, Clarissa’s fragments, the Papers that so clearly manifest her self-conscious, form a psychotextual body of sorts: a body that cannot be ignored nor taken for granted. The embodiment of Clarissa’s deepest, wounded self presents to the reader an integrated literary body, a body that has known pain, illness, and expects death. Because of this process of interpretation, Clarissa’s experience sticks with a reader; her tragic story is not easily forgotten.

88 The process by which Clarissa’s letters and Papers are ultimately transmitted is complicated—each character writes his and her own letters, Belford sorts and arranges these letters as editor, and all is under the ultimate power, the author Richardson. The mediation of Clarissa’s Papers—they are discarded by Clarissa, rummaged through and taken by Dorcas, read by Lovelace, initially transcribed by Lovelace, then turned over to Dorcas for transcription—further complicates this process by which the reader becomes the recipient of this archival fodder.

89 Terry Castle’s seminal work *Clarissa’s Ciphers* explores the “dialectic of pain” that permeates the novel (15) and maintains that Clarissa is a “victim of hermeneutic violence” (22). In this “hermeneutic,” the reader is a participant in the “aggression” against Clarissa (77), as the reader is like an author, though of course Richardson is ultimately the author, in that he or she inscribes meaning on the text (170). Merging the social conscientiousness of feminism with a critical eye towards ‘the gaze’ and its implications via film studies, Hinton further asserts that Richardson is the ultimate patriarchal figure of the novel, as he “constructs a Clarissa who is reliant upon his own ‘author-ity,’ as her father figure, her author” (43), and that “Clarissa, ultimately, is a masculine cultural projection of sadomasochistic fantasy” (47).
Her mind-body becomes a memory with afterlife, a remembrance that persists after the narrative ends.\(^90\)

Clarissa works in the memory of readers and establishes herself through her letters and papers. Elisabeth Bronfen provides excellent insight on the process of memorialization and afterlife when she notes, “One of the most crucial aspects of the mourning process includes the transformation of what was a living person and then an inanimate but destabilized decaying corpse into a permanent and stable inanimate representation” (Bronfen 78). Clarissa’s process of memorialization is akin to Bronfen’s description: Clarissa’s transition back into corpse after her death and then reintegration into the reader’s mind in afterlife marks the reader’s participation in her narrative and life’s meaning that Burney and Austen revisit in their novels. Burney and Austen revisit Clarissa’s gravesite, so to speak, as if to say, “Why was her body and work so disregarded? Was nothing else to be done? Could she not manage some other way?” With these gravesite visits, however, Clarissa remains far from “stable” and “inanimate.” Her story is in a constant process of interpretation rather than being fixed due to her archive of letters and Papers. While her psychosomatic archive is a “stable” record of Clarissa’s experiences, Clarissa, as interpretive subject, is more flexible in meaning. The reader is active in meaning making, thus with different readers—like Burney and Austen who take this active process of meaning making one step further in the creation of their novels—different Clarissas emerge, though each Clarissa inherits the thoughts, feelings, and experiences from the original Clarissa’s archive. Like a

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\(^{90}\) James Bryant Reeves, in his article “Posthumous Presence in Richardson’s Clarissa,” provides a look at the “temporal flexibility” of Richardson’s “epistolary mode,” in that Clarissa’s posthumous letters promote a sense of eternity in the present moment (602). Extending Reeves’ argument, Clarissa’s presence in the novel that extends beyond her life continues outside of the novel as well, with the reader.
“pretty ghost,” as described by Joseph Roach,\(^9\) Clarissa remains with readers, to which her legacy as the first, tragic psychosomatic heroine attests.

However much a reader may hope that Clarissa could have survived, triumphantly overcoming the trauma of rape and the burden of psychosomatic illness, Richardson does not allow this. To him, the end is just, and Clarissa goes to a better world than the one bound in human frailty and wickedness. Richardson’s psychosomatic heroine cannot survive; for Richardson, the trauma of rape and the rejection by the world and her family prevent Clarissa from continuing to take part in the world. Social mores dictate that the impure Clarissa, no longer in possession of her virginity, can no longer take part in polite society, which Clarissa notes in her Papers and Anna reasserts in her letters advising Clarissa to marry Lovelace to be socially acceptable.\(^9\) Because Clarissa’s “pride…is not sufficiently mortified…for [her] to submit to make that man [her] choice,” due to how “abhorrent” his actions are, Clarissa must be exiled and, therefore, die (\textit{Clarissa} 1116). Richardson’s arguments against libertinism extend enough that his heroine is caught in the crosshairs; to present a foil to the libertine Belton’s death\(^9\) and the gruesome end of Mrs. Sinclair, Clarissa’s death is a necessary remedy to show virtuous death—death that is socially acceptable and in direct opposition to libertinism.\(^9\) In the end, Clarissa’s death appears less necessary to the psychosomatic heroine but more necessary to disprove “triumphant libertinism,” a problematic narrative decision on Richardson’s part that

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\(^9\) Roach observes that the phenomenon of the “pretty ghost,” one who dies while young and attractive and haunts cultural and social memory, emerges in the long eighteenth-century persisting throughout modernity. Rather than the erotic type, Clarissa appears more the “ghost-angel” type that Roach describes (Roach 132).

\(^9\) Letter 358 presents Anna’s suggestion post-rape, though she has urged Clarissa to accept Lovelace in marriage throughout the novel despite his faults. Reverend Lewen also encourages Clarissa to marry Lovelace.

\(^9\) Belton is a friend of Lovelace and Belford who wholeheartedly embraces a libertine lifestyle that eventually leads to him being betrayed by his mistress, left indigent, and ultimately his illness and misery.

\(^9\) In the letter detailing Clarissa’s passing, Belford notes how opposite Clarissa’s death is from Belton’s by terming her death as a “happy exit” (1360) unlike that of “poor Belton” (1361-2); in the discussion of the less-than virtuous Mrs. Sinclair’s surgery and death, another repudiation of rake/libertine lifestyles is offered (1393).
authors like Frances Burney and Jane Austen take issue (1358). Frances Burney picks up on the nuances of Richardson’s new heroine type and takes on the psychosomatic heroine, transforming her with the inflection of performance to reverse the threat of death, seemingly saying, like Lady Bradshaigh articulated in correspondence to Richardson: “I still think Clarissa should have lived” (Bowers and Richetti 732).
Chapter Two

“A Spirit of Contradiction”: Frances Burney’s Divergent Psychosomatic Heroines in Cecilia and The Wanderer

On January 8, 1781, an exhausted Frances Burney wrote to her sister, Esther:

I go on but indifferently, — I don’t write as I did, the certainty of being known, the high success of Evelina, which, as Mr Crisp says, to fail in a 2d would tarnish, —these thoughts worry and depress me, --and a desire to do more than I have been able, by writing at unseasonable Hours, and never letting my Brains rest even when my Corporeal Machine was succumbent,—these things, joined to a Cold, have brought on a Fever of which I fear I shall some Time feel the ill effects in weakness and an horrid tendency to an Head ache, which disables me from all employment. (Journals and Letters 169).

Burney speaks of her difficulties writing Cecilia, as she grapples with fame that resulted from her first novel Evelina. Burney appears to channel Clarissa when she speaks of her “Corporeal Machine,” being “succumbent”: her body being submissive in the face of fear, stress, and exertion. The pressure of expected performance—making another successful novel—places great strain upon Burney, affecting her mind and body, “which disables [her] from all employment.”

In this letter, Burney merges the psychosomatic issues that plague Richardson’s Clarissa with those that afflict Cecilia in Burney’s own novel; the writing of Cecilia and the authorial anxieties that accompany her fame appear to imbue the novel with its central concerns: the effects of
pressure on the female mind and body. These mind-body concerns inflect Burney’s portrayal of the multiple and variable psychosomatic heroines from *Cecilia* to *The Wanderer*.

Burney’s narrative world is quite different from Richardson’s, in that Burney recognizes the very public nature of women’s lives and the exposure that women must contend with in the multiple roles they must play. This recognition stems from Burney’s personal and professional experiences: over time she experiences fame as an author, contends with two powerful and dominating father figures in her father Charles Burney and Samuel ‘Daddy’ Crisp, is thrust into the precarious and stifling world of the royal court as Keeper of the Robes to Queen Charlotte, marries and becomes a mother, and sees a decline in her professional career yet never ceases writing and working. Like Burney, her heroines are very much in the world rather than behind closed doors, and Burney grapples with the implications on women’s minds and bodies once they are out in society and having to deal with social, personal, and professional pressures.

In *Cecilia*, Burney posits that the demands of society upon women spark psychosomatic illness; in a more extreme manner through Cecilia’s spectacle running through the streets of

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95 *Evelina* initiates this exploration of exposure, though Evelina’s status as ingénue and her fewer trials in society show her to be a tentative step towards the more complex investigations of women’s difficulties that Burney’s later novels embrace.

96 Burney’s third novel *Camilla* is excluded from this chapter, because *Camilla* is a more contained novel, in the sense that the primary action of the novel occurs within a family. As such, the performances Camilla enacts occur in a more private, rather than public setting. While Camilla could fit within the paradigm of the psychosomatic heroine—which Emily Hodgson Anderson points to in her assertion that “Camilla’s psychological sufferings clearly and quickly trigger very real physical failings”—length restrictions bar me from exploring her further in this chapter (“Staged Insensibility” 13). In this exploration of Burney’s novels, I am interested in the heroines who are thrust onto the public stage and forced to contend with their internal and external states through the public work of performance. I am interested in the public manifestations these heroines—Cecilia, Juliet, and Elinor—present through their work of performance, being thrust into society and forced to cope with the pressures this public arena exerts. While Camilla also encounters the “female difficulties” of being subject to sociocultural expectations that constrict women’s behavior, Camilla performs on the private stage of the Tyrold’s family life: her performances bring about reconciliation within her family and with her lover Edgar Mandlebert, a ward of Sir Hugh Tyrold with whom she has grown up. The circle of characters in *Camilla* is much smaller, creating a more intimate world that lacks the public “episodes” that characterize *Cecilia* and *The Wanderer* (A Life in the Works 215). Emily Hodgson Anderson, Elaine Bander, and Rebecca Garden also note this greater privacy in *Camilla*. 
London, Burney demonstrates the singular nature of the psychosomatic heroine as one who embodies not only personal difficulties, but social difficulties in her performance work of managing the self. In *The Wanderer*, two psychosomatic heroines emerge: the “silent” Juliet Granville and the highly demonstrative Elinor Joddrell. Through these two very different heroines, Burney demonstrates that there is not the single “passive machine” response to stressors that invoke psychosomatic ailments: Burney shows that psychosomatic heroines are widely divergent rather than carbon copies of Clarissa. Instead of bodies that are “passive machines,” Burney proves her heroines have bodies that can *act*, particularly through their performances.97 Burney’s psychosomatic heroines evoke the ills of society and personal struggles, while they also engage the reader in a new mode of interpreting psychosomatic complaints through their work as performers.98

Performance functions in multiple ways in Burney’s novels, both as a necessity for women’s navigation in their world and as a mode of work. What Joseph Roach calls “the performance of everyday life,” Burney demonstrates as social threat and instigator of psychosomatic illness for Cecilia, Juliet, and Elinor (*Cities of the Dead* 27). From the introduction into society to the presentation of their first symptoms, Burney charts the psychosomatic heroine’s journey as one of intense social and personal stressors coming to a head in the physical body. For Cecilia, a transitional figure between Richardson’s Clarissa and Burney’s later heroines in *The Wanderer*, societal pressures collectively assault Cecilia until she is driven to spectacle and illness. For Juliet Granville and Elinor Joddrel, personal circumstances,

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97 Burney is noted for embracing the world of the theatre in her novels; her predilection for the theatre world is especially conveyed through her heroines’ use of performance. Emily Hodgson Anderson, Barbara Darby, Marcie Frank, Nora Nachumi, and Francesca Saggini particularly detail Burney’s ties to the theatre and the ways in which it influences her writing.

98 Joseph Roach, in “History, Memory, and Necrophilia,” defines performance as “the kinesthetic and vocal embodiment of social memory and self-invention” (23).
compounded by social mores, afflict these heroines, showing the condition of the psychosomatic heroine when driven to the brink by societal expectations that beleaguer the mind and body.

Performance also functions as a mode of work for Burney’s psychosomatic heroines, and this work functions in three ways: to reveal, to conceal, and to control. Cecilia reveals her inner states through her performance on the stage of London, presenting her spectacle of anxiety and distress when she fails at performing the society woman. Elinor works to control others’ actions and lives through her performances, staging suicide scenes to dramatize the turmoil of her love life and her intense emotions. Juliet’s performance work is that of concealment: her efforts to keep her identity hidden and contained for her survival are difficult tasks that take a toll on her mind and body. Juliet has many professional jobs as well, which heighten her performance of concealment by obscuring her class and her background. While Juliet is just as subject to the difficulties of public life as a female, she is able to be the most fluid in her performance work and demonstrates how in the modern era, women must be able to occupy and move between many positions. Juliet’s dynamic performance work shows her the ideal psychosomatic heroine, because she can embody different roles and best navigate her world.

“Performance” is a multivalent term: while it can mean the literal act of performing on a stage as an actor or musician, it can also mean to carry out an action or the efficacy of the action one carries out. As Laura Engel observes, “These definitions of performance imply that the performer is always subject to the politics of visibility and judgment, perhaps the two elements that most distinctly defined the ways in which women were perceived and evaluated in eighteenth-century culture.” (The Public’s Open to Us All 4). For the purposes of this chapter,  

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99 Joseph Roach, in Cities of the Dead, provides an excellent summation of the etymology of performance, and Laura Engel, in her introduction to The Public’s Open to Us All, delivers a fantastic brief exploration of the eighteenth-century definitions of “performance” and their implications for the term’s critical usage.
performance functions as both a public and private act in which actions of self, mind and body, are carried out on the stage of life. Drawing on Joseph Roach’s idea of the “performances of everyday life,” I contend that in the embodied everyday, Burney’s psychosomatic heroines reflect the pressures of society’s expected performances as much as they enact their own performance work. From the experiences of patriarchal society, restrictive economic circumstances, uninspiring or difficult professional lives, familial obligations, marital pressures, personal disappointments, the Revolution, social ostracism, or exile, a continuum of anxiety emerges where the psychosomatic heroine reacts to the strictures of her life circumstances and embodies those stressors. Their minds and bodies exhibit the interplay between the harmful effects of those pressures and the necessity of performance work as a woman in the long eighteenth century. Burney’s heroines embody her final subtitle “FEMALE DIFFICULTIES,” in that their narratives demonstrate Burney exploring the possibilities for women—or more accurately the lack thereof—in society. The psychosomatic experiences of Cecilia, Juliet, and Elinor allow readers access to the effects of societal constraints on women: the narrating of their minds and bodies presents the conflict of women versus society.

Burney’s novels reveal these trying circumstances associated with being a woman where day-to-day pressures turn into moments of virtual Gothic. This extreme pain and anxiety that everyday life creates for women leads to symptoms—signs of that distress—the psychosomatic heroine expresses through her mind-body. Conventionally, the heroine’s symptom expression might lead to interpretation and intervention by a doctor like Richardson’s Dr. H, but Burney does not always adhere to this structure. In Cecilia, Dr. Lyster serves as an intermediary who negotiates the meaning of Cecilia’s bodily responses between her, other characters, and the reader. By the end of Burney’s novel career in The Wanderer, however, the doctor figure, while
still present in the narrative, no longer serves as a key interpreter. The surgeon Mr. Naird still provides insights into Elinor’s bodily responses, but his lack of success with his patient creates a turn towards another figure who is meant to read and interpret: the reader becomes the interpreter of the psychosomatic heroine. Before she ever maps out this new trajectory for the psychosomatic heroine’s interpretation, Burney herself serves as reader of Richardson’s psychosomatic heroine, and her responses to Richardson guide her departure from his creation of Clarissa.

“A Likely Matter”: Burney and Richardson

Burney, through her psychosomatic heroines, captures performance in the embodied everyday: the work of visual, theatrical performance is tied to the journey of the psychosomatic heroine as she expresses her symptoms and their causes. Through everyday performance, Burney captures the psychosomatic heroine in response to Richardson’s formulation of Clarissa, which enacts a ‘genealogy of performance,’ to use Roach’s terminology, as “genealogies of performance document—and suspect—the historical transmission and dissemination of cultural practices through collective representations” via “bodies,” showing “the reciprocal reflections they make on one another’s surfaces as they foreground their capacities for interaction” (Cities of the Dead 25). Burney’s heroines’ bodies interact with Richardson’s Clarissa’s body, taking on new facets and deepening reader’s conceptions of the psychosomatic heroine by showing that bodies can act rather than be “passive machine[s]” (Clarissa 384). Clarissa serves as a “suspect” case of the psychosomatic heroine: she is a girl put under the extraordinary circumstances of rape and the victim of a single man’s game of cat-and-mouse. Alternately, Burney examines the little pressures and problems of everyday life for women who must be mobile and in the world as a
source of cumulative pressure that pushes heroines into psychosomatic response. Burney responds to Richardson’s Clarissa as being an extreme case of the psychosomatic heroine: for Burney, everyday life has the capacity to drive heroines to psychosomaticism.

Along with responding to Richardson in her novels, Burney also expresses personal reactions to Richardson and his writing, though from the margin. While Brian McCrea asserts that “Burney admired Richardson” (165, n. 3), Martha Koehler sees Burney as critiquing Richardson by “skeptically read[ing] Richardson’s version of the moral paragon” (265). Magdalena Ożarska observes that Burney uses “metadiscourse” in her journals “to express opinions on the texts” she has read, and those texts include Samuel Richardson’s Clarissa (63). Burney provides compliments from Samuel Johnson regarding her work Evelina in comparison to the work of Samuel Richardson, noting on August 30, 1778:

Dr. Johnson…said he wished Richardson had been alive, ‘And then,’ he added, ‘you should have been Introduced to him—though, I don’t know, neither; -- Richardson would have been afraid of her!’

‘O yes!—that’s a likely matter!’ quoth I.

‘It’s very true,’ continued he; ‘Richardson would have been really afraid of her; -- there is merit in Evelina which he could not have borne. – No, it would not have done! – unless, indeed, she would have flattered him prodigiously…‘O, you little Character-monger, you!’ (Journals and Letters 97)

Burney includes this discourse to her sister Susanna, displaying a pride in her work and through her playful agreement over Richardson’s likely fear of her—“that’s a likely matter!” Burney

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100 McCrea disagrees with Koehler’s assertion and views it as a misreading of Burney’s views of Richardson and his novels, though I see value to both scholars’ views, as it is not mutually exclusive that Burney admire Richardson while also critiquing or adding to his portrayal of women’s lives.
implicitly touts herself as a viable threat to Richardson’s literary reputation: Burney sees that she can surpass him, particularly regarding portraying the predicaments that women face. This ability to surpass is confirmed through another “metadiscourse” in which the “Duchess Dowager of Portland” grants Burney’s Cecilia favor above Richardson’s Clarissa in January 1783 (Journals and Letters 199). Of Clarissa and Sir Charles Grandison, the duchess declares she “never could read [them],” because she “was disgusted by their tediousness” (200). Further, the duchess asserts, “O I hate any thing so dismal! Every body that did read had melancholy faces for a Week! Cecilia is as pathetic as I can bear, --and more, sometimes; --yet, in the midst of the sorrow, there is a spirit in the Writing, a fire in the Whole Composition, that keep off that heavy depression given by Richardson” (200). Burney writes with “fire,” igniting the passive machine of Richardson’s Clarissa with “spirit” and pathos.

Burney’s reputation, though less prominent than Richardson’s, has steadily grown as her literary talents and innovations have gained recognition. Her critiques of the social condition of women’s existence in the long eighteenth century contributes to her popularity. Marcie Frank views Burney as a pioneer in the novel, for the way in which Burney is able to “reorient our attention to theatrical, indeed melodramatic, aspects” of narration (616), and that “Burney’s theatricality generated novelistic innovations” (617). Theatricality, then, has aesthetic value for Burney, but also narrative and emotional value (Frank 631). Julia Epstein notes that “Burney’s fiction…argues for the authority of narrative fiction to reframe social conditions through representational discourses” (281). For Burney, the novel is a forum in which she can offer an

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101 Kathleen Anderson is most explicit in defining the terms “theatrical” and “performance” for Burney, defining “theatrical” as “emphasiz[ing] the constructedness of representation—the costuming, masking, and display of the performing body,” with “performance” defined as a general sense of representativeness (428).

102 Epstein contends that it is the social expectations upon women that force them into performance, articulating that “Cecilia and The Wanderer, especially, certainly take strong political positions, and all of Burney's novels analyse and condemn the constrained and hypocritical social ideologies that metaphorically and often physically imprison women in prescribed domestic spheres” (280).
authoritative view of women’s existence in conversation with Richardson: through her heroines she observes and critiques the social pressures that are constantly placed upon women. In Burney’s novels, womanhood is politicized through discourses of mind and body in her divergent psychosomatic heroines.

“There must ever, I find, be some check to human happiness!”: The Pressures of Performance and the Psychosomatic Heroine in Cecilia

As a result of authorial anxieties following Evelina’s fame, Frances Burney’s Cecilia presents a case of woman versus society. Considered more mature and sophisticated than Evelina, Cecilia posits a world in which performance is a necessity for women’s everyday wellness and social acceptance, but the heroine Cecilia continually fails to meet the expectations laid out for her. Cecilia proves her inability to properly perform the society woman time and again with her awkward entrée into society, her increasing isolation from society in order to attend to her charity efforts, and the greater isolation that results from her secret marriage to Mortimer Delvile. In Cecilia’s case history, Burney documents Cecilia’s mind-body problems for the reader-audience. When she performs her spectacle of running wildly in the streets of London, Cecilia reveals the ills of her situation and brings about the ‘checked’

103 Cecilia is viewed as more mature than Evelina, in that Burney graduates from the epistolary form to using a third person narrator; the increased difficulties under which the heroine must navigate the social milieu—namely, the contingency of Cecilia’s inheritance of £10,000 from her uncle, the Dean, that whomever she marries is required to take her last name—is also lauded.

104 In social settings—whether balls, visits, or even friendships—Cecilia and other women must present the acceptable, decorous façade, facets of the social world that Sarah Scott underscores and decries in her novel Millenium Hall (1750); as Carmen Fernández Rodriguez notes, Cecilia features “women as competitors,” a destructive mode of relations (113). The failure to conform to social mores typically results in ostracism or shaming, which can lead to symptoms of madness: extreme emotionality, bodily illness or nervous fever, depression, anxiety, and a variety of physical symptoms.

105 Mr. Monckton asserts that “You will find…as you mix with the world…those who act differently, incur general censure for affecting singularity” (Cecilia 14). Monckton continues, “experience shews that the opposition of an individual to a community is always dangerous in the operation” (15).
resolution of her journey through the involvement of Dr. Lyster—a physician who echoes Richardson’s Dr. H and has the power Cecilia lacks to articulate her situation. By involving the doctor-interpreter, *Cecilia* transitions between *Clarissa* and the heroines of *The Wanderer*.

Whereas Clarissa expressed agency through her work of writing, Cecilia uses performance to assert her agency and, more often, her lack of agency. Her revealing street performance demonstrates the shame and discontent Cecilia feels over her decision to secretly marry Mortimer Delvile against the wishes of his family. This spectacle signifies the break between her efforts to perform the social woman and her decision to act out her psychic distress; when social and personal pressures pile too high, a retreat into performance work can recalibrate the mind-body, but it comes at a cost. Like Clarissa before her, Cecilia experiences an extreme circumstance, but for Cecilia this pushes her into a period of illness. The cumulative pressures inherent in performing the social woman lead to Cecilia’s happiness being curbed at the conclusion of her narrative, and her performance work reveals the effects of society’s expectations on a woman’s mind-body.

Unlike the male characters in *Cecilia* that experience classic cases of Cheyne’s ‘English Malady,’ Cecilia’s experience is distinctly separate. Burney posits the cause of women’s psychosomatic illness to be society’s expectations and performative demands—external forces outside of Cecilia’s control that are often contradictory and vexingly patriarchal. Kristina Straub,

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106 The pressures often serve as ‘checks’ to Cecilia’s happiness, as my title indicates; whether it is the courting difficulties she encounters with Delvile and her numerous fortune-hunting suitors or problems with her three guardians who have contradicting wishes for her life and actions. As an heiress, society expects Cecilia to propagate the economic concerns of a future husband with her inheritance while also upholding the standards for feminine behavior. Cecilia is expected to remain polite, delicate, and feminine, while also preventing a mésalliance, which can require behavior that goes against the strictures of social discourse.

107 George Cheyne’s idea of the English Malady asserts itself as masculinized mental malady that stems from the ills or expectations of good living. The English Malady is a discourse of madness and nervous illness closely tied to ideas of nation and the superiority of English lifestyles—because the English are so well off and powerful they are more sensitive to discomfort or a lack of luxury, which can result in various modes of mental and physical ailments.
in speaking on the inherent “contradictory impulses” for female behavior in Burney’s novels in her seminal *Divided Fictions*, argues that *Cecilia* “focuses…on the strains of contradiction” (8); I contend that these strains are quite apparent through Burney’s engagement with discourses of mind and body, which allow Burney to critique the demands of her society and explore potential solutions for better negotiating the social mores that constrict personal freedoms and happiness through the work of performance. Cecilia’s work—revealing her inner states through an outrageous performance—highlights the lengths a woman will go to be heard, but also reveals the vexed position women are subject to.

**“She Checked the Rising Sigh”: Cecilia as Psychosomatic Heroine**

Cecilia’s first description marks her as one who has already experienced tragedy, and the ensuing narrative continues this track. Her eyes are “heralds of sensibility” (*Cecilia* 6), showing her to be emotionally sensitive, genuine with her emotions and their expression. With sensibility under scrutiny in the latter quarter of the eighteenth century, 108 Cecilia’s inability to cover up her emotional experience undermines her agency and places her uncomfortably into public view. Cecilia’s expected social performance is foregrounded at the start of the novel when Cecilia’s youthful introductions to “people of fashion” by Lady Margaret Monckton “had served to prepare her for the new scenes in which she was soon to be a performer” (9). 109 Cecilia—here in the first chapter of the novel—is placed in the world of the everyday theatre for an aristocratic female: the fashionable, social world. The fashionable world metaphorically becomes a stage in

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108 See John Mullan’s *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century* and Ildiko Csengei’s *Sympathy, Sensibility and the Literature of Feeling in the Eighteenth Century*.

109 Alicia Kerfoot observes that Burney “constructs Cecilia as a metaphorical ornament caught between economic and moral identities” (57).
which all of the interactions between its members is constructed by the social rules and obligations one must uphold. The necessity of performing the social woman plagues Cecilia throughout the text, as she later declares following Delvile’s proposal, “I little knew what I promised, nor know I now to what to perform! there must ever, I find, be some check to human happiness!” (825). Performance encompasses not only one’s actions and behaviors in the world but also the decisions for lifelong happiness Cecilia’s narrative world. Julie Park frames the everyday social performance required of Cecilia as “the individual failure to embody mechanical standards of consistency and ‘regular’ behavior,” and the pressures of “the social ritual of coming out invariably entail[ing] the psychological ordeal of a casting out” (29). If one does not perform correctly, dire consequences occur for the mind and body, and such is the case for Cecilia.

Fiscal, social, domestic, and marital pressures surround Cecilia throughout the novel pushing her to perform according to others’ expectations. Burney appears highly sympathetic to Cecilia’s plight: she crafts a novel intimately acquainted with an heiress’s pressured life as indicated in the subtitle “Memoirs of an Heiress,” because Cecilia is “at war with the world in general” (Cecilia 461). The threat to personal health and happiness is couched in battle terms, as violence pervades the text and politicizes the position of women. The problematic subject position of ‘heiress’ invites so many pressures and expectations from a culture dependent on aristocratic economic exchanges through marriage. This economic reality is explicitly articulated

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110 Cecilia’s three guardians—Mr. Delvile, Mr. Briggs, and Mr. Harrel—further personify the conflicting social forces surrounding Cecilia and the social pressures she faces. Their continual disagreement regarding how Cecilia and her wealth should be managed further marks the text as concerned with how society constrains and seeks to control women. Cecilia’s performance is further vexed by these explicitly conflicting viewpoints and expectations.

111 Andrea Haslanger echoes this idea of the female automaton as a mechanism of exposing “the pressures social norms exert on female protagonists,” as she examines the mind-body problem in relationship to the impact of Cartesian dualism on the eighteenth-century novel (795).
when in a moment of reflection Cecilia thinks, “She was to be responsible not only to the world but to herself for the whole of this momentous transaction”: the momentous transaction is marriage, the be all and end all of the social woman’s expected performance (621-2). Cecilia is pressured and “responsible’ for so many things due to her social position and wealth, proving marriage to be the problem of the novel, marking Cecilia in many ways as an anti-courtship novel. So much is against a successful and narratively satisfying relationship between the heroine and supposed hero that the courtship plot largely falls flat, and it seems that this failure is purposeful so that the reader focuses on the social issues at hand. Burney’s novel prefigures social condition novels of the Victorian period as she contemplates the problems of the aristocratic class and the burdens of wealth and social expectations particularly for women, for in Cecilia’s case in contemplating marriage “the terror of leaving either dissatisfied, made independence burthensome, and unlimited power a grievance” (621-2). The transactional mentality conveyed through Cecilia’s “independence,” however, is not what directly leads to Cecilia’s psychosomatic illness but the anxiety associated with trying to navigate a world with conflicting rules that she finds she cannot adhere to.

Cecilia, in response to her “disgust” towards society (93), “fixed her in the resolution of breaking through that facility of compliance” (101); she is “weary of eternal visiting, and sick of living always in a crowd” (101). Society and the weight of its expectations create restlessness in Cecilia. She seeks to break the mold, declaring, “I fear…I came too late into the school of fashion to be a ductile pupil,” and society living does not satisfy her cravings for purpose (286).

112 Meghan Jordan notes the ironies in this novel surrounding courtship and the tensions surrounding Cecilia’s choosing to marry and highlights the ambivalence with which the novel regards marriage.
Cecilia prefers to cultivate qualities independent of superficial society, thus she embarks on a time of study and charitable efforts. However, this too fails:

She now wearied of passing all her time by herself, and sighed for the comfort of society, and the relief of communication. But she saw with astonishment the difficulty with which this was to be obtained: the endless succession of diversions, the continual rotation of assemblies, the numerousness of splendid engagements, of which while every one complained, every one was proud to boast, so effectually impeded private meetings and friendly intercourse, that, which ever way she turned herself, all commerce seemed impracticable, but such as either led to dissipation, or accidentally flowed from it. (131)

Cecilia cannot embark on any desired course, because the world keeps intruding. Society expects her to participate, and as a well-mannered woman of her age, she will comply with society’s wishes as she has been taught, as all else is “impracticable.” However, by expecting “comfort” in society, Cecilia is misinterpreting what is expected of her; her subsequent list of what society life is actually like for her is the general list of what genteel women are required to do in the “continual rotation.” Her charitable efforts also prove unsuccessful; Cecilia is frequently assaulted and taken advantage of by a “band of pensioners…never satisfied with the generosity of donations” that leads her to give beyond her means (130). Regardless of the echelon of society she is operating in, Cecilia can never please others or herself: she is bound by her female status, showing that performing the social woman is a vexed position indeed.

Cecilia often feels oppressed by her circumstances and highlights her need for agency. Feeling trapped by society’s expectations, she exclaims: “I perceive that the cloud which I had
hoped was dissipated, is thicker and more impenetrable than ever” (243). She feels the weight of the “cloud” upon her, which is “impenetrable.” Cecilia recognizes her lack of agency as a woman, which only increases when she realizes she loves Mortimer Delvile. Upon the realization of her feelings, “she was conscious her happiness was no longer in her own power” and that it brings with is a “loss of mental freedom” (252). Rather than let herself be a slave to her feelings for Delvile, Cecilia sets the “intention” that “every faculty of her mind [will be] absorbed” (263) in trying “to conquer her partiality for young Delvile” (263). Cecilia is aware that her premarital state as a moderately dependent heiress yields more independence than the increased dependency she would have as a wife. This knowledge saturates her preoccupation with independence, and her efforts to maintain “mental freedom” demonstrate her attempts at self-control.

Cecilia’s attempts to maintain control over her thoughts and feelings become futile when she presses on in her taxing performance as the social woman. Cecilia finds she cannot help but love Mortimer Delvile, enough so that she consents to marry him, which helps fulfill the end goal of being the social woman: to be married. However, Cecilia even fails in fulfilling this marriage achievement, because she marries improperly. Prior to her marriage, Cecilia “though no stranger to sorrow, which the sickness and early loss of her friends had first taught her to feel, and which the subsequent anxiety of her own heart had since instructed her to bear, [] had yet invariably possessed the consolation of self-approving reflections” (576). Marrying secretly, however, results in “the loss of her self-esteem” (576). In these passages, Cecilia establishes her psychosomatic past and present: by noting the “sickness” that she had been “taught” to “feel” yet

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113 Cecilia continually feels the weight of her oppression at having to act according to others’ desires and expectations throughout the novel, crying out, “Alas…when shall I be at rest? when cease to be persecuted by new conflicts!” (669).
her “heart” “instructed her to bear” shows her actively resolving to overcome the “anxiety” of her “heart” that accompanies losing her friends. To counteract the “anxiety” of her situation past and present, Cecilia makes attempts at building resiliency, terming it the “work of mental reformation” (790). Seeing that something is fundamentally wrong in how she interacts with the world or with her own body, Cecilia seeks to re-form her mind, an active form of work that Jane Austen expands upon.114 Cecilia must rebuild herself in order to feel more contented with her lot. She effects “self-approving reflections”—what we might today term affirmations—to do that internal reworking. Everyday life events, however, interfere with her experiments in “reformation,” because Cecilia is ultimately ‘succumbent’ to circumstance and the necessity to perform as society woman.115

Cecilia’s situation is “particularly perverse” (826): her circumstances only exacerbate her problems. She is an heiress with abnormal stipulations for her inheritance, which severely and ironically limits her marital options, and, with further irony, limits her marriage to the man of her choice, Delvile. In a return to the marital ceremony paradigm Burney established in Evelina, Cecilia’s rushed and highly private ceremony with Mortimer Delvile results in her acting “rather mechanically” in the ceremony, pointing to its problems (831). Like the Richardsonian “passive machine,” Cecilia exposes the farce of women’s so-called options. Marriage turns out to be more complicated than Cecilia’s previous everyday problems. The emotional and mental turmoil further accumulates when Delvile must abandon Cecilia soon after the ceremony due to his mother’s health,116 leaving Cecilia alone and isolated with little recourse for her own care (868-

114 Jane Austen’s ideas of work as self-management is discussed in-depth in the subsequent chapter, Chapter Three.
115 As Burney felt when writing Cecilia.
116 Mrs. Delvile, through her aneurysm, shows herself as psychosomatic woman as well; the stress she encounters over her son’s love for Cecilia (which, if he marries her, would result in him losing his family name due to the stipulations of Cecilia’s inheritance) precipitates her health problems. Mrs. Delvile is an example of how psychosomatic issues do not resolve upon marriage, which Cecilia’s ‘check’ed ending also demonstrates.
9). Cecilia begins to suffer a psychosomatic decline following her marriage, when “melancholy thoughts haunted her” (826). Ghosted by depressive thoughts, Cecilia sees little room for agency or a recovery of spirits. Isolation compounds the weight of secrecy, for “She had now no…creature in whom she could confide” (859). Both alone and experiencing intense sadness, Cecilia cannot break free of oppression, both societal and self-directed. She disapproves of her own choices, and dealing with the consequences of those actions compounds her emotional and circumstantial difficulties.

Events and her marriage further disintegrate, and Cecilia is thrown out of her home by her guardian and unknowing-father-in-law, Mr. Delvile. Suffering from a damaged reputation that was caused by false rumors spread by her perverse suitor Mr. Monckton (who is already married), Cecilia fears Mortimer will engage in another duel in her honor. These anxiety-provoking circumstances devolve until “her senses were wholly disordered” (896), and Cecilia performs on the streets of London:

Mean while the frantic Cecilia escaped both pursuit and insult by the velocity of her own motion. She called aloud upon Delvile as she flew to the end of the street. No Delvile was there!—she turned the corner; yet saw nothing of him; she still went on, though unknowing whither, the distraction of her mind every instant growing greater, from the inflammation of fatigue, heat, and disappointment. She was spoken to repeatedly, she was even caught once or twice by her riding habit; but she forced herself along by her own vehement rapidity, not hearing what was said nor heeding what was thought. Delvile, bleeding by the arm of Belfield, was the image before her eyes, and took such full possession of her senses, that still, as she ran on, she fancied it in view. She scarce touched the ground; she scarce felt
her own motion; she seemed as if endowed with supernatural speed, gliding from place to place, from street to street; with no consciousness of any plan . . . till quite spent and exhausted, she abruptly ran into a yet open shop, where, breathless and panting, she sunk upon the floor, and, with a look disconsolate and helpless, sat for some time without speaking. (897)

Movement and speed characterize Cecilia’s public, bodily display of her mental anguish in this revealing performance. She is literally traversing social space, symbolically showing her inability to navigate the world she is a part of. Her public display of her private turmoil points to her lack of self-control, and the catching of her clothing points to her obstructed movement, both physical and figurative. Cecilia’s anxiety for her husband motivates her performance; she fears she will find Mortimer dead or at the very least “bleeding.” She imagines Mortimer’s duel, seeing the grave possibilities that could occur, which heightens her fear and amplifies her performance into public spectacle, breaking her implicit contract to be the society woman who remains superficial and contained. Cecilia’s work in this revealing performance evokes pathos; she seeks her errant husband with “distraction” caused by “inflammation,” a physiological reality stemming from “heat” and “fatigue.” Cecilia’s very real concerns over her husband and her “disappointment” are transformed into bodily action, and witnesses, even those who try to grab her “habit,” cannot impede her progress. Cecilia’s unceasing impulse to locate Mortimer is manifested through her running body, a body enacting her overwhelming anxiety. While Cecilia feels intensely, however, her body is active, moving her along a massive stage. Though she becomes fatigued from her “supernatural speed,” Cecilia reveals the stresses she has been internalizing in this very external display. Silence, finally, marks her struggle for agency and
control over her untenable situation in this performance work, yet her agency is further stripped by her ‘rescuer’s’ exploitation of her supposed resources and position.

When she is “not hearing what is said nor heeding what was thought,” Cecilia demonstrates that she is no longer performing for society as the ideal social woman; she is not kowtowing to society’s dictates for how a woman should act (897). A woman should not be active, running about in the street, showing her private feelings for others to see and comment on; she is expected to be pretty, passive, and composed somewhere in a drawing room or ballroom. This performance that reveals her internal status leads Cecilia to be labelled ‘mad’ by the woman who takes her in. Cecilia is acting in a way not condoned by society, so she must be given a diagnostic label that sets her apart from mainstream society. The narrator labels Cecilia as distracted and intensely suffering rather than mad: 117 she is consumed by “the distraction of her mind” that reveals “her agony was unspeakable” (899). Her suffering may be “unspeakable,” but it is not unperformable; Cecilia shows her audience in London that her body is active in her distress. The reader must read between the prescribed social discourses to the underlying mind-body discourse of work that Cecilia participates in; Cecilia’s bodily performance reflects her internal anguish that readers have access to. 118 Cecilia does, however, brush the edges of madness in the colloquial sense 119 through her perceived uncontrollability—by running about

117 Francesca Saggini notes that “Cecilia’s madness can clearly be read as a trope,” seeing Cecilia performing madness when she runs in the streets as interacting with a theatrical tradition of the madwoman figure (207). I also view Burney’s participating in a literary discourse of madness, giving readers what they expect or what might titillate them. However, madness and psychosomatic illness are different etiological designations; while I see Burney participating in a “trope,” I do not think that she is diagnosing her heroine as mad. Margaret Doody contends that Burney feared madness, seeing death as preferable in comparison (Life in the Works 194). Because she will not cause her heroine to suffer to the same extreme degree as Clarissa, I do not see Burney embracing a condition that she saw as terrifying: a “malady of that horrible aspect” (Court Journals Vol IV. 502).

118 Heather King notes Burney’s use of spectacle to emphasize Cecilia’s pain, saying “Burney forces the reader to suffer along with her heroine” (51).

119 Madness is associated with a lack of control in its definitions in the OED “imprudence, wild delusion, or (wild) foolishness resembling insanity” (“Madness,” n. 1), “Insanity; mental illness or impairment, esp. of a severe kind; (later esp.) psychosis; an instance of this” (“Madness,” n. 2), “Wild excitement or enthusiasm; ecstasy; exuberance
ignoring the influence of others, Cecilia is eschewing society and its dictates. In turn, Cecilia’s pushing of social boundaries leads to a loss of self in the eyes of society.

Cecilia is completely stripped of her identity following her revealing performance when she is labelled ‘mad’ in an advertisement posted by Mrs. Wyers—who took her into her place of business to care for her in the hopes of gaining a reward for Cecilia’s safe return—entitled “MADNESS” (901). Cecilia’s public spectacle is complete: she “raved incessantly,” provoking others to judge her rather than empathize with her situation. Cecilia is exploited for money since she resembles a gentlewoman, thus indicating the political problems of bearing upper class markers (900). The eccentric Albany comes to aid Cecilia after hearing of an ill woman being locally held at a pawn-brokers; he is highly sympathetic and incredulous, as he repeatedly wonders if “This be Cecilia!” (902). Cecilia’s unrecognizability points to how debilitating her illness is following her performance. As if she has just voided herself through the staging of her psyche, Cecilia no longer has her identity when she does not conform to society’s expectations. Burney’s psychosomatic heroine shows that in society, female identity is attached to the ability to “act like a lady” rather than as oneself. Cecilia shows that revealing one’s true thoughts and feelings is as dangerous as marriage to a woman’s identity and agency. Damningly, Cecilia points to the greatest source of her plight as she “wildly” exclaims, “I am married, and no one will listen to me!” (903). Marriage is also indicted as a source of psychosomatic illness, because marriage is inextricably tied to society’s misogynistic impulses. By extension, Delvile is implicated in this system when his arrival results in Cecilia screaming and falling to the ground (905). Instead of catching her as she falls, Delvile is so struck by her altered appearance, with

or lack of restraint” (“Madness,” n. 3), “Uncontrollable anger, rage, fury” (“Madness,” n. 4a). Cecilia may perform what looks like “madness,” a fleeting lack of control, but in the literary sense more so than in the physiological. Nora Nachumi’s Acting Like a Lady demonstrates how crucial it is that women embody a performance that is socially ascribed, how important it is to ‘act like a lady.’
“the wildness of her eyes and air,” that his “his blood froze through his veins, and he stood looking at her, cold and almost petrified” (905). Cecilia becomes a figure of terror and astonishment for Delvile, because she lies outside social control, a control he upholds and is a participant in.

Burney makes a bold claim regarding the effects of society on the female body through Cecilia’s revealing performance in the streets of London and then in Mrs. Wyer’s home. Initially taking the lead from Richardson, Burney shows what extremes can really do to the female form: render her psychosomatic. Burney shows the influence of Richardson in her dramatic flair for expressing her critique, but she subtly shifts and contradicts his portrayal of the psychosomatic heroine. Rather than the singular extremes of *Clarissa*, Cecilia embodies the myriad little pains and torments caused by society’s expectations. Burney’s heroine enacts a performance that reveals the weight of those oppressive expectations, and this revealing performance is a vehicle for purging the collective assaults she has suffered. Cecilia’s performance denotes her tragic inspiration for her piece: her failure to embody and internalize the social woman role she has been trying to play. The “thousand miseries” that Dr. Lyster, the Delvile family physician, warned Cecilia about are realized in her spectacular performance and resulting illness (694). Cecilia is “stern and positive” in “her resolution” to continue her performance, and Burney highlights how this performance is “foreign to her genuine character” (904). Cecilia embodies a new character, one who is “violent” in her assertion of the problems that assault her (904).

Continuing to reveal the sources of her mind-body pain, Cecilia does not even recognize Delvile when he returns to her. She says, “I should be glad you would go away...for you are quite unknown to me” (906). The irony of Cecilia not recognizing Delvile is clear, for he embodies the social institutions and expectations she is exposing. Burney’s critique of
misogynistic forces is acute: Cecilia’s surroundings are utterly foreign, as everything has become so overwhelming and incomprehensible that she fears that those around her wish “to entomb her with Mr. Monckton” (908). Her paranoia indicates the power of social forces to destroy agency, so much so that death appears inevitable, as in the Clarissa paradigm. The myth that marriage will protect a female is exposed: as a married woman, Cecilia is still victim to the social forces that surround her, and the confines of nation and law merely heighten her suffering.

Cecilia’s treatment for her illness from unidentified doctors and nurses is equally torturous. Cecilia endures “very severe discipline” in her companions’ efforts to cure her (909). This cure is administered by a number of “nurses and attendants” that Delvile calls in, emphasizing his patriarchal authority over Cecilia. In their notes to *Cecilia*, Peter Sabor and Margaret Doody explain that the “discipline” that Cecilia experiences could be “starvation, bondage, and even corporal punishment” (1003); this form of strict management and harsh bodily abuse effects little change in Cecilia, with Delvile continually seeking escape “walk[ing] in the neighbouring streets, till he could again gather courage to enquire or to listen how she went on” (909). Delvile’s control over Cecilia is clearly tenuous, and his anxiety increases over being unable to return her to a placid state. Cecilia’s illness is characterized by “fever, illness, fatigue, and feebleness,” all bodily symptoms that show the toll her mental and emotional state takes (904). Cecilia’s state warrants greater care, thus the Delvile family physician is called in.

“Dr. Lyster Gave Her Much Satisfaction”: The “Worthy” Doctor of *Cecilia*
Dr. Lyster, the “worthy Doctor,” serves as the presence that makes it so “every hope revived” (Cecilia 909). In a direct echo of the language used to describe Clarissa’s Dr. H, Burney’s physician yields hope for familial reconciliation, as well as reconciliation of the mind and body. Dr. Lyster proves the turning point for Cecilia’s recovery from her psychosomatic illness, as he is continually referenced as the one who brings “order” to the upheaval that surrounds Cecilia’s care and caretakers (915). When Lyster “peremptorily forced [Mortimer Delvile] away from her”, Cecilia’s “sensibility evidently returned” soon thereafter, reinforcing Delvile’s part in Cecilia’s illness (919). Lyster’s presence serves as an antidote to Cecilia’s societal woes: he facilitates her cure with his encouragement of space and “stillness” for his patient (919-20). His calming presence and treatment enables Cecilia to regain her health in a soothing atmosphere with plenty of time and space for his patient to process and recover.

Further, only when Delvile and his almost histrionic demands upon Cecilia are removed can she be “tranquil” (927). Dr. Lyster manages Cecilia and what information comes to her from the social world while she is in the throes of her illness, mediating the relation of contextual events and her treatment (927-8). In his “friendly authority,” he accounts for what precipitated Cecilia’s body to act out her mental and emotional anguish: society’s demands (926). By barring Cecilia from interacting with the source of her mind-body troubles, Cecilia comes to desire “reconciliation” and improves in health (930). Like Dr. H before him, Dr. Lyster is a sign that not all men are the instruments and perpetrators of women’s difficulties, and the use of Lyster as

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121 Brian McCrea declares that Dr. Lyster is Burney’s “greatest invention” (8), particularly because he can “ally entrepreneurial initiative with social responsibility” (58). As the only other scholar to discuss Dr. Lyster, this section owes a debt to McCrea’s scholarship in Frances Burney and Narrative Prior to Ideology.

122 Dr. H is also called “worthy,” as I discuss in chapter one (Clarissa 1081).

123 It is interesting how Burney converts the meaning of ‘sensibility’ here to mean Cecilia’s mental wholeness and acuity rather than the emotional sensitivity and responsiveness to other’s emotions typically characterizes ‘sensibility’ in the eighteenth century.

124 McCrea also notes Lyster to be a “remarkably perceptive physician, one whose cures are more homeopathic than scientific” (61).
the healing and reconciling force in the text posits the medical practitioner as a combatant against society’s ill effects. By understanding how performing the social woman affects her—guided in this through her unfortunate experiences and Dr. Lyster’s advice—Cecilia can achieve a realistically happy ending despite the perpetual constraints of society’s expectations. Cecilia becomes better able to negotiate those expectations after learning what performance she must enact: she cannot reveal all that she suffers, because it leads to being at “cross purposes,” as Lyster explains (931). Finally being part of a legitimized marriage, Cecilia has an opportunity to be better equipped to handle society’s expectations, because she has “known enough of misery to be glad to keep its necessaries” (931). Now that Cecilia knows the “necessaries” of being the social woman and what happens when she does not perform properly, it is only through balancing society’s strictures that Cecilia can regain sanity. Her happiness is contingent upon authority’s approval, as she views “DISOBEDIENCE” as the cause of her problems (Cecilia 930). The authority of social forces cannot be revoked: as a woman bound by society’s expectations and forced to act in accord with society’s dictates, Cecilia recognizes that she can only be as happy as society will allow her to be.

Ultimately, the problem of mind-body illness and the necessary performance of the social woman is not fully resolved in Cecilia. Societal pressures and expectations do not allow for a full recovery: there “must always be a check to human happiness” (825). This “check” comes in the form of psychosomatic illness that articulates the problems women face as a result of patriarchal, misogynistic social codes. Margaret Doody argues that Cecilia is “however unwillingly, a participant in and a product of a society that profoundly affects her,” and as such she must continue to persevere by doing what society requires if she wants to survive (Life in the Works 125). Cecilia’s ending is tempered by patriarchal authority; there is no resolution to her ending without bending to the “necessaries” of being vetted by socially-sanctioned institutions: in Cecilia’s case, marriage.
Burney’s critique is subtle, but it is smart. While in the conclusion the novel upholds the status quo and Cecilia’s ‘happy ending’ is contingent on her now-legitimized marriage, the reader is fully aware of the socially-derived problems Cecilia encountered throughout the novel. Dr. Lyster is given the final word regarding the problems of Cecilia and Delvile, famously stating that the calamities all were all a result of “PRIDE and PREJUDICE” (Cecilia 930) and that they “have all trifled...with the first blessings of life” (931). Lyster’s moral to Cecilia and Delvile’s story requires that they learn to properly navigate society’s expectations to add peace to their lives, as “if to PRIDE and PREJUDICE you owe your miseries...to PRIDE and PREJUDICE you will also owe their termination” (930). He argues explicitly for learning to negotiate society’s strictures in order to maintain one’s health, acknowledging the psychosomatic nature of society’s effects. Foundational to his medical practice and life philosophy, Lyster articulates, “I have found it impossible to study the human frame, without a little studying the human mind” (932). The mind is crucial to the body’s functioning, and society’s strictures prove the framework from which one must navigate the world in Cecilia.

Where this expected performance is checked, however, is through the presence of a sympathetic, sensible medical practitioner: Dr. Lyster. His advice is balanced and confronts the societal expectations and pressures that would otherwise pathologize his patients. On achieving happiness, Lyster asserts: “Run about and divert yourself, ‘tis all you have for it. The true art of happiness in this most whimsical world, seems nothing more nor less than this—Let those who have leisure, find employment, and those who have business, find leisure” (696). Lyster’s view of happiness is not contingent on social codes or class lines; his advice for happiness is a balance between work and play, regardless of one’s gender. Like Dr. H, Lyster sees the value in work

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126 This statement is heralded as the inspiration for Jane Austen’s famously titled *Pride and Prejudice* (1813).
and advocates it for Cecilia; she just should not eschew society’s behavioral codes as stringently again. Dr. Lyster serves as the conduit that mediates and mitigates the misogyny that pervades the required performance of social women; he argues for balancing one’s life around the duties of social performance and the “play” that one can participate in away from society’s constraints.

Showing her literary inheritance from Richardson, Burney uses Dr. Lyster to illustrate the need to manage one’s mind-body responses, but she tempers the tragic ending Clarissa received. Cecilia’s happy ending is articulated: “human it was, and as such imperfect!” (941), and the dark edges of the novel do not dissipate as Cecilia must “check the rising sigh” that accompanies her textual ending. Life and contentment are restricted by the social structures surrounding Cecilia that Burney was also subject to, thus the argument for personal happiness is more conservative and speaks to the impossibilities of even fictional happiness. Burney, as a single woman dependent on her family and her literary patrons, could not afford to be a radical, and she knows one individual (particularly a female) cannot change the entire social system. But, if savvy, one can live within society and achieve some peace if one learns to “check” the performance one gives and “the moderation of her wishes” (942). Frances Burney understands the necessity acting as one must to navigate in one’s world, and Cecilia’s learned performance of the society woman bares this truth. Unable to reveal her “misery” ever again, Cecilia learns to bear “partial evil with cheerfulest resignation” (941). Cecilia has a “human” ending as psychosomatic heroine; her everyday life may beget “evil,” but she can better handle it when it arrives (941).

After writing *Cecilia* and before writing *The Wanderer*, Frances Burney encounters many ‘checks’ to her happiness and lived a remarkable thirty-two years. Burney serves as Keeper of the Robes to Queen Charlotte for five difficult years, experiencing the challenges of
managing self-expression in deference to others’ expectations. Burney consistently grapples with distresses and upheavals—personal and witnessed among those at court—that she documents in her *Court Journals*. Among the most compelling narratives that Burney relates is the illness of King George III that began in 1788, which affected Burney deeply. Seeing the doctors seek to cure King George III while seeing women kept largely uninformed of the proceedings by said doctors, elicited in Burney a sense of distrust, not in the doctors’ ability to assist and cure, but in the doctors’ efficacy in communicating to and for women. This doubt later extends to Burney’s final novel *The Wanderer*, in which a doctor figure is no longer granted the authority to voice the heroines’ mind-body ailments. Instead, the heroines Juliet and Elinor speak for themselves, though in different ways. Juliet works to conceal her identity, performing in multiple guises, roles, and jobs, but this work takes a toll on her mind and body that is revealed privately to the reader. Elinor, alternately, heightens Cecilia’s revealing performance work to not only express her woes but to stage scenes that attempt to control others. Neither Juliet or Elinor require a doctor to communicate their symptoms, ailments, and cure: there is no longer a Dr. Lyster to be found.

Burney experienced a great deal of life and performed a number of different roles before her final published novel emerges on the public scene in 1814. She witnessed a series of

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127 Burney began in the post in 1786, and her Court Journals are riveting reading; much like her novels, Burney’s crafting of the narrative of her time at court is nuanced and compelling. Anderson also establishes, in *Eighteenth-Century Authorship and the Play of Fiction*, that Burney’s personal life also reflects interests in female performance in daily life, especially in terms of her time at court as Keeper of the Robes (Elizabeth Cook calls this a “theatricalized model of self” (335)).

128 The King’s physician neglects to report to the Queen the King’s medical situation, instead deferring to her son, the Prince (*Court Journals* Vol IV 522-3). Burney appears to internalize the Queen’s displeasure and discomfort over the doctor’s oversight, and she grants Elinor the power in her doctor-patient relationship with the surgeon Mr. Naird in *The Wanderer*. Mr. Naird may be competent, but he is not granted the authority that Dr. Lyster is in *Cecilia*. Lorna Clark, the editor of the court journals volumes during 1788-9, offers an excellent introduction that addresses the gender divide in the royal household in regarding the King’s illness and the ways in which Burney captures this tension.
significant political events at court, wrote a series of tragedies, married exiled French officer General Alexandre D’Arblay, became a mother, penned comic plays, lived as an unintended émigré in France during war, and suffered through a mastectomy sans anesthesia. All of these experiences were formative for Burney’s conceptions of the “female difficulties” that she explores in *The Wanderer*, particularly for the two, very different heroines she creates. Juliet and Elinor manifest as complex figurations of the psychosomatic heroine; they both suffer, and they express this suffering through their mind-bodies, though with startlingly different results.

“**FEMALE DIFFICULTIES**: *The Wanderer’s Divergent Psychosomatic Heroines***

*Cecilia* and *The Wanderer* are linked beyond their exposition of the mind-body dynamic: they manifest the psychosomatic heroine as she diverges from Richardson’s template set out in *Clarissa*. Conversely, not only does Burney show a departure from Richardson’s psychosomatic heroine, she also creates two divergent heroines in *The Wanderer*, showing the differences inherent in psychosomatic ailments and the possibilities for many different psychosomatic heroines. According to Margaret Doody, Elinor represents “the problem

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129 Other than the upheaval of King George III’s illness, Burney also witnesses and records events from the trial of Warren Hastings.
130 Burney wrote four tragedies in 1790-1: *Hubert de Vere, The Siege of Pevensey, Elberta,* and *Edwy and Elgiva*. Darby provides an excellent discussion of these plays in *Frances Burney, Dramatist*.
131 Between 1797-1801 Burney wrote three comedies: *Love and Fashion, A Busy Day* and *The Woman Hater*.
132 Burney moved with her son and husband to France, though she had only expected to live there a year. The outbreak of war between France and England, however, kept her there, isolated from her family, for ten years.
133 Burney’s famed mastectomy letter—written and sent months after her ordeal—details her horrifying experience of the medical saga and her surgery, which she was conscious for. John Wiltshire claims Burney to be the first pathographer, in part due to her mastectomy letter; Julia Epstein, among others, articulates the gendered concerns that Burney voices in her mastectomy letter.
134 Margaret Doody, in her landmark critical biography of Burney’s life, links Burney’s novels *Cecilia* and *The Wanderer*, finding that both are “more extroverted and analytical” (*Life in the Works* 319). Margaret Kathryn Sloan seconds Doody’s assertion that *Cecilia* and *The Wanderer* are linked, seeing *The Wanderer* as “an extension of discussions initiated in *Cecilia*” (111).
of woman’s body” (*Life in the Works* 343), for it is “In Elinor, relations between female mind and body, social personality and physical self, are literalized” (344). I will argue in this section, however, that while Elinor literalizes the “relations between female mind and body,” Juliet is just as meticulously drawn to evince the mind-body relations that define the psychosomatic heroine. With the explorations of “FEMALE DIFFICULTIES” that *The Wanderer*’s subtitle ushers in comes the inevitable physiological manifestations of society’s everyday pressures on its prime performers: the heroines Juliet and Elinor. In *The Wanderer*, Frances Burney pushes the bounds of what readers expect in terms of interiority: readers are asked to more closely examine thoughts and feelings with less available personal history. Speech, gestures, thought, and bodily reactions create the character composite, which enables readers to interpret and understand the divergent psychosomatic heroines Juliet and Elinor and their “FEMALE DIFFICULTIES.” These heroines’ performance work, however, operates in different ways: Juliet performs to conceal, and Elinor performs to control. Each heroine works for survival, but the performances they stage seek to accomplish different goals: Juliet needs to hide her identity and Elinor needs to achieve her happy ending of winning Harleigh (and if she cannot do that, damned if Juliet should win him). Ultimately, Juliet’s performance work proves the most successful, and her ability to be the more flexible performer is rewarded in the end. Elinor must exit the stage because she cannot give up control, and Juliet—who will remain at center stage—receives applause because she exemplifies Burney’s ideal psychosomatic heroine: she is the modern woman who can embody any role she is handed and can overcome any trial she faces because of her ability to perform.

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135 However, Kate Chisolm regards *The Wanderer* as concerned with “attempt[ing] to illustrate the difficulties not just of women but also of all those outside the establishment” (10). Compellingly, in *The Wanderer*, Anderson views Juliet’s performances as untangleable from her real self (424), as “Juliet exploits the guise of theatricality as a medium for the release of pent-up tensions and emotions (425).
Burney stages a revolution of the mind and body in *The Wanderer* that illustrates the ills women face, both literally and figuratively, in the long eighteenth century. Stephanie Russo and A.D. Cousins see the violence against women in Burney’s novels stemming from the influence of Revolutionary times (84), and that Burney does not seem to be able to imagine a removal of problems for women (83). Russo and Cousins assert “That women are exposed to violence in a variety of forms is an indelible part of Burney’s novels” (89). I suggest that Burney uses the Revolutionary setting of *The Wanderer* as a metaphor for the revolution, unrest, and upheaval of women’s mental and physical health—a psychosomatic revolution enacted through the heroine Juliet and the secondary heroine Elinor. The destabilizing effects of these women’s performances—Juliet’s fluidity of identity and Elinor’s disruptive staged suicides—calls attention to both the mind and the body of her heroines and exposes the tyranny against women brought about by the national and social upheaval of the Revolution.

Burney again tackles the issue of pressures on women through the heroines Juliet and Elinor. Interiority, as well as the external performances of their bodies, provides a window into their subjectivities in this novel. Suzie Park argues that Burney resists depth, particularly the inner life of the heroine, in *The Wanderer*, because Juliet’s reticence resists the Romantic

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136 Tamara Wagner specifies Russo and Cousins’ argument by observing that *The Wanderer* serves as a reaction to the nationalist agenda that informs many Romantic novels and as an alternative to Edmund Burke’s reactions to the French Revolution. Expounding upon nationalism, Maria Jennie examines how Burney “destabilizes ‘Essential Englishness’” in *The Wanderer* (64). Andrew Dicus also briefly touches upon the politics of revolution within *The Wanderer*, as it is grounded in “a set of anxieties that are deeply political and explicitly national,” within which Juliet’s body causes tension due to her body being “foreign” and “originless” (24). Dicus further asserts that Burney’s use of the gothic mode enables her to disturb the stability of political and national constructs. Further, Deborah Kennedy investigates how Burney’s novel uses the French Revolution to critique society and gender relations.

137 Burney’s novel is related not only to the Revolution but to revolutionary thinkers, particularly proto-feminist thinkers and modes of thinking. Tara Ghoshal Wallace sees Burney in relationship to Mary Wollstonecraft for her politics in *The Wanderer*, noting that Burney replicates Wollstonecraft’s “representation of a woman enslaved by institutionalized patriarchy” (499). Similarly, Juliet McMaster sees Burney’s feminism apparent in the way in which Burney shows a variety of “impediments to expression” that are “peculiar to women” (236).

138 As Carmen Fernández Rodriguez notes, “By exposing the personal, Burney’s heroine questions society” (60).
attribute of expressing oneself freely (308). This analysis extends to the reader, as Park contends that Burney “undermines the claim that interiority can be fully represented or ‘completed’ by the interpretive work of readers” (309). However, I disagree that Burney believes her readers incapable of knowing the heroine Juliet. Rather, Burney relies on readers to interpret Juliet’s internal states as a way of seeking social change and to assert her thesis of the ideal modern woman. Burney insists, through the lengthy denial of Juliet’s full backstory, that readers rely upon the discourse of the body and the hints from the mind to discern and comprehend Juliet. As such, Juliet’s work of providing performances that conceal her identity from other characters points to the necessary identity fluidity that women must employ to navigate the world. The Wanderer upholds Juliet’s aesthetic of performance work, which shows Burney’s interpretation of what the successful psychosomatic heroine offers: all women are “Wanderers” in some form, as they are subject to society, patriarchal authority, and the mind-body, and therefore women must negotiate among all of these ideological positions through concealing performance work in order to survive.

**Juliet: The Unknowable Psychosomatic Heroine?**

Juliet’s first, repeated utterance is “O hear me!” (The Wanderer 11). Juliet’s first words evoke a call to action, not just for those escaping France but for the reader to also pay attention, an earnest request to be heard, to be understood. Juliet’s call reorients the reader’s attention to Juliet’s character—comprised of words, bodily movements, and mental and physical reactions. Juliet, even as the Incognita, is very demonstrative: she shows emotions of “surprise,” “pleasure,” “embarrassment,” and “confusion” (31-2). The rapid shifting of her emotions and

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139 Debra Silverman discusses the problems of Juliet’s lack of name in the novel, asserting that “this radical namelessness problematizes the situation of women most pointedly” (Silverman 71).
their physical manifestations aligns her with the psychosomatic heroine that Richardson initiates. Like Richardson’s Clarissa, Juliet’s body reacts when her mind is preoccupied: “The fulness of her mind…had deprived her of appetite” (35). Juliet echoes Clarissa in the issue of “appetite.” Clarissa’s body refuses food while she continuously recalls the traumas she experienced at the hands of her family, Lovelace, and society. Similarly, Juliet’s “appetite” diminishes in the face of intense preoccupation with her circumstances. Juliet’s history and circumstances require concealment for her safety, yet Juliet “blushes” at the need for secrecy (35). Her body manifests physiological signs of her internal state, and as Mary Ann O’Farrell shows, blushes can express “deep personal truth (expressive of character, of self, of the body)” (111). Juliet’s body is as active in her distress as her mind is, which her emotionality and physiological responses indicate.

For Juliet, her body first serves as the prime indicator of her internal character. Initially “of a dusky hue” when her companions meet her (The Wanderer 19), the Incognita gradually lightens to “dusky white” over three days, and by the fourth day she is the “brightest, whitest, and most dazzling fairness” (43). While these passages are more traditionally read through the lens of race, more can be gleaned through this shift in complexion. In the fading of this ‘stage makeup,’ Juliet’s body signals an opportunity for clarifying her character to the reader and for showing her capability as an actress. Juliet’s shift in skin tone sparks the question from Mrs. Ireton “Who are you?” (43)—a signal to the reader to continue to pay attention to Juliet’s visage, inside and out, to discern the answer to this question. In addition to darkening makeup, the

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140 The “fulness of mind” Juliet has is referenced again within the novel (115).
141 Chloe Wigston Smith contends, “Juliet’s own disguises invoke survival” (161).
142 As O’Farrell outlines, blushes “can seem…to partake of both body and language—supplementing language with an ephemeral materiality—and novelistic usage would even suggest that, by means of the blush, body and language are identical and simultaneous in function and effect” (4).
143 See Sara Salih and Tara Czjewkowski’s articles for explorations of the racial connotations in this scene and in the novel.
Incognita uses a bandage and patch to complete her refugee costume (44). The bandage and patch were not used to conceal a physical wound on the Incognita, but, if one reads the coverage as symbolic, these external bandages appear indicative of an internal wound. The placement of the bandage on the forehead, bespeaks the mental strife Juliet acknowledges in discussion with Mrs. Ireton (44-45). Juliet shows signs to Mrs. Ireton of “augmenting disorder, and increasing colour” (45) that exacerbates to “paleness of terror” that leads Juliet to “not dare risk any sort of reply” (45), reminding the reader that Juliet is in a precarious situation. In a social sense, Juliet’s costume also points to women’s need to cover themselves—conceal themselves—for safety, but this social necessity of concealing herself also bears consequences for women’s mind-bodies, which Burney’s psychosomatic heroine indicates. Juliet shows physical signs of an internal wound, both through her choice of costume and her physiological reaction of “increasing colour.” Juliet’s blushing, or flushing if fuller upon the body, projects Juliet’s discomfort at her coventness and the uncomfortable revelation of her true physical form. Without the costume, the Incognita must shift to her more authentic self, an identity that is more dangerous for Juliet, who is vulnerable and uncertain in her “indigent,” dependent state (66). Concealing her identity and relying on others for employment or aid leads Juliet to suffer from “internal disturbance” (60), as her “own difficulties have absorbed [her] every thought” (68). Juliet’s “difficulties” are both practical and personal: she must conceal who she is in order to navigate her world, and in order to survive she must occupy many employment positions.

Juliet’s experiences of being a laboring woman are unnerving, even as they are necessary for Juliet to keep concealing her identity. Juliet declares her status, noting, “I am as indigent as I am friendless,” and throughout the novel Juliet struggles to provide for herself, taking a variety of jobs in order to support herself (66). Juliet’s circumstances—she loses the money she carried
with her in Dover and has no references to help her get a governess or other more respectable position—necessitate that she work for a living; in order to survive from day to day, she needs a job that pays. In order to subsist, Juliet serves as a music teacher, performer, milliner, seamstress, and a lady’s companion. Each of these jobs places Juliet in the public eye more than propriety and safety demand, yet, ironically, they also serve to keep her protected and hidden even if they keep her “indigent” (66). Juliet is not comfortable with the level of public exposure she has in her various positions, thinking “whatever demanded public representation, her mind revolted” (288). However much she dislikes the “public” nature of her jobs, her professional work intersects with her work as psychosomatic heroine: it’s all a performance that conceals her identity. She occupies so many jobs that her social position becomes obscured: her professional work indicates that she cannot be a genteel lady, because the tangible work she performs is a marker of a lower class rather than a woman of the middle classes performing unpaid invisible labor. Juliet is merely “an odd hand” in her role as laborer, a dispensable worker who finds “the wisdom of experience was acquired only by distress” (455). Juliet’s professional life yields little reward beyond coverage of her real identity: she gets little to no money in her “wretched… situation,” which forces her to keep trying other jobs (287). Juliet’s ability to occupy these various roles and to keep others from guessing who she is, however, is unique. She is such a capable actress that the other characters, and even the reader, do not know who she is for the

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144 Wigston Smith offers an excellent discussion of Juliet’s work as a milliner and the public nature of that profession, contextualizing millinery within the discourse of prostitution in her chapter “Public Work.”
145 While women of the middling classes might have an allowance or “pin money,” a tangible sum for services rendered is not something a genteel lady would receive.
146 Juliet humorously notes, her situation is “rather singular;” she observes, “the smallness of my demands should make one person decline paying me from contempt, and another, from respect!” (299).
147 Wigston Smith’s excellent summation of Juliet’s unique ability as an actress notes: “Juliet challenges the social and class codes of dress by applying the practices of theatrical women…to the upholding of virtue. The novel’s defense of Juliet’s motives may sound awkward and overdetermined, but it sanctions disguise as a practical resource for virtuous women” (177).
majority of the novel. *The Wanderer* highlights the tension between Juliet’s need to conceal in order to protect herself and the impact this concealment has on her mind and body; these laboring roles may be necessary for her survival, but they also produce anxieties. Juliet experiences stress over her concealing performance work, and descriptions of Juliet are frequently swathed in symptom-oriented rhetoric, indicating that Juliet “was extremely disturbed” (63). Her overt emotionality and disturbance affects her mind and body, showing the strain of concealing performances. Juliet’s is not the only disturbance, however, as other characters consistently cite anxieties regarding who Juliet is.

Juliet’s chameleon-like abilities to occupy different roles and guises leads to questions regarding her identity. Juliet asserts her own lack of knowledge about her identity, declaring “I…hardly even know it myself!” (66). Her uncertainty over self-knowledge calls into question our understanding of interiority being fixed upon knowledge of history and internal dialogue, instead showing a very modern subjectivity hinged on a potentially fractured self that is comprised of multiple—and sometimes confusing—parts and facets. Drawing in the reader’s position for this questionable character, Elinor signals understanding Juliet as, “No two of us have the same idea of whom or what you are” (70). This problem of reading and interpretation of Juliet becomes more strident in a metafictive moment where the narrator notes, “the less she appeared like an ordinary person, the more restless became conjecture” (76). As Juliet becomes more “like an ordinary person,” the uncanny resemblance she has to a universal genteel womanhood becomes troubling as “conjecture” becomes “restless.” Juliet’s identity provides tension for the reader, who is tasked with gaining an understanding of the covert heroine, and for the other characters in her narrative.

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148 In their Introduction to the Oxford World’s Classics edition to the novel, Margaret Doody, Robert Mack, and Peter Sabor contend that Juliet “sustains her role of Everywoman throughout the novel” (xv).
Juliet’s subjectivity is in question from the start of the novel, with the fraught backdrop of the French Revolution affecting all characters’ suppositions of one another. Juliet resorts to asking others to “have the goodness to explain who I am?” (57). Her question pinpoints the external nature of female identity in the long eighteenth century: society and others dictate and discern who one is, therefore necessitating daily performance. Juliet asks the other characters to “explain” who she is, placing the onus on them, and implicitly the reader, to deduce who and what she is, articulating that her character can be discerned through the external cues her body has displayed. While the others may question her position and status, Juliet suggests that it is possible to know who she is despite others’ limiting beliefs that dictate they cannot. To Juliet’s question, Elinor declares, “How can I…when I don’t know it myself?” (57). Elinor’s comment is “laughing,” which suggests the playfulness and lightness of the tone here as she echoes Juliet’s earlier declaration (57). Elinor asserts that she may not know her own self—she is also female, so she is subject to the same requisite performances of identity—let alone the Incognita. Elinor acknowledges that bodily cues cannot always help discern another’s identity and points to the insufficiency of self-report for knowing a person. Elinor sees the slippages inherent in allowing society to dictate identity, and as her own characterization indicates, women must make their own way to combat “female difficulties.”

Elinor Joddrell: The Dramatic Psychosomatic Heroine

Readers similarly do not know Elinor’s identity at the start of the novel. She is labeled “the young lady” with whom Mrs. Harleigh was conversing (The Wanderer 13), and her first utterance ends with the declaration, “I am resolved!” (13). While readers do not initially know
Elinor’s identity, they do receive indication of her more strident personality; she is “resolved,” so readers see the externalization of her character. Her resolution announces her efforts to assert agency and power and to not be swayed by others’ opinions. After a brief delay, Elinor’s name is revealed through her conversation with Harleigh, who declares her to have “a mind so powerful” (18). Harleigh’s assertion confirms Elinor’s resolution: her “mind” is “so powerful” that it displays her fixity. Named or unnamed, Elinor is not to be trifled with, and she sets a precedent for a more assertive psychosomatic heroine, a heroine that can make her way by demonstrating the power of her mind and her “spirit of contradiction” (55). This “spirit of contradiction” denotes Elinor’s assertions of agency through her mind-body and performances that seek to control, and the theatrical aspect of her character is frequently in full force with this “spirit.”

Elinor’s theatrical nature is showcased through her words and actions. She loves a dramatic entrance, as indicated when she asserts, “We are all on fire” (67). Elinor “burst into” Juliet’s chamber to declare that she and her aunt had “fought” over what Juliet should be allowed in their household, and Elinor has “won the day” (67). Elinor’s dramatic tendencies prove a “happy surprise” to Juliet, who welcomes Elinor’s energy, vivacity, and shared facility for performance, as well as her unthwarted agency. Elinor is the one who determines the “part” that she will “play”—she decides it and the language of the theater and theatricality surround her, initially giving her power (148). The theatrical nature of Elinor’s wording during her abrupt visit to Juliet and her physical power—her ability to “burst” in while also being strong in her language—demonstrates a performative nature to which Juliet can respond, having similarly performed identities for those around her. While Elinor is impassioned, Juliet is more careful and

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149 The suspenseful first part of the novel is clearly setting the scene, heightening anticipation for what will come. For this reason, clearly having all character names would give it away too soon, like an anticlimax.

150 At the time of this interaction, Juliet is called “the Wanderer” (67).
conservative in her language. These differing heroines embrace performance, yet in differing modes: Juliet’s performances embody the everyday performance a woman must put on for security, while Elinor’s performances embody the desire to control others and achieve one’s will.

Elinor’s tendency towards the dramatic pushes the boundaries of acceptable female behavior, much like Cecilia’s spectacle in the streets of London, diverging from Juliet’s more subdued presentation. Juliet wonders if Elinor is ‘mad’ after an outburst, for which Elinor defends her actions: “it is merely to keep off stagnation: I dread nothing like a lethargy” (71). Elinor is in “dread” of passivity, a lack of action. Her fear of “stagnation” offers insight into women’s lives, the “female difficulties” that frame the novel: Elinor does not want to experience “lethargy,” that frightful ‘female’ state of decline and nerves that results from complications within a woman’s social and personal sphere. A decline into passivity and acceptance of “stagnation” would indicate her body’s wasting and the stifling of her personal agency and potential. Elinor’s outburst—showing the power of her voice—is a behavior that frightens others, or is at the very least obnoxious, and stimulates a question of her sanity. Acting outside of the norms for female behavior, Elinor deliberately pushes against stifling social constrictions in her performance of non-normative female behavior, jostling others’ expectations in an attempt to dismantle the codes that would keep her stagnant.

As a rebellious actress wishing to control others’ responses, Elinor is an idealist who sees the world as a stage. Elinor speaks of herself and about the French Revolution—her ideals (152)—saying, “I regard and treat the whole of my race as the mere dramatis personae of a farce;

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151 Laura Engel clarifies the relationship between madness and the theatre through her discussion of the ‘mad’ actress Mary Wells, noting that madness is described in theatrical terms in the 18th century (188). Further, Engel speaks to the influence of the theater on how one is to ‘read’ the body, gesturing to the way one must ‘read’ behavior to diagnose madness (200), linking “performance” to the diagnosis of madness: “the definition of mental instability is explained in terms of a patient’s acts or performances. When a patient acts in a way that is considered to be abnormal or dangerous, he can be classified as insane” (191).
of which I am myself, when performing with such fellow-actors, a principal buffoon” (153). Elinor succinctly echoes Jaques of Shakespeare’s *As You Like It*, the “Melancholy” nobleman who asserts that “All the world’s a stage, / And all the men and women merely players’ / The have their exits and their entrances, / And one man in his time plays many parts” (Act II, vii). For Elinor, however, there is only one role for her: that of “principal buffoon.” Elinor considers herself the jester, the butt of the joke yet also the creator of the joke. For Elinor, even if one is considered the fool, at least the fool created the joke, is the most active role in the “farce.” The absurdity of the genre of “farce” speaks to Elinor’s theatricality and her penchant for reflection, the moments when she recognizes the difficulties inherent in her situation of unrequited love for Harleigh and his obvious interest in Juliet. This unfortunate reality prompts Elinor to try to intervene on her behalf, attempting to get others to align to her desires, thinking it will manage her internal state. Everyone is subject to and for Elinor’s performances, as the “whole” of her “race” comprises the “dramatis personae.” The work of performance enables Elinor to confront the social restrictions that make her the “principal buffoon,” the system in place that stimulates the externalization of her woes.

Whereas Elinor embraces a controlling form of performance to vent her frustrations with the patriarchal system, Juliet suffers an internalization of her “female difficulties” in her concealing performance. Juliet consistently feels deeply, as “her soul seemed bursting with emotions...nearly too mighty for her frame” (*The Wanderer* 136). Juliet’s state is psychosomaticism in a nutshell: her body contends with her psychic and emotional experiences and bears the marks. Her “emotions” are “nearly too mighty,” indicating the power of the feelings she grapples with. Juliet identifies what causes psychosomatic ailments for women: “All public appeals...are injurious to the female frame” (143). Juliet has a clear understanding of
the pressures of public life and women being thrust upon the stage of public life. The nature of “public appeals”—whether public performance, seeking professional work without male protection, or other public acts—ravage the “female frame.” With society so stringent regarding what constitutes acceptable female behavior, public exposure becomes a threat.

The social threat of public exposure pushes Juliet into psychosomatic complaints. She becomes “apprehensive of some strange attack” and “coloured deeply” (250). Verging on paranoia, Juliet’s apprehension provokes deep coloration, a physiological reaction indicative of consuming feelings; just as she is internally consumed, her body manifests an external sign of those deep concerns. Juliet fears a predatory attack from those with whom she seeks shelter, recalling the turmoil of the Reign of Terror, in which aristocrats feared exposure and persecution by the guillotine. The nature of this “strange attack” that Juliet fears remains ambiguous, however. While the valance of the Revolution’s threat seems likely, Juliet may also fear an “attack” of mind-body illness that will prevent her from keeping her identity concealed—a certain threat to her safety. Juliet’s fears appear justified, for she becomes a “contagion” and is abandoned by all, something she suffers “shock” over (255). The damaging blow of being viewed a disease greatly affects Juliet’s well-being. Through Juliet, Burney demonstrates what Debra Silverman calls “the double-bind of women within a society whose principles are based on propriety and male authority” (Silverman 75). Juliet must contend with this double-bind of upholding respectability versus providing for herself without a male protector, which creates such a problem that she becomes a “contagion.” Reinforcing this problem of the double-bind, Juliet “Deeply hurt and strongly affected, how insufficient, she exclaimed is a FEMALE to

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152 Akin to Emily Allen’s argument of Burney’s awareness of the stage and how the body and mind remain present (434).
153 Juliet is called “Ellis” at this point in the novel.
154 The problems of isolation appear a consistent cause of psychosomatic complaints for all psychosomatic heroines.
herself!” (The Wanderer 275). In the passage that offers the subtitle of the novel, “FEMALE DIFFICULTIES,” Juliet voices the problems of representation: women cannot reveal themselves individually and as individuals because they are “utterly dependent” (275). Women’s dependence exposes patriarchal power as the threat to women’s agency, agency that Elinor refuses to give up.

Elinor’s solution, ineffectual as it is in the long-term, is to turn to the work of performance, specifically to directing the performance in order to maintain control. Elinor articulates, “let me not take away all grandeur from my despair, and reduce it to mere common madness” (169). She decries madness as too “common” for what she has planned for her life. Though her machinations with others, particularly due to her affection for Harleigh, make others suspect she is less-than-sane, Elinor contends that she cannot be mad, as it would affect the “grandeur” of her despair. If she were mad, she would lose ownership over her emotions and her body, control she will not eschew regardless of the strength of her passions. The greatest threat to her control is her romantic attachment to Harleigh: she declares that if he will not love her and validate her declaration that he will “consign me to immediate delirium” (179). Elinor plays with the boundaries, skirting the edges of madness but not going over the edge. She also points to relational issues as a potential root cause of psychosomatic responses, pulling on lovesickness rhetoric. Continually surprised by Elinor’s actions and impassioned words, Harleigh asks Elinor point blank, “Are you mad?” to which Elinor replies, “No!—but I am wild with anguish to dive into the full depth of my disgrace” (179). Instead of denying her feelings, she wishes to

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155 Burney’s Cecilia also makes this argument.
156 The language of lovesickness has a long history from Medieval literature throughout the nineteenth century. See Carol Falvo Heffernan (The Melancholy Muse: Chaucer, Shakespeare, and Early Medicine), Lesel Dawson (Lovesickness and Gender in Early Modern English Literature), and Helen Small (Love’s Madness: Medicine, the Novel, and Female Insanity 1800–1865) for more on the trope of lovesickness.
“dive into the full depth,” of her feelings and passions that fly in the face of society’s prescriptions for women. This desire to sink into her feelings, to reflect and remain aware of all her thoughts and feelings, marks Elinor as a psychosomatic heroine as much as her predecessors Clarissa and Cecilia and her co-heroine Juliet. Rather than allow Harleigh to lead the progression of their relationship, Elinor takes the reins in an attempt to manifest the destiny she desires, actions that make her appear “wild.” Her awareness of her “disgrace” affirms her sanity—she realizes how obnoxious she may be being and how she is controveting society’s strictures, but she does not care. Elinor would rather “dive into the full depth” of society’s disapproval and rejection than relinquish her agency over her feelings. Elinor especially “dive[s]” in with her performance work.

Elinor puts significant effort into her work, which two of her staged performances amply demonstrate. In her second staging of suicide, Elinor travels to multiple locations, meets with and hires “a foreign servant” to obtain the specific costume of “an indigent emigrant,” takes “lodgings” within her neighborhood under an assumed “character of a foreigner,” lives in those temporary lodgings for a while to spy on Juliet, and spends “days” preparing for her debut (395)—she even studies “how to die without torture” (396). The time commitment alone shows Elinor’s dedication to her work: she seems as consumed by planning her performances as she is by the emotions and thoughts that stimulate them. Elinor puts in careful planning to stage and costume herself for her performance, but it is thwarted by others’ unexpected actions; because Juliet faints at her recognition of Elinor’s intentions, which evokes Harleigh’s concern, Elinor’s staging cannot occur exactly as she anticipated because her feelings interfere. She finds

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157 Portsmouth and Isle of Wight.
158 This costume shows another moment of doubling between Juliet and Elinor, linking them as co-psychosomatic heroines in the novel.
Harliegh’s concern for Juliet “insupportable to her feelings” (397). Elinor’s “feelings,” ironically, both stimulate and thwart her performances, showing that performance work is not as effective when it seeks to control; women do not have the agency to exert that much power over others, but this does not prevent Elinor from working harder to change the tides.

Elinor’s third staged suicide exhibits similar careful planning to her previous scene, showing her continuing efforts to control others for her own ends. Costumed in a white “shroud” and “veil” (579) and hiding “behind a monument,” Elinor ghosts her outdoor stage, acting as a “shadow” who summons Juliet and Harleigh to her performance inside a church. In the theatre Elinor constructs, she has her prop prepared: an inscribed tombstone citing her name. Leaving less to chance in this second performance, Elinor commands her fellow actors, saying “Here! Harleigh, here!...in a tone authoritative” (580). Learning from her previous mistakes in staging her suicide, this time Elinor sports a “pistol” rather than a knife, “pointed” at “her temple” (580). Working by “Her own design,” Elinor refuses to give up her performance mode, claiming she is “food, for fools,” echoing Jacques-like assertions of the world’s perpetual stage (580). Showing her forethought, Elinor has “a second pistol” stashed “behind the tablet, and, as nearly as possible, out of sight” (581). Elinor is furious that her performance cannot precede as planned, that her work is thwarted again, “nearly fainting with excess of emotion” (581), but “forced a smile” to cover the “ire” that tries to overcome her (581). Rather than have her performance ended by others, Elinor exits her stage, “rushing out of the church” and foreshadowing the end to her narrative in the novel (581). Elinor bases her theatrical work around controlling the actions of others as much as she directs her own body to act out her internal struggles. Elinor’s motives in her work, however, lead to the ultimate failure of her performance work time and again. Because her goal is to control her surroundings and other people more than herself, her work does not
work for her: performance work that seeks to control others does not help Elinor navigate her world. Instead, Elinor’s performances of control hinder her, which her failures at suicide and winning Harleigh’s love assert. Instead of trying to control herself, she seeks to eradicate herself so that she does not have to do the work necessary to control her psychosomatic reactions and the pain she feels from her unrequited love. She directs her work towards others, not to help them, but to selfishly help herself by fulfilling her own desires. Society expects women to be selfless, submissive to the desires of others and cultural values. Women’s individual concerns are not what society upholds, which Elinor and Cecilia both prove with their failed performances.159

Confirming her failures at controlling her surroundings, Elinor is still subject to psychosomatic reactions. After her first suicide threat, Elinor is wracked with emotions: “Her mind not more highly wrought by self-exaltation, than her body was weakened by successive emotions” (185). The role of the “self” in Elinor’s threatened suicidality is subtly critiqued here, as her attempt at agency—manifesting as control of others as well as self—is described as “self-exaltation.” Elinor’s attempts to control her surroundings are problematic because of their impact on others—agency is fine as long as one is not “indulging oneself” (396) and leaving others “extremely affected” (182). While Elinor garners praise for her indictment of “this wretched machine of clay” women are forced to be, manipulated by an unforgiving patriarchal system and damaged by “the leaden oppression of disappointment” (182),160 the text argues that the harsh

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159 There are a number of linkages between Elinor and Cecilia as psychosomatic heroines: both have the financial means and social status to be in the best position to navigate their worlds, but they both fail in their attempts to navigate because of their refusals to give way to society’s demands.

160 While Elinor’s more extreme actions may be critiqued or indicted by the text, her sentiments appear upheld, as no one contradicts her assertions, accepting her observations as truths, as Victoria Kortes-Papp observes (95). Though Tara Ghoshal Wallace identifies Elinor as “crude parody” of Mary Wollstonecraft, the feminist sentiments expressed by Wollstonecraft are supported throughout the novel as Burney replicates Wollstonecraft’s “representation of a woman enslaved by institutional patriarchy” (499). Similarly, Carmen M. Fernandez Rodriguez views Elinor as a caricature of Mary Hays, but in so doing Burney still offers a realistic vision of a woman’s position at the turn of the century in which the “heroine questions society” (60). Pam Perkins also notes the pessimistic viewpoint of The Wanderer in regards to possibilities for women, a lack of possibilities that Elinor exposes (73).
realities of life are not sufficient to demand self-destruction and that controlling others is not feasible for a woman. Elinor’s quick recovery—with a short rest she is improved in both “nerves” and “intellect” (186)—speaks to the resilience of the psychosomatic heroine in Burney’s revision to Richardson’s template.

While the psychosomatic heroine is more physically resilient in Burney’s novels, she is still susceptible to bodily illness. Juliet has worries for her health, and sees the ill effects of social and professional pressures on her person: “Her frame grew weaker; the roses faded from her cheeks; she was shaken by every sound, and menaced with becoming a victim to all the tremors and all the languors of nervous disorder” (320-1). Burney explicitly invokes all the symptoms of nervous disease without the formal diagnosis of a “nervous disorder.” The psychosomatic heroine walks the lines of disordered symptomology, but she exists in the liminal domain outside of medical diagnosis. Juliet may have many symptoms, but her nerves are not at fault: society is to blame for the effects upon “her frame.” For a character previously prone to blushing, Juliet no longer has enough fortitude to flush, as “the roses” have “faded from her cheeks.” Juliet is persecuted by her imagination and her emotions, “shaken by every sound” and “becoming a victim.” Juliet is a “victim” to her body’s reactions to her mental state. Lacking the agency Elinor claims, Juliet “Mechanically, rather than intentionally” moves about her room and “deeply confused, she wept” (367). Juliet recalls Clarissa’s assertion of the mechanical body, a thread Julie Park also sees in Burney’s oeuvre when she notes the mechanical nature of women’s lives in the eighteenth century (24). Juliet despairs for lack of protection and job, feelings that work their way through her body as she experiences what Park calls “identifying with the automaton,” which “derives from and creates a thwarted…image of self” (26). This “thwarted” existence

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161 “What a poor, passive machine is the body when the mind is disordered” (Richardson 387).
promotes Juliet’s breaking down when “she wept,” venting her emotions through her tears and mechanical physical body. Juliet’s unintentional actions speak to her minimal options for movement and agency as a professional: without a stable, patriarchy-approved path, she is stuck much like a clock that has not been wound. Her stagnation results in confusion, for as an able-bodied female she might expect an outlet for her skills, yet as she has experienced throughout the novel, a woman without name and reputation must remain a “Wanderer.”

Juliet’s status as wanderer stems from her inability to prove herself a lady, as well as her seeming unreadability that comes with her concealing performances. Juliet states, “I give no false colouring. I am only not open” (The Wanderer 340). While she does not lie about herself, she cannot be “open” as others wish her to be, and perhaps how readers may want her to be. Juliet implies, then, that she can be taken at face value—reading her body and what is presented on the surface will lead readers to her authentic character, or at least as authentic as women are allowed to be in her era. Readers are to accept the delivery of her internal thoughts and feelings as genuine, not “false colouring.” Due to her status as wanderer, Juliet is “at war with what seemed to be her destiny,” which leaves her “In a perturbation of mind indescribable,” reinforcing Burney’s claims of society as the impetus for women’s psychosomatic illness (582).

Given access to Juliet’s interior, the reader sees Juliet’s struggles as the nameless Wanderer, yet is also encouraged to know Juliet, to avoid reading as a “stranger” (Cutting-Gray 2). Juliet’s history may be initially denied, but her authentic mind-body is not. Readers are given access to a wealth of information regarding Juliet’s person and provided the gateway to viewing her as psychosomatic heroine.

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162 Elinor is the one who labels Juliet “a Wanderer” when Juliet asserts, “I cannot tell my name!” (33).
163 This assertion reflects the trend in scholarship on The Wanderer that decries the delay in revelations regarding Juliet’s history and character. Suzie Park, Patricia Meyer Spacks, and Eugene White participate in this discussion.
Among the struggles the reader witnesses are Juliet’s numerous expressions of psychosomatic symptoms. Juliet experiences “a faint panic that disordered her whole frame” \( ({\textit{The Wanderer}} \) 310), “speechless disorder” (617), “continual alarm” (763), and “a state of mind so utterly deplorable” (765). In the midst of chaos and fear, Juliet expresses the symptoms of mind-body upheaval. However, despite being “affright,” Juliet maintains “presence of mind,” a distinguishing characteristic of the psychosomatic heroine (680). Unlike a madwoman who is viewed as being distinctly outside of her mind and body, uncontrollable and no longer aware of her physical actions, the psychosomatic heroine possesses awareness of her mind and body. She demonstrates the mind-body connection—feeling, seeing, and understanding everything around her—and, because of that connection, experiences the physiological manifestations of her “continual alarm.” Rather than be seen as separate from her mind-body, Burney shows that the psychosomatic heroine in \( {\textit{The Wanderer}} \) is an integrated figure, an integrated self, though prone to manifest her “female difficulties.”

Similar to Juliet, Elinor also displays a tendency towards psychosomatic expression. Though different from Juliet in personality, Elinor is also plagued by the “female difficulties” that haunt the novel and wreak mind-body havoc. While Juliet asserts that “Misery has taught me to conquer” her “female difficulties,” the opposite appears true for Elinor, who continues to battle her desires versus what society, and its representative Harleigh, allows (397). Elinor reappears “pale, meagre, and wretched” (471) with a “weak frame” (472). Like Clarissa and Juliet, Elinor’s body shows the ravages of powerful thoughts and emotions equal to a self-inflicted wound. Elinor declares that the “doubt” from Harleigh over her “sincerity” in her emotions and sentiments “would drive [her] mad indeed!” (586). Elinor demonstrates, like Cecilia before her, that spectacle can look like madness, but her continual awareness of herself
and her actions shows she is not in the territory of madness. Burney takes her heroines to the edge, but she never pushes them over into madness or death; instead she shows the heroines’ responsiveness to stimuli and emotional trauma. Burney’s reticence to have her heroine’s experience madness seems to echo Elinor’s declaration of madness as “common” (169)—madness would be too simple for heroine’s to succumb to; as strong, yet flawed, female characters, the complex interrelationship between their minds and bodies demands a more complex storyline, a psychosomatic narrative. The line dividing madness from psychosomaticism comes with the awareness of one’s state and mental strength—it comes with power and agency. Burney may question a female’s power in society, like those who question Elinor’s sanity, but she does not eschew it through madness. Burney grants her heroines the equanimity to remain in the uncomfortable, and often ambiguous, realm of psychosomaticism that displays the relationship between woman and society, the impact of “female difficulties.”

Elinor most explicitly engages in debates over madness and the connection between the mind-body. She asserts the incontrovertible connection between the mind and body, contending that “the blood which still circulates in our veins…gives imagination its power” (789). Though the “imagination” is not synonymous with the mind, Elinor sees that the imagination, soul, and body are closely in relationship, yoked as mind is to body. She finds her body gives “power” to her thoughts and her creative and mental faculties. Elinor combats the idea that she is mad, avowing that she is “Of reason” (782). Elinor sees the intense relationship between her thoughts and feelings, and her awareness of the destructive nature of her unrequited feelings for Harleigh causes her to claim, “I am my own executioner!” (796). Elinor recognizes her problems in the

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164 Burney’s experiences of madness in others likely causes this weighty view of madness’s ability to strip away power, as seen through her experiences at court with King George III’s brush with madness and through an encounter with the ‘mad’ actress Mary Wells at the Boydell Gallery. See Laura Engel’s and Janine Barchas’s excellent takes on this experience of Burney’s.
theatrical events—her “play of existence”—that she stages have resulted from her passion for Harleigh and the desire to control their relational outcomes and future. Elinor repeatedly calls herself a “Fool!” (796), realizing that seeking to control others is a futile enterprise. Therefore, she affects her exit from the stage, leaving Juliet in “unaffected wonder” (797). Despite her self-flagellation and declarations of fault, Elinor still controls the scene. She leaves her audience in “wonder” that is not contrived but inspired through her moving monologue. Elinor’s declaration that she is her “executioner” asserts her personal agency. She is in control of her mind and body, no one else, though her emotions affect her bodily feelings and anxieties and hinder her ability to navigate her world. Not one to leave without directing her players, Elinor commands Juliet to marry Harleigh, a command that Juliet will follow, yet wonders how “Harleigh could resist” Elinor’s compelling “virtues, and attractive qualities” (797). Elinor’s exposure of society’s limits are upheld in the novel; she may be excessive or extreme in her passions and actions, but she is intriguing and vivacious, so much so that any character “drawbacks diminished” (797). Elinor’s strong presence of mind leaves her to still direct others and to choose her exit—Elinor remains in control of her destiny, even if it is not the one she hoped for. Though her work ultimately fails, her end is not nearly as tragic as it could have been. Burney allows Elinor’s voice a place in the novel: this powerful upholding of female agency speaks to Burney’s revision of the psychosomatic heroine, as well as the dwindling role of the doctor figure in negotiating and mediating the experience of the psychosomatic heroine.
A Waning Authority: Mr. Naird

Mr. Naird serves as the doctor figure for *The Wanderer*, a surgeon who undertakes the difficult case of Elinor Jodrell. Mr. Naird, “a surgeon of eminence”\(^\text{165}\) enters at the dramatic moment of Elinor’s suicide attempt; he was “accidently in the assembly” and comes forth to help by “dressing the wound,” but Elinor “would not suffer the approach of the surgeon” (*The Wanderer* 360). Elinor rejects aid from the start; she “would not suffer” his assistance, because she does not need anyone to attend to or speak for her. Whether stubbornness or the wish to continue her death scene,\(^\text{166}\) Elinor does not acknowledge the “eminence” of Mr. Naird, she “would not hear of any operation, or examination; would not receive any assistance” (360). On one hand, Elinor takes up Dr. H’s prescription to be her own “doctress” (*Clarissa* 1082), and on the other hand, Elinor absorbs the assumptions of a hierarchical professional society. Mr. Naird, as a surgeon, despite any “eminence,” is still not as respected as a doctor. While Mr. Naird’s reputation is defended, he is still only, as Brian McCrea designates, a “lower-case version of Lyster” (63). Rather than seek to control the situation as Dr. Lyster does, Mr. Naird “does his best to manage” Elinor and her surrounding issues (McCrea 63-4). While Dr. Lyster was in command of the situation and his surroundings in Cecilia’s case, Mr. Naird can only “manage,” rather than accomplish, because it is up to Elinor to “manage” herself.

Mr. Naird, even if a “lower-case version” of Burney’s previous eminent doctor, is a reasonable, professional man who simply has less of a place in the psychosomatic heroine’s narrative. Elinor suffers an “excess of the agitation,” that “forced Mr. Naird to return” (*The Wanderer* 375). Elinor’s “agitation” includes a litany of physical effects: she “rent open her

\(^{165}\) Mr. Naird’s “eminence” recalls Dr. H’s same attribute, though Mr. Naird is not given the same respect or authority despite his lauded reputation.

\(^{166}\) Elinor stages her death scene, stating her purpose as “I come to die,” before stabbing herself in the breast (361).
wound, and tore her hair, calling, screaming for death” (375-6). Throughout her fit, Elinor ignores Mr. Naird’s presence (375), because her anger and hurt at Harleigh’s letter is so intense. Elinor’s “excess” does not affect Mr. Naird’s capability; he simply “silently felt her pulse” as she rants (377). Mr. Naird appears calm in a crisis, a quality Elinor can appreciate as she hesitantly accepts his services—she allows him to serve as her messenger to Harleigh rather than as her caregiver (378). She will let him assist her in her performance of controlling others, to serve as a player in her “farce,” but not heal her. Mr. Naird is able to negotiate a trade for the “commission” so that he may “dress her wound” (378). While Mr. Naird’s professional abilities are not questioned, his efficacy can only go so far when Elinor “commanded Mr. Naird from the room” (379). Elinor is the one with the power and control in their interactions; Mr. Naird is subject to her orders.

Shifting from an authorial presence to a mere observer, Mr. Naird is not granted the same authority that Dr. Lyster is granted in Cecilia. The role of the psychosomatic heroine becomes highlighted as the agent in the interactions, as Elinor’s refusal of Mr. Naird’s treatment efforts shows her the “doctress” and undermines the doctor figure’s interpretation of the psychosomatic heroine’s situation. Though Mr. Naird declares Elinor’s situation as one in which “the imagination was yet more diseased than the body” (371), he also contends that “with so excentrical a genius…nothing must be risked abruptly…keep wholly out of her way, till the tumult of her wonder and her doubts, will make any species of explication medicinal” (371). The “excentrical” nature of Elinor speaks to her intense independence and her theatricality, which Mr. Naird cannot contain, even if he wishes to with his claims that she is “diseased.” Mr. Naird’s

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167 Harleigh’s letter contains advice to Elinor to seek religious counsel and urgings not to commit suicide; he concludes the letter with reassurance that she has many gifts, and that they are friends (a well-executed brush off, essentially) (373-5).
advice to her family—to “keep wholly out of her way”—results in being the role he ends up taking. Unlike Dr. Lyster who steps in and takes charge, Mr. Naird recognizes the “genius” of his patient that will render him ineffective. Mr. Naird, regardless of his intelligence or skill, is not Dr. H: he does not understand the psychosomatic heroine’s issues. He seeks to pathologize her rather than understand her, which ultimately denies his authority.

Elinor is so strong-minded that she is more instrumental in her recovery than the doctor figure could be. Elinor will control her “play of existence” (205)—her mind and body and the actions of others against her—regardless of a surgeon’s advice or efforts. As McCrea notes, regardless of any skill Mr. Naird has, he still “disappears from the narrative” (64). Mr. Naird cannot be effective in treating Elinor and in communicating to the reader her experience; she is more in control of her situation and has the power to convey her mind-body without mediation from the surgeon. Juliet’s psychosomatic illness does not even register for Mr. Naird; he clearly deals with the visible (bloody) wounds, missing the nuances that show a woman suffering. Juliet’s capability as an actress who can conceal works so well that her wounds go untended, reinforcing that the psychosomatic heroine must rely on herself for the management of her symptoms. Burney instigates the shift from efficacious doctor who is given charge of the heroine’s narrative summation to a surgeon who “disappears” with little interference in the narrative’s meaning. In The Wanderer, the “female difficulties” of the psychosomatic heroine cannot be communicated through an intermediary; the difficulties of her mind and body are solely her own to communicate.
The Finale of the Divergent Heroines

Though Elinor and Mr. Naird depart from the narrative, Juliet has more to communicate, finally renouncing her continual silence. Other than a single earlier moment where Juliet (then as the Incognita) is “compelled to speak,” silence is her typical response (The Wanderer 58). Her intense internalization only lets up when she is alone and feels the physiological effects of her repression of thoughts and feelings. Aurora Granville, revealed to be Juliet’s half-sister, asks the question of the novel: “Why…did you not speak?” (814). Juliet’s reasons for keeping silent and concealing her identity are revealed to be quite simple: she feared repercussions and persecution by her husband Lord Denmeath. Her reasons are straightforward, but her performance work of being silent and concealing her identity has been arduous, though necessary for her survival. By regulating her outward appearance, she has been able to protect herself and to navigate in her world, despite it being tied to difficulties and trials. When Juliet learns she is free from her villainous husband, she “felt suspended in all her faculties” so that “she stood motionless, speechless, scarcely conscious whether she were alive” (855). Even with relief, the emotion is powerful enough to warrant a suspension in “all her faculties.” Juliet’s mind and body are intertwined—whether thoughts and feelings are positive or negative, her body manifests their effects. For Juliet, the “violence of her emotions” have a power “almost shattering ever her comprehension” (856). Emotion can overwhelm “comprehension,” as the mind is subject to affective shifts as much as the body. Having dealt with “female difficulties” for so long, Juliet is overcome and “suspended in all her faculties” once she learns that she no longer must contend

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168 The refrains associated with Juliet throughout the novel are that she is “silent,” she experiences terror, she experiences moments of “disorder” over her situation, and that she wishes to be heard. Her silence receives the most repetition next to her moments of disorder. Tara Goshal Wallace in her article “Rewriting Radicalism: Wollstonecraft in Burney’s The Wanderer” attributes Juliet’s silence to the political and social system, saying “legal patriarchal power erases Juliet’s corporal materiality so that she becomes a voiceless, bloodless wraith” (496).
169 The numerous instances of when she feels “disordered” or “sunk.”
170 Similar to the work of self-management that Austen extols, which will be explored in the next chapter.
with the institution of marriage, the social, legal obligations that had pressured her throughout the novel.

Like Cecilia, Juliet deals with marital complications, though Juliet’s issues are largely off stage; she internalizes the distillation of social pressure and obligation that Cecilia also contends with. Burney leaves behind the mechanical body that shuts down in the face of psychic distress, as the “poor, passive machine” is abandoned for an integrated mind-body figure (Clarissa 387).

In a similar conclusion, Juliet is also granted reprieve, though her performance work is praised where Cecilia’s is critiqued. Juliet gets to be free, thus Juliet becomes the one “in whom every feeling was awake to meet, to embrace, and to share,” unlike Cecilia who must “check” herself and her expectations (The Wanderer 859). Juliet is now capable of handling all things again and is able now “to share.” She is open and able to “embrace” her “every feeling”—to feel and experience without detrimental bodily repercussions. Juliet’s efforts to protect herself and others through her work of concealing performances is rewarded, and her ability to perform is lauded by Harleigh (862). Haleigh calls her by her multiple names—“Miss Ellis,” “Miss Granville,” “Juliet,”—honoring her multiplicity of selves (862). From the Incognita to Juliet Granville, and implicitly eventually Juliet Harleigh, Juliet’s many identities are acknowledged. Harleigh affirms Juliet’s myriad identities as part of her: she is a self with multiple facets, facets that are all part of her. With her mind, body, and emotions, Juliet’s multi-faceted, integrated self brings only “bliss” (862). Juliet is Burney’s ideal psychosomatic heroine, the one who achieves the most agency through her performances. Less strident than Elinor’s performances, Juliet’s work is embraced as the most effective for navigating the world in which the heroines, and Burney, live. Elinor will be “with the common herd” and “discover that all others are pathless!” (873), because

Elizabeth Heckendorn Cook views The Wanderer as Burney’s means of recouping room for multivariant female identity.
she could not revise her mode of performance. Juliet, with her fluid identity and facility with a performance that conceals, enables her to be as in charge of her social destiny as a woman can be, as a woman must be. *The Wanderer* reveals that women must be able to occupy many positions adeptly in order to navigate, and most importantly, to survive.

The final passage of *The Wanderer* encompasses both Juliet and Elinor in a psychosomatic manifesto of sorts. The final words of the novel\(^{172}\) transform the meaning of “female difficulties:”

> How mighty, thus circumstanced, are the DIFFICULTIES with which a FEMALE has to struggle! Her honour always in danger of being assailed, her delicacy of being offended, her strength of being exhausted, and her virtue of being calumniated! (873)

The “mighty” “DIFFICULTIES” a woman “has to struggle” leave her in “danger.”

Predominantly noting social threat—reinforcing the double-bind of protecting reputation versus being able to provide for oneself—Burney asserts the qualities of a “FEMALE” that suffer: “her honour,” “her delicacy,” and “her virtue.” Ironically, these same qualities are under threat, not actually degraded; Juliet and Elinor have both encountered the edge, moments of intense mental and bodily reactions, but they have not succumbed. Their performance work enables them to give vent to these struggles, to expose them, thus mitigating the “danger” to their lives. Active

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For more on Burney’s approach to the ending of the novel, as well as her approach to endings throughout the novel, see Emily Friedman’s discussion of *The Wanderer* in her excellent article “Wanderer’s End: Understanding Burney’s Approach to Endings,” in which she notes how Burney “explodes nearly every signifier of closure” in her volume endings (48), and Burney further resists closure in the novel’s ending by “choos[ing] to remind readers of what is left unresolved” (61)
work proves a cure for psychosomatic illness, even if it does not always increase a heroine’s ability to navigate her world.

Burney, in completing her novel, shifts to an affirmation of the psychosomatic heroine and her abilities. The final words of the novel conclude:

Yet even DIFFICULTIES such as these are not insurmountable, where mental courage, operating through patience, prudence, and principle, supply physical force, combat disappointment, and keep the untamed spirits superior to failure, and ever alive to hope.

(873)

Here the emotions, mental activities, and bodily reactions of the female heroines are transformed, as psychosomatic experiences are transmogrified into positive attributes. For the “FEMALE,” her “mental courage,” “physical force,” and “untamed spirits” leaves her “ever alive to hope” rather than death. Though the “DIFFICULTIES” are harsh and dangerous to women, their ability to sustain and uphold the virtues of “patience, prudence, and principle,” the heroine can be “superior to failure.” Rather than experiencing a protracted death like Richardson’s Clarissa, Burney diverges completely from that narrative, enabling both of her heroines to go on with their lives, even if one heroine is rewarded for her work more amply than the other. Burney reveals that the psychosomatic heroine can be strengthened by her mind-body experiences, as long as she applies herself to performance work. Women on the world’s public stage must contend with “female difficulties,” but in applying themselves to a performance of concealment, they can gain the reward of “hope” and a life “superior to failure.” Jane Austen’s psychosomatic heroines next examined are similarly “alive to hope,” though their hope comes from the rigorous work of self-management that continues to reverse the tragic legacy of the psychosomatic heroine.
Chapter Three

“The Absolute Necessity of Seeming Herself”: Jane Austen’s *Sense and Sensibility* and *Persuasion*

In a letter to her sister Cassandra on March 5, 1814, Austen writes, “Do not be angry with me for beginning another letter to you. I have read the Corsair, mended my petticoat, and have nothing else to do” (*Letters* 268). Austen’s choice of reading is juxtaposed with the reality of her daily life: unlike Gulnare who can emerge from imprisonment and live adventurously, Austen is bound by the restrictions of women’s daily life. Austen points to the difficulties of being a woman with an active mind in a world that does not allow for the employment of women’s intellect: other than mending, reading, and letter writing, she has “nothing else to do.”

In her novels, Austen delineates the suffering women encounter: a lack of options, financial and familial instability, romantic trials, a lack of profession, boredom, and loss. Austen identifies the problems of women’s lives in the long eighteenth century, because she experiences them herself.

Austen explores the “female difficulties” she inherits from Burney’s fictions, but she shifts away from the grand drama Burney and Richardson embrace to attend to the “the little

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173 Austen refers to George Gordon, Lord Byron’s immensely popular *The Corsair*, published in 1814, that details the narrative of Conrad, the titular corsair. Conrad works against oppression throughout the three cantos of the poem, and he proves a typical Byronic hero, bound by his personal code of ethics and tormented by loss. Gulnare, a slave of the pasha’s harem, becomes the hero of the tale in a gender reversal: while Conrad is too caught up in his chivalric code of conduct, Gulnare rescues them both from imprisonment, thus transforming from victim to victor. However, this victory comes at a cost, for she no longer is seen as beautiful or as a viable candidate for marriage, having emasculated Conrad by accomplishing what he could not.

174 Austen’s familiarity and appreciation for the novels of Burney and Richardson is widely recognized; they were two of her favorite authors. Austen lauds Burney’s novels in her famous defense of the novel in *Northanger Abbey*, and the influence of Richardson’s work shows in her theatrical reproduction of his novel *The History of Sir Charles Grandison*. For more on the Austen’s literary inheritance from Richardson and Burney, see William Galperin,
bit (two Inches wide) of Ivory” she works on with “so fine a Brush” (Letters 323). Austen remains close to the “natural,” the “probable,” and the “everyday”: markers of the more realistic particulars of everyday life comprise her aesthetic (Letters 234). Because of “everyday” little traumas, every woman has the capacity to be psychosomatic; the difficulties of everyday life beget psychic stress and unruly emotions that can easily manifest in the physical body. However, in a society that requires what LeRoy Smith identifies terms “female submission” to sexually discriminatory codes of behavior, there is no room for women to display their real thoughts and feelings (6). Smith extends the argument made by Sandra Gilbert and Susan Gubar in The Madwoman in the Attic regarding the performances women must give for survival in a patriarchal society, but he contextualizes those ideas within eighteenth-century codes of behavior. Political and social restrictions lead to what Amanda Vickery views as the life of “polite leisure” women must show they live, at least on the surface and in public (239). For Austen, psychosomaticism is related to authenticity: psychosomatic response is the mapping of one’s mental and emotional truth on the physical body, a truth that women are not to display.

Jocelyn Harris, Nancy Armstrong, Nora Nachumi, Laura Engel, Audrey Bilger, Penny Gay, Sarah Raff, Jane Stabler, Janet Todd, Nina Hazar, Jan Fergus, and Mary Waldron.

Amusingly, Austen identifies these aesthetic requirements during her criticism of Mary Brunton’s novel Self Control. Austen says upon re-reading Brunton’s novel, “I am looking over ‘Self Control’ again, and my opinion is confirmed of its being an excellently-meant, elegantly-written work, without anything of nature or probability in it. I declare I do not know whether Laura’s passage down the American river is not the most natural, possible, everyday thing she ever does” (Letters 234). Austen prefers “probability” and the “everyday,” so much so that when she facetiously offers to later write “a close Imitation of Self-Control” she “will improve upon it” by hyperbolically emphasizing the improbability of the novel. She states, “my Heroine shall not merely be wafted down an American river in a boat by herself, she shall cross the Atlantic in the same way, & never stop till she reaches Gravesent” (283). Austen is clearly put out by the improbability of certain aspects of Brunton’s novel, because she would rather kill off a heroine than write material that does not align with the “possible.” Austen’s own explorations of ‘self-control’ embrace a more “natural” mode with probable occurrences, but an overlap between her novels and Brunton’s, as Anthony Mandal notes in his introduction to the Chawton House Library edition of Self-Control, is that both Austen and Brunton attend “with particular sensitivity to the psychological and social rhythms of female existence” (Brunton 4).

David Monaghan also identifies these issues of women’s restricted position in his edited collection Jane Austen in a Social Context, and Roy Porter speaks to the constricted nature of women’s lives, particularly in regards to political and social regulations that stifled women’s voices in eighteenth-century England, in his English Society in the Eighteenth Century.
Austen demonstrates her understanding of the mind-body relationship as one fraught with social and personal tensions for women. Though a woman may wish to be authentic, she must remain contained for her protection. Unruly emotions cannot slip through a façade of composure, nor can the body betray internal states for risk of public and social censure. Maintaining an outward appearance of self-possession keeps women socially viable subjects; though the body has the capacity to demonstrate internal conflict, women must work to compose themselves. Mary O’Farrell identifies this “separable will” the body has (127), a “will” that needs to be controlled. For O’Farrell, this kind of “well-behaved will” is important for civility, but for Claudia Johnson, “What is at stake is not propriety, but survival” (64). Johnson affirms Austen’s “concern…for the therapeutic care of the mind as it lives in time, buffeted by hope, fear, and disappointment” (64). For Austen, the work of self-governance is crucial, because it enables heroines not only to master their mind-bodies but to navigate the world in which they live. In short, self-management enables them to survive.

Austen’s ideas of the psychosomatic heroine and her necessary work of self-governance are most acute in her early novel Sense and Sensibility and her later novel Persuasion. In Austen’s words, the psychosomatic heroine must “struggle against a great tendency to lowness,” and she accomplishes this because of “the absolute necessity of seeming herself” (Persuasion 105, 258). In order to navigate in her social world, Austen’s novels show psychosomaticism to be the condition the everyday woman must “struggle against.” The “self-command” heroines must exhibit is the work of “constant and painful exertion” (Sense and Sensibility 63, 297). In

177 Margaret Watkins Tate also argues for the active pursuit of restraint that Austen heroines must uphold, because “proper self-sufficiency…enables Austen’s heroines both to endure isolation and to overcome it” (Tate 324).
178 While Johnson links Austen’s “concern” for mental health specifically to Sense & Sensibility, this identification generalizes well to fit Persuasion as well, a novel deeply concerned with the mental and physical well-being of its characters.
Sense and Sensibility, Austen articulates her thesis for how one must approach everyday life as a woman—one must do the individual work of governing oneself for survival. In Persuasion, Austen extends this argument of individual work to include work for others as a pathway to self-healing.

In these narratives of self-management, there is little room for a doctor like Richardson and Burney employ. For Austen’s psychosomatic heroines, the onus is on the self to diagnose, treat, and heal; while doctors may be sent for, they are not characters who attend and cure psychosomatic illness.179 Austen explores what the role of the self is in coping with psychological turmoil, particularly the result of love presumably lost, and how the work of “seeming herself” can combat a “tendency to lowness”.180 For Marianne Dashwood, Elinor Dashwood, and Anne Elliot181—Marianne in her illness, Elinor in her “constant and painful exertion,” and Anne in her loss of “bloom”—they must address their own suffering and do the work to recover. They must demonstrate that they “have a spirit,” a confidence, capability, and independence necessary to counteract the ‘lowness’ they might otherwise be prone to (Letters 119). Ultimately, the heroine is responsible for her own well-being: there is no room for a physician in this narrative.

Instead of a doctor, Austen’s heroines have a reader who observes, absorbs, and legitimizes the heroine’s psychosomatic experience. The onus is on the reader to corroborate the

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179 This choice of self-doctoring is not unique in the eighteenth century. As Dorothy and Roy Porter and Akiko Takei suggest, people of the long eighteenth-century had a penchant for performing the duties of a doctor, from diagnosis, dispensing treatment advice, and performing medical procedures on themselves and others.

180 Helen Small identifies the alliance between love lost and illness for female characters in the nineteenth century. However, her work focuses on conceptualizations of women’s madness, a different category from psychosomaticism, where inabilities and distortions of perception are at play rather than physiological manifestations of internal strife in which the self is still cogent.

181 Not only do they share the status of psychosomatic heroine, there is a continuity of sorts between these heroines: Anne has all the passion for nature and romanticism of Marianne but also the sensible temperament of Elinor.
heroine’s self-diagnosis: that everyday suffering requires constant, vigilant self-management. This empathetic identification with the narrative creates an intimacy between the reader and the psychosomatic heroine that functions as a dialogic exchange. Like Katie Halsey, in her excellent study of over 150 years of Jane Austen’s readers, observes, “Moralists and commentators of Austen’s period and onward frequently suggested that ‘we are what we read.’ In Austen’s novels, it might be truer to say that how we use what we read defines us” (26). Austen encourages her readers to interrogate themselves and their worldviews, because, as Nancy Armstrong determines, Austen “objects to readers who crave emotional stimulation at the cost of individual judgment and sympathy” (How Novels Think 19). For Austen, reading is a practice—intellectual work—in which readers learn and gain tools to navigate their own worlds. Novels may be fiction, but they also carry traces of reality that inform and instruct. Austen’s instructions to the reader are clear: remember “the absolute necessity of seeming” yourself, and you will be rewarded for your “constant and painful exertion.”

Their “Feelings Were Strong”: Sense and Sensibility

Sense and Sensibility presents Austen’s foray into transforming the psychosomatic heroine, and Austen shows both heroines aware of their mind-body dynamic. Most importantly, Sense and Sensibility ushers in Austen’s premise regarding the psychosomatic heroine: self-control can limit, reduce, or prevent bodily illness and harm in the face of emotional and mental

Sarah Raff and Christopher Wilkes especially highlight the intimacy Austen’s novels encourage for the reader. Lisa Zunshine views this intimacy stemming from the cognitive interplay between reader and Austen’s novel, because “Austen was profoundly innovative in her treatment of fictional consciousnesses” (Zunshine 276). In this vein, John H. Burrows notes that “Jane Austen’s authorial voice encourages observant readers to keep their wits about them” (Burrows 181). Thankfully, cognitive studies by researchers like Natalie Phillips reveal that reading Austen’s work stimulates parts of the brain through a global increase in blood flow, meaning that reading Austen’s novels can make one smarter (Goldman).

A number of critics argue for Austen’s didactic purpose in writing her novels, including Karen Valihora, Jan Fergus, Sarah Raff, and Marilyn Butler.
distress. Elinor demonstrates that with “self-command,” a heroine can stave off bodily illness even with tumultuous and painful emotions (*Sense and Sensibility* 63). Marianne shows the other side of the coin: by choosing not to control herself and by letting her emotions run wild with “violent sorrow” (90), Marianne shows how a heroine can suffer bodily illness mightily and almost perish. Like Burney’s later novel *The Wanderer*, Austen’s two heroines display marked differences: Elinor internalizes her thoughts and feelings, while Marianne externalizes her thoughts and feelings. Despite these differences, Marianne and Elinor both suffer the effects of mind-body ailments through isolation and despair in response to familial and love woes. Elinor, however, is able to harness the ill-effects of psychosomatic manifestation with her self-control, and Marianne progressively learns that self-control will aid her in reversing the bodily effects of her heartbreak. Ultimately, through these two heroines, Austen shows that self-control is the solution to psychosomaticism’s mortal potential.

From the very beginning of the novel, Elinor and Marianne’s differences in self-control are highlighted, yet their subtle similarities in their emotional responses creep through. Elinor’s introduction to the narrative positions her as the steady sister and ‘rock’ of the family:  

Elinor, this eldest daughter, whose advice was so effectual, possessed a strength of understanding, and coolness of judgment, which qualified her, though only nineteen, to be the counsellor of her mother, and enabled her frequently to counteract, to the advantage of them all, that eagerness of mind in Mrs. Dashwood which must generally have led to imprudence. She had an excellent heart;—her disposition was affectionate, and her feelings were strong; but she knew how to

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185 Elinor’s familial position prompts Laura Engel, in her introduction to the Barnes & Noble edition of the novel, to argue that “Elinor’s desire to hide and master her true feelings is a necessity” (“Introduction xiv”), because her upholding of sense shows a “propriety and self-restraint [that] can be seen as a corrective to Marianne’s tempestuous theatrics” (“Introduction” xv).
govern them: it was a knowledge which her mother had yet to learn, and which one of her sisters had resolved never to be taught” (7).

Elinor is presented as the one in control: of her emotions and of her family. She feels the pressure of needing to restrain and “counteract” the “eagerness of mind” and “imprudence” in her mother and sister Marianne. Despite her “coolness of judgment”—that magical ability to stay reasonable in the face of emotional pressures and disappointments—Elinor’s “feelings were strong.” The narrator’s stark language that Elinor has “strong” emotions reveals the ties between Elinor and Marianne. Both are sensitive and prone to emotionality, but Elinor knows how to control, push away, and conceal her emotions to deal with practicalities.

Alternately, Marianne is introduced as akin to Elinor, but much more keyed into her emotions. The narrator states, “Marianne’s abilities were, in many respects, quite equal to Elinor’s. She was sensible and clever; but eager in every thing; her sorrows, her joys, could have no moderation. She was generous, amiable, interesting: she was every thing but prudent. The resemblance between her and her mother was strikingly great. Elinor saw, with concern, the excess of her sister’s sensibility; but by Mrs. Dashwood it was valued and cherished” (7-8). Marianne’s “excess,” the way in which she throws herself into her emotions and experiences “concern” the more even-keeled Elinor. Marianne lives out her emotions, enabling her body’s acting out of them. Marianne is so ruled by her emotions that she declares, “I could not be happy with a man whose taste did not in every point coincide with my own. He must enter into all my feelings” (20). Marianne’s demands are ego-driven; she focuses on herself with the repetition of ‘my’ for her “taste” and her “feelings.”. However, Marianne is aware of her demanding nature saying, “I require so much!” (21). The intensity with which Marianne lives carries over into her
relationships, which also set her up for intense psychosomatic response, and her narrative dominates the first third of the novel.

Marianne’s demands are seemingly met in a relationship with John Willoughby, a young man who appears to meet all of her desires for a match. In a provocative passage that foreshadows events to come, Marianne takes a tumble on a walk with her younger sister Margaret: “Marianne had at first the advantage, but a false step brought her suddenly to the ground” (50). Just like her initial description where she has everything going for her, this passage points out that while she had the “advantage,” a single “false step” brings her “suddenly” back to the earth. In this instance her fall is literal, but the re-reader of Sense and Sensibility knows that Marianne will take another fall to earth following her failed romance with Willoughby, due to her hubris regarding the superiority of her emotions and judgment. Marianne serves as the most potent and visible example of the psychosomatic in this novel, as her overt displays of her emotions have the capacity, in John Wiltshire words, to “become pathological” (Jane Austen and the Body 42). Marianne’s body, particularly in its susceptibility to injury and illness, manifests the power of the mind, especially in the face of enthusiastic energy and emotion.

Though her body visibly portrays her mental and emotional states, Marianne also has the same abilities as Elinor when it comes to self-mastery; she merely chooses not to exercise them. Marianne demonstrates this introspection when she confers with Elinor:

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186 John Wiltshire notes the necessity of re-reading Austen, for “Jane Austen’s novels often deceive and play with the first reader’s attention” (The Hidden Jane Austen 5). Wiltshire contends that the power of Austen’s style and art is revealed to the re-reader.
187 Erin Wilson seconds Wiltshire’s assertion of Marianne’s “corporeal” ramifications of sensibility, claiming Marianne shows that sensibility “a detriment to one’s physical welfare” (Wilson 281). Wilson pushes Wiltshire’s argument regarding sensibility’s capacity to cause illness, proposing instead that “in this novel sensibility is an illness…Marianne’s sensibility is persistently presented as a pathological concern” (281). Susan Rowland also notes “just how far psychic stress can endanger [women’s] bodies” (Rowland 318), much as Pamela Steele recognizes Marianne’s illness as an “abuse of health in the name of sensibility” (Steele 155).
‘Elinor,’ cried Marianne, ‘is this fair? Is this just? Are my ideas so scanty? …I have been too much at my ease, too happy, too frank. I have erred against every common-place notion of decorum; I have been open and sincere where I ought to have been reserved, spiritless, dull, and deceitful:—had I talked only of the weather and the roads, and had I spoken only once in ten minutes, this reproach would have been spared.’ (Sense and Sensibility 57)

Elinor’s implicit rebuke of authenticity offends Marianne, causing her to offer this rebuttal lauding sincerity. Marianne speaks to the socially appropriate behaviors she knows well: talking “only of the weather and the roads” and speaking “only once in ten minutes.” Marianne’s defense of being “too frank” reveals her knowledge of social codes for women, as well as her blatant disregard for the same codes with her own actions.188 Marianne is as capable as Elinor of following decorum, but she chooses her “scanty” ideas over the ideas society and Elinor approve of. Marianne gives voice to the problems of women’s need to be “reserved”: it leads to being “spiritless” and “dull” and “deceitful.” This deceptive way of living does not appeal to Marianne who passionately values emotional honesty. While Marianne understands society’s demands, she will not capitulate to its requirements of emotional regulation and self-control.

Elinor, unlike Marianne, does not reveal the same overt emotionality; rather, she clings to “self-command” and composure when her emotions threaten to overwhelm her (63). Elinor judges Willoughby for his boldness in publicly pursuing his relationship with Marianne, thinking, “he displayed a want of caution which Elinor could not approve” (58). Elinor prizes self-control, and Willoughby’s “want” of it elicits her disapproval. Elinor’s emotions, however,

188 As Karen Valihora notes, Marianne’s “lack of self-command is definitively linked to a runaway imagination as well as to a certain recklessness of desire and impatience with social convention” (208), a character trait Jane Nardin also identifies. Marianne chooses not to conform to ‘social convention’ partially due to her natural traits of sensibility and romance, but also due to her ‘impatience’ with society’s demands.
are not as in control as her general composure suggests. In Marianne’s “season of happiness”—the throes of young love with Willoughby—Elinor is less content: “Elinor’s happiness was not so great. Her heart was not so much at ease, nor her satisfaction in their amusements so pure. They afforded her no companion that could make amends for what she had left behind, nor that could teach her to think of Norland with less regret than ever” (64). Elinor’s lack of “companion” highlights her isolation, an isolation that Margaret Watkins Tate argues could be aided by “proper self-sufficiency” that “enables Austen’s heroines both to endure isolation and to overcome it” (Tate 324). Marianne’s “happiness” alienates Elinor, especially due to her lack of “satisfaction in their amusements.” The “amusements” of the happy couple prompt “such conduct” as enjoying themselves at others’ expense and neglecting others with their “separate” activities (Sense and Sensibility 64). Because of her exclusion, Elinor is left “to think...with...regret” on lost opportunities and friendships. Her keen awareness of decorum and social boundaries prompts a cautionary attitude in regards to Marianne’s pursuit of her relationship with Willoughby and the emotional frankness it brings about.

**Love Hurts: Marianne’s Overpowering Feelings**

Elinor astutely observes the physiological and social implications of Marianne’s emotional freedom. Because Elinor “knew her sister’s temper” (Sense and Sensibility 69), she notes, “There are inconveniences attending such feelings as Marianne’s, which all the charms of enthusiasm and ignorance of the world cannot atone for. Her systems have all the unfortunate tendency of setting propriety at nought; and a better acquaintance with the world is what I look forward to as her greatest possible advantage” (66). Here social implications merge with medical implications: the “systems” to which Elinor speaks of are tied to long eighteenth-century
conceptions of human physiology and psychology—the nerves, or nervous system, to which the mind and emotional life is connected to the physical body. Elinor sees the psychosomatic implications of strong, uncontrolled emotions on the physical body and is wary of instances that can precipitate exposure. Marianne’s dealings in her relationship with Willoughby concern Elinor, and Marianne’s extroversion and publicity of her relationship elevate the difficulties Elinor sees. Marianne has an “active imagination” (67), which propels her to describe a failed relationship in “melancholy order” (67). When learning of Marianne giving Willoughby a lock of hair, “not so easily did Elinor recover from the alarm into which it had thrown her” (73). Elinor is deeply affected by this intimacy between Willoughby and Marianne, so much so that she experiences “alarm” that is “not so easily” recovered from. Elinor is “thrown,” surprised and taken aback that Marianne advances her relationship so quickly. Elinor recognizes the dangers inherent in pursuing a relationship so publicly and intensely without the security of a socially-sanctioned commitment.

Circumstances drive Marianne’s descent into psychosomatic response, prompted by the abrupt halt to her intense relationship with John Willoughby. What begins as “violent affliction” when Willoughby abruptly leaves and ushers in the termination of their relationship (87). Her seemingly histrionic response to the commonplace of a separation denotes the intensity with which Marianne approaches life and her emotional authenticity. Marianne becomes dramatically absorbed in her emotions, as indicated through “the distress in which Marianne had quitted the room” (89) and her “violent sorrow” (90). Laura Engel astutely declares Marianne “the actress of the novel” who is in many ways a “terrible actress because…she is unable to hide the intensity of her feeling” (Austen, Actresses and Accessories 51). Marianne is highly demonstrative,
especially regarding her feelings, and these feelings cause Marianne’s body to take center stage as her family looks on:

They 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. (Sense and Sensibility 95)

The narrator makes very clear the impetus for Marianne’s woeful state—Willoughby had to leave and it is unknown when she would next see him. Marianne’s state is also indicative of the psychosomatic: the lack of “power” Marianne has is “because she was without any desire of command over herself.” She is “overpowered” by her feelings, and her body shows the strain of these painful emotions: Marianne’s “eyes were red and swollen,” she can “neither eat nor speak,” and she “burst into tears” with little provocation. Further, Marianne is so consumed by her feelings for Willoughby that “every subject” connects “her feelings…with him” (95). By not governing herself and her responses, Marianne visibly shows her inner turmoil, a dangerous prospect for a girl with no financial or social security. Because there is no formal commitment from Willoughby, Marianne’s overt emotionality is dangerous; she courts ruin if others beyond her family see these visible displays of heartbreak. The ties between Marianne’s body and
emotions are strong, and her deliberate giving way to those ties compounds the difficulties her mind and body suffer in the advent of the relational strain between Willoughby and herself.

Marianne’s refusal to “command” herself increases her bodily symptoms. Marianne’s choices prove her desire to maintain the stronghold of her psychosomaticism when,

Marianne would have thought herself very inexcusable had she been able to sleep at all the first night after parting from Willoughby. She would have been ashamed to look her family in the face the next morning, had she not risen from her bed in more need of repose than when she lay down in it. But the feelings which made such composure a disgrace, left her in no danger of incurring it. She was awake the whole night, and she wept the greatest part of it. She got up with a headache, was unable to talk, and unwilling to take any nourishment; giving pain every moment to her mother and sisters, and forbidding all attempt at consolation from either. Her sensibility was potent enough! (96)

Marianne’s difficulties with sleep reflect both her performance of sensibility and the grips psychosomaticism has her in; she wants to prove her feelings, but her feelings are naturally strong enough to be reflected in her body, negating the performative aspect to her personality. She avoids “consolation” and “Her sensibility was potent enough” to keep her in a continual state of mental and bodily discomfort. Marianne’s emotional exuberance affects her “repose,” in turn affecting her wellness with a “headache.” Marianne also mimics Clarissa in being “unwilling to take any nourishment,” as if intense, traumatic feelings necessitate refusal of food, demonstrating what Jocelyn Harris identifies as the linkages between Richardson’s Clarissa and
Perhaps the violence of her feelings negates her appetite, but Marianne gives in to the “indulgence of feeling” (*Sense and Sensibility* 96): her “nourishment of grief was every day applied. She spent whole hours at the pianoforte alternately singing and crying; her voice often totally suspended by her tears. In books too, as well as in music, she courted the misery” (96).

The narrator is ambivalent regarding Marianne’s mental and emotional state; while Marianne “courted the misery,” she is also unable to properly play “the pianoforte” and sing without being “totally suspended by her tears.” Marianne is in a vexed state in which her feelings are both in and outside of her control. Significantly, “Marianne’s mind could not be controuled” (99). The emphasis placed on “mind” reinforces how Marianne’s mind is at the center of the control issue; she cannot control her body any more than she can control her mind, putting her agency in question. Through Elinor, Austen declares that the mind-body can be controlled by the self—therefore psychosomatic response can be controlled—but this appears contradicted through Marianne. Marianne’s “mind” is capable of being a force of its own, subject to the whims of her emotions, perhaps because she chooses to give way to her emotions through her adherence to sensibility and denial of the restrictive pressures of sociability. Austen suggests the lines of control are slight: it is easy to lose control over the inner self, the mind, when one practices reckless abandon to one’s emotions. The choice to live with authenticity can be self-defeating, because it mitigates the control one has over her mind and body. Without the hard work of self-mastery, emotions will take control and lead to bodily suffering.

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189 Penny Gay also notes the alliances between Marianne’s story and that of Richardson’s Clarissa, claiming, “Marianne’s story in many ways echoes Richardson’s monumental novel *Clarissa* (1749), though Austen’s novel is briefer, funnier, and ultimately happier” (41).
Marianne cycles through highs and lows following Willoughby’s removal, though she is always painfully employed in emotional turmoil. The narrator reports, “Such violence of affliction indeed could not be supported for ever; it sunk within a few days into a calmer melancholy; but these employments, to which she daily recurred, her solitary walks and silent meditations, still produced occasional effusions of sorrow as lively as ever” (97). Marianne’s reaction echoes her response when her father died, where tears are a reflex-like reaction to most stimuli. Further, she is a wandering waif, aligning with the trope of the fallen woman who wanders the countryside. The “solitary walks” and “silent meditations” promote Marianne’s “sorrow”: her chosen activities do not generate mastery over her emotions and their physiological impact. Marianne revels in her sorrow, yet is also violently afflicted, which denotes how the bodily symptoms are both in and out of her control. While her behavior is problematic and performative—especially her “solitary walks and silent meditations” that provoke a return of her “violence of affliction”—Marianne’s emotional upheaval aligns the Austenian psychosomatic heroine with relationship distress and lovesickness as instigators of their mind-body ailments.

Elinor’s psychosomatic response is much subtler, though her emotions are just as powerful as Marianne’s. Elinor’s case, according to John Wiltshire, is a “disturbing investigation of concealment” (Hidden Austen 31), where Elinor’s mind and body reveal the difficulties of secrecy. As she is so dedicated to self-control, especially in order to keep her mother and sister in line, Elinor does not reveal her internal upheaval as externally as Marianne, but the affliction is

190 Represented in literature, poetry, and the visual arts, the trope of the fallen women begets images of a lone woman wandering apart from society’s fold. The eighteenth century narratives of the fallen woman appear in Daniel Defoe and Frances Sheridan’s work, with appearances elsewhere as the sexually transgressive figure and outlier in an otherwise orderly society. Especially popular in the Victorian era, the fallen woman appears in the novels of Elizabeth Gaskell, Charles Dickens, George Eliot, and Thomas Hardy and in the paintings of Dante Gabriel Rossetti and George Frederic Watts, among others. See Amy Wolf’s dissertation “Ruined Bodies and Ruined Narratives: The Fallen Woman and the History of the Novel” for more on this character type’s narrative function.
still present in her mind and body. Elinor is deeply feeling, and after Willoughby takes his leave abruptly: “Elinor’s uneasiness was at least equal to her mother’s. She thought of what had just passed with anxiety and distrust…greatly disturbed” (Sense and Sensibility 89). On behalf of her sister, Elinor has strong feelings: she is “greatly disturbed,” suffers “anxiety and distrust,” and “uneasiness.” It is significant is that her feelings are “at least equal to her mother’s,” displaying Elinor’s vivid emotion experience. Strong emotions also assail Elinor in regard to Edward Ferrars; when he visits and is less personable, Elinor reacts: “His coldness and reserve mortified her severely; she was vexed and half angry; but resolving to regulate her behaviour to him by the past rather than the present, she avoided every appearance of resentment or displeasure, and treated him as she thought he ought to be treated from the family connection” (102-103). Elinor is “mortified,” “vexed and half angry” and experiences “resentment” and “displeasure,” yet unlike Marianne, she goes about by “resolving to regulate her behaviour.” Elinor controls the outward signs of her inner emotional responses, proving that self-control is key to prevent overtly visible psychosomatic response. Valerie Wainwright situates Elinor as superior with her “psychological advantage” over other characters of the novel (A197). This “advantage” comes from the diligent work of self-control that Elinor exercises in order to contain her body’s potential responses to her emotions.

“She Was Stronger Alone”: The Continuous Work of Self-Command

In contrast to Marianne, Elinor continually works to control the displays of emotional pain her body could betray. When experiencing love troubles, “Elinor sat down to her drawing-

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191 While Wainwright argues from the point of view of the Lockean discourse of “reasonable exertion,” seeing Elinor as embodying higher morals and ethics than the other characters of Sense and Sensibility, Wainwright’s argument aligns with my argument of Elinor’s self-regulation that staves off effects of psychosomatic illness. The standards to which Elinor holds herself supply impetus for the self-control that defines her character.
table as soon as he was out of the house, busily employed herself the whole day, neither sought nor avoided the mention of his name, appeared to interest herself almost as much as ever in the general concerns of the family, and if, by this conduct, she did not lessen her own grief, it was at least prevented from unnecessary increase, and her mother and sisters were spared much solicitude on her account” (Sense and Sensibility 120-121). Elinor “appeared” to be her normal, placid self, yet internally she is in upheaval due to “grief.” Through keeping herself “busily employed,” she “avoided” stimuli that could worsen her sadness, like the “mention of his name.” Elinor is presented as the model of self-control even in the face of concerns over her relationship with Edward:

> Without shutting herself up from her family, or leaving the house in determined solitude to avoid them, or lying awake the whole night to indulge meditation, Elinor found every day afforded her leisure enough to think of Edward, and of Edward's behaviour, in every possible variety which the different state of her spirits at different times could produce,—with tenderness, pity, approbation, censure, and doubt. There were moments in abundance, when, if not by the absence of her mother and sisters, at least by the nature of their employments, conversation was forbidden among them, and every effect of solitude was produced. Her mind was inevitably at liberty; her thoughts could not be chained elsewhere; and the past and the future, on a subject so interesting, must be before her, must force her attention, and engross her memory, her reflection, and her fancy. From a reverie of this kind, as she sat at her drawing-table. (121)

Unlike Marianne’s uncontrollable “mind,” Elinor’s “mind” is “at liberty.” A key difference between the sisters’ psychosomaticism is that Elinor’s self-control extends to her mind when she
is “at leisure” to “engross her memory, her reflection, and her fancy.” Where Marianne participates in effusions of grief, Elinor cycles through “tenderness, pity, approbation, censure, and doubt” in her “reverie.” Elinor “must,” however, wallow in her remembrances and fantasies, which aligns her more closely to Marianne than she would likely consider herself. The “subject so interesting” illustrates the lure of “past” remembrances of happier times with potential love and happiness. Leisure plagues Elinor; it is a root problem for the Austenian psychosomatic heroine, because there is little to occupy women beyond their own thoughts and personal troubles. Lacking a real occupation but having an active and intelligent mind, Elinor “must” find other ways to busy herself, but emotional lures take hold. Elinor is just as subject to her emotional upheaval, but her solitude enables her to go unnoticed, as does her “leisure.” Elinor’s later loss of “leisure,” however, alters the freedom she was previously able to control.

Elinor’s romantic life faces continual, and painful, revelations that upset her control and put her self-control to the test. Upon learning that Lucy Steele is engaged to Edward: “What felt Elinor at that moment? Astonishment, that would have been as painful as it was strong, had not an immediate disbelief of the assertion attended it. She turned towards Lucy in silent amazement, unable to divine the reason or object of such a declaration; and though her complexion varied, she stood firm in incredulity, and felt in no danger of an hysterical fit, or a swoon” (148). The narrator enters the rhetorical mode, baiting the reader with a question of “What felt Elinor…?” The hyperbolic and serious turn the narrator takes to note the “silent amazement” and the variation in “complexion,” shows the strength of Elinor’s emotional response, though it is not specifically detailed. While Elinor can stand “firm” and not be in “danger of an hysterical fit, or a swoon,” the narrator suggests that Elinor’s emotions are strong enough to provoke these bodily responses. The narrator’s distancing from Elinor’s mind suggests the “astonishment” that Elinor
feels, and yet also highlights the “painful” revelation Lucy offers. Elinor is in “‘a most painful perplexity’” (150), yet “She was silent.—Elinor's security sunk; but her self-command did not sink with it.” (151). Elinor maintains control over herself; her “self-command” will not be “sunk” like her “security.” Though she suffers a loss of a potential relationship, she does not allow her body to give in to her emotional turmoil, demonstrating the bodily agency that self-management can provide.

Only when the Steele sisters leave and Elinor has some solitude again does she gain the freedom to process her emotions. Elinor “with a composure of voice, under which was concealed an emotion and distress beyond any thing she had ever felt before. She was mortified, shocked, confounded” and when the Miss Steeles finally depart, “Elinor was then at liberty to think and be wretched” (161). Coming at the conclusion to the first volume of the novel, Elinor’s “liberty” at this time is even more poignant and pathetic. Elinor’s distress becomes the narrative focal point with her mind and body positioned at the forefront of the volume’s concerns. Elinor is “wretched,” “mortified,” “shocked,” and “confounded” in her “distress beyond any thing she had ever felt before.” Her intense and painful emotions would foreshadow psychosomatic response, but Elinor can “command herself” (161), as,

The necessity of concealing from her mother and Marianne, what had been entrusted in confidence to herself, though it obliged her to unceasing exertion, was no aggravation of Elinor's distress. On the contrary it was a relief to her, to be spared the communication of what would give such affliction to them, and to be saved likewise from hearing that condemnation of Edward, which would probably flow from the excess of their partial affection for herself, and which was more than she felt equal to support. From their counsel, or their conversation, she knew
Elinor recognizes that she is primed to give in and wallow in her emotions: “she knew she could receive no assistance” and that her mother and sister’s “tenderness and sorrow must add to her distress.” She knows her mother and sister’s emotionality is a liability to her “self-command,” and feels that “She was stronger alone.” Her self-control is “unshaken,” and she is able to maintain all outward appearances of “cheerfulness.” However, this “cheerfulness” is tempered by the “regrets so poignant and so fresh.” This slippage in Elinor’s “cheerfulness” indicates that her concealment of her emotions takes its toll. While not as physically expressive as Marianne, Elinor has the capacity to descend into psychosomatic response just as readily if she does not continue “unceasing exertion.” Elinor’s control can be taxed, but she can maintain composure like no one else in the novel, especially Marianne.

Marianne’s attempts at composure manifest in silence, and her health suffers in the wake of her pain over Willoughby’s departure. Marianne is noted as being “silent” (141) or sitting in “silence” (182) as her only attempts at containing her emotions, but this lack of spirit manifests in concerns regarding her health. Elinor suffers “fears for the health of Marianne,” particularly with “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” (194). Marianne’s “restless” state is concerning, because it prevents any “employment,” Austen’s proposed cure for
psychosomatic ailment. Marianne’s “melancholy meditation” also provokes observations regarding her lack of health from Colonel Brandon, who notes to Elinor “your sister looks unwell to-day,” and “your sister seems out of spirits,” (196). Marianne is “wholly dispirited, careless of her appearance, and seeming equally indifferent whether she went or staid, prepared, without one look of hope or one expression of pleasure” (199); she is every appearance of a depressed individual. Marianne’s listlessness gives way, however, to energetic emotional exertion when she again sees Willoughby.

“Pray, Pray Be Composed”: Illness and Exertion

The threat of psychosomatic response looms large over Marianne when her relationship problems are made public through her emotional displays. When Willoughby publicly cuts Marianne, Elinor cautions Marianne against psychosomatic response: “‘Pray, pray be composed,’ cried Elinor, ‘and do not betray what you feel to every body present’” (Sense and Sensibility 200). Composure, that outward visage of internal order, is crucial for a woman, Austen suggests; the appearance of wholeness, inside and out, is necessary for social and personal survival. Ironically, “Elinor was robbed of all presence of mind by such an address, and was unable to say a word. But the feelings of her sister were instantly expressed. Her face was crimsoned over, and she exclaimed, in a voice of the greatest emotion, ‘Good God! Willoughby, what is the meaning of this? Have you not received my letters? Will you not shake hands with me?’” (201). While Elinor is “robbed of all presence of mind,” Marianne’s body demonstrates her emotions when “her face was crimsoned over.” The flush Marianne experiences shows the strong emotional response she has to Willoughby’s slight. Marianne responds to seeing Willoughby again with “wildest anxiety” (201), and when he rejects her “Marianne, now looking
dreadfully white, and unable to stand, sunk into her chair, and Elinor, expecting every moment to see her faint, tried to screen her from the observation of others, while reviving her with lavender water” (202). Marianne cannot present “the appearance of composure” that Elinor urges her to have, as “Marianne continued incessantly to give way in a low voice to the misery of her feelings, by exclamations of wretchedness” (202). Marianne is overcome by her emotions, so much so that she ignores the public nature of her “exclamations.” Because her feelings are so painful and so overwhelming, she gives voice to them while her body shows their intensity in her “dreadfully white” appearance and the need for “lavender water” to revive her. Marianne displays the nature of psychosomaticism: the private becoming public, as internal experiences become visibly expressed on the physical body. The danger of this public exposure is all too real in Austen’s world, for the ballroom scene of Marianne’s public distress precipitates her health’s decline.

The ballroom incident with Willoughby and the effective end of their romantic relationship negatively affects Marianne’s health beyond merely being “out of spirits” (196). The morning after her humiliation and shock, Marianne’s physical symptoms reflect illness: “At breakfast she neither ate, nor attempted to eat any thing” and “turning of a death-like paleness” provokes the observation of Mrs. Jennings that “she is quite an altered creature” (206). Marianne again mimics Richardson’s Clarissa in her lack of appetite, and her “death-like paleness” echoes the extremes of Clarissa’s psychosomatic response. For Marianne, the loss of love seems to indicate loss of life and self. When Willoughby sends the letter to fully negate their relationship, Elinor observes “Marianne stretched on the bed, almost choked by grief, one letter in her hand, and two or three others lying by her” (207). Marianne’s body succumbs to her “grief”: she is “choked” and prone on her bed. Marianne’s “excess of suffering” is so great that she “almost
screamed with agony”: her body is wracked with the emotions that she experiences (208). Marianne’s body bears the marks of her emotional affliction, and her bodily ailments become very real when “lavender drops” are again used in order to subdue Marianne (218). Marianne’s “nerves could not then bear any sudden noise” (231), showing a move into medical discourse for Marianne’s sufferings that continues when Elinor reports that Marianne “has been very much plagued lately with nervous head-aches” (248). Elinor entreats her sister to “exert” herself go unheeded, as Marianne repeatedly claims she “cannot” (211) when she is so “wretched” (216). Even with a lessening of her pain into “gloomy dejection” (241), Marianne’s health fades so much that others “notice Marianne’s altered looks” (276). Marianne becomes a Richardsonian psychosomatic heroine, evoking the “poor, passive machine” as her body bends under her internal struggles (Clarissa 387): “she prepared quietly and mechanically for every evening’s engagement” (Sense and Sensibility 282). Marianne’s body is clearly not under her control; she has a mechanical, “altered” body that is subject to “nerves” and the power of her emotions. Marianne’s somatization of her feelings demonstrates a psychosomatic illness that is triggered by her love woes.

Elinor’s romantic woes provoke a different response than Marianne’s; while Marianne descends into bodily illness, Elinor suffers isolation and containment. In promising to keep the secret of Lucy and Edward’s engagement and to conceal her own sadness, Elinor keeps her feelings inside and stays distracted by attending Marianne. When the truth of the engagement is out, Elinor is finally able to unload the emotional weight she has been concealing to Marianne: For four months, Marianne, I have had all this hanging on my mind, without being at liberty to speak of it to a single creature… it was in a manner forced on me by the very person herself, whose prior engagement ruined all my prospects;
and told me, as I thought, with triumph.— This person's suspicions, therefore, I have had to oppose, by endeavouring to appear indifferent where I have been most deeply interested;—and it has not been only once;—I have had her hopes and exultation to listen to again and again.— I have known myself to be divided from Edward for ever…If you can think me capable of ever feeling—surely you may suppose that I have suffered NOW. The composure of mind with which I have brought myself at present to consider the matter, the consolation that I have been willing to admit, have been the effect of constant and painful exertion;—they did not spring up of themselves;—they did not occur to relieve my spirits at first.— No, Marianne.—THEN, if I had not been bound to silence, perhaps nothing could have kept me entirely—not even what I owed to my dearest friends—from openly shewing that I was VERY unhappy. (296-7)

Elinor’s lengthy speech clearly delineates the circumstances that have made her “VERY unhappy.” She has suffered pains and humiliations equal to Marianne’s—Lucy’s “triumph” and “exultation,” as well as “being divided from Edward for ever”— and she has had to struggle to “appear indifferent.” Only through “constant and painful exertion” was she able to come to “composure of mind.” Elinor knows she is as susceptible to a psychosomatic representation of her feelings, because if she “had not been bound to silence, perhaps nothing could have kept” her from “openly shewing” her unhappiness like Marianne. Elinor showcases Austen’s premise regarding the psychosomatic heroine: because she worked diligently at self-control, she does not physiologically suffer the pangs of her emotions but manages to conquer some of their pains to arrive at “composure of mind.” Lest Marianne believe this is simple for Elinor, Elinor strongly asserts that her appearance of serenity has “been the effect of constant and painful exertion;—
he did not spring up of themselves.” Self-control may assuage psychosomatic responses, but it is the result of constant and difficult work. The work of Austen’s psychosomatic heroines is not marriage, gossip, embroidery, or letter writing but mastering themselves; this self-mastery, the constant “endeavoring to appear indifferent,” is necessary in order to navigate the social world in which they live in. Elinor demonstrates how the social code demands that women manage their internal and external responses: they are “bound to silence” in order to maintain equanimity and social acceptance. To hope for a future with security and because of what is “owed” to friends and family, Elinor argues against showing how “deeply interested” one can be.

Marianne takes in the implicit advice her sister offers, but cannot comprehend how to exercise that much self-control. When Marianne expresses astonishment over how Elinor coped for months on her own, Elinor says she was “supported” “By feeling that [she] was doing [her] duty” (297) and “would not have you suffer on my account; for I assure you I no longer suffer materially myself” (297-8). By relating that she no longer suffers ‘materially’ now, Elinor demonstrates the powerful nature of self-control in regulating and mitigating painful feelings. While Elinor’s ‘material’—her body, her mind, her emotions, and the weight at which they are oppressed by her painful emotions—may have previously been difficult to support, the self-control she demonstrated to contain her suffering transformed the power of her emotions into a manageable state. Elinor’s method of containing her feelings speaks to Marianne, who feels implicitly castigated because Elinor has gone through the same thing yet handled it so much more elegantly and appropriately. Elinor’s revelations

left her more dissatisfied with her self than ever, by the comparison it necessarily produced between Elinor’s conduct and her own. She felt all the force of that comparison; but not as her sister had hoped, to urge her to exertion now; she felt it
with all the pain of continual self-reproach, regretted most bitterly that she had never exerted herself before; but it brought only the torture of penitence, without the hope of amendment. Her mind was so much weakened that she still fancied present exertion impossible, and therefore it only dispirited her more. (306-7)

Marianne feels the censure of how she dealt with heartbreak, feeling “all the force of that comparison.” While her decline in health may have begun with heartbreak, resulting in the “weakened” state of her mind, the “dispirited” state she ends up in because of “the torture of penitence, without the hope of amendment” leaves her open to a worse ailment. Her “continual self-reproach” weakens her further, and the self-castigation she enacts saps all the energy she might have been able to put towards “exertion.” Her efforts lead only an observation of “the delicacy of Miss Dashwood” by others who see her (316). Marianne’s ‘delicacy’ results from her ever-declining health.

Marianne’s mental, emotional, and physical well-being remains a concern for Elinor, and that concern is confirmed when Marianne becomes more dangerously ill. Even with the passage of time, Marianne is weary of London and continues reminiscing over Willoughby with “great pain” and “shedding many tears” (342). Elinor also wishes to leave London, because she thinks “a few months of tranquility at Barton might do towards restoring Marianne’s peace of mind, and confirming her own” (342). Elinor sees Marianne’s need for “tranquility,” and clearly Elinor is not as filled with “peace” as she might try to pretend; she continually must keep working at her “peace of mind.” Marianne seems to attain some peace like Elinor hopes for, when she enjoys the “indulgence” of “solitary rambles” that allow her “invaluable misery” (343). Marianne continues to indulge her heartbreak as well as her love for a walk by “rejoicing in tears of agony” (343). Unfortunately, this indulgence precedes, “in her head and throat, the beginning of
a heavy cold” emerging (346), proving Tony Tanner’s observation that “Marianne’s illness is clearly psychosomatic” (82). With Marianne being “psychosomatic,” her body cannot stay whole and healthy when in the face of unrelenting emotional distress and her heartbreak. Marianne moves from the dejection and grief that comes from lost love to actual, physical illness.

Marianne’s illness is very real and becomes a narrative linchpin in the tale of the psychosomatic heroine; Marianne’s illness portrays the dangers to heroines who do not exercise self-control. Despite her attempt to “prove herself” well, Marianne’s symptoms betray her sickness: over the course of 24-hours Marianne is “unable to read,” “weary and languid,” “restless and feverish,” and “unable to sit up” (Sense and Sensibility 347). The quick worsening of Marianne’s symptoms promotes enough concern that an apothecary is called for who diagnoses Marianne with a “disorder” that has “a putrid tendency” (347). The decay that the apothecary notices symbolically identifies the problems of Marianne’s partially self-imposed illness: the wasting of her body in this foul “disorder” stems from the “infection” of the emotions she lets control her (347). Her “restless and feverish night” displays her body’s illness, along with her “shivering,” “weary,” and “languid” body. Marianne’s illness narrative aligns with the legacy of the psychosomatic heroines that come before her: like Clarissa whose body steadily breaks down in decline, Marianne is “weary”; like Cecilia and Juliet, Marianne displays a “disorder” that attracts the attention of those around her. Marianne’s stubbornness and attempts to “prove herself” well fail, as she becomes so weak that she is “unable to sit up.” Elinor’s role as nurse, “forcing proper medicines” on her patient, gives her firsthand access to the symptoms, and the reader is kept abreast of all developing symptoms in Marianne’s malady. The “proper medicines” Elinor forces into her sister speaks to one of the causes of Marianne’s illness: her continual acting out against society’s norms, or her im-‘proper’ behavior, begets a physical
illness. With no validation for her intense feelings, Marianne is “restless” and cannot “prove herself,” therefore her body registers her internal pain. With a legitimate bodily illness, Marianne’s suffering is given the credence she has been seeking. Her authenticity funnels into a bodily outlet, and the reader becomes the participant in the legitimization of the ills of women’s situations in the long eighteenth century.

The reader is granted full access to the accounting of Marianne’s symptoms and illness, which maintains the reader’s status as both observer of and as a corroborator in the diagnosis the psychosomatic heroine’s mind-body. Seeing that Marianne is “universally ill” (348), and with “the next day produced little or no alteration in the state of the patient,” the reader experiences the power of the psychological made physiological (349). Despite Mr. Harris the apothecary’s optimism in “boldly” talking “of a speedy recovery” and Marianne’s brief respite where “every symptom [was] more favourable,” Marianne quickly “became ill again, growing more heavy, restless, and uncomfortable than before” (350). Elinor’s “unremitting attention” to Marianne keeps the narrator and reader close to the ailing psychosomatic heroine who, “suddenly awakened,” crying out for her mother, prompting “terror” in Elinor (351). Marianne’s desire for her mother signals the direness of her illness and reasserts how very young Marianne is, a warning to readers regarding allowing feelings to get so out of control that the body cannot help but decline into serious illness.

“She Continued to Mend Everyday”: Self-Work and the Psychosomatic Heroine

Austen asserts the importance of the self in recovery, because only the self can reconcile the internal struggles that instigate psychosomatic illness. Mr. Harris proves ineffectual, because in spite of his continued “confidence” in yielding successful results (Sense and Sensibility 353),
“His medicines had failed;—the fever was unabated; and Marianne only more quiet—not more herself—remained in a heavy stupor” (354). Marianne is not materially better from his “medicines,” and her “fever” still rages, because the root of her ailment, emotional invalidation and socially-required constraint, has not abated. The apothecary seems more a confidence-booster than a respected medical professional: Elinor most appreciates “his assurances, his felicitations on a recovery in her sister” (355), a confirmation of Marianne’s recovery rather than his medical care; Elinor provides the majority of the care that enables Marianne to recover. Unlike the respected Dr. H and Dr. Lyster, Mr. Harris cannot offer the same level of insight into a situation he does not understand. For the Austenian psychosomatic heroine, only her own intervention can truly bring about recovery, particularly if aided by familial and social support. In her role as nurse, Elinor watches Marianne carefully to see the recovery she is so anxious for: “Her breath, her skin, her lips, all flattered Elinor with signs of amendment; and Marianne fixed her eyes on her with a rational, though languid, gaze” (355). While Marianne is still “languid,” she is more “fixed” on the “rational,” the Enlightenment ideal that Austen’s novel upholds for its social value. Elinor observes this “rational” look to her sister’s eyes, seeing the new-found control that the reader knows can keep Marianne well.

The reader, like Elinor, can also celebrate the optimistic recovery of Marianne, and familial relationships prove healing to the recovering Marianne. Elinor’s reaction to her sister’s regained health is as contained as all her emotions have needed to be to remain well herself; unlike the other characters, “Elinor could not be cheerful. Her joy was of a different kind, and led to any thing rather than to gaiety. Marianne restored to life, health, friends, and to her doting mother, was an idea to fill her heart with sensations of exquisite comfort, and expand it in fervent gratitude;—but it led to no outward demonstrations of joy, no words, no smiles. All within
Elinor's breast was satisfaction, silent and strong” (356). Elinor’s “satisfaction” is “all within” and “silent,” and though quiet is “strong.” Emotions can be powerful for Austen's heroines, but they should also be controlled and kept invisible; they should promote sustaining “comfort” rather than tenuous “gaiety.” The appearance of composure maintains social position and acceptance, and it carries the possibility of a “happy” ending. Marianne gets better with her mother present and with familial support, something the Richardsonian and Burney heroines lacked: “Marianne, satisfied in knowing her mother was near her, and conscious of being too weak for conversation, submitted readily to the silence and quiet prescribed by every nurse around her” (378-9). With “every nurse” at hand, Marianne is in capable care that will give her the “silence and quiet” she needs to heal and to conform to social norms. Also quite different from Richardson’s Clarissa, “Marianne's illness, though weakening in its kind, had not been long enough to make her recovery slow; and with youth, natural strength, and her mother's presence in aid, it proceeded so smoothly” (383). Unlike the lethargic and continually weakening Clarissa whose trauma effects her final illness, Marianne’s “weakening” illness soon abates in the face of her vigorous “youth” and “natural strength.” Marianne’s “natural strength” now lies in her ability to be “quiet” and to contain her emotionality; “natural,” Austen suggests, lies in what society sanctions. Her recovery from illness marks Marianne’s turn from the self-destructive habits of uncontrollable emotionality to a wellness that can be sustained through self-control and self-betterment.

Marianne, who “continued to mend every day” (379), shows the healing capacities of the psychosomatic heroine when she has a supportive family and the fortitude to pursue a plan of self-control. Marianne delineates her plan for self-betterment and wellness, saying:
‘When the weather is settled, and I have recovered my strength,’ said she, ‘we will take long walks together every day… I know we shall be happy. I know the summer will pass happily away. I mean never to be later in rising than six, and from that time till dinner I shall divide every moment between music and reading. I have formed my plan, and am determined to enter on a course of serious study. Our own library is too well known to me, to be resorted to for anything beyond mere amusement. But there are many works well worth reading at the Park; and there are others of more modern production which I know I can borrow of Colonel Brandon. By reading only six hours a-day, I shall gain in the course of a twelve-month a great deal of instruction which I now feel myself to want.’ (388-9)

Marianne’s plan to keep busy with walks, music, and “serious study” is as effusive as her wanton lack of control in her emotions; Marianne cannot seem to help herself but intensely and passionately pursue whatever she puts her mind to, even with activities that are considered virtuous employment for a woman. The Cecilia-like “plan” of artistic, intellectual, and physical effort may not be realistic, but it speaks to Marianne’s desire to show self-mastery and do the necessary work to promote her continued wellness. Elinor “honoured her” plan, but still sees “the same eager fancy” transferring into this “scheme of rational employment and virtuous self-control” (389). Marianne’s plan is “rational” despite the “eager fancy” that drives it, and a “rational” course of action fits in the social and historical context Marianne inhabits. Marianne knows she must combat the emotionality that once overwhelmed her mind and body, as she “ought to do” (390). Marianne comes to the conclusion that a structured plan of self-control through “employment” will curtail the excesses of her inclinations towards harmful sensibility.
Further, Marianne affirms Austen’s premise of “virtuous self-controul” as salutary. Marianne reveals,

‘My illness has made me think—It has given me leisure and calmness for serious recollection. Long before I was enough recovered to talk, I was perfectly able to reflect. I considered the past: I saw in my own behaviour, since the beginning of our acquaintance with him last autumn, nothing but a series of imprudence towards myself, and want of kindness to others. 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. My illness, I well knew, had been entirely brought on by myself by such negligence of my own health, as I had felt even at the time to be wrong. Had I died,—it would have been self-destruction…Whenever I looked towards the past, I saw some duty neglected, or some failing indulged. Every body seemed injured by me.’ (391-92)

Marianne recognizes her potential “self-destruction” in her previous consumption with her feelings. She sees the “imprudence” in her “behavior,” claiming responsibility for her ill-conceived actions. Marianne also affirms that “fortitude under” her “sufferings” could have prevented the illness that “almost led [her] to the grave.” She sees her past behavior as selfish, which “serious recollection” reveals in a “leisure” that is reframed. Unlike Elinor’s “leisure” that promotes so many damaging thoughts of the ills of her situation, Marianne takes the “leisure” she is granted to “reflect” “perfectly.” Leisure has its place when it is promoting the work of self-governance. Through Marianne, Austen transforms the power of the psychosomatic heroine’s illness from that which drives towards death to an opportunity to learn self-control and “kindness” that was previously lacking. Reaffirming her premise, Austen presents Marianne’s
case as “duty neglected” and “some failing indulged.” When Marianne asserts “Every body seemed injured” by her, she notes the power her emotions had over bodies, her own especially. Marianne is fully converted into the belief that self-control is key in maintaining health and overcoming heartache when she states, “His remembrance can be overcome by no change of circumstances or opinions. But it shall be regulated, it shall be checked by religion, by reason, by constant employment” (393). Marianne’s rhetoric matches the narrator’s and Elinor’s: she cites “constant employment” as a means to regulate and check her lovelorn tendencies. Like her heartbreak, Marianne shows that the damaging impacts of psychosomaticism can be “overcome,” if not immediately, then with time.

While Marianne starts on the path towards wellness and self-control, her naturally dramatic and emotional tendencies are still at play, though focused upon others rather than self. When learning that Edward Ferrars is supposedly married, “Marianne gave a violent start, fixed her eyes upon Elinor, saw her turning pale, and fell back in her chair in hysterics” (400). Her sister’s apparent distress—Elinor “turning pale”—prompts Marianne’s “violent start” into “hystericis.” In this instance, however, Marianne’s upset is not condemned by the narrator, who instead turns to Mrs. Dashwood to reflect on the suffering of both her daughters, especially Elinor: “She now found that she had erred in relying on Elinor's representation of herself… She found that she had been misled by the careful, the considerate attention of her daughter… She feared that under this persuasion she had been unjust, inattentive, nay, almost unkind, to her Elinor;—that Marianne's affliction, because more acknowledged, more immediately before her, had too much engrossed her tenderness, and led her away to forget that in Elinor she might have a daughter suffering almost as much, certainly with less self-provocation, and greater fortitude” (402-3). Through Mrs. Dashwood, Austen’s narrator further exposes the keys to psychosomatic
illness in the novel: “affliction” carries bodily impact, whether “more immediately before” one or under the cover of self-control. Through the “persuasion” she was under, Mrs. Dashwood confirms the necessity of being observant and revising one’s opinion, taking on the reader’s role of observing and validating the psychosomatic heroine’s, and by extension the everyday woman’s, experience. As a mother, Mrs. Dashwood can now provide her daughters with the empathy and care they need, and as a reader of her daughters’ experiences, Mrs. Dashwood can show the reader how to approach the psychosomatic heroine. While the Austenian psychosomatic heroine must maintain self-control, the Austenian reader must stay vigilant in observing and legitimizing the circumstances of this heroine.

Elinor, in true Austen heroine form, stays the course on being self-controlled, even when she falters in the face of astonishing news. When Edward arrives unexpectedly, Elinor says to herself: “I will be calm; I will be mistress of myself” (406). Her repeated and emphatic “will”s echo Marianne’s “ought”: she sees the necessity in maintaining her “self-command.” To be “calm” and “mistress” of herself, Elinor must exert herself as she has done throughout the novel. When Edward reveals his brother Robert, rather than himself, married Lucy Steele, “His words were echoed with unspeakable astonishment by all but Elinor, who sat with her head leaning over her work, in a state of such agitation as made her hardly know where she was” (408). The “agitation” Elinor experiences is a contrast to her composure that previously studded the novel—the emotional “astonishment” and strain she cumulatively experiences proves too much, as she leaves the room and “burst into tears of joy, which at first she thought would never cease. Edward, who had till then looked any where, rather than at her, saw her hurry away, and perhaps saw—or even heard, her emotion” (408). The paragon of self-control cannot be contained when “joy” is at hand and “her emotion” is evident to and overheard by all. Happiness, it seems, poses
a different threat to one’s composure than suffering, for Marianne, too, “could speak HER happiness only by tears” (411). Both sisters demonstrate that “joy” warrants, perhaps even necessitates, “tears.” Suffering must be concealed, but happiness is allowed to be demonstrable in the Austen universe. Interestingly, Elinor’s joy takes on the same narrative rhetoric as love lost: “she was oppressed, she was overcome by her own felicity;—and happily disposed as is the human mind to be easily familiarized with any change for the better, it required several hours to give sedateness to her spirits, or any degree of tranquillity to her heart” (412). Elinor learns self-control also extends to regulating “felicity,” as “it required several hours” for her to reach “sedateness” and “tranquillity.” Self-control has its place with suffering, but happiness receives some leeway.

Marianne, too, learns self-control that leads to an “extraordinary fate” (429). In regard to Marianne’s marital future with Colonel Brandon, the narrator reveals: “Instead of falling a sacrifice to an irresistible passion, as once she had fondly flattered herself with expecting,—instead of remaining even for ever with her mother, and finding her only pleasures in retirement and study, as afterwards in her more calm and sober judgment she had determined on,—she found herself at nineteen, submitting to new attachments, entering on new duties, placed in a new home, a wife, the mistress of a family, and the patroness of a village.” (429-30). Previously inflexible regarding social requirements, Marianne gives way to “new” responsibilities and opportunities, assuming a respected and powerful place in her community as a “wife,” “mistress,” and “patroness.” Unlike the ostracized and indigent Clarissa, Marianne gains more social prominence after her illness, achieving the happiest ending an Austen heroine can hope for. This happiness, however, is qualified like that of Burney’s Cecilia; Marianne concedes some agency: she is “placed” and is “submitting.” While perceived as an unsatisfying ending for such
a dynamic and passionate heroine, Marianne displays the prosperous ending a mature heroine hopes for. Marianne may not be with the love of her young life, but she is given all of the gifts her society can offer a woman. The happiness of Marianne’s ending may be ‘checked’ like Cecilia’s, but she succeeds where others before failed in recovery: unlike Clarissa and Elinor Joddrell, Marianne has the love of a good and prominent man, the support of a family and community, and an “extraordinary fate.”

“Her Bloom Had Vanished Early”: *Persuasion*

Anne is the most obvious of Austen’s psychosomatic heroines: her famous ‘loss of bloom’ physiologically displays her psychological turmoil and emotional loss. Anne’s compelling and genre-bending narrative elevates suffering over lost love from commonplace to an “extraordinary fate” like Marianne’s; Anne transcends situational constraints, defying odds by achieving fulfillment and a perceptibly happy marriage. As a woman who is older and more mature, Anne occupies a unique place for a heroine: she begins the novel as a self-effacing afterthought who others, and even the reader, expect little of. Anne seeks to manage her mind and body through being useful to others; without the quick resolution of her love woes like Elinor and Marianne Dashwood receive, Anne demonstrates how the psychosomatic heroine works to survive when a happy resolution is not clearly in sight. Without the familial support that the Dashwood sisters have, Anne is even more on her own in controlling of her psychosomatic symptoms; she reveals the “absolute necessity of seeming like herself” as the cure for visible symptoms.

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192 Shawn Lisa Maurer illustrates that “in these final passages Marianne ends the novel at the precise age, and in the same psychological place, at which Elinor began: both cognizant and capable of performing the roles—so new to Marianne—of a responsible adult member of her society” (750). Through this critical lens of developmental psychology and adolescence, Maurer demonstrates how Marianne matures and, essentially, ‘grows up’ by the conclusion of the novel.

193 Walton Litz, Marilyn Butler, Jocelyn Harris, Devoney Looser, and many others affirm the novelty, in terms of topic and form, of Austen’s *Persuasion*. 
suffering (*Persuasion* 258). Her capabilities in healing others works to restore her “bloom,” showing how work on others, as much as work on one’s self, can promote wellness for the Austenian psychosomatic heroine. Anne is the first Austen heroine to have an industry, a useful enterprise: her role as doctor transforms her situation from seemingly tragic to optimistic and fulfilling. Having the outlet of meaningful work enables Anne’s healing as much as, if not more so than, the resolution of her romantic trials. Where *Sense and Sensibility* shows work that on one’s self is tantamount to conquering psychosomaticism, *Persuasion* shows work on others is of equal utility in promoting health and happiness.

Anne’s introduction to the text immediately sparks associations of the mind-body with her visible marks of suffering. Descriptors of Anne carry deep psychosomatic implications: “her bloom had vanished early,” “she was faded and thin,” and Anne is “haggard” (6). The “early” removal of her “bloom” conveys an as-yet-undisclosed pain; prior to the knowledge that Anne suffers a loss of love eight years ago, readers might assume either an emotional cause for her loss of “bloom” or an early illness. Regardless of the cause, Anne’s “haggard” body speaks loudly. As John Wiltshire notes of *Persuasion*, “it is a portrait of suffering” (*Jane Austen and the Body* 155), and Anne’s body reflects this sense of “suffering” and serves as the subject of this “portrait.” She is “faded and thin” and “haggard,” because Anne’s body is showing the wear her body has undergone from a suggested heavy psychological and emotional toll. Further, Anne seems conditioned to suffer with what D.A. Miller terms a “self-castigating consciousness” (71), for she lives with “a severe degree of self-denial, which her own conscience prompted” (*Persuasion* 14). While Anne may be deeply ethical and self-effacing, she lives so to “a severe
degree.” Nothing is by half measures with Anne’s ethos and body: her body shows extreme marks of despair, and her disposition echoes the extremity of her self-denial. Captain Wentworth’s response to seeing Anne reflects the extremity of her self-denial: “You were so altered he should not have known you again” (65). Wentworth sees the radical change in Anne’s body, what the ‘loss of bloom’ has wrought. Because Anne is “so altered,” others see the changes in her body.

Anne’s initial self-effacement and denial also encourages others to judge her and reflect Anne’s denial of self. Anne’s father Sir Walter first describes Anne in free indirect discourse, as being of “very inferior value” (5), because “her word had no weight; her convenience was always to give way;—she was only Anne” (6). Sir Walter’s derogatory remarks about his daughter reflect his view of Anne as “very inferior.” Despite Sir Walter being introduced as a vain and proud man, readers’ expectations of his daughter Anne may fare little better. Even Anne’s confidant and closest acquaintance sees ills in Anne’s person and situation: Lady Russell sees that “Her spirits were not high,” and believes that if Anne were to go out more in society, it “must do both health and spirits good” (16). The reflections of Anne’s two parental figures point to Anne suffering from what we now would term depression. Anne’s retreat from society and her seemingly chronic self-denial demarcate the effects of a persistent emotional issue, which may be fed by her family’s neglect and self-absorption. Anne is very conscious of others and others’ perceptions in her thoughts: “Anne herself was become hardened to such affronts” and

194 Mary Waldron views Anne’s self-effacement as linked to her lacking direction and purpose at the beginning of the novel, saying Anne “adopts approved virtues in a rather mechanical, joyless way because she has no other alternative” (138).
195 A quality Austen identifies in her letters as making Anne “almost too good for me” (Letters 335).
196 John Wiltshire, in The Hidden Jane Austen, asserts that Anne suffers from “chronic depression, the consequence of unresolved grief” (147).
197 Persuasion is highly other-centered, so much so that William Galperin views the theme of the novel to be “the coercive reach of culture” (218).
“With a great deal of quiet observation, and a knowledge, which she often wished less, of her father’s character, she was sensible that results the most serious to his family from the intimacy were more than possible” (36). Anne’s “quiet observations” shows that she is highly observant and aware of others’ personalities. Her family’s negligence and benign cruelty that causes her to “become hardened” amplifies the self-denial she routinely exercises. The marks her outward appearance show from her internal life reflect an earlier blow.

Anne’s mental and emotional life, readers learn, took a turn eight years previous when she ended her engagement to Frederick Wentworth due to family influence, and her current state reveals the mind-body fallout from that choice. Because of Sir Walter and Lady Russell’s agreement that “Anne Elliot, with all her claims of birth, beauty, and mind” (29) could not marry the lowly sailor Wentworth, the precipitous end to their relationship leads to a greater emotional effect for Anne. While “A few months had seen the beginning and the end of their acquaintance; but not with a few months ended Anne's share of suffering from it. Her attachment and regrets had, for a long time, clouded every enjoyment of youth, and an early loss of bloom and spirits had been their lasting effect” (30). The “lasting effect” of her “loss of bloom” speaks to the psychosomatic implications of emotional pain; her body demonstrates the wasting that emotions can wreak. Anne’s psychosomatic situation reveals what Alan Richardson observes of *Persuasion*, that “in this novel mind cannot be disentangled from the central nervous system that enacts it” (151). Anne proves the psychosomatic thesis with her involuntary bodily acts of internal turmoil: when she overhears Wentworth’s possible return to her locale, “Anne, who had been a most attentive listener to the whole, left the room, to seek the comfort of cool air for her flushed cheeks; and as she walked along a favourite grove, said, with a gentle sigh, ‘A few

198 Margaret Watkins Tate notes, “Anne clearly suffers from her isolation. Her loss of Wentworth has led her to become dispirited and old before her time, and relative confinement contributes to this decline.” (327).
months more, and he, perhaps, may be walking here’” (Persuasion 28). Anne’s “flushed cheeks” reveal a rise in the ‘spirits’ Lady Russell sees lacking in Anne and establishes that emotion creates physiological changes for Anne. Her “sigh” signals the vexed nature of the emotions: a hint of sadness, perhaps, and a thought of might-have-been.

Anne’s interior is richly portrayed throughout Persuasion, which gives readers access to Anne’s hopes, thoughts, and despair. Upon thinking of how life could have turned out differently had she remained with Wentworth, the narrator delineates, “How eloquent could Anne Elliot have been! how eloquent, at least, were her wishes on the side of early warm attachment, and a cheerful confidence in futurity, against that over-anxious caution which seems to insult exertion and distrust Providence! She had been forced into prudence in her youth, she learned romance as she grew older: the natural sequel of an unnatural beginning” (32). The exclamations that dot the passage point to the power of Anne’s emotions and her reminiscence. “Prudence” has little weight with Anne now, who prefers “romance” now that she is “older.” Most poignant is the “unnatural beginning” Anne has: her family, upbringing, and youthful love all follow a path that is not typical of a novel’s heroine. While Anne possesses lineage and, previously, wealth, she also suffers great loss with the death of her mother and the highly impactful end of her engagement with Wentworth. The “early warm attachment” makes Anne theoretically “eloquent” regarding the mistakes of her past, emphasizing her age and strange position as a heroine. Austen exposes narrative conventions: Anne is too old to be a heroine, therefore she cannot expect the “cheerful confidence in futurity.” Anne diagnoses her past and present states: the past had “over-anxious caution” while her present is “forced.” Anne demonstrates her ability

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199 However ‘unnatural’ Anne’s start in life, Laura Mooneyham declares, “Austen demands more of Anne than passive capitulation to loss” (165). Anne may not fit the prototype of the traditional heroine, but she can still achieve a narrative arc as compelling and fulfilling as the conventional heroine.
to think critically and analytically about herself, as a doctor figure who can diagnose her own suffering.

**The Doctor is In: Anne’s “First Utility”**

Anne is also set up as a capable doctor figure to lend credibility to her self-diagnosing status. Barbara MacLean lauds Anne as “a potential physician,” who “combines a practical pragmatism with a sympathetic solicitude” (MacLean). These Dr. H-like qualities serve Anne well, especially when dealing with difficult patients. On a visit to her terminally ‘ill’ sister Mary, Anne attends her sister’s health complaints: “A little farther perserverance in patience, and forced cheerfulness on Anne’s side, produced nearly a cure on Mary’s” (*Persuasion* 42). Anne, through great exertion with “patience” and “forced cheerfulness,” is able to “cure” her attention-seeking sister; Anne shows her ability to diagnose, seeing that company and good spirits is all Mary requires. Anne is clearly labeled the more capable of the two sisters, because “Mary had not Anne’s understanding or temper” (39). Anne even acknowledges her superiority of mind and intellect, thinking of the Musgrove sisters “she would not have given up her own more elegant and cultivated mind for all their enjoyments” (44). Anne’s intelligence and competence set her up as an authority, and her capacity for diagnosis and cure reveals her to be like a doctor in her small community.

Anne works by doctoring not only her sister but other family members and acquaintances, increasing the perception of her medical competence. When her nephew is injured “Anne had every thing to do at once” (57), while Mary is the one who goes into “hysteric’s”
Anne, quick-thinking and with composure, assists the family and the young patient, largely because she “had” to. Her family and others rely on her; Anne reflects, “She knew herself to be of the first utility to the child” (62). The difference between the two sisters’ reactions to the boy’s injury indicates the distinction between the psychosomatic heroine and the hysterical woman: Mary’s “hysterics” prove the contrast to Anne’s presence of mind and knowledge of her “first utility.” Anne is dependable and useful in a crisis; her desire to help and to heal speak to her natural doctoring abilities. These abilities are especially employed in one of the most famous scenes of the novel: Louisa Musgrove’s fall. While walking on the cobb in Lyme Regis, Louisa daringly seeks to jump into Wentworth’s arms off of a high step; he’s unprepared and she falls to the ground. Quick-thinking and acting Anne proves herself the competent emergency responder, telling others how to proceed:

‘Go to him, go to him,’ cried Anne, ‘for heaven's sake go to him. I can support her myself. Leave me, and go to him. Rub her hands, rub her temples; here are salts; take them, take them.’

Captain Benwick obeyed, and Charles at the same moment, disengaging himself from his wife, they were both with him; and Louisa was raised up and supported more firmly between them, and everything was done that Anne had prompted, but in vain; while Captain Wentworth, staggering against the wall for his support, exclaimed in the bitterest agony—‘Oh God! her father and mother!’

‘A surgeon!’ said Anne.

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200 John Wiltshire contends Anne’s worth as a healer is best demonstrated through her assistance to her nephew (Jane Austen and the Body 168). Akiko Takei also affirms Anne as the heroine who “performs the most brilliant lay doctoring and nursing work” (Takei).
He caught the word; it seemed to rouse him at once, and saying only—

‘True, true, a surgeon this instant,’ was darting away, when Anne eagerly suggested--

‘Captain Benwick, would not it be better for Captain Benwick? He knows where a surgeon is to be found.’

Every one capable of thinking felt the advantage of the idea, and in a moment (it was all done in rapid moments) Captain Benwick had resigned the poor corpse-like figure entirely to the brother's care, and was off for the town with the utmost rapidity… Anne, attending with all the strength and zeal, and thought, which instinct supplied, to Henrietta, still tried, at intervals, to suggest comfort to the others, tried to quiet Mary, to animate Charles, to assuage the feelings of Captain Wentworth. Both seemed to look to her for directions. (118-119)

The scene of Louisa’s fall and immediate attending moves at “rapid” pace, with Anne giving the directives for how to best proceed.201 Her cool, analytical mind is shown to advantage, and her years of working at composure and self-control are showcased through her skills of handling a tense situation. Anne responds like a respected authority, with others obeying and “everything…done that Anne had prompted.” Anne displays her knowledge of caring for injuries again, particularly grievous injuries, ordering the others to “rub” Louisa’s “hands” and “temples.” While she calls for a “surgeon,” Anne is the “attending” doctor figure the party turn to and “look to” for “directions”: she is the one “with all the strength and zeal, and thought.”

201 Barbara MacLean offers an excellent close reading of the events following Louisa’s fall, attending to the language that demonstrates Anne’s increasing control over the situation, proving her “the perfect doctor in this situation” (MacLean).
Time and again, Anne proves herself to be a “capable” doctor figure to others (123), effectively managing the care of others’ wounds and illnesses.

Anne’s caretaking abilities, though well-acknowledged by the text, are not always put into use for her own self. Anne’s body betrays the lack of self-care that Anne as psychosomatic heroine has perpetrated with her continual self-denial, and like Elizabeth Sabiston notes, as readers we are “we are very aware of her physical frailty” (43). Anne, though capable, tires more easily than even her faux-invalid sister Mary when on a walk: “Mary…would go on…Anne, really tired herself, was glad to sit down” (Persuasion 93). The walk tires Anne more easily than any of the others, and Wentworth’s metaphor of the “hazel-nut,” a slight to her character that Anne overhears, prompts Anne to be fully still: “Her own emotions still kept her fixed, She had much to recover from, before she could move” (95). Anne’s “emotions” affect her body, where she must “recover” before she can move. These emotions continue to affect Anne, because her body seems to lack endurance when walking back, for Anne “was tired enough” (96). She is so “tired” that Captain Wentworth hoists her into his sister’s passing carriage due to “his perception of her fatigue” and his desire to give her “relief” (98). The fatiguing emotional weight Anne carries around exhausts her and is heightened by Wentworth’s return and her perceptions of his thoughts of her “character” (96). Anne’s internal conflicts manifest in her physical body, creating an early decline in her energy.

In the face of these internal upheavals and her physical waning, Anne focuses instead on mental encouragements, a form of work in and of itself. Anne uses her thoughts as her self-care,

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202 The “hazel-nut” metaphor refers to Wentworth discussing differences in people’s “character” and “firmness.” Louisa he praises for her “character of decision and firmness” versus others’ being “yielding” and “indecisive” (implicitly Anne, or at least she takes it as such when she overhears) (94). He uses a “hazel-nut” “To exemplify,--a beautiful glossy nut, which, blessed with original strength, has outlived all the storms of autumn. Not a puncture, not a weak spot any where” (94).
thus Anne develops great self-reliance to aid and heal herself. Anne reframes her isolation by thinking “with heightened gratitude of the extraordinary blessing of having one such truly sympathising friend as Lady Russell” (46). Anne thinks of her only “truly sympathising friend” as an “extraordinary blessing,” a sentiment that rings hollow with the reader’s knowledge that much of Anne’s lingering sadness extends from this friend’s interference. Because Lady Russell disapproved of Wentworth, Anne is even more alone with the pains of her lost love, she “was left to persuade herself, as well as she could” (53). Anne must “persuade herself,” such a loaded statement, suggesting that persuasion is what one does to get by when one has regrets or painful emotional baggage. When those around her speak “so much of Captain Wentworth” and his imminent visit, Anne experiences “a new sort of trial to [her] nerves,” a trial that “was one to which she must inure herself” (56). Anne places the onus on herself, internally, to “inure herself”—treat herself—regarding the “trial to [her] nerves.” The firmness with which she goes about what “she must” do presents the difficulty of healing psychosomatic illness. Because this “trial” is of “a new sort,” Anne’s previous tactics for coping may not work, and her internal discourse reflects her interest in self-cure and self-control. Anne later presents a method for dealing with psychosomatic threats to Captain Benwick, because she views herself as having “the right seniority of mind” (108). Anne knows her experience with grief over lost love—eight years of experience—grants her “seniority” in diagnosing and proposing treatments for depressive thoughts. To counteract the pain of those difficulties for Benwick,

She ventured to recommend a larger allowance of prose in his daily study; and on being requested to particularize, mentioned such works of our best moralists, such collections of the finest letters, such memoirs of characters of worth and suffering, as occurred to her at the moment as calculated to rouse and fortify the mind by the
highest precepts, and the strongest examples of moral and religious endurances. 

(108-9)

Anne’s suggestions tend towards prose rather than the imaginative and Romantic poetry that Benwick regularly consumes, books that show “moralists,” “characters of worth and suffering,” and “the finest letters” that are “calculated” to “fortify the mind.” Anne essentially suggests bibliotherapy, essentially, that promotes healthy emotional coping and processing. The emphasis on “moralists” and “memoirs” speaks to the precepts of moral management that developed in the late eighteenth century initially as a treatment for severe mental ailments like insanity; in these cases rationality, moderation, and daily purposeful activity were promoted as cures for the afflicted. Anne acts as moral therapist, suggesting “the highest precepts” as mediators for the emotional extremes Benwick heightens through the “hopeless agony” that his reading of mournful poetry generates (108). Anne seeks to combat the intellectual and emotional incest Benwick participates in with his preference for the “impassioned descriptions of hopeless agony” and “various lines which imaged a broken heart, or a mind destroyed by wretchedness” (108). The passages he favors amplify his distress, and Anne sees his reading perpetuating “the misfortune of poetry” where “strong feelings…ought to taste it but sparingly” (108). Anne recognizes the dangers of indulging painful feelings with like reading material, and her coaching to the “grateful” Benwick shows the benefits of moderation in all areas of life (109). Anne guides Benwick to consider what Anne Crippin Ruderman calls the “intrinsic rewards of moderation” (Ruderman 14), as she suggests the “moral and religious endurances” that the best “examples” of literature worth studying highlight (Persuasion 109). The examples Anne

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showcases fit into her rigorous applications of self-control that she practices to harness unruly emotions.

**Her “Shudderings Were To Herself”: Anne’s Self-Control**

The impetus for Anne’s self-control primarily revolves around the central issue of her psychosomatic complaint: the lingering depression over her previously failed relationship with Captain Wentworth. She feels compelled to maintain composure in his presence, and her “shudderings were to herself” (*Persuasion* 71): she cannot fall apart again, particularly if he no longer cares for her, so her feelings must remain private and contained. Anne recognizes,

> What was it to her if Frederick Wentworth were only half a mile distant, making himself agreeable to others? She would have liked to know how he felt as to a meeting. Perhaps indifferent, if indifference could exist under such circumstances. He must be either indifferent or unwilling. Had he wished ever to see her again, he need not have waited till this time; he would have done what she could not but believe that in his place she should have done long ago, when events had been early giving him the independence which alone had been wanting. (62-63)

Anne’s repetition of “indifferent” signals her own emotional desire: to be indifferent. She perceives that Wentworth must be “indifferent” to her by “waiting” to “see her again,” though she chances thinking he may be “unwilling” instead “under such circumstances” as their broken engagement create. Anne may be in an emotional time warp, perseverating as her mind and body do on the “circumstances” of the past, but she imagines Wentworth to not be in the same boat. She ponders: “Anne felt the utter impossibility, from her knowledge of his mind, that he could be

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204 Pun intended.
unvisited by remembrance any more than herself. There must be the same immediate association of thought, though she was very far from conceiving it to be of equal pain” (68). While Anne assumes Wentworth experiences the same “remembrance” she does, she doubts his recollections generate “equal pain.” Anne shows her affinity to Benwickian grief: her pain is “very far” from Wentworth’s and likely any other man’s. She embraces the view that “Man is more robust than woman” in terms of emotions (253), and the ability of “loving longest” demonstrates the extremity of woman’s emotional entanglements “when hope is gone” (254). Her belief in woman’s deeper emotionality manifests in her perseveration on the past, perpetuated through her own experience of body and spirit-wrecking emotions of loss.

Anne is hyper-focused on the issues of her past relationship with Wentworth and how she can best deal with his re-entry into her life. Upon Wentworth’s impending arrival, “a thousand feelings rushed on Anne, of which this was the most consoling, that it would soon be over. And it was soon over” (64). Anne’s experience of “a thousand feelings” denotes the intensity and impact of Wentworth’s presence on Anne’s equilibrium. She reminds herself “it would soon be over,” and being correct has a “consoling” tendency. Being inside Anne’s consciousness demonstrates the control she has over her narrative and her state of being. Anne dictates her frame of mind, which is especially evident when processing the slight Mary delivers to Anne from Wentworth’s offhand comment about Anne’s changed appearance:

‘So altered that he should not have known her again!’ These were words which could not but dwell with her. Yet she soon began to rejoice that she had heard them. They were of sobering tendency; they allayed agitation; they composed, and consequently must make her happier. Frederick Wentworth had used such words, or something like them, but without an idea that they would be carried
round to her. He had thought her wretchedly altered, and in the first moment of appeal, had spoken as he felt. (65-66)

Anne’s emotions at Wentworth’s unintentionally insulting words allow her to “rejoice,” because of their “sobering tendency.” Whereas she might have had higher expectations for reconnecting with Wentworth, she can avoid “agitation” and be “composed” and “happier” instead. Anne presents her reactions, her interpretation of his intentions, and a stunning rapid-fire processing of complex and painful emotions in this free indirect discourse moment. She ponders “such words” that Wentworth had regarding her “altered” self; yet is generous enough—or still in love enough—to attribute no ill will to his having said them. Anne reveals what Roger Gard calls her “habitual self doubt” through her addition to Wentworth’s observation (202), that she is “wretchedly altered,” but she also demonstrates her ability to allow others their feelings, even when those feelings may injure her own, a learned effect from dealing with her self-absorbed and sometimes cruel family members. Anne shows her ability to quickly process and reframe the negative emotions that could injure her further should she allow them to, but she also shows her emotional delicacy at being so impacted by a single comment.

Anne is frequently preoccupied with all matters Wentworth and the past, but she is also able to contain those thoughts and emotions, such as when “the agitations of Anne’s slender form, and pensive face, may be considered as very completely screened… Personal size and mental sorrow have certainly no necessary proportions. A large bulky figure has as good a right to be in deep affliction, as the most graceful set of limbs in the world.” (Persuasion 73-74). Anne can conceal her “agitations” “very completely,” and the psychosomatic implications of “personal size and mental sorrow” is clear: regardless of frame, all bodies can feel and reflect “deep affliction” like a ‘poor, passive machine.’ The legacy of “the most graceful” Clarissa holds
with the understanding that the mind can easily reveal itself through any body. Austen validates “mental sorrow” as a condition with “no necessary proportions,” except for the ability to keep the expression of that condition “very completely screened.” Austen’s twist to the psychosomatic heroine’s narrative is that heroines can feel deeply, but they must conceal it. Self-control is tantamount to Austen’s portrayal of “deep affliction,” where Benwicks must be taught to diversify their reading to moderate their grief and Annes are tacitly lauded for concealing the “agitations” that accompany lingering “mental sorrow.” Anne is positioned again as the authority and the one who can self-diagnose and treat herself; she can screen her emotions due to long practice and exertion.

Anne displays her efforts at self-control and typifies the psychosomatic heroine begun with Richardson at a dinner at the Musgroves’. Anne is on the sidelines when, “The evening ended with dancing. On its being proposed, Anne offered her services, as usual; and though her eyes would sometimes fill with tears as she sat at the instrument, she was extremely glad to be employed, and desired nothing in return but to be unobserved” (77). Anne, “as usual,” offers to be “employed” and “unobserved,” embracing the core features of the Austenian psychosomatic heroine. She keeps busy to stave off her “tears” and is “extremely glad” of the employment, much like Elinor keeping busy at her drawing desk to avoid overt emotionality. Employment again proves its efficacy at harnessing emotions, but it does not prevent the physical strain of the emotions in Anne when her eyes “sometimes fill with tears” but they do not spill. To harness her body’s reactions, Anne is mentally active while,

These were some of the thoughts which occupied Anne, while her fingers were mechanically at work, proceeding for half an hour together, equally without error, and without consciousness. Once she felt that he was looking at herself, observing
her altered features, perhaps, trying to trace in them the ruins of the face which had once charmed him; and once she knew that he must have spoken of her; she was hardly aware of it, till she heard the answer; but then she was sure of his having asked his partner whether Miss Elliot never danced? The answer was, ‘Oh, no; never; she has quite given up dancing. She had rather play. She is never tired of playing.’ (77-78)

Like the mechanical body of Clarissa, Anne’s “fingers were mechanically at work,” concealing her inner turbulence, her mind’s disorder. Anne again displays her bruised feelings from Wentworth’s unintentional slight, thinking of “the ruins of [her] face,” and she is so preoccupied with these negative thoughts that she “was hardly aware of” Wentworth’s speaking to her (78). What she is “sure of,” however, is when he speaks to “his partner” about her and how she has supposedly “quite given up dancing,” because “She is never tired of playing.” Unlike the walk where she tired more easily than others, the industry of playing piano is perceived as less trying for Anne’s body and is perceived as a choice because “She had rather play.” Significantly, Anne does not tire from playing piano, perhaps because it is productive work for the benefit of others; while a walk is individually productive, playing music that others can dance to provides better cover for Anne’s mental and emotional strife. The merriment of others during this “joyous party” is juxtaposed with Anne’s internal disorder contained through physical occupation (77). Anne is shown the least “merry” of the partygoers, exerting herself to be composed and the vehicle of others’ fun.

Anne shows the effort that self-control requires: it is a constant ‘exertion,’ to borrow the terminology from Sense and Sensibility, and Anne must work continually to conquer feelings that could undo her. Anne provides Austen’s definition of psychosomaticism: she has “to
struggle against a great tendency to lowness” (105). When visiting Lyme and thinking about all her life could have been, her depressive thoughts demand a “struggle” to combat.205 Austen recognizes that life does not provide many options for an eighteenth-century woman, and self-control is difficult work that an Austen heroine must vigilantly attend to. Anne is aware of the demands of her emotional containment, particularly in moments that arouse great feeling, like Wentworth’s assistance when Anne’s nephew is hanging from her:

Little sturdy hands were unfastened from around her neck… Captain Wentworth had done it. Her sensations on the discovery made her perfectly speechless. She could not even thank him. She could only hang over little Charles, with most disordered feelings… very painful agitation, as she could not recover from, till enabled by the entrance of Mary and the Miss Musgroves to make over her little patient to their cares, and leave the room. She could not stay. (87)

Anne realizes “She could not stay” when she is in “very painful agitation.” She needs the time and space to regroup and organize her “disordered feelings.” Recovery is a constant work in progress that the psychosomatic heroine needs to retreat for. Briefly after Anne’s retreat from “the room,” Anne repeats, “she could stay for none of it…neither Charles Hayter’s feelings, nor any body’s feelings, could interest her, till she had a little better arranged her own. She was ashamed of herself, quite ashamed of being so nervous, so overcome by such a trifle; but so it was; and it required a long application of solitude and reflection to recover her” (87). Anne shows the process for the Austenian psychosomatic heroine: “solitude and reflection” yield emotional and physical results by enabling self-containment. Feelings are like furniture, to be “arranged” in perfect order. The shame Anne feels at being so reactive to “such a trifle” reveals

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205 Patricia Meyer Spacks equates “lowness” with depression in her notes to the Norton Critical edition of *Persuasion* (66).
the anxiety that accompanies the psychosomatic state. Without full control over one’s body’s reactions, the perpetual cycle of psychological turmoil and active body continues. Anne recognizes the need for self-control to counteract being “so nervous, so overcome,” and she uses her private time to “recover.” Anne’s tactics for self-control prove effective over the course of novel, as Anne strengthens and treats the psychosomatic issues that had broken down her body.

Anne Gets Her “Bloom” Back

Anne begins to exit her depressive state and effects a cure for herself when she renews her confidence, finding effective employment for her time: helping others and travelling. Winning admiration from Wentworth over her capability in caring for Louisa, travelling to Uppercross and Lyme, and continuously processing and controlling her emotions prompt changes in Anne. Her ‘bloom’ returns, catching the attention of others: Anne's face caught his eye, and he looked at her with a degree of earnest admiration, which she could not be insensible of. She was looking remarkably well; her very regular, very pretty features, having the bloom and freshness of youth restored by the fine wind which had been blowing on her complexion, and by the animation of eye which it had also produced” (Persuasion 112). Anne is “looking remarkably well,” showing her “pretty features” to advantage. She is aware of the “admiration” she attracts, a confidence-boosting occurrence. Her “youth” is “restored” through being out in a “fine wind,” likely promoting a becoming flush on her cheeks that is bolstered by “the animation of eye” for the passing gentleman. Travelling to the seaside seems to have a positive effect on Anne, and her healing is augmented by her opportunities to help heal others, Benwick and

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206 Or, as John Wiltshire observes, Anne effects “the returning of self to occupy the world” (The Hidden Jane Austen 147).
Louisa. Mobility and being useful promotes Anne’s ability to heal: employment provides outlets for energy that could turn inward and outwardly manifest psychosomatic complaints. Lady Russell also sees that “Anne was improved in plumpness and looks,” and Anne is “hoping that she was to be blessed with a second spring of youth and beauty” (134). The “second spring” Anne wishes for stems partly from “the silent admiration of her cousin” Mr. Elliot (134), but it also reflects the positive attitude Anne’s self-control brings about.

Anne comes more fully into herself—gets her groove back, so to speak—which effects healing in her mind and body. She has a healthy glow with her return of ‘bloom,’ and she is in a healthier frame of mind. Anne is able to move on, and she “smiled over the many anxious feelings she had wasted” (139). Anne gains resiliency, healing from “anxious feelings she had wasted.” Her renewed sense of self and happier frame of mind and body brings male notice, which causes “Anne, smiling and blushing, very becomingly” (154). Anne’s blushes reflect the sexualized connotations of being “in bloom” (King 3). Anne matches Amy King’s assertion that “The blush is a descriptive sign of flourishing” (245, n.57), and extends Mary Ann O’Farrell’s ideas of the blush as a legible sign of variable internal states. Anne’s body is in revival, where her youthful appearance reflects greater health. Positive emotions also aid Anne’s healing, as she sees more possibilities in a future with Wentworth: “it was not regret which made Anne's heart beat in spite of herself, and brought the colour into her cheeks when she thought of Captain Wentworth unshackled and free. She had some feelings which she was ashamed to investigate. They were too much like joy, senseless joy!” (Persuasion 182). Like Elinor’s happy

207 Sexual connotations are present in other instances of Persuasion, particularly in the innuendo-laden scene where Lady Russell discusses “the handsomest and best hung” curtains as Anne “sighed, blushed, and smiled” seeing Wentworth passing by (195). See Jill Heydt Stevenson’s Unbecoming Conjunctions for an exploration of the bawdy humor and sexual connotations in Austen’s novels.

208 See Telling Complexions for more on O’Farrell’s discussions of the legibility, or illusion of legibility, that blushes present.
ending in *Sense and Sensibility*, Austen’s thesis regarding “joy” as an acceptable instance for displays of feeling and bodily responses makes its return in Anne’s renewed hopes for a happy ending with Wentworth. Happiness may be “senseless,” but it is the prime condition of the healing psychosomatic heroine. Joy and safe knowledge of love regulates the Austenian psychosomatic heroine’s emotions and body: because Wentworth “must love her,” “Anne’s mind was in the a most favourable state for the entertainment of the evening; it was just occupation enough: she had feelings for the tender, spirits for the gay, attention for the scientific, and patience for the wearisome” (202). The “favourable state” of “Anne’s mind” shows the healing powers of happiness and security in love. Anne can bear much more than she previously could when she was consumed by lingering grief and depression, and her “occupation enough” in “entertainment” rather than self-control and self-denial enables her to exhibit her newfound health.

Anne’s new invigoration does not mean her work as psychosomatic heroine is done, however; she still must work at self-control to continue to stave off noticeable bodily reactions. Anne may be adept at self-control, but she remains susceptible to intense emotions and becomes flustered seeing Captain Wentworth: “Her start was perceptible only to herself; but she instantly felt that she was the greatest simpleton in the world, the most unaccountable and absurd! For a few minutes she saw nothing before her; it was all confusion. She was lost, and when she had scolded back her senses, she found the others still waiting for the carriage” (190). Spotting Wentworth makes Anne feel “the greatest simpleton,” because she has to “scold[] back her sense.” Anne’s “confusion” and her feeling of being “lost” speak to the disturbing impact Wentworth has on her system, her strong feelings for him. With her hopes rising higher with Wentworth’s continued presence in her life and his single state, Anne “tried to be calm, and
leave things to take their course, and tried to dwell much on this argument of rational dependence” (240). Anne believes in her “argument of rational dependence,” but she also must work at being “calm,” a practice of patience that persists until her relationship status is resolved. When Anne sees Wentworth at the White Hart, “She had only to submit, sit down, be outwardly composed, and feel herself plunged at once in all the agitations which she had merely laid her account of tasting a little before the morning closed. There was no delay, no waste of time. She was deep in the happiness of such misery, or the misery of such happiness, instantly.” (249-50). Anne’s uncertainty regarding Wentworth and his feelings for her produces hectic and confusing emotions, as well as “agitations.”

Anne’s case of unruly emotions always circle around Wentworth, prompting her continuing practice of self-control by being “outwardly composed.” She further recognizes, “I am not yet so much changed” (244). Anne acknowledges the impact of “the period” of “Eight years and a half” that have kept her in a psychosomatic cycle (244). Her feelings of love for Wentworth remain unchanged, her strong reactions to his presence and interactions with him consistently occur, and she still requires “a calmer hour” to process the emotions that course through her “imagination” and body (244). Even following the happy resolution of her relationship with Wentworth in the original ending, Anne spends “calmer” hours processing her emotions and seeing their effects on her physical body: “It had been such a day to Anne! ...She was almost bewildered, almost too happy in looking back.—It was necessary to sit up half the Night and lie awake the remainder to comprehend with composure her present state, and pay for the overplus of Bliss, by Headake and Fatigue” (322). Excessive emotions still render physical impacts for Anne; the dashes and exclamations textually symbolize the marks on the body the
highs and lows of emotions have on the physical body. The “Headache and Fatigue” Anne accumulates from lack of sleep shows that even “Bliss” can wreak havoc on the body.

Happiness in *Persuasion*, like in *Sense and Sensibility*, is an alternative to the decline of the body, but even positive emotions require a physical outlet. Following her reading of Wentworth’s letter confessing his continuing love for her, Anne thinks,

Such a letter was not to be soon recovered from. Half an hour's solitude and reflection might have tranquillized her; but the ten minutes only which now passed before she was interrupted, with all the restraints of her situation, could do nothing towards tranquillity. Every moment rather brought fresh agitation. It was overpowering happiness. And before she was beyond the first stage of full sensation, Charles, Mary, and Henrietta all came in. The absolute necessity of seeming like herself produced then an immediate struggle; but after a while she could do no more. She began not to understand a word they said, and was obliged to plead indisposition and excuse herself. They could then see that she looked very ill, were shocked and concerned, and would not stir without her for the world. This was dreadful. Would they only have gone away, and left her in the quiet possession of that room it would have been her cure; but to have them all standing or waiting around her was distracting, and in desperation, she said she would go home” (258-59)

In another parallel, Austen contrasts Anne’s reaction to Wentworth’s letter with the letter she reads from Mr. Elliot to her friend Mrs. Smith: “Such a letter could not be read without putting Anne in a glow; and Mrs. Smith, observing the high colour in her face, said-- "The language, I know, is highly disrespectful. Though I have forgot the exact terms, I have a perfect impression of the general meaning. But it shows you the man. Mark his professions to my poor husband. Can any thing be stronger?" (220-221). The “glow” Anne gets from Mr. Elliot’s letter reflects mortification over “highly disrespectful” nature of the letter and places the final nail in the coffin of the could-have-been relationship with Mr. Elliot. This passage regarding the horrific letter from Mr. Elliot amplifies the positive valence Wentworth’s endearingly confessional letter receives.
Anne shows the psychosomatic heroine’s plight: she cannot help but show psychological upheaval through her physical body. Anne looks so “very ill” that her family and friends cannot be gotten rid of. Anne believes in the “absolute necessity of seeming like herself,” yet she cannot do so without much “struggle.” Anne’s “dreadful” inability to control her mind and body, to manifest “tranquility,” demonstrates the keen torture of “the restraints of her situation.” With no socially proper recourse to go to Wentworth and reconcile, Anne must claim “indisposition.” Interestingly, only “half an hour” could have restored Anne to rights, revealing her competence in self-control; whereas Marianne required months to cope with the sting of loss, Anne can process destructive emotions in a mere half hour. As a mature heroine, Anne shows that the psychosomatic heroine may still have bodily outpourings of emotional pain, but those outpourings are able to be regulated and done so in an ever-evolving manner.

Anne proves Austen’s thesis of self-control as an effective method of containment that can lead to greater health and vigor. Anne confirms her skills at self-control, believing she “could command herself enough” (260). No longer with ‘would,’ ‘must,’ or ‘should,’ Anne believes that she can “command herself.” She has faith in her capacity to control her emotions and, by extension, her body. Anne’s ever-increasing ability to “command” signals that she is psychologically and physically stronger: she can face the challenges emotional turmoil might bring her and surpass them with her more efficacious self-control. In the end Anne achieves the happy ending she previously despaired of, and as a result, “Anne was tenderness itself, and she had the full worth of it in Captain Wentworth’s affection” (274). Anne lives out her thought that women are “the most tender” (253); she, being “tenderness itself,” shows the emotional sway of love and the wholeness that amounts from being in mind-body accord.
*Persuasion* continues Austen’s tradition of lauding self-control to effect the greatest health and ushers in a new era of the psychosomatic heroine. In a discussion of men and women’s emotional lives with Captain Harville, Anne anticipates the crux of Victorian psychosomatic heroines’ difficulties:

> We certainly do not forget you as soon as you forget us. It is, perhaps, our fate rather than our merit. We cannot help ourselves. We live at home, quiet, confined, and our feelings prey upon us. You are forced on exertion. You have always a profession, pursuits, business of some sort or other, to take you back into the world immediately, and continual occupation and change soon weaken impressions." (253)

Anne notes the lack of “profession” as the root of women’s “fate.” Because they “live at home, quiet, confined,” women’s “feelings prey upon” them. The confinement, fictional and real, women experience throughout the Victorian era extends beyond a domestication of women’s roles to a theory of sexual difference that confines them further. Elaine Showalter, in her seminal *The Female Malady*, implicitly argues that female psychosomatic ailments are a direct response to women’s daily lives, because the “suffocation of family life, boredom, and patriarchal protectivism…gradually destroys women’s capacity to dream, to work, or to act” (61). Showalter’s conclusions regarding the female form’s susceptibility to psychological stifling reflects the mores of the Victorian period that socially separated the sexes on a principle of binary opposition; women’s confinement in the Victorian period becomes based on an ideology of sexual difference that posits women as passive and ignorant, thus suited only to the private

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210 Gilbert and Gubar see Austen exploring this issue, contending that Austen explores “female confinement” in all its varieties (153).
Anne affirms her experience of this traditional theory of men and women’s sexual and emotional difference, saying men’s feelings may be the strongest…but the same spirit of analogy will authorise me to assert that ours are the most tender. Man is more robust than woman, but he is not longer lived; which exactly explains my view of the nature of their attachments. Nay, it would be too hard upon you, if it were otherwise. You have difficulties, and privations, and dangers enough to struggle with. You are always labouring and toiling, exposed to every risk and hardship. Your home, country, friends, all quitted. Neither time, nor health, nor life, to be called your own. It would be hard, indeed…if woman's feelings were to be added to all this… All the privilege I claim for my own sex (it is not a very enviable one; you need not covet it), is that of loving longest, when existence or when hope is gone” (*Persuasion* 253-4)

At the core of women’s difficulties is the threat that “loving longest, when existence or when hope is gone” offers. Women are viewed as “the most tender” in “spirit.” They have emotions and reactions that would be “too hard” upon men; the internal life of a woman counterbalances the “labouring and toiling” of a man’s physical life. Anne grants men “the strongest” emotions, due to their “more robust” form, but she contends their shorter life span presents a natural “analogy” for how men’s “attachments” expire prior to a woman’s. Women linger and “hope” when possibility and probability is gone. Women’s emotional lives are expected to remain private and invisible, and Austen exposes the difficulties the everyday woman faces because of these social codes. Anne reveals the tragedy of women’s lives: a lack of options, boredom,

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211 Nancy Armstrong dissects this gender ideology in *Desire and Domestic Fiction: A Political History of the Novel*. 
romantic difficulties and failures, and an inability to self-govern when society requires self-governance stimulate psychosomatic illness.
Epilogue

The Legacy of the “Poor, Passive Machine”

They are crushed down under so many generations of arbitrary rules for the regulation of their manners and conversation; they are from their cradle embedded in such a composite of fictitiously-tinted virtues, and artificial qualities, that even the best and strongest amongst them are not conscious that the physiology of their minds is as warped by the traditions of feminine decorum, as that of their persons is by the stiff corsets which, until very recently, were de rigueur for preventing them ‘growing out of shape.’ (Geraldine Jewsbury, The Half Sisters 159-60)

Geraldine Jewsbury’s metaphor of “stiff corsets” introduces the psychosomatic heroine as she enters the Victorian era, where the weight of social expectations warps women’s minds as much as it does their body. The “traditions of feminine decorum” that Richardson, Burney, and Austen explore Jewsbury also cites as a cause of psychosomatic illness for women. The weight of “arbitrary rules” instilled in women from the cradle impede their ability to function, which inevitably results in “them ‘growing out of shape.’” Jewsbury’s novel The Half Sisters explores the ramifications of needing to embody “artificial qualities,” showing how the mind-body manifests ideological, cultural, and social anxieties about the constraints that binaristic gender ideology places upon women.212 With a greater shift towards sexual determinism—a model where women’s biology is thought to determine their psychology—women’s experiences of mind-body illness became increasingly stigmatized in the Victorian Period.213 Psychosomaticism moves from being an articulation of the mind-body’s interconnectivity to a shameful expression

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212 Nancy Armstrong’s influential Desire and Domestic Fiction undergirds this assertion of the gender binary in the Victorian era. Armstrong’s powerful discussion of “the gendering of human identity” as the “reigning mythology” for “modern culture” maps the oppositional divide between the sexes in the nineteenth century (14).
213 Reflecting the influence of “a materialist science of the self” in the Victorian period, Jenny Bourne Taylor and Sally Shuttleworth observe, “According to the Victorian medical profession, the female body was almost permanently in a state of pathology” (xiv, 165).
of mind-body disorder. This definitional shift circles back to the Clarissa’s problematic narrative ending for the psychosomatic heroine. Geraldine Jewsbury’s *The Half Sisters* and her character Alice typifies this bleak, death-as-cure or death-as-inevitable-result mentality.

Jewsbury asserts, like Austen and Burney before her, that if women were provided a clear path that fosters their innate, individual talents, their lives would have greater fulfillment and health. Jewsbury directly responds to Thomas Carlyle’s Gospel of Work, subverting the masculinist doctrine to insist women also require outlets for their professional energies and passions. Like Burney’s *The Wanderer* and Austen’s *Sense and Sensibility*, Jewsbury’s novel *The Half Sisters* presents two sides of the same coin: one sister, Alice, is the domestic woman, and the other sister, Bianca, is a professional woman. Both women experience psychosomatic ailments, but only Alice perishes from hers in a dramatic return to the ‘poor, passive machine.’ Alice’s situation is “colourless” as a traditional domestic woman (Jewsbury 31), whereas Bianca has “a passion, as well as a profession” (134). Bianca is an actress, who finds better health and success because of this creative and professional outlet. Unlike Burney’s Elinor and Juliet who face stigma in their late eighteenth-century performances, Bianca enjoys the freedoms of her position as actress with its greater legitimacy as a profession. Without her acting career, Bianca claims, “I should become worthless and miserable; all my faculties would prey upon myself” (134). Bianca extols the very situation in which Alice eventually finds herself: Alice’s

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214 Located in *Past and Present* (1843), Carlyle sermonizes, “all true Work is Religion…Work is Worship…work is alone noble.”

215 In the 1830s and 40s, the position of the actress has a very different valence than that of the actress in the late eighteenth century. Rather than the sexual and personal stigma encountered by women actresses in the eighteenth century, where acting was almost considered a form of falsehood that carried into actresses’ personal lives and was perceived as signaling sexual availability, the Victorian period embraces acting as a legitimate, authentic profession for women. While Jewsbury’s novel reveals some of the tensions that still surrounded the acting profession, such as Conrad’s declaration of Bianca being “unsexed” by her profession because she is able to perform different roles and financially provide for herself, the novel salutes Bianca’s profession as a life-giving and even life-saving outlet (216).
“faculties…prey upon” her, because she lacks outlets for her natural abilities. Bianca’s situation as a professional actress allows her artistry and self-control in terms of the roles she enacts, unlike Alice who is advised to perform to hide her true self to please her husband and society as the ‘Angel of the House.’ Because Bianca has an outlet for her creative energies and agency because of that outlet, she is able to recover from a brief illness and go on to achieve the Austenian ending—happiness, a fitting marriage, and fulfillment in higher status—that Alice cannot achieve. Alice’s situation manifests ideological, cultural, and social anxieties through her status as doomed psychosomatic heroine.

Alice’s stifling domestic life illustrates the inevitability of her psychosomatic illness. Her daily life is described as a drudgery of boredom and wasted potential: “Alice sank under the weight of a golden leisure, which she had not the energy adequately to employ” (108). Alice’s mental state is clearly delineated—she is sinking “under the weight” of “golden leisure.” What would be positive—“golden” evokes connotations of being swathed in sunlight—is transformed into an oppressive force that one sinks under. Jewsbury illustrates that in the Victorian period, there is a return to Richardson’s paradigm where femininity is somehow pathological; those who do not conform to the social status quo have no place.216 Without the work that Austen identifies as curative, Alice “sank.” Bianca’s success in and enjoyment from an active, professional lifestyle stands in direct contrast to Alice’s mind-numbing days. Bianca has the freedom to meet her potential, whereas Alice is wasted on a domestic life where any creative potential she has is

216 Athena Vrettos examines the social implications of illness and how it engages the minds of the Victorians, contending that the healthy body serves as a metaphor for the larger social body. Vrettos astutely observes, “Illness became a powerful symbol of cultural discord because of its ability to relocate the abstractions of social disorder onto a narrative of physical distress, thereby demanding explanation, diagnosis, and cure” (183). Because Alice does not derive satisfaction from the life that society prescribes for her, her acting out of her internal turmoil disturbs others in the novel who seek to uphold the status quo, namely her husband Bryant and the doctor who attends her.
stifled by “leisure.” Jewsbury revisits Austen’s thesis of work as necessary to survival, showing Alice’s mind-numbing existence as psychogenic.

The problems of Alice’s daily life—and all domestic women’s lives—is asserted as a psychological illness. The psychological turmoil derives from a lack of options: “It is the being condemned to live with those who lead mechanical lives — lives without significance — …nothing but modes of filling up days and weeks… it is this which drives passionate souls mad” (109). The ‘poor, passive machine’ is an inevitable return when living mechanically and “without significance:” the mind-body suffers when lacking a purpose-driven life. Alice’s psychosomatic illness is precipitated by a “mechanical” lifestyle that infects her mind by being “a much greater drain upon [her] energies” (108): the domestic life becomes a form of vampirism.217 If Alice were allowed the same outlet as her half-sister Bianca to counteract the ills of her daily life—Bianca has the “supreme blessing” of her work (109)—her death never would occur; instead, Alice “was hemmed in” by her own character flaws and the crushing weight of societal expectations (109).

Jewsbury’s novel makes arguments against women’s constraint, but it is also a complex character study that highlights personality differences that can compound the difficulties one is under. Alice “had not confidence enough in her own yearnings to make a way for herself; …she was divided against herself, weak, helpless, and dissatisfied” (109-110). The text is hard on Alice as she is implicated in her own death, in that her faults of timidity, complacency, and ignorance predispose her to tragedy.218 Alice is not utterly blameless or purely a social victim; Alice’s

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217 Ideas of vampirism reassert themselves later in the text as well, when the narrator claims, “‘ennui … was eating out the life of Alice” (186). The boredom and restless Alice experiences without an outlet for her intellect and energy sucks the life out of Alice.
218 Alice “had not it in her to stand alone. She was destitute of the strong internal energy …she drooped like a delicate plant, weighed down under a treasure of precious fruit, which, for want of due tending, might never come to perfection, but would fall away in unripened promise” (187). The weight of a life without a firm support system,
dependency heightens the ills of her situation. However, without meaningful work, Alice is doomed regardless of her shortcomings. She is merely another member of “an undistinguished throng, like the points in a mosaic brooch” that all domestic women are fated to be: a pretty, but broken and indistinguishable (53-4).

Alice suffers the never-ending trials of domestic womanhood/life until they break her, mind and body. In her final confrontation with her husband Bryant, she begs him not to leave her alone with her “intolerable suffering” (282). Bryant responds to her pleas to stay exclaiming, “What fantastic nonsense is this? You are worse than childish; you fancy yourself ill” (284). That Bryant sees Alice’s illness as all in her head is significant: the internal landscape of the mind is a murky territory that the concrete, business-oriented Bryant cannot fathom. Alice’s psyche is inaccessible to her husband who has spent little time concerning himself with his own interiority, let alone his wife’s. Jewsbury depicts Alice’s psychosomatic illness as emerging in response to domestic strife and boredom—the so-called ‘private sphere’ and its expectations of the silent and accommodating wife brings about psychosomatic illness.

Theoretically provided through a strong partner, leaves Alice bereft. Her dependency, however, seems suspect as the text shows it to be a product of her upbringing as much as it is potentially innate. Alice’s “unripened promise” stems more from a lack of a sufficient outlet to engage her passions, like Bianca finds in her acting career, than from personal and moral defect. When Bianca compares her career to a lover she wishes to be “worthy of,” saying, “I love my profession; I would grudge no labor to perfect myself in it” (161), Jewsbury demonstrates that work can supply the formative and supportive “due tending” a partner would provide (187). Bryant’s sister Mrs. Lauriston’s earlier advice to Alice haunts this statement: her prediction that husbands view their wives as “childish” when conveying unpleasant realities and personal truths is evoked in this moment (77). The text shows disdain for Bryant’s inattentiveness: “he was engrossed in arduous business undertakings, which tasked all his energies; — he had no leisure to be a companion to his wife, or to provide her either with occupation or amusement. Anything she might express a desire to have, he would procure without regard to trouble or expense; but he would never think of it himself. When they were together, he was invariably kind and affectionate, but often abstracted and silent; — the quiet, calm manners, which had at first attracted Alice towards him, became, at length, mysterious and repellent to her” (186). Bryant becomes “repellent” to Alice, and seemingly to Jewsbury as well, for his inability to be an appropriate marital partner. Bryant’s unhappy ending in the text—he is never to be allowed happiness—is just punishment for his crime of self-absorption and nonchalance for his wife’s mental and physical well-being.
To indict the social mores that determine Alice’s death, Jewsbury creates a frightening scene. Alice is so distraught regarding her circumstances that she has been “near suicide,” but her body acts out her “misery” instead in a harrowing display (282). Bryant observes Alice’s startling physiological symptoms:

- seized by frightful spasms, which contracted and convulsed her whole body; her cries were piercing; her delicate limbs were tossed and contorted; her head rolled violently from side to side, and no trace remained in her features of the fair and gentle Alice. In a few minutes the violence of the attack subsided, but was followed by immediate insensibility. (288)

Alice’s psychosomatic illness manifests like hysteria, as paroxysms seize her. Alice is full of “insensibility,” and she suffers a total lack of control over her physical body when she experiences a “death-like swoon” (288). Alice is presented as the “delicate,” “fair and gentle” damsel who is ravaged by “frightful spasms.” Her “piercing” cries and bodily convulsions show the “violence” perpetrated against her mind and body. Society’s demands on women leave “no trace” of their real selves, and Alice’s intense “attack” speaks to the lengths to which women must go to show the ills of their situations. When the physician is summoned, he offers his diagnosis, stating that Alice’s condition is “A most severe attack of hysteria, complicated by spasms of the stomach; and, from her extreme delicacy and the great general debility under which she is labouring, we fear the worst” (289). The doctor is clearly shaken by Alice’s “great general debility,” which his hesitation and stutter betrays. In response to his discomfort,

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221 Peter Logan speaks to the ways which the symptomatic female body “possesses a constitutive relationship to narrative. It has a story to tell” (9).
222 The male doctor’s diagnosis of Alice is suspect in the face of Jewsbury’s polemical treatment of all masculinist dictates. Because she also takes issue with Carlyle’s misogynist view of work, the labelling of Alice’s illness as hysteria by a male voice demands the reader’s attention as a moment of dissonance with Jewsbury’s larger social concerns.
he gives the label “hysteria” to her illness, the loaded catchall for ambiguous women’s ailments. The doctor seeks to understand what “it arises from,” asking, “Has she had any strong mental shock or violent emotion to bring it on?” (289). The ideas of “shock” and “violent emotion” suggest that the doctor uses masculinist rhetoric in proposing a cure for Alice, confirming his inability to understand what drives Alice’s physical symptoms. He says to Bryant: “you will need all your firmness, so much depends on your calmness” (290). What Bryant can do for Alice is “be a man” (289); medical science pushes masculinity as a stabilizing force in direct opposition to Jewsbury’s claim of meaningful employment as cure.

Jewsbury asserts Alice’s thwarted potential and purpose as the real issue, rather than constitutional delicacy. Alice isn’t allowed self-diagnosis like Austen’s heroines, because she is paralyzed by social mores that deny her agency. She is in the corset that binds women, and for her the constriction proves fatal. In a return to Richardson’s paradigm, society has no place for Alice, so Alice dies. The ineffectual efforts of the medical profession to prove their adequacy in treating psychosomatic illness are shown through the doctor who contends that “it is quite natural; it is a frequent form of malady with women” (289). Because Alice is female, her condition is considered “natural.” Emotions and biology are thought to dominate the female psyche, keeping Alice as one of the ‘indistinguishable throng.’ The physician’s attempt to naturalize female psychosomatic illness as rooted in biology, speaks to a failure of the medical system in accounting for experiences that defy biological, organic dictates, a truth that Jewsbury more readily acknowledges in her treatment of Alice’s malady. Though the doctor is present again in her narrative, he is unable to properly diagnose or aid the psychosomatic heroine.

223 Silas Weir Mitchell, the famous nineteenth century neurologist known for his rest cure, states hysteria is “the nosological limbo of all un-named female maladies,” showing how ubiquitously the diagnosis was used to describe what could not be categorized (qtd. in Scull 7).
Further damning for the doctor’s diagnosis, ambiguity surrounds Alice’s death, as the narrator relates: “She died in the evening, — as nearly as could be ascertained, about the hour she was first seized” (292). The time of Alice’s death is as inscrutable as her illness, and her end is rapid once she knows she is trapped and without options to live a meaningful life.

Alice is a sympathetic figure; she is the woman for whom there is no place. Because of the hopelessness of her situation, Alice declares, “It is very merciful thus…to die,” reaffirming the Richardsonian hypothesis that death is a mercy to a suffering woman (291). Alice is not suited to her domestic life, yet neither does she have viable professional options. Speaking to Alice’s fate, Lauren Chattman asserts, “Alice’s end is a more chilling example of femininity on display” (80). Alice’s death becomes emblematic: her psychosomatic ailment symbolizes her inability to transcend society’s options—or, more accurately, lack thereof—for her. Jewsbury’s novel proves Austen’s thesis of work as a cure for the psychosomatic heroine, but also shows the domestic sphere as much more dangerous to women’s minds and bodies like Richardson and Burney’s more predatory worlds. Fatal results occur for the Victorian psychosomatic heroine if she does not have professional, intellectual, and creative outlets.

Geraldine Jewsbury’s picture of the psychosomatic heroine as she enters the Victorian era seems bleak, but it speaks to the concerns writers in the period share regarding the ubiquitous Woman Question.224 Jewsbury sets a tone that indicts the restrictive cultural values women suffer under, and her narrative pinpoints problematic gender norms. For the Victorians, the afterlife of the psychosomatic heroine is tumultuous, much like the pervasive changes encompassing the

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224 So many writers tackle the Woman Question: the Brontës, Elizabeth Gaskell, George Eliot, George Gissing, and many others. It was a reigning preoccupation in the fiction of the time. See Athena Vrettos for more on Victorian era somatic heroines, as she notes the way sin which cultural preoccupations like the gender issue affect the ways in which illness is portrayed in novels.
era. Work, faith, morality, acute self-consciousness, performance: each serves the psychosomatic heroine in some manner, but not uniformly. Sometimes issues cannot be resolved, sometimes stress increases beyond a tolerable level, and sometimes there just cannot be a happy ending: the Victorians explore these facets of the psychosomatic heroine’s narrative.

The legacy of the psychosomatic heroine lives on beyond the long eighteenth century and the Victorian period: she maps the questions, concerns, and answers to mind-body issues circulating during her respective moment. Today in the 21st century, ideas of the psychosomatic are still questioned. The attitude towards psychosomaticism is often derogitory or dismissive; in a world dominated by finding answers and knowing, the murky territory of the mind-body connection can be frustrating to say the least. The mind may be intangible, but it can manifest in very tangible, physical ways. With the recently minted subspecialty of psychosomatic medicine—board-certified by the American Board of Psychiatry and Neurology as of 2003—the world of medicine is demonstrating their recognition of the need to better address mind-body issues that lack clear cut pathways to diagnosis. Similarly, the recently revised Diagnostic and Statistical Manual of Mental Disorders, otherwise known as the DSM-5 by mental health practitioners, now contains the category Somatic Symptoms and Related Disorders, accounting for the distressing symptoms the mind-body can cause and reducing the stigma previously attached to such experiences. Further encouraging recognition for psychosomatic illnesses, in 2016 a Wellcome Prize was awarded to neurologist Suzanne O’Sullivan for her book It’s All In Your Head: True Stories of Imaginary Illness; O’Sullivan’s project identifies the need to take

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225 See Robin Gilmour for a comprehensive, yet succinct, discussion of the massive changes that occur in the Victorian period; he tracks the shifts in religion, science, industry, politics, literature, and art.

226 Drs. Lorin M. Scher and Peter Knudsen address the aims of revising the previously-titled Somatoform Disorders category to Somatic Symptoms and Related Disorders. They note the recognized need to better account for patients’ distressing symptoms, reduce the stigma attached to these types of symptoms and illnesses, and allow for a broader understanding of the mind-body’s connection (Scher & Knudsen).
seriously the mind-body connection, particularly because “Psychosomatic illness is a worldwide phenomenon that occurs irrespective of culture or system of health care” (6). Everyone everywhere is subject to the mind-body, thus everyone can learn from the lessons the psychosomatic heroine imparts.

My aims in this project have been to map this narrative of the psychosomatic heroine: how she originates and changes in different hands, how she shows self-awareness and works to reconcile her suffering, and how she interacts with the reader to chart the cultural concerns of her era and beyond. Rather than pathologize, I have sought to show how psychosomatic illness can be a tool this heroine uses to better navigate in her world—the performances of a Burney heroine and the self-work of an Austen heroine leads to greater recognition of women’s struggles and helps them achieve the happiest ending they can hope for. Though she begins as a ‘poor, passive machine,’ the radical changes in how the everyday woman copes with personal and social stresses creates pathways for agency and healing. Though stressors will never disappear completely, Burney, Austen, and even Jewsbury show the routes a psychosomatic heroine can take to keep progressing, to keep recovering, to keep pursuing a meaningful life through work. Though these characters are not real people, they reveal truths about the human condition and the ways in which the mind-body impacts us all. The psychosomatic heroine shows the ways in which the mind is an incredibly powerful tool that can either help or hinder our ability to navigate the world. Richardson, Burney, Austen, and Jewsbury tell her story. It’s up to us to read it.
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