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“THE DISORDER WAS IN HER MIND”:
PSYCHOSOMATIC ILLNESS AS CONFESSION IN
RICHARDSON’S *CLARISSA*

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Synopsis:

This paper explores the interplay between Richardson’s *Clarissa* and the contemporaneous medical paradigm. Clarissa’s self-imposed silence nourishes her fatal illness, challenging the 18th century medical view of the rational soul as a monolithic faculty and anticipating the psychoanalytic doctrine by depicting the heroine’s psychic conflict and proto-repression.

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**“The disorder was in her mind”: Psychosomatic Illness as Confession in Richardson’s
*Clarissa***

In Samuel Richardson's *Clarissa*, upon escaping the clutches of the dashing, manipulative Lovelace, the titular character falls ill and ultimately succumbs to an unnamed malady. Making no mention of a physiological disorder, the novel points to the heroine's feelings as the source of her illness, namely the conflicted feelings she harbors for the man who has abducted and subsequently raped her. Indeed, although she despises the rake, throughout the course of the affliction, Clarissa's legible form also betrays the physical and psychological symptoms that would have been easily discerned by an 18th century physician as symptoms of lovesickness – a medically recognized illness of the mind and body – namely feebleness, emaciation, insomnia, manic episodes, and periods of melancholy. Despite the necessity to vent, which according to the contemporaneous medical paradigm was required in cases of psychosomatic illness, Clarissa remains ever reticent in regard to the psychic processes that have incited her affliction, – not only love for a man she despises but also the trauma of having been raped by him – thus avoiding recovery. Indeed, she wills her body to suffer rather than avowing the cause of the illness and exhibits a general passivity toward a cure.

Investigating Richardson's depiction of such willed suffering on the part of his heroine, this paper situates the literary work in the medical history of psychosomatic illness during the 18th century as well as of the contemporaneous notions of the soul's role in the health of the body. The 18th century medical paradigm was a holistic one, identifying a direct relationship and route of communication between the body and the soul. However, with respect to psychosomatic

illness, while the passions of the animal soul were believed capable of generating an affliction of the body by means of the nervous system, the immortal, rational soul, never deemed to be implicated in illness, remained a monolithic pillar of strength and health. The paper uncovers an interplay between the medical doctrine and Richardson's *Clarissa*, for the novel emphasizes the significance of the heroine's passions in her condition, demonstrating that, in accordance with the medical model, Clarissa's unvented emotions are ever somatized, that is, transformed into bodily symptoms through which the spiritual condition is betrayed. Yet the text also uncovers the inadequacy of the medical paradigm to account for the contradictions of the heroine's psyche, which is split between love and hatred for Lovelace, between bodily torment and the reluctance to recover. Thus, her self-imposed silence with respect to the cause of illness reveals a seemingly irrational, self-destructive mental process that challenges the contemporaneous view of the rational soul.

Yet *Clarissa* not only complicates the medical theory by depicting psychopathological tendencies that do not neatly fit into its paradigm, but in exploring the psychological profile of this willing sufferer, the novel also anticipates the doctrine of psychoanalysis. The text indeed suggests insights that prefigure those by which the theory of conversion articulated by Joseph Breuer and Sigmund Freud in "Studies on Hysteria" reframes the 18th century medical model. For the novel favors the unavowed, potentially unconscious, psychic motivation behind Clarissa's painful silence – the very type of motivation that subsequently becomes central to the psychoanalytic doctrine. Depicting the heroine's psychic conflict – the simultaneous experience of conflicting mental processes – and proto-repression, the text demonstrates that although Clarissa professes that any somatic betrayal of the feelings at the heart of her malady is

unwanted, she acts on a hidden wish for the very opposite – to articulate her clandestine spiritual torment, to be read.

The 18th Century: Nervous Disorders and Sensibility

During the time she spends in Lovelace's thrall, Clarissa frequently falls ill, yet her health fares no better upon escaping his clutches, for she then succumbs to a malady from which she does not recover and the source of which she is reluctant to verbalize. Although the heroine prides herself on her legibility, asserting that she "naturally [has] as open and free a countenance" as she does a heart (IV, 10), her silence renders the particular source of her disease a mystery, which has been a source of lively debate for the academic community.¹ One physiological theory is proposed by Margaret Anne Doody, who suggests that the heroine dies of "galloping consumption," resulting from her time spent in prison.² John Wiltshire, however, refutes this interpretation, maintaining that "there is no mention of coughing."³ However, Raymond Stephanson rightly affirms in his study of the novel's internalization of the contemporaneous medical model that the text provides its own answer to Clarissa's mysterious illness. For although various scholars have attempted to discover its physiological cause, Stephanson accurately observes that Clarissa's affliction is psychogenic. According to him, her ailment and demise are the effect of overpowering feeling on her delicate nervous system – an indication of the novel's acceptance of the holistic medical model that serves as its backdrop.⁴

¹ Samuel Richardson, *Clarissa*. Kindle edition. For an in-depth discussion of the 18th century view of bodily legibility and its relationship to moral qualities, see Ruth Bernard Yeazell, *Fictions Of Modesty: Women and Courtship in the English Novel and Reading the Body in the 18th century Novel*. Chicago: University of Chicago Press, 1991, particularly the chapter called, "Modest Blushing." See also Juliet McMaster, *Reading the Body in the Eighteenth-Century Novel*. New York: Palgrave Macmillan, 2004.

² Margaret Anne Doody, *A Natural Passion: A Study of the Novels of Samuel Richardson*, Oxford, 1974, 171.

³ John Wiltshire, *Jane Austen and the Body*. New York: Cambridge University Press, 1992, 44.

⁴ Raymond Stephanson, "Richard's 'Nerves': The Physiology of Sensibility in *Clarissa*," *Journal of the History of Ideas*, Vol. 49, No. 2 (Apr. - Jun., 1988), 268.

Clarissa indeed articulates the predominant 18th century medical view of the mind/body relationship as well as of the powerful influence of the former over the latter: "what a poor, passive machine is the body when the mind is disordered" (I, 338).⁵ Like Dr. George Cheyne (1671-1743), the British physician who specialized in illnesses of the nervous system and Richardson's friend and regular correspondent, the latter was a strong believer in the passions' capacity to generate physical reactions, even causing illness and death.⁶ While the locus of illness caused by emotion had previously been identified as the heart or the brain, the 18th century site of psychosomatic afflictions was determined to be the nerves and the spirits, or the semi-material fluids that were believed to travel through the nerves in order to relay information between the body and the soul, as well as between the external and internal environment. Indeed, during this period, nervous disorders became of great interest for medical science with the introduction of the notion of heightened nervous sensibility into medical discourse.⁷

In medical doctrine, sensibility referred to the organism's responsiveness to sensory stimuli and to the passions, and it was associated with the capacity for powerful feeling, intellect, acuity, as well as delicacy and gentility. Sensibility became central to the logos of psychosomatic illness in the 18th century, and its origin can be traced to the theory of the British physician Francis Glisson (1597-1677), which was subsequently fully developed by the Swiss anatomist Albrecht

⁵ This quotation does not appear in the Kindle book but can be found in Samuel Richardson, *Clarissa*. Bernhard Tauchnitz, 1862.

⁶ See McMaster, xiv. For further discussion of Richardson's correspondence with Cheyne, see Stephanson, 270.

⁷ As observed in detail by a number of scholars, the concept of sensibility possessed a wide range of meanings. Jean Hagstrum traces the etymology of the term in 18th century letters, observing that it derives from "sensus" and "sentire," which, resembling the word "sentiment," reveals a combination of meanings of "judgment of mind" and "free-flowing, uncontrolled feeling" (Jean H. Hagstrum, *Sex and Sensibility: Ideal and Erotic Love from Milton to Mozart*. Chicago: University of Chicago Press, 1980, 7). Hagstrum explains that by the middle of the 18th century, the term gathered a variety of loosely related meanings, namely "perceptibility by the senses, the readiness of the organ to respond to sensory stimuli, mental perception, the power of emotions, heightened emotional consciousness, and quickness of feeling" (Hagstrum, 9). For a further discussion of the etymological and cultural significance of sensibility, see Janet Todd, *Sensibility: An Introduction*. New York: Methuen & Co., 1986.

von Haller (1708-1777). Glisson believed that every bodily organ possessed an inherent quality of irritability, which could cause malfunctions in the affected organs.⁸ However, Haller subsequently distinguished between the responsiveness of muscular tissues and that of the nerves. According to his model of the organism, motion and feeling were products of two properties: irritability and sensibility, respectively. Irritability was a characteristic of the muscles in their contraction as a response to external factors, and it generated movement of the body without the presence of feeling. Sensibility, on the other hand, was a property of the nerves and was the source of feeling in the organism. As Haller explained, while the irritable element of the body simply became “shorter upon being touched,” the sensible was responsible for transmitting the impression of the external world to the soul by means of the nervous system.⁹

Indeed, the notion of the responsiveness of the nerves, as the site of sensibility and the site associated with psychosomatic illness, signified a model of the organism that recognized an interrelationship between the body and soul, as well as the capacity of mental processes to affect bodily systems. As Dr. Cheyne declared in his seminal treatise, *The English Malady*, “Feeling... gently or violently impress[es] the Extremities or Sides of the Nerves..., which by their Structure

⁸ For more information on the contribution of Glisson on the 18th century understanding of irritability and sensibility, see Roy Porter’s *The Greatest Benefit to Mankind: A Medical History of Humanity*. New York: W. W. Norton & Company, 1999, 222; Arikha Noga, *Passions and tempers: A History of the Humors*. New York, NY: Ecco, 2007, 235.

⁹ Quoted in Karl Figlio, “Theories of perception and the physiology of mind in the late eighteenth century,” *History of science*, 13 (1975), 177-212, 186. Figlio cites Haller from the 1755 English translation of his dissertation, published in the *Bulletin of the History of Medicine* 4 (1936): 651-99. Thus, the nerves were identified as the site of emotion, the medium between the mind and the body. A similar model was proposed by the English physician Benjamin Rush (1746-1813), who perceived the organism to be affected by external stimuli, which, when acting upon the body create “excitability” or generate motion. When a stimulus develops a “convulsive excitement,” such as an overpowering emotion, illness of the body could result (Eric T. Carlson in introduction to Benjamin Rush, *Two essays on the mind: An enquiry into the influence of physical causes upon the moral faculty, and On the influence of physical causes in promoting an increase of the strength and activity of the intellectual faculties of man*. New York: Bruner/ Mazel, 1972, viii). For further information on the medical notion of sensibility, see John W. Yolton, *Thinking Matter: Materialism in Eighteenth-Century Britain*, Minneapolis: University of Minnesota Press, 1983, 153-89; Thomas S. Hall, *History of General Physiology, 600 B.C. to A.D. 1900*: vol. 2. Chicago: University of Chicago Press, 1969, 5- 106; Frederick Cummings, “Charles Bell and *The Anatomy of Expression*,” *Art Bulletin*, 46 (1964): 191-203; Noga, 235.

and Mechanism, convey this Motion of the sentient Principle in the Brain."¹⁰ For this reason, powerful passions could weaken the condition of the vessels that they “impress” and cause physical illness. Additionally, the passions were believed to affect the health of the organs that were connected to the brain via the nerves.¹¹ Consequently, 18th century physicians believed that the experience of intense emotion could render the subject vulnerable to nervous disorders.¹² Such responsiveness to the passions, that is, heightened sensibility, predisposes Clarissa to nervous disorders generated by powerful feeling throughout the novel, particularly during her long co-habitation with Lovelace. Their numerous disputes prove to be very taxing on Clarissa’s delicate, sensitive constitution, and the emotional distress she experiences often results in fits of nervous illness. She frequently exhibits symptoms of trembling, headaches, manic fits, faintness, and pain, demonstrating the novel’s corroboration of medical theory on nervous disorders and heightened sensibility.¹³ Clarissa’s heightened sensibility signifies that she is more sensitive to

¹⁰ George Cheyne, *The English Malady*. New York: Scholars’ Facsimiles and Reprints, 1976, 49.

¹¹ See Noga, 236.

¹² Significantly, certain physiological constitutions were believed to be more inclined to succumb to nervous distempers. As Cheyne outlined in his treatise, subjects who possessed “weak, loose, and feeble or relax’d nerves” were more sensitive to impressions and emotions and more prone to nervous afflictions than those with a more resilient or elastic constitution (Cheyne, 68). As intense passions affected the weakest bodies most harshly, a delicate organism of heightened sensibility – or stated otherwise, a particularly feeble state of the nervous system – was more susceptible to psychosomatic illnesses. Significantly, Clarissa’s organism functions in accordance with this model, greatly responsive to the damage emotion could inflict on the nervous system. Her characterization coincides perfectly with the patients predisposed to nervous distempers that are described in the treatises of Cheyne and Whytt. She exhibits “too great [a] delicacy and sensibility..., on account of” which her temperament is “very quick and easily excited” (Robert Whytt, “Observations on the Nature, Causes, and Cure of Those Disorders Which Are Commonly Called Nervous, Hypochondriac, or Hysterick”: *Significant Contributions to the History of Psychology 1750-1920: Seminal Essays*. Ed. Daniel N. Robinson. Washington, D.C.: University Publications of America, 1978, 77). For the heroine’s body is portrayed as being particularly sensitive and acutely vulnerable to emotional transports, and consequently, due to emotional volatility that chaotic and dangerous circumstances engender, she is susceptible to the accompanying illness.

¹³ In book IV, for instance, during the struggle between the frightened Clarissa, who wishes to leave Mrs. Sinclair’s brothel, and Lovelace, who physically detains her, Clarissa’s nerves, unable to endure the strain of intense emotion, are powerless to conduct her muscles, and she inadvertently drops into a chair. Anger and fear manifest themselves on her face, which is “all crimsoned over” (IV, 182). Lovelace then clasps Clarissa “about her knees,” desiring her forgiveness, which breeds further fright, and a nervous episode ensues (IV, 182). Her symptoms during this and several other fits of nervous illness perfectly correspond to those identified by Whytt in his description of patients who possess “an uncommon delicacy of their nervous system” (Whytt, 74). As he describes, an event that occasions “sudden surprise,... fear, grief, ...or other passions,” can result in “violent tremors, palpitations, faintings, and convulsive fits” (Whytt, 74). Her limbs begin to tremble, overwhelmed by emotion that is conveyed through her

traumatic events than any other character in the novel, who either possess a firmer constitution or are able to suppress the body's response.

Rational and Animal Souls

The notion that the passions could cause physiological disorder signified that the soul to participated in the genesis of disease, yet its role in the health of the organism was complicated by its contemporaneous medical/philosophical division into two separate faculties. Highly influential for the medical understanding of psychosomatic illness was the model of the body/soul relationship postulated by Rene Descartes. In describing the soul, which he believed to be immaterial, Descartes attributed solely "thoughts," which he divided into "volitions" and "perceptions or modes of knowledge."¹⁴ He believed, on the other hand, that "everything that can be observed in us to oppose our reason," namely the passions, must be attributed to the body.¹⁵ In his view, the passions were generated by the body's internal motions, that is, they were "caused, maintained and strengthened by some movement of the spirits" in the brain around the pineal gland.¹⁶ Hence, illness, even that of a psychosomatic nature, must be caused not by the soul, immortal and immaculate, but by a malfunction of the machinery of the body.¹⁷ In accordance with the Cartesian theory, late 17th and 18th century physicians distinguished between the immaterial, rational soul – the site of the will – and the embodied animal soul – the site of emotion.¹⁸ In fact, preserving its connection to the divine, the rational soul was rarely discussed

body. And the illness, for which she must take "hartshorn and water," – a prescription commonly used for nervous afflictions – persists for several days (IV, 182). As this episode demonstrates, her organism reacts to powerful states of the soul and renders its response in a nervous fit, which is but the manifestation of her psychological condition.

¹⁴ Rene Descartes, "Passions of the Soul": *Descartes Selected Philosophical Writings*. Trans. John Cottingham, Robert Stoothoff. New York: Cambridge University Press, 1988, 225

¹⁵ *Ibid.*, 236.

¹⁶ *Ibid.*, 229.

¹⁷ See Porter, *The Greatest Benefit to Mankind*, 242.

¹⁸ Descartes as a matter of fact denied the sensitive and vegetative soul, which had been believed to be localized in various parts of the body: "In order to explain these functions, then, it is not necessary to conceive of this machine as having any vegetative or sensitive soul or other principle of movement and life" ("Rene Descartes, "The World":

in medical doctrine, and only the mortal *anima* was identified as the agent responsible for psychosomatic dysfunctions.¹⁹

The 17th century English physician Thomas Willis (1661-1675), who devoted his research to the brain and the nervous system, coined the term “neurologie,” and was highly influential for the subsequent medical conception of nervous disorders,²⁰ believed that the rational soul was the site of reason, estimation, and the will, and that it was localized to the corpus callosum, from where it governed its lower counterpart through the spirits.²¹ In the words of Willis, “the will, which proceeding from the intellect, is the handmaid of the rational soul; and the sensitive appetite, which cleaving to the imagination, is the hand or procuress of the animal soul.”²² He described the *anima* as embodying various parts of the body, for it inhabited the blood circulating through the vessels as well as the spirits flowing through the nerves and the

The Philosophical Writings of Descartes. (Vol. I.). Trans. J. Cottingham, R. Stoothhoff, D. Murdoch. Cambridge: Cambridge University Press, 1985, 108). However, the medical conception of the *anima* was in accordance with his division between volition of the soul and the passions of the body.

¹⁹ Lester S. King, *The Philosophy of Medicine: The Early Eighteenth Century*. Cambridge, Mass.: Harvard University Press, 1978, 134. For an illuminating and comprehensive discussion of the 18th century conception of the soul and its relationship with the body, see King, 125-151.

²⁰ Willis coined the term “neurologie” for the study of the nervous system and identified the cerebral localization of mental functions, foregoing the classical conception of such processes as being localized to various parts of the body. His description of the nervous system consisting of tube-like filaments connecting various parts of the body and its vital importance in the health of the organism became widely influential for the future of medicine in general and the discourse on mental illness in particular. Herman Boerhaave (1668-1738) in the early 18th century, for instance, distinguished between the chemical and physical systems of the body, which he believed to be comprised of canal-like, hollow nerves that contained fluids. Analogously, the cause of disease was believed to be a malfunction in the organic portion of physiology, or as Boerhaave would have it, health required both equilibrium in the fluids and the mechanical functioning of the solids. While Boerhaave, believing the nerves to be hollow tubes through which fluids were conducted, still favored a hydraulic etiology of such illness, physicians influenced by the theories of Descartes, Willis, Glisson, and later of Haller, deemed the nerve structures themselves to be prone to malfunction and to be the site of the disorder. While physicians like Robert Whytt (1714-1766) recognized that the nerves were not hollow tubes, the understanding of the nervous system was much refined with the discovery made by the 18th century Italian, the Bolognese Luigi Galvani, who recognized that the nerves were wires conducting electricity. See Porter, *The Greatest Benefit to Mankind*, 242, 246; Roy Porter, *Mind-Forg'd Manacles*. Cambridge, Massachusetts, Harvard University Press, 1987, 177-8; King, 122; Noga, 237-8.

²¹ The specific point of connection between the rational and the sensitive souls, Willis argued, following the French philosopher and scientist Pierre Gassendi (1592-1655), was the intercostal nerve, which effectively enabled the rational soul to manage the passions of its counterpart.

²² Thomas Willis, *Dr. Willis's Practice of Physick, Being the Whole Works of that Renowned and Famous Physician*, London: T. Dring, C. Harper, and J. Leigh, 1684, 42.

brain.²³ Hence, the animal soul was regarded as entirely somatic in nature, yet Willis also perceived it as the body's vital principle – the source of what was later called the sensibility of the organism. Moreover, along with Descartes, Willis described the capacity of the spirits to generate reflex motion in the body independently of the rational soul.²⁴ Thus, for Willis, the etiology of psychosomatic illness would be either a “fault of the Brain, and the inordination of the Animal Spirits dwelling in it,” or a “Passion of the heart,” that is, either caused by a mechanical malfunction of the brain or by the passions of the embodied *anima*.²⁵ In other words, shaping a century of medical theory, Willis did not believe that the rational soul, which, as he described, “partook of divinity,” was implicated in illness, but rather, that it always sought health.²⁶

Somatization

Over two centuries after Willis, along with the 18th century physicians influenced by his research, articulated his understanding of the way in which physiological suffering could be caused by emotional turmoil, Joseph Breuer and Sigmund Freud explored this phenomenon, or what they referred to as “conversion,” in their jointly-written treatise, “Studies on Hysteria.”²⁷ These 19th century neurophysiologists supplemented the 18th century medical conception of

²³ See *Dr. Willis's Practice of Physick, Being the Whole Works of that Renowned and Famous Physician*, 6.

²⁴ “... when the spirits in the cerebrum are excited by some pleasant or disagreeable object into a sensation of pain or pleasure they communicate the impression of this idea and motion upon the spirits in the cerebellum which minister to involuntary motions” (Thomas Willis's *Oxford Lectures*, Ed. and trans. Kenneth Dewhurst. Oxford: Sandford Publications, 1980, 69). Yet Willis also demonstrated how the process could function in reverse, with the passions affecting the body: “Through these interconnections the imaginations and the passions, conceived in the cerebrum, may be communicated through the cerebellum to the praecordia, and similarly the passions from the praecordia may reach the imagination and the cerebrum. Hence, love, anger, etc. cause various praecordial motions accompanied by diverse modulations and fluxes of the blood. Thus, too, the motion of the spirits is communicated to the facial muscles which depict or imitate the passions” (142).

²⁵ Thomas Willis, *Two Discourses Concerning the Soul of Brutes*. London, 1683, 188.

²⁶ That is, although the rational soul could be affected by overpowering passions, it was not in itself believed to be involved in the etiology of illness.

²⁷ Joseph Breuer and Sigmund Freud, “Studies on Hysteria,” *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume II. (1893-1895). Ed. James Strachey. London: Hogarth Press, 1955, 83-251.

illness resulting from the transports of the soul by describing what they believed to be its specific physiological development.²⁸ According to their explanation, a healthy organism possesses protective mechanisms that take measures to prevent emotion from affecting the vital organs. However, the strength of the resistance against this "intracerebral excitation" varies from one individual to another, and the physiological defenses may be breached for a number of reasons.²⁹ An innate or illness-caused weakness of the resistance mechanisms that normally protect the "paths of conduction" may result in the seepage of emotional tension into the body.³⁰ In other cases, mental or physical activity that typically diminishes the "degree of intracerebral excitation" may be insufficient.³¹ Alternatively, if excitation is simply potent enough, it may breach the resistance mechanisms.³² Or, in accordance with the views of Cheyne and Whytt on nerve condition, Breuer and Freud argued that a "long duration" of conducting emotion may damage the channels and deteriorate resistance over time.³³ The condition of Clarissa's nerves is evidently powerfully affected throughout the novel, and thus, her nervous system, under severe duress during numerous excessive emotional experiences, is ultimately compromised. The numerous bouts of illness to which Clarissa succumbs throughout the novel can be described as a

²⁸ Psychoanalysis indeed began as a somatic study. Freud himself began his medical career as a neurologist, who had parted company from somatist neuroscience to explore psychological forces as the true source of such psychosomatic illness. Hence, although Freud and Joseph Breuer (1842-1925) collaborated due to their shared interest and belief in neurophysiology as the significant source of illness, shortly after publishing "Studies on Hysteria," they parted company for ideological reasons. This occurred because Freud had discovered that in most cases of conversion, the origin was psychological, namely that "sexual difficulties were the cause of illness" (Ackerknecht, 92). Breuer's continued reliance of somatic explanations and the rejection of the repressed sexual etiology in nervous illness had resulted in the rift. See Erwin H. Ackerknecht, *A Short History of Psychiatry* 2d Ed. Trans. Sula Wolff. New York, Hafner Pub. Co., 1968, 92-3; Michael Neve, "Medicine and the Mind": *Oxford Illustrated History of Western Medicine*. Ed. Irvine Loudon. Oxford; New York: Oxford University Press, 1997, 247.

²⁹ Breuer and Freud, 202.

³⁰ *Ibid.*, 203.

³¹ *Ibid.*

³² Significantly, the 18th century medical model likewise deemed excessive emotion to be as pernicious for the health of the body as excess humors, particularly due to the capacity of emotion to alter the functioning of the organs by redirecting the spirits (Alan T. McKenzie, *Certain, Lively Episodes: The Articulation of Passion in Eighteenth-Century Prose*. Athens: University of Georgia Press, 1990, 57).

³³ Breuer and Freud, 203

form of “conversion” or what psychiatrists later refer to as “somatization,”³⁴ and the physical symptoms that she exhibits are manifestations of psychic experiences that overcome the organism’s resistance mechanisms.

Lovesickness and Hatesickness

Likewise, Clarissa’s fatal affliction upon fleeing Lovelace, which is marked by lack of appetite, insomnia, and general bodily weakness, is a result of powerful passions overwhelming her physiology. The most harrowing, traumatic event of Clarissa’s experience is undoubtedly the infamous night described in Book VI, during which Clarissa is tricked to return to Mrs. Sinclair’s brothel after a short-lived escape, drugged by the women who inhabit the place, and subsequently raped by Lovelace. Indeed, during that night, intense feeling generates a physiological response that is more powerful than any Clarissa has exhibited in her previous disputes with Lovelace. Yet in addition to the trauma of her rape, the feelings at the heart of her afflictions are rather conflicted.³⁵ For not only does Clarissa despise the man responsible for her

³⁴ The history of the term “somatization” can be traced to the 1926 English translation of Wilhelm Stekel’s text, entitled *Impulshandlungen, Wandertrieb, Dipsomanie, Kleptomanie, Pyromanie und verwandte Zustände, Störungen des Trieb- und Affektlebens*. Berlin: Urban und Schwarzenberg, 1922, which is a mistranslation of Stekel’s term “Organsprache” (organ-speech). J. van Teslaar, the translator, defined “somatization” as “Conversion of emotional states in physical symptoms,” which coincided with the Freudian concept of “conversion,” quite unlike the original meaning of “organsprache.” In a renewed edition of the text *Die Sprache des Traumes*, Stekel used the word “somatization” to mean the expression of emotional distress through physical pain, and since then the term has been attributed to him (Wilhelm Stekel, *Fortschritte und Technik der Traumdeutung*. Vienna: Weidmann, 1935). In 1950, Franz Alexander further developed the theory of “somatization” in his book on psychosomatic medicine. He explained that studies in “neurotic patients,” have revealed that intense or traumatic long-term emotions have been found to generate “chronic disturbances in the body” (Franz Alexander, M.D., *Psychosomatic Medicine*. New York: W. W. Norton & Co., 1950, 40). Arthur Kleinman later defined “somatization” as the tendency of patients experiencing “personal and interpersonal” problems to “interpret and articulate them, and indeed come to experience and respond to them, through the medium of the body” (Arthur Kleinman, *Social Origins Of Distress And Disease: Depression, Neurasthenia, and Pain in Modern China*. New Haven, CT: Yale University Press, 1986, 51). For a detailed explanation of the origin of the term, see C. Marin, M.D. and R. Carron, M.D., “The Origin of the Concept of Somatization.” *Psychosomatics* May/June 2002, Vol.43(3): 249–50.

³⁵ As the term “trauma” is variously utilized throughout the chapter, a definition is in order. In *Beyond the Pleasure Principle*, Freud offers a definition that is applicable to the emotional affect depicted in the literary text and the medical treatises under discussion: “We describe as ‘traumatic’ any excitations from outside which are powerful enough to break through the protective shield” (29), and such an experience, for Freud, inherently contains a “factor of surprise, of fright” (12). He also explains, *a propos* of conversion, that illness operates by replacing the emotional

poor health, but she indeed simultaneously harbors undesirable love for him.³⁶ Significantly, the doctors and laymen attempting to diagnose Clarissa's disorder believe that her affliction is associated with the sensations of the heart.³⁷ In fact, despite the unfailing equivocation in her expression of feelings and the general mystery surrounding her illness, Clarissa frequently complains that her "heart is broken," which provides insight into her fatal disease (VI, 201). The age-old association of the heart with romantic suffering indicates that the affliction is caused by romantic feelings – namely, her feelings for Lovelace.³⁸ And upon performing a lengthy examination of her body, the doctor and the apothecary refer to her disorder as "a love-case" (VI, 109) and proclaim a conclusive diagnosis: "her heart's broken: she'll die..." (VIII, loc. 1353). These literary medical professional are referring to a malady of the mind and body that was believed to result from unrequited, unconsummated, or otherwise failed love – a malady called lovesickness, which was widely featured in medical treatises since its ancient origins.³⁹ The

effect of the traumatic experience: "...physical injury, by calling for a narcissistic hypercathexis of the injured organ, would bind the excess of excitation" (Freud, 33).

³⁶ In *Sex and Sensibility*, when attempting to determine the appropriate classification of Clarissa's feelings toward Lovelace, Hagstrum is cautious not to use the word "love" due to its connotations of devotion, of "social and religious duty" (200). Instead, she glosses Clarissa's affection by using Richardson's own words: "conditional liking" (200). Hagstrum explains that Clarissa's "prepossession" toward Lovelace is evidenced by her agreement to enter into a covert correspondence with him, even if she believes she does so in order to escape marrying the suitor her family has chosen for her (200). She enters into intimate communication with this bold lover and does not disdainfully refuse or shun his overture and avowals. The mere fact that she is driven "into the seducer's arms" is further indication of an attraction (Hagstrum, 200). Hence, considering all the passionate elements of Clarissa's feelings that Hagstrum examines as evidence, the heroine's emotion is more powerful than mere "liking," conditional though it is, and might more accurately be called *eros*, which only a chaste and morally upright heroine like Clarissa could describe as "liking." She may additionally feel some *philia*, yet her feelings have certainly not been sublimated into *agape*.

³⁷ Stephanson facetly dismisses the notion that the heroine dies of "a broken heart" (268). However, considering the medical paradigm surrounding the novel's events, a heart "broken" by overwhelming emotion must not be dismissed as a mere superstitious credence of "folk culture," as Stephanson identifies it, but rather as a perilous condition that results from the intimate connection between the body and soul and that can indeed be fatal (268).

³⁸ Despite the prominence of the nervous system in the 18th century medical model, believed to be the mediation between the body and the soul, the mode of transportation for the passions, the heart still competed as the originating sight of the passions, particularly of love. And while Clarissa's physical ailment is generally portrayed as the outcome of her nerves' responsiveness to overwhelming passions, the novel simultaneously adopts the rather antiquated notion of the heart as the site of emotional suffering.

³⁹ Lovesickness had a rich history in Western medical doctrine and literature originating in ancient Egyptian poetry. For an in-depth discussion of the history of lovesickness in the medical and literary tradition, see Donald Beecher and Massimo Ciavolella's Introduction to Ferrand, Jacques. *A Treatise on Lovesickness*. Syracuse, NY: Syracuse

affliction was initially generated by an encounter with a beautiful object – frequently an undesirable object of affection, like that of Clarissa – and it possessed a set of diagnosable physical and psychological symptoms, most commonly fever, emaciation, fatigue, insomnia, and melancholy. In ancient medical and literary representations of the diagnosis of lovesickness, like Clarissa, the patient was frequently reluctant to name the cause of the malady, and thus, the physician was forced to discern the condition of the patient’s soul by reading the symptoms of the body, often recognizing lovesickness by merely measuring the subject’s pulse.

However, despite her identification of the heart as the locus of her malady, the feelings she exhibits for Lovelace seem to be evident to all but to Clarissa, herself. While she displays both affection and bouts of hatred toward him, she refuses to acknowledge the positive aspect of her feelings. Yet Clarissa’s partiality for Lovelace is undeniable. Whenever she expresses anger toward him, it is quickly forgotten and replaced by compassion: “How lately did I think I hated him!” (V, 22).⁴⁰ Her discourse is particularly affectionate when she discerns signs of sensibility or moral growth in the typically unfeeling Lovelace. “My heart,” she explains to Anna, is instantly softened when it finds “kindness, and acknowledgements of errors committed” (V, 22).⁴¹ And although Clarissa variously claims to have forgiven the fiend for his crimes against her, imagining that she has overcome and resolved any passionate feelings, her response to the mere reminder of Lovelace is unmistakably immoderate, for her romantic feelings have certainly not been resolved into indifference.

University Press, 1990; Mary Frances Wack, *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries*. Philadelphia: University of Pennsylvania Press, 1990.

⁴⁰ Although she often makes remarks about the villainous nature of Lovelace, she also betrays her inability to resist positive feelings, admitting that he has made her “miserable for a few months only” (IX, loc. 2133).

⁴¹ Clarissa compares her feelings for him to those she exhibits for other men of her “own family” and deems her affection toward Lovelace to be more powerful (VIII, loc. 3466).

Additionally, although Clarissa numerously asserts that she would sooner die than be visited by Lovelace, she betrays a veiled desire for just the opposite by the passion of her insistence. She preemptively pleads that Lovelace must not visit her even when no indication of such an intention is presented by Belford. The lovesick heroine insists that if he has “any pity left for the poor creature whom he has thus reduced, let him not come,” and then she instantly asks with eagerness, affecting the need to ensure that the villain does not seek her out, “But have you heard from him lately? And will he come?” (VIII, loc. 1917). Indeed, such passionate refusal only succeeds in raising the suspicion that it is meant to subdue, betraying Clarissa’s latent longing for a visit.⁴² Even shortly before dying, she speaks of her regret, lamenting that she could have “loved him [Lovelace],” could have “made him happy,” had he allowed her influence to penetrate his proud defenses (VIII, loc. 3467). Her cousin Morden significantly corroborates this explanation, for in light of her refusal to marry Lovelace, he suggests that recovery could be obtained by traveling abroad, which he identifies as “the best physic” for disorders that “owe their rise to grief or disappointment” (VIII, loc. 1168). Travel was in fact a common treatment for lovesickness, employed in order to induce the patient to forget the beloved, the source of woe. Hence, although she remains unforthcoming on the subject of her illness, its underlying cause is a psychosomatic disturbance – lovesickness – of which Clarissa is hardly aware.⁴³

In other words, like many lovesick characters before her – the heroines of Ovid’s *The Heroides*, Chaucer’s *Troilus*, Shakespeare’s *Rome and Juliet*, *Orlando*, *Antony and Cleopatra*, Racine’s *Phaedra*, to name a few – Richardson’s heroine abhors her lovesick desire. Yet unlike

⁴² However, additionally, by her refusal to be visited by Lovelace, Clarissa discloses her desire that all sensations and memories associated with Lovelace and the despicable act remain repressed, undisturbed by new experience.

⁴³ Moreover, when she is safe from ever having to endure Lovelace’s company, Clarissa exhibits the conventional psychological symptoms of lovesickness from the medical and literary tradition, such as melancholy, which is revealed when, despite acceptance of her death, she “wept several times, and sighed often” in her final weeks (VIII, loc. 3173). And although Belford does not instantly offer a diagnosis, her symptoms, in addition to her betrayal of unresolved feelings, point to love as the cause of illness.

the conflict taking place in the minds of her predecessors, that of Clarissa is so polarizing that she must suppress any thought of her passion, which only manifests itself occasionally and always without her own acknowledgment of its existence. Her psyche is divided in regard to her feelings for Lovelace; she is torn between love and hatred, between passionate desire and a moral disdain toward that desire. Love for the rake would indeed be unbecoming for the morally-upright young woman, particularly after the egregious crime he has committed against her. Thus, Clarissa's well-developed rational faculty, highly cognizant of honor, of the self-image she longs to preserve, must suppress her conscious experience of the feeling. Thus, Clarissa exhibits what might be called proto-repression, desiring what she virtually does not recognize as a desire. Although this early formulation of repression signifies merely the heroine's refusal to acknowledge her own feelings, rather than submerging these feelings into the unconscious part of the mind, *Clarissa* challenges the contemporaneous medical theory and anticipates psychoanalytic insights. Moreover, by portraying undesirable yet powerful feelings for the man the heroine also despises, it uncovers a psychic conflict that prefigures the conception of conflicting drives of Freudian psychoanalysis.

Psychoanalysts indeed reframed the explanation of psychosomatic illness offered by their medical forebearers, by exploring the specific nature of the psychic states that generate physiological disorder. For Breuer and Freud deemed repressed mental processes, those incompatible with dominant principles, to be central to somatization. According to their explanation of repression, inner states that are "irreconcilable" cannot simultaneously inhabit the mind of the subject for long.⁴⁴ Particularly, if a mental process is in violation of the subject's ethical code, it must thus be repressed in order to avoid cognitive dissonance. Consequently,

⁴⁴ Breuer and Freud, 209. Such conflict is exhibited particularly by lovesick subjects throughout literary history, by whom the object of affection is both loved and shunned, consummation is both desired and rejected.

Breuer and Freud maintained, when “the course of associations is inhibited” as a result of such “irreconcilable” mental states, the excitation increases, and a somatic episode “in which the excitation is discharged” ensues.⁴⁵ According to this reasoning, the “repressed” mental state, hidden from the subject’s ego due to its attendant danger to her value system, retains its affect and, as is the case of Clarissa, contributes to a severe somatic illness.⁴⁶ For this reason, uncovering the repressed was of great significance for psychoanalysis in treating such cases – a methodology that was significantly not unlike that used by 18th century medical professionals.

Talking Cure

In their attempts to manage both physiological and psychosomatic ailments, 18th century practicing physicians continued to rely on the tried and true methods of humoral medicine, and thus, the primary method of treatment was to relieve the body of its excessive or harmful agents through the use of emetics, diuretics, purges, and phlebotomy; the injurious element – whether excess blood or excess grief – must be evacuated from the organism.⁴⁷ Not only did the medical doctrine offer pharmacological cures to regulate the bodily constitution, but as practicing physicians identified immoderate passions to be detrimental to the organism’s health, a psychological form of venting was also recommended, namely by verbalizing the source of illness.⁴⁸ Recovery thus required the patient’s participation in treatment. Breuer and Freud

⁴⁵ Ibid.

⁴⁶ Ibid., 213.

⁴⁷ See McMaster, 4-5. Indeed, despite the waning of humoral medicine in theory, medical practice continued along the same ancient lines. Yet physicians justified their methodology in accordance with the new medical model that favored an organic etiology of illness. The famous Dutch physician Herman Boerhaave (1668-1738), for instance, argued that the ancient treatment of phlebotomy, still widely used in the 18th century, was effective due to the necessity to reduce the blood that could put pressure on damaged vessels. See Guenter B. Risse, “Medicine in the Age of Enlightenment”: *Medicine in Society*. Ed. Andrew Wear. Cambridge: Cambridge University Press, 1992, 159.

⁴⁸ For just as adjusting the amount of fluid in the organism could improve the spiritual condition, the reverse methodology was deemed equally effective: regulating excessive emotions could also correct the physiological malfunction. For an illuminating study of the role of “venting” in the treatment of psychosomatic illnesses in 18th century medical practice and its literary representation, see McMaster, 5-10.

similarly maintained that in order to "discharge tension" caused by emotionally intense or traumatic events, the "normal" method would be to "communicate" the torment "by speech."⁴⁹ They warned that in the case that the need to verbally vent is unavailable or "denied," the excitation grows in potency, overwhelms the patient's defenses, and is converted into a long-term illness.⁵⁰ This conclusion was shared by 18th century physicians, who recognized the health risks of the unwillingness to verbalize the passions before the notion of repression and its consequences was arrived at by psychoanalysis.⁵¹

In accordance with this medical model, while generated by intense passions, namely unfulfilled love and the trauma of rape, Clarissa's malady is aggravated by her reticence in regard to the cause of her illness. Unwilling to disclose the wound, she attempts to conceal the source of her woe not only from others but even from herself. Notably, in the letter to Ms. Howe that enumerates the incidents leading up to her rape, Clarissa refuses to name the crime that has been committed against her or to verbalize its horror. She is reluctant to articulate her grief, wishing to avoid the trial to which she is entitled: "I would sooner suffer every evil," she protests, "than appear publicly in a courtroom to do myself justice" (VIII, loc. 1949). After providing a cryptic account of that final night at Mrs. Sinclair's to Anna, she never speaks of it again and only vaguely refers to her grief as though attempting to repress its memory. Clarissa even requests that her friend never "open [her] lips in relation to the potions and the violences [she] has hinted at" (VI, 227). Such silence is undoubtedly detrimental for Clarissa's health not only because the denial of an avowal prevents her from moderating excessive passions that

⁴⁹ Breuer and Freud, 210.

⁵⁰ Ibid.

⁵¹ Indeed, both medical models conceived of the inability or reluctance to confess the culpable feelings as a means to exacerbate the illness, or even to cause madness, and both paradigms favored the talking cure, emphasizing the benefits of recovering the patient's repressed states.

breach resistance mechanisms, but also because it eliminates the possibility of contending with the trauma of Lovelace's final act of injustice. As Breuer and Freud explained, venting is further necessary because it functions by mastering the trauma retroactively. Their essay demonstrates that inhibition of the venting impulse may leave unresolved a "psychical reflex" that longs to be "fully achieved."⁵² And in order to bring Clarissa's impulse to oppose her tormentors to its desired conclusion and to vindicate her chastity, she must publicly denigrate Lovelace and the fiendish women. Yet seeing as she avoids naming the crime, her anger and grief remain unresolved, her impulses for self-defense are stunted, and her illness is exacerbated.⁵³

Such seemingly irrational suppression of the impulse toward recovery, damaging to the heroine's body and soul, is undoubtedly a source of consternation for contemporaneous medical theory. Not only does treatment become significantly more challenging if the cause of illness is unknown, but the reluctance to be cured also does not comply with the medical schema. For in accordance with the accepted conception of the organism, Clarissa's rational soul must desire health and must exercise a fair degree of authority over the animal soul, which was believed to be the source of such illness. Notably, Clarissa's silence and self-suppression – her unwillingness to seek treatment – cannot simply be explained by the social restrictions against confessing love. Compared to that of numerous lovesick literary predecessors ashamed of having succumbed to the passions, the socio-medical framework that serves as the backdrop of *Clarissa* exhibited a positive view of afflictions that result from powerful feeling and held such a the subject in high regard, deeming her to possess a capacity for deep and nuanced emotion. Cheyne significantly expressed his admiration for patients predisposed to nervous afflictions, noting that this somatic

⁵² Breuer and Freud, 205.

⁵³ Clarissa's need to resolve the impulse is indeed hindered by inaction, for she has neither subverted Lovelace's trickery nor physically resisted the vile female creatures, who tormented and drugged her, or the man at the center of the conspiracy.

response “never happens, or can happen, to any but those of the liveliest and quickest natural Parts, whose Faculties are the brightest and most spiritual...”⁵⁴ Clarissa’s susceptibility to such illness would signify that she possesses a delicate nervous system, denoting increased awareness and refinement, a sympathetic and intelligent spirit. For this reason, her refusal to confess the feelings that have resulted in the affliction, despite such a positive socio-medical view of psychosomatic illness and the accompanying sensibility, is quite enigmatic.⁵⁵

Spontaneous Betrayal of Love

Clarissa’s reluctance to vent, however, ironically does not conceal her love or her trauma, resulting in the very revelation that she purports to wish to forestall. Despite her attempts at self-suppression, or, more accurately, precisely due to those attempts, the body betrays the emotion via symptoms of illness. As Breuer and Freud explained, the suppression of the venting impulse

⁵⁴ Cheyne, 180. For an illuminating discussion of the qualities associated with subjects of heightened sensibility, see Stephanson, 274. The evidence of Clarissa’s possessing all these traits in abundance can be found throughout all nine volumes of the novel, and, as Stephanson notes, it is corroborated by Ms. Howe’s eloquent eulogy to this superior individual (274-5).

⁵⁵ However, it would be an untruth to say that social factors in regard to verbalizing the passions play absolutely no role in Clarissa’s reticence. For a shift in the structures of 18th century Western European society in part resulted in greater interest in self-expression, whether verbal or somatic. Specifically, the emergence of the bourgeoisie developed an increase in general caution with respect to human interaction, as well as a rise in observation of the behavioral distinctions between the social groups, and a keen attentiveness to curtesy and politeness. Thus, particularly for the upper classes, while the capacity for powerful feeling was held in high regard, verbalizing such emotion might be considered inappropriate, indecorous, and could be deemed unbecoming for noble women. This may account for Clarissa’s reluctance to verbalize her feelings, and indeed, particular reticence can be observed in 18th century works of fiction that centralize the motions of the psyche. In such works, the body provides a point of access to inner states that would otherwise remain unspoken and becomes the site of self-signification, of self-exposure. It is no wonder that Lovelace and Clarissa are reluctant to trust each other’s words, rarely communicating openly, and are instead “great watchers of each other’s eyes,” facial expressions, and other involuntary symptoms that can provide insight into the other’s soul (III, 186). Moreover, one may argue that the cause of her silence is that in spite of the association between the passions and heightened awareness, the 18th century social code nevertheless deemed an open avowal of love inappropriate and potentially dishonorable for women. Such a constraint is poignantly represented in Frances Burney’s *Camilla* and Jane Austen’s *Sense and Sensibility* – novels in which the heroines must await a similar confession from the male beloved prior to making their own. However, the prohibition hardly applies to Clarissa. Unlike many of her contemporaries, she is not awaiting a declaration of love from Lovelace, having no cause to doubt his feelings. For the history of the significance of body language in 18th century social structures, see Barbara Korte, *Body Language in Literature*. Buffalo: University of Toronto Press, 1997, 191-213; Yeazell, 5-42; McMaster, x. For an in-depth discussion of the social restrictions for 18th century noble women to openly verbalize love, particularly before the confession is made by the male counterpart, see Juliet McMaster, especially her illuminating discussion of Burney’s *Camilla*.

causes an increased excitation that is inevitably discharged – that is, somatization operates by displacing verbal language. Hence, the very act of suppression forces the emotions to be transformed into symptoms of illness, as if written on the body. Hence, throughout the novel, as Clarissa forcibly represses her unwanted love due to the irreconcilability between affection for Lovelace and the hatred she knows is owed him, the emotion gains in potency and returns to overwhelm the defenses of her body. That is, the prolonged self-inhibition merely strengthens the emotion, and as the heroine does not give it vent, the symptoms – the externalization of the supremacy of intense emotion over the body – operate on behalf of this irresistible need. Rather than remaining hidden, the psychic torment is merely displaced onto the body.⁵⁶ For instance, after her escape, Clarissa does not express or acknowledge her woe and thus exhibits the familiar physiological symptoms of lovesickness, such as bodily weakness. As a vigilant reader of her body, Belford observes that Clarissa is “so weak and so low,” even “faint,” such that not only must she “lean... upon Mrs. Lovick,” but she is indeed “unable to write... with steadiness” (VII, 97). She frequently succumbs to fainting spells and suffers from sleeplessness and emaciation – commonly associated symptoms of lovesickness. “[Clarissa] endeavoured to eat, but could not,” explains Belford, “her appetite was gone, quite gone...” (VIII, loc. 1307).⁵⁷

⁵⁶ Indeed, throughout Richardson’s novel, whenever Clarissa’s need to vent is denied, physical symptoms similarly take the place of words. When, during one of their numerous disputes, Clarissa expresses her wish to live independently of her captor, she fails to communicate her inner turmoil, and a somatic response instantaneously follows. As her desire to be “a free agent” is disregarded, she becomes “choked with grief and disappointment” (VI, 89). Her body begins excessively “trembling,” which must inform Lovelace of what he refuses to accept in words (VI, 123). Aware that he is deaf to her pleas, that she lacks a voice with which to express her terror and disappointment, Clarissa merely cries out “no, no, no, no,... shaking her head with wild impatience” (VI, 90). Her self-possession is quickly depleted, and the intensity of emotion generates a physiological disturbance, manifested as a series of unrestrained bodily acts: “She wrung her hands. She disordered her head-dress. She tore her ruffles. She was in a perfect phrensy” (VI, 384). She quickly becomes “all passion and violence,” for the return of suppressed feeling overwhelms her resistance mechanisms (VI, 89).

⁵⁷ Clarissa also complains of insomnia: “rest is less in [her] power than ever,” for “sleep has a long ago quarreled with [her]” (VII, 198).

Similarly, when Clarissa suppresses the need to vent of the feelings associated with her rape, including her hatred of Lovelace, they are merely converted into bodily symptoms – fatigue, trembling, loss of sight. Each time that she attempts to evoke the details of the event, she is prohibited from doing so by the rational faculty, and physical symptoms replace her words. Clarissa often avows to Ms. Howe the difficulty of remembering the affecting incidents, for the mnemonic recreation is never without an outbreak of somatic illness caused by the return of feelings. According to Breuer and Freud’s articulation, in conversion, symptoms of illness arise concomitantly with the revival of the "original affect," or more accurately, they arise in place of the revival.⁵⁸ Significantly, the most dreadful parts of Clarissa’s final night in Lovelace’s thrall are “faintly indeed and imperfectly remembered” (VI, 225). Yet the moment “some visionary remembrances” of the vileness arise, she must cease the letter that evokes what is overly “shocking” for her delicate form (VI, 225). The recollection causes her illness to “grow worse” (VI, 235), for Clarissa’s “spirits” are instantly depleted, and nearly “faint[ing],” she falls “very ill” (VI, 213). She must periodically cease her story and “lay down her pen,” suspending the reminiscence to recover her strength (VI, 235). “Recollection! Heart-affecting recollection!” cries Clarissa, deriving nearly as much physical torment from the revival of the event as from the event itself, “How it pains me!” (VI, 218). In other words, markers of illness and other bodily symptoms signal that emotional burdens are not being evacuated, and thus, pain and weakness proclaim what the lips conceal.

Will to Suffer

However, although she professes to wish to conceal her feelings, Clarissa is in fact not unwilling to expose the source of her affliction, for not only does she refuse to begin the process

⁵⁸ Breuer and Freud, 204.

of treatment by unveiling the source of illness, but she indeed does not pursue recovery, which would prevent the information from breaching her defenses. For Clarissa is entirely unwilling to submit herself to medical intervention. While her inability to take action during the traumatic final night in Lovelace's thrall is accounted for by the hypnotic drugs administered by the latter's accomplices, the influence of the drugs dissipates from her body, yet her psyche remains inhibited. Clarissa takes no subsequent action toward recovery. Even during the advanced stages of her illness, when the doctor recommends going "into the air," for it "would very probably add to [her] days," the heroine, "far from being desirous to have them lengthened," disregards his expertise and declines the treatment (VIII, 375). She is interested in something other than a cure, for she endures the torment of silence and, rather than seeking recovery, finds further reasons to suffer: "can you think the air will avail in such a malady as mine?" (VIII, loc. 1975). Deterring her treatment, Clarissa is in essence nursing her own affliction, willing her suffering, for to "be divested of these rags of mortality" is the only happiness she could imagine for herself (VIII, loc. 3454). The novel thus further challenges the contemporaneous medical schema by portraying a complex, active, self-destructive mental process – the lover's self-submission to suffering. Indeed, Clarissa's psyche is subject to laws for which the predominant medical/philosophical theories do not account. Accordingly, not only does the novel offer a proto-psychoanalytic conception of psychological conflict and the resulting repression, but it also anticipates the doctrine of psychoanalysis by demonstrating that the rational soul is not a monolithic faculty that seeks health, that the psyche is filled with conflict and strife, even an impulse for self-inflicted suffering. For Clarissa's will to remain ill indeed signifies that her rational soul is implicated in the progression of her illness.

Hence, Clarissa's passivity toward treatment in general and toward venting in particular signifies that her illness and the spontaneous revelation of emotion via bodily symptoms that the illness engenders, are on some level desirable for her. As the contemporaneous medical paradigm emphasized the necessity to vent for the subject's health, the impulse to avow, to express the internal condition, to articulate the hidden torment, must be irresistible and motivating. Indeed, despite Clarissa's pleas against Lovelace's visit, and despite the insistence of her benevolent forgiveness of him, the wish to be heard, to speak to and against her aggressor is undeniable. Not only is the heroine's psyche split between her passions and the loathing for those passions, but she is also torn between the need to suppress their verbalization and a desire to convey them, to be heard, to vent, to exercise the right to her feelings, particularly because all former attempts at verbal self-expression have been ignored or trivialized by Lovelace.⁵⁹ Seeing as he believes himself to be blameless and refuses to acknowledge her grievances even after the crime he commits, Clarissa's wish for an expression of feeling grows more potent.

She longs to express the horror of Lovelace's misdeeds against her and also to demonstrate the powerful role of the passions in the life of the organism in order to prove the legitimacy of her feelings. For unlike Clarissa, who recognizes the capacity of the mind to affect the body, Lovelace, placing no trust in the contemporaneous medical model, deems her nervous fits, passionate displays, and more generally, the physiological responsiveness to emotion, to be, in Stephanson's words, an "effeminate affectation."⁶⁰ He entertains no faith in the legitimacy of Clarissa's affliction or of the psychological processes that cause it, identifying such fits as the

⁵⁹ Lovelace's dismissal of Clarissa's feelings is particularly evident in the scene in Book VI, discussed in note 56, in which seeing as her attempts at a verbal avowal are disregarded, a nervous fit ensues.

⁶⁰ Stephanson, 277. Lovelace mocks the notion of nervous sensibility and its relationship to mental acuity, sensitivity, and compassion, because he represents, as Stephanson rightly argues, an "older socio-medical code" (Stephanson, 277). Thus, through the viewpoints of his main characters, Richardson is dramatizing the debate between two conflicting socio-medical codes regarding the relationship between the body and soul. For an illuminating discussion on this subject, see Stephanson.

means to evade or affront him.⁶¹ For this reason, throughout the novel, Clarissa's object has been to attest to the potency of her emotions and to condemn Lovelace for his derision. She has also hoped to dissolve his own defenses against motions of the soul and sought signs of feeling on his typically illegible form. That is, Clarissa has attempted to mould Lovelace into the figure worth her affection – a man of feeling – “to reclaim a man who [she thinks is] worthy of the attempt” (IX, loc. 1721).⁶² She proceeds to impress her formerly unheeded message upon Lovelace after she officially ceases to grant him the pleasure of her company and once he lacks the ability to dismiss her feelings. Clarissa's desire to unburden the soul of the passions is never explicitly expressed. Yet her longing to communicate to Lovelace is betrayed by her frequent wishes that the villain be informed of her torment. Although she protests against a continued correspondence with him, the greatest proof of Clarissa's desire to be heard by Lovelace are the two final letters she writes him, in which she articulates his role in her suffering: "I owe it... to your undeserved cruelty" (IX, loc. 1692).⁶³

Illness as Performance

⁶¹ For instance, when Dorcas informs him that Clarissa is “in a violent fever,” Lovelace expresses his distrust, deducing that the fair charlatan utilizes the fictional illness as an opportunity to flee Mrs. Sinclair's brothel (VI, 103). He is offended by the indecency of her pretense: “Does this lady do right to make herself ill, when she is not ill?” (VI, 104) Similarly, longing pay a visit to his beloved while she stays at Mrs. Moore's, Lovelace laments that she feigns illness as a pretense for refusing to accept his calls. “Her headache, I suppose, returned,” he assumes sardonically (V, 239). Lovelace often accuses Clarissa, along with other women, of affecting an infirmity caused by emotional indisposition when it suits her best, asserting that she “can be ill or well when she pleases” (V, 239). In fact, when Belford expresses sympathy for Clarissa's affliction generated by her passions, Lovelace wonders how his friend could take her complaints seriously, “...that her heart is broken!... I wonder how thou camest into it: thou who hast seen and heard of so many female deaths and revivals” (VII, 113).

⁶² When she believes that her reconciliation with her family is at hand, she optimistically hopes that they will love the rehabilitated Lovelace: “... and you, as I hope, having entered upon a new course, all will be warmer and warmer Love on both sides...” (V, 50). At times, her efforts prove nearly successful, as Lovelace finds himself altered by the power of her virtue, which he otherwise adamantly resists: “I don't know how it is, but this Lady, the moment I come into her presence, half-assimilates me to her own virtue” (IV, 196). For an in-depth discussion of Clarissa's efforts to reform Lovelace, see Mary Patricia Martin, “Reading Reform in Richardson's Clarissa.” *Studies in English Literature, 1500-1900*, Vol. 37, No. 3, *Restoration and Eighteenth Century* (Summer, 1997), 595-614: 600.

⁶³ Clarissa asserts that the signification of the first of these letters is allegorical, yet even an allegorical explanation only attests to her yearning to impart its message, namely that her feelings have been powerful enough to cause her death, which will unite her with the “Saviour” in “Heaven” (VIII, loc. 1936).

True to form, although Clarissa desires to unveil her inner torment, she can only do so in a manner that is not in conflict with her ethical code, with her convictions.⁶⁴ She is unable to fully verbalize her grief due to the “disgrace” she associates with the rape...(VI, 232), and an accusation of Lovelace is also unfavorable in light of the Christian values that advocate love and forgiveness toward one’s aggressors. Moreover, seeing as the object of her love is greatly in conflict with her value system, the clash between Clarissa’s latent love for Lovelace and her intellect thwarts her from acknowledging or indeed verbalizing her feelings. The conflict of her psyche is thus further exhibited, for although the will to communicate to Lovelace is motivating, the heroine is simultaneously moved by considerations of the code of honor that prohibit such communication. À *Propos* of Clarissa’s internal conflict, as articulated by the psychiatrist and anthropologist Arthur Kleinman in his work on somatization in pre-Victorian and non-Western societies, in the presence of oppressive social factors or personal prohibitions, emotion must be communicated “more subtly.”⁶⁵ This signifies that if the passions cannot be verbalized, they must find an alternate outlet in the body. Given that contemporaneous physicians held that the body functioned as a mirror of the soul, that body could consequently be used in its performative capacity, as a text on which the state of the soul is relayed.⁶⁶ Thus, psychosomatic illness could serve the subject’s need for self-exposure, for confession, in a way that is socially acceptable.

⁶⁴ That is, she is not ashamed of powerful passions, yet the particular feelings preoccupying her are in opposition to her dominant principles.

⁶⁵ Kleinman, 56. Kleinman explains the reluctance of a sufferer of psychosomatic illness to vent the powerful emotions at its heart, arguing that such patients value “the harmony of social relations” over that of the private, “intrapsychic experience” (54). They evade an open expression of “personal distress,” which is perceived to be “embarrassing and shameful” (54). Significantly, Kleinman observes that only when the self becomes the dominant center of gravity for social discourse and relations, do expressions of emotional turmoil become more prevalent. He argues that prior to the increase in expressions of psychological woe in “the Victorian middle class,” somatization was a very common feature of emotional disturbance (55).

⁶⁶ Kleinman conceives of bodily suffering in response to emotional turmoil in this vein. He identifies the body as the mediator between the self and the external world, and perceived thus, deems it a tool by which the psyche communicates itself to the other (51). In Kleinman’s formulation, the discourse about bodily pain is “a metaphor” for pain experienced on a psychological level, and thus, the sole way in which the heroine can reveal love without violating her honor is through illness of the body (51).

Illness indeed enables Clarissa to render the condition of the psyche legible without an active verbalization of what is most shameful and private, without violating the constraints of her honor. Only illness could sublimate the un-Christian anger, grief, as well as the undesirable affection that she exhibits toward Lovelace. Additionally, for Clarissa, speaking her feelings would not be equally decorous, equally powerful to betraying them through bodily signs, which are less likely to be contrived or affected. Illness also demonstrates the powerful capacity of her passions to affect the physic life of the organism, demonstrates her status as a suffering subject.⁶⁷ Indeed, rather than resuming a verbal persuasion of her feelings and of the deleterious effects of Lovelace's actions, which has never proved successful, a demonstration of Clarissa's theory through her own affliction must be more effective. As the body is the most appropriate medium of communication, the heroine's exterior must bear the mark of the undesirable passion as well as to function as a denigration of Lovelace. Clarissa consequently makes her case to Lovelace through her malady; the body communicates what she is unable or unwilling to verbalize. Although Belford, rather than Lovelace, possesses access to her legible, expressive body, the desired recipient of its signification is invariably the latter. Clarissa professes to entertain "little hope" of truly affecting the impervious sinner by "any thing serious or solemn" (VIII, loc. 1347), yet she desires Belford to write Lovelace when the former is particularly touched by her enervated condition in order that "a proper use be made of the impression" of her waning health (VIII, loc. 1343). Through Belford's mediation, Clarissa hopes to relay the message of her illness, which validates her feelings.⁶⁸

⁶⁷ Indeed, as psychosomatic illness was deemed a signifier of a delicate nervous system, it provides the means by which Clarissa could communicate her heightened sensibility, her capacity for compassion and mental acuity.

⁶⁸ Lovelace is desired to read her emotions through her bodily suffering and recognize that the passions are a force worthy of his attention, that the psyche must be regarded with caution, with sensitivity.

Hence, Clarissa's self-exposure through symptoms of illness is not unwilled, for she displaces the locus of communication onto the body to effectively relay her message. Accordingly, although her concern with honor appears to be the reason for her reticence and general passivity toward recovery, Clarissa in fact longs to be ill, acting on an impulse more powerful, more compelling than the shame of exposure: the longing to communicate her grief and her love, rather than heal and never be heard.⁶⁹ As a revelation of feeling must take the form of bodily symptoms accompanying psychosomatic illness, Clarissa nourishes a malady that is more precious to her than recovery. Illness is desirable for its communicative function, and for this reason, she remains silent, willing to suffer in order to perform her internal state. Ironically, the desire to vent is fulfilled by not venting. Clarissa's somatic communication is not ineffective, for during the course of her affliction, her exterior is perpetually treated as an object of reading.

As the body registers the trauma of the unnamed incident, the other characters distinguish the atrocious acts committed by Lovelace. Upon mentioning her last night in his company, the story of her rape does not pour forth, yet the physiological response that emerges in its place enables Belford to read the injury inflicted by his friend. Indeed, Clarissa's symptoms are rich with meaning. For instance, when a visit from Lovelace is offered to her by Belford, she develops "a dimness in her sight" that communicates an aversion to laying eyes on the fiend (VIII, loc. 3172). Not only does Clarissa relay her grief, but the other characters are also able to detect her

⁶⁹ Moreover, according to the psychoanalytic framework, in addition to its role as a medium of communication for the hidden transports of the psyche, ironically, bodily suffering is beneficial because it functions as a form of treatment. Beyond its capacity as a distraction from spiritual pain, as previously noted, physical pain concomitant with self-suppression provides an outlet for spiritual agony and procures relief. As Breuer and Freud elaborate, there is a "reciprocal" relationship between the psychic tension and the physical symptoms which it causes: as the emotional excitation is transformed into a somatic reaction, it is diminished (Breuer and Freud, 206). If such feelings cannot be spoken, they must re-experienced somatically and thus vented, for physical torment provides a rather pleasurable manner of relieving one's soul. Hence, the bodily symptoms generated by the restricted avowal could be on some level desirable, for they enable the psyche to decrease the tension caused by the overwhelming experience of love and grief.

affection for Lovelace, reading her bodily signs as signifiers of a broken heart. As Jean Hagstrum cleverly observes in her study on erotic love, while Clarissa denies her attraction to Lovelace, Anna, recognizing the truth, cites her friend's somatic manifestations – betrayed by Clarissa's use of the words "glow" and "throb" – as proof of her feelings (I, 55,56). Anna indeed refers to the emotion that her friend secretly harbors as a "lurking love" (VI, 115). Through such symptoms, the heroine's body exposes her grief, which she never fully verbalizes, and love, which she has fervently resisted. Moreover, Clarissa's illness observers indeed sympathize with her plight, deeming her a most worthy young lady who does not deserve her suffering,⁷⁰ and Belford is the character most moved by Clarissa's affliction and her responsiveness to emotion.⁷¹ However, although Belford's acknowledgment of the young sufferer's feelings signifies that they are relayed to Lovelace, the latter remains untouched by her plight and continues not to deem himself culpable.⁷² Hence, while others read her body and discern the genuine torment it

⁷⁰ They read her body in accordance with her view that such afflictions are indicative of deep feeling and mental sharpness. The signified of her physically responsive body is a noble, acute, and sensitive soul. Anyone who lays eyes on the afflicted young lady recognizes signs of merit on her exterior. The parson, observing her form and detecting the qualities that contemporary medical science attributed to subjects of heightened sensibility, informs Mrs. Smith, "you have an angel in your house" (VIII, loc. 1291). Even people who do not know Clarissa are able to discern her worth by reading her body. Mrs. Lovick's "benefactress... could not help shedding tears" out of pity for a girl who does not warrant such suffering. Likewise, "a grave farmer-looking man," contemplating Clarissa's death, claims that "if she died, the flower of the world would be gone" (VIII, loc. 1299). The readers of Clarissa's figure are deeply moved upon reading the agony of a virtuous soul: "she was so weak, so short breathed, and her words and actions so very moving, that I was forced to walk from her; the two women and her nurse turning away their faces also, weeping" (VIII, loc. 1339).

⁷¹ Belford discerns the powerful sentiments of which her soul is capable, and Clarissa becomes an object of his "admiration," a person to whom he refers as a "great mind" that "cannot avoid doing extraordinary things" (VIII, loc. 2682, 2546). Indeed, Lovelace's former accomplice is quite swayed in her favor and reads the dignity of her mind in the motions of her body: she is a "sweet and tender blossom of a woman" (VIII, loc. 2682). Belford is entirely converted to Clarissa's view of sensibility such that he begins to believe that men's exhibition of emotion through tears is not emasculating, for it only adds to the manifestation of sensibility, indeed of humanity: "Tears... are no signs of an unmanly, but, contrarily, of a humane nature" (VIII, loc. 818).

⁷² She has warned Lovelace that the sole cause of his emotional detachment is a "hardened insensibility" – the restriction of his person from all emotional data (IX, loc. 1696). Such insensibility, in accordance with the contemporaneous medical model, could affect him not only psychologically, but can also weaken his physical health. She has admonished that he should "consider [his] ways" and has urged him to repent (XI, loc. 1695). Yet, Lovelace feels no guilt, nor has he exhibited sufficient signs of feeling.

communicates, Clarissa fails to relay the message to Lovelace and fears that she has lost her grip on his spiritual development forever.

Will of the Soul, Death of the Body

As a result, the heroine requires one final communicative act to breach the barrier of Lovelace's "hardened insensibility" and upset his "inward tranquillity," which would produce the alteration she desires in his soul (IX, loc. 1697).⁷³ To achieve this, Clarissa utilizes the remaining strength of her body to make a conclusive statement, and this performance takes the form of death, of somatic communication *in extremis*. Enabling her to make the demonstration of spiritual pain that she has failed to make in life, death indeed becomes her object. Clarissa secretly craves the victory of dying "in [Lovelace's] presence," forcing the fiend to read her story and be moved, to feel the burden of his crimes against her (VIII, loc. 1312). However, unlike the numerous lovesick heroines who leave their readers under no misapprehension as to the cause of their death, that of Clarissa, like so much else about her condition, remains unspoken. She neither ingests poison to join the shades nor indicates the source of her demise. An illuminating interpretation is offered by John Wiltshire, who, in consideration of Clarissa's attraction to the prospect of death, argues that the heroine commits suicide by starvation – a condition he cleverly dubs "holy anorexia."⁷⁴ Yet, although this theory is in accordance with Clarissa's general ennui and frustration with a life that has resulted only in grief and disappointment, such starvation is more likely a symptom, rather than the cause, of her death. For the novel is ever interested in psychological, rather than physiological, causes of the characters' bodily processes. A more

⁷³ Her final triumph would be Lovelace's "remorse," which must overtake him in the form of "a dangerous sickness," followed by a spiritual recovery, and a subsequent union with God (IX, loc. 1697).

⁷⁴ Wiltshire, 44-5. Wiltshire borrows the term from Rudolph M. Bell, *Holy Anorexia*, Chicago and London, 1985. Indeed, the possibility that she expires due to the refusal to eat is corroborated by the doctor's suggestion that Clarissa take some palatable medicine – a medium of nutrition – when she feels close to losing consciousness. Insufficient energy from malnutrition could also account for her recurring fainting spells.

plausible explanation, and one that is more consistent with the medical model that guides the depiction of psychosomatic illness in the novel, is that a psychological process is at the heart of the heroine's death – specifically, that her resolve to die is sufficient to bring the will to fruition. Such a psychosomatic death would be in keeping with the ideology of Dr. Cheyne, who believed that psychic processes possess sufficient power not only to affect “the pulse, Circulation, Perspiration, and Secretions, and the other Animal Functions,” but also – particularly “in nervous cases” – to restore or destroy “life.”⁷⁵ In accordance with this theory, the potency of Clarissa's psyche over the organism is so acute, her body is so sensitive to its effect, that she dies of an attraction to death, of the will to expire. Clarissa identifies the passions as the source of her organism's malfunction and of her subsequent demise, yet the volition of her rational soul is in fact responsible for the fatal outcome.

Both the apothecary and the doctor notably recognize that the “disorder was in her mind” and that the unwillingness to be treated stands between Clarissa and her recovery, asserting that she “can do more for [herself] than all the faculty can do” (VII, 109, 108). The doctor urges Clarissa to be her “own doctress,” who, in order to “grow better,” must, and is evidently able to, “do all in [her] power to be well” (VII, 109).⁷⁶ In other words, Clarissa's health is within her reach, – she could be cured if she should only wish it – which signifies that her will not to recuperate is largely responsible for the fatal nature of her illness. Yet Clarissa responds to the doctor's prognosis by dismissing his insinuation and betraying her unwillingness to live.⁷⁷ Although she professes to ever welcome the doctor's advice, his recommendations are greeted with

⁷⁵ Cheyne, 47.

⁷⁶ The doctor even claims that “there is one person in the world who can do her more service than all the rest” (VII, 109). He may be referring to the beloved or to Clarissa herself, if she chooses to be cured.

⁷⁷ “I shall be better,” Clarissa responds to the doctor with simulated optimism only to state her certainty that she will subsequently be “worse” (VII, 109).

disagreement and reluctance: "you see how weak I am" (VIII, loc. 1978). Clarissa hopes to impart that she would certainly obey medical counsel if she could believe it would prolong her life, yet she unceasingly finds evidence that she "cannot continue long," believing her affliction to be terminal before such a prognosis is made by any medical professional (VIII, loc. 1979).⁷⁸ Hence, although, unlike her lovesick predecessors, Clarissa does not throw herself off the cliffs of Leucadia or ingest poison, throughout her remaining days, she continually poisons her organism with the will to die.⁷⁹ She expires in a public performance of suffering, and although the scene is not observed by Lovelace, he is privy to all its details via Belford's letters. Clarissa precipitates her demise in order that Lovelace's "last hour" is "such as [her] own" – a death caused by overwhelming emotion, a broken heart (IX, loc. 240).⁸⁰ The function of her death is thus to communicate the role of psychic states in the condition of the organism, to legitimize her own feelings, and to force Lovelace to contemplate his responsibility, the gravity and cruelty of his subterfuge.

Conclusion: The Benefit of Illness

In its depiction of psychosomatic disturbance, without avoiding the discussion of physiology, *Clarissa* centralizes the motions of the psyche as its efficient cause. Yet the psychopathology that Richardson's text uncovers at the heart of the heroine's illness serves to demonstrate the inadequacy of the medical model to account for such contradictions of the soul.

⁷⁸ Moreover, Clarissa awaits the doctor's visits merely because she hopes that he will permit her to dispense with all treatment by announcing the inevitability of her death. At the doctor's proclamation that her life is yet to be prolonged by a few days, Clarissa receives the news with regret. She admits her reluctance toward a reconciliation with her family lest their renewed affection alter her desire to quit life, which she is "now really fond of quitting" (VIII, loc. 1996). In fact, even Lovelace acknowledges that Clarissa's death is a product of her own will rather than that of an external or of a strictly physiological source: "her departure will be owing rather to willfulness... than to any other cause" (IV, 326).

⁷⁹ Stated otherwise, regardless of whether the precipitating cause of her body's demise is starvation, the ultimate source of Clarissa's death is the unwillingness to live.

⁸⁰ By the power of her will, Clarissa does not recover from her malady in order to evoke suffering in Lovelace, who must perennially dwell on his role in her death.

The dualist medical model, which split the soul between the animal, sensitive faculty – the source of psychosomatic illness – and the monolithic, unadulterated rationality, regarded the rational soul to be passively victimized by the bodily passions in cases of psychosomatic illness. However, the novel diverges from contemporaneous medical theory by depicting the heroine's affliction as not merely the result of the motions of the bodily anima but also as a product of the will of the rational mind, for Clarissa's reluctance to submit to medical intervention – her will to suffer – is a powerful force at the heart of the progression of the disease. The suppression of the venting impulse as a means to an end betrays that the rational soul is implicated in nourishing the disease. Moreover, Richardson's novel not only complicates the contemporaneous model but also prefigures the doctrine of psychoanalysis. The novel indeed illustrates the simultaneous experience of opposing mental states – love and hatred for the same object, as well as the experience of suffering while willing that suffering. The heroine longs for what she does not long for, wishing to communicate her suffering while despising the passions that make her so. By depicting this struggle between opposing desires, *Clarissa* anticipates the psychoanalytic notion of conflicting drives and the unconscious, portraying a heroine who desires what she does not recognize as her own desire.

The reason for her resistance to treatment, which may seem counterintuitive to Clarissa's doctor or to the sensible Belford, is that the heroine seeks an outlet for her internal turmoil. Through bodily pain, she attains some relief from the burden of silence and pursues the satisfaction of communicating her status as a suffering subject, a victim of love and of grief. Thus, the text demonstrates that suffering is preferable to recovery, for psychosomatic illness offers a means of communicating one's psychic condition, providing the subject a voice, albeit through the torment of the body. Representing such afflictions thus enables the writer to explore

psychic processes as well as their role in the health of the body. Notably, a medical paradigm that conceives of a mutual influence between the mind and the body is fertile ground for the literary representation of the psyche's motions. For how can one dramatize in fiction the phenomenon of psychic conflict, embodied by the opposition between the will to conceal love and the will for disclosure? As both the characters and the reader interpret involuntarily betrayed gestures, facial expressions, and bodily symptoms as manifestations of the soul, suppressed, repressed, and otherwise conflicting emotions become legible. The body is thus the appropriate medium for articulating emotion not only when the characters are acutely reticent but also for a work of the epistolary genre, wherein concealed passions must be exposed without the intervention of a narrator.

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