



Romantic Psyche and Psychoanalysis

"She Fell Senseless on His Corpse": [1] The Woman of Feeling and the Sentimental Swoon in Eighteenth-Century Fiction

Ildiko Csengei, Cambridge University

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1. Lord Dorchester, the male protagonist of Sarah Fielding's *The History of Ophelia* (1760), sets off to fight a duel in order to settle a misunderstanding caused by the naive Ophelia at her first ball. When Ophelia finds that Lord Dorchester left a will she understands the seriousness of the situation and falls into fits of fainting from which she hardly recovers (Fielding 224–25). A strikingly similar episode takes place in Elizabeth Inchbald's *A Simple Story* (1791). When Miss Milner hears the news that Dorriforth, her guardian, is about to fight a duel with Sir Frederick Lawnly, she "sunk speechless on the floor" (Inchbald 67). In both stories, the heroine's fainting is occasioned by a threat to the life of the man she loves—knowingly or unknowingly; yet social restrictions do not allow her to admit and express this feeling. While fainting reveals their deepest emotion, it is also a disadvantage for both heroines: it prevents them stopping the life-threatening event and assisting where they would be most needed. By losing consciousness, they are forced into an inactivity that hinders the fulfillment of the very desire uncovered by their fainting. But what do novels of the period achieve by staging cases of female indisposition? And why do sentimental heroines faint, after all?
2. While in the mid-eighteenth century the sentimental symptom-language of tears, blushes and swoons was a fashionable indicator of genuine feeling, such expressions of sentiment were often surrounded with mistrust, suspicion, and even ridicule in the period. Following the violent phase of the French Revolution and the Reign of Terror, sensibility became a frequent target of critique both by radical and conservative writers. [2] In England, the belief in the ideology of sentimental philanthropy was shaken by the end of the century, as it is illustrated, for instance, by the attacks of the *Anti-Jacobin*, a Tory satirical review of the 1790s. George Canning, one of its authors, writes critically of the Goddess of Sensibility:

Mark her fair Votaries — Prodigal of Grief,
 With cureless pangs, and woes that mock relief,
 Droop in soft sorrow o'er a faded flow'r;
 O'er a dead Jack-Ass pour the pearly show'r; —
 But hear unmov'd of *Loire's* ensanguin'd flood,
 Chok'd up with slain; — of *Lyons* drench'd in blood;
 Of crimes that blot the Age, the World with shame,
 Foul crimes, but sicklied o'er with Freedom's name . . . (284)

John Gillray's famous caricature, "The New Morality," which appears next to Canning's

untitled poem, depicts the Goddess of Sensibility crying over a dead bird with a volume of Rousseau in her hand, while resting one foot on the decapitated head of Louis XVI. In her *A Vindication of the Rights of Woman* (1792), Mary Wollstonecraft critiques sensibility for being an institutionalized culture of weakness made fashionable in order to appeal to women, but the cultivation of which brings about their own social enslavement. But there are countless earlier examples of critical attitudes targeted specifically at sentimental transparency. Henry Fielding's *Shamela* (1741) challenges the disinterestedness of authentic female emotion, while Hannah More's critique in "Sensibility: A Poem" (1782) targets the potentially fake and equivocal body-language that is generally assumed to express genuine feeling. As she complains, "And these fair marks, reluctant I relate,/ These lovely symbols may be counterfeit" (284).

3. But what makes these "lovely symbols" so ambivalent throughout the eighteenth century? The female sentimental psychosomatic repertoire (fainting, silences, sighs, palpitations and states of mental distraction) is often taken for granted as an obvious sign of female sensibility, and the subtleties of its meaning are rarely explored in detail.^[3] However, many eighteenth-century novels of sensibility respond in different, but self-conscious and politically challenging ways to crises of the female mind and body staged in sentimental writing as early as Richardson's *Clarissa* (1747–48). At a time when openly expressing emotions that related to sexuality was one of the greatest prohibitions affecting women, the discourse of sensibility came to function as a socially acceptable form of expression, a legitimate channel into which forbidden, repressed affects could be diverted. It is hard to find a sentimental novel without a swooning, dangerously ill or seriously distracted heroine, and fictional representations of the fainting, indisposed woman remain frequent throughout the long eighteenth century. Richardson's Pamela faints in order to avoid sexual intercourse, while Clarissa is unconscious while being raped by Lovelace, thus escaping mentally from an unwanted experience; Rousseau's Julie falls into a swoon during her forbidden kiss with Saint Preux.
4. This essay intends to account for the controversial nature of sentimental symptoms by investigating such disruptions to female consciousness—disruptions that are traditionally interpreted as signs of female sensibility. Here I shall focus mainly on three literary texts born in the wake of Richardson's sentimental fiction: Sarah Fielding's *The History of Ophelia* (1760), Jean-Jacques Rousseau's *Julie, or the New Heloise* (1761), and Elizabeth Inchbald's *A Simple Story* (1791). I will read fictional instances where fainting, as well as altered bodily and mental states seem to relate to what, at least for women in the long eighteenth century, may not be openly communicated: emotions, thoughts and desires that women, as social subjects, were not supposed to have. Tears, sighs, and swoons are frequently referred to as the "vocabulary of sensibility" in literary criticism. I shall argue that these bodily signs are symptomatic of the limitations to feminine self-expression and reflect the discontents of eighteenth-century female psycho-sexual existence. The typical symptoms of sensibility form part of a complex psychopathology that often reaches beyond the concerns of contemporary medicine, staging affects, symptoms and conditions that cannot be understood merely from the "nerves, spirits and fibres" of the eighteenth-century mind and body. Discourses in which sensibility is

produced gave an early language to emotions, unconscious elements, and repressed forces long before Freud developed his terminology. Novels of sensibility often already stage cases of hysteria, conveying "an individual's act of protest and rebellion directed against social conditions" (Borossa 70–71). Not only do they anticipate the insights, but they also critique the blind spots of Freud's interpretations.[4]

5. Therefore, I will approach such psychologically induced states of consciousness and unconsciousness, using a methodological framework that connects their eighteenth-century medical explanations with psychoanalytic ideas, more specifically, ideas of negativity. While eighteenth-century medical writings relate fainting mostly to somatic, constitutional causes, opening up towards a larger history and theory of feeling will help us understand fainting as a psychosomatic phenomenon rooted in an intricate network of eighteenth-century affective, sexual and social factors. I will read states of indisposition in relation to what the psychoanalyst André Green calls "the work of the negative." Green's work is famous for his revision of the psychoanalytic theory of affect, and for developing a theoretical framework for the treatment of negative transferences and negative therapeutic reactions (Kernberg xiii). In *The Work of the Negative* he explores the operation of the negative on a broad spectrum of cases ranging from normality to the extremely ill. The "negative" refers, firstly, to the "consistent rejection of what is intolerable to the ego, exemplified by the mechanism of repression". Secondly, it includes the "destructiveness of the death drive, that operates as a radical refusal of satisfaction and pleasure" (Kernberg xiii–xiv). According to Green, the operation of the work of the negative includes a wide range of what he calls, in an umbrella term, "negativising" tendencies: repression, negation, disavowal, and the foreclosure and hallucination of psychosis.[5] My analyses of the novels will explore sensibility as the site of the negative, as it comes to function as a code system for transgressive—and often sexual—affectivity, the expression of which, coming up against social and linguistic conventions and inhibitions, becomes dominated by repression, loss of consciousness, blanks, and silences.
6. Eighteenth-century medical treatises only cursorily deal with fainting, and their explanation often remains elusive. In treatises on so-called "nervous diseases," fainting is usually regarded as an accompanying symptom of other conditions such as hysteria or epilepsy.[6] In the medical terminology of the period, fainting, swooning, and various states that involve the loss of sensation or consciousness are referred to by the technical terms "syncope" and "lipothymy" (or *lypothymia*). These terms are still used in today's medical vocabulary. Even though syncope and lipothymy are listed in most medical dictionaries, they are often dealt with by means of short and insufficient explanations. For instance, the curious reader of John Quincy's dictionary from the early eighteenth century has to be satisfied with the following description: syncope "comes from various Causes, but mostly hysterical, and is therefore to be treated as such, unless when manifestly from somewhere else, and then it is to be managed accordingly" (Quincy 438–39).[7]
7. Perhaps the most elaborate discussion of these conditions is given in Robert James's *Medicinal Dictionary*. Here, syncope (from the Greek "to cut" or "strike") and lipothymy (from the Greek "to leave" and "mind") are seen as manifestations of a weak constitution,

and represent two degrees of a sudden decay or failure of the natural forces. Lipothymy, a lower degree of weakness, is characterized by a general depravity of motion and speech, and a failure of the sense organs termed "insensibility" (James, "*syncope*" and "*lipothymy*").^[8] Syncope is a more serious condition than lipothymy. In addition to the loss of motion and sensation, it also includes loss of consciousness. While lipothymy looks like an overall paralysis of the body and the senses, syncope seems to mimic death:

the Patient is deprived of all Manner and Strength, both of Body and Mind, and seems to be dead; for he [sic] falls to the Ground quite speechless, as if oppressed with a profound Sleep, and lies immovable, without the appearance of Convulsions or Tremblings; the Pulse and Respiration are intercepted, the Limbs are refrigerated, and collapsed, he has the *Facies Hippocratica*, and a copious Eruption of cold Sweat about his Temples. (James, "*syncope*")

Syncope looks like a short, temporary death, from which the patient slowly comes back to life as the circulation is restored and "all the suppressed Functions by little and little resume their Office" (James, "*syncope*").

8. Even in its eighteenth-century definitions, syncope links a psychosomatic state with the realm of the verbal, the poetic, and the musical. In the field of poetics, for instance, syncope means the cutting short of a word by ellipsis ("o'er" instead of "over," or "e'en" for "even"). Syncope, in the sense of contraction or elision, is also the name of a poetic device used for securing the cadence of a line, or making the line fit into the syllable pattern of the stanza. A syllable, so to say, needs to be sacrificed and cut for the sake of metrical regularity (Johnson, "*syncope*").^[9] For musicians, syncope is a rhythmic form that subverts the order of stress in the bar and puts stress on what is regularly unstressed. In the medical condition of syncope, sensation and life are suspended or repressed by a stronger, debilitating force. Like a syncopated word, life is cut short and abbreviated by a sudden suspension of consciousness. As in music, a subversive shift of stress takes place: a state beyond consciousness suddenly comes to the fore and becomes more emphatic than consciousness. The regular rhythm of life is disturbed, and the patient, even when recovered from the fit, "still complains of an extraordinary Lassitude and Imbecility of the Limbs, and of the whole Body" (James, "*syncope*"). In fact, such states could easily slip into more extreme states of dysfunction. The condition could degenerate from lipothymy to syncope, and, according to one later eighteenth-century source, from syncope to the even more serious "asphyxy." In the latter, the pulse and breathing are totally extinguished, the body is cold, and the condition can be followed by death (Motherby, "*lipothymia*").^[10]
9. In eighteenth-century medicine, such losses of bodily and mental presence were regularly attributed to the heart and its failures, and were thought of as occurring in people of weak constitution. Even in cases where fainting originated in the mind, the condition was still linked to constitutional weakness and was therefore interpreted—and treated—as somatic. Syncope, according to Robert James, is "a sudden Check or Stop put to the Motion of the Heart." This suspension of the heartbeat, resulting from a disorderly circulation, could be caused by the passions and affections of the mind, as well as by

other factors, such as bad diet, the temperature of the air, unusual smells, or indulging in "the immoderate Use of venereal Pleasures" (James, "*syncope*").^[11] A constitution was weak if it was "easily excited to disorderly Motions from some Slight external Cause" (James, "*syncope*"). Women, as well as children or old persons, were regarded as constituting the category of those who, owing to their weaker constitutions, were more prone to having fits of syncope and lipothymy—and, following from this, also more predisposed to becoming subject to violent emotions (fits of anger, fear and confused imagination). The pejorative connotations originally associated with "faint" and "fainting" are also reflected in Eric Partridge's etymological dictionary: from the entry on "faint" the reader is redirected to the entry on "feign," which is explained as "feigned, hence cowardly," "lacking in spirit, hence lacking consciousness."

10. According to the testimony of several medical dictionaries and treatises, fainting and various forms of female indisposition occurring in novels of sensibility were also typical symptoms of hysteria. In Robert Hooper's dictionary, hysteric fits were sometimes preceded by "dejection of spirits, anxiety of mind, effusion of tears, difficulty of breathing, sickness at the stomach, and palpitations at the heart"—symptoms that were also indicative of one's sensibility. Fainting often accompanied the hysteric fit, where "the person lies seemingly in a state of profound sleep, without either sense or motion" (Hooper, *Medical Dictionary*, "*hysteria*"). Not only did sensibility and hysteria share many common symptoms, but sensibility was also, so to say, a borderline condition—a possible cause as well as a common symptom of hysteria and other nervous (or mental) disorders. Extreme sensibility often appears in treatises on madness as a state on its borderline that can easily slip into insanity. Imagining madness as a somatic disease, several treatises eventually turn out to be about something other than madness: they end up describing those conditions that cause it or follow from it, that is, the emotional and mental states on its borderline. These include sensibility and the passions, which always surface from the blind spots of contemporary medical explanations.^[12]
11. The eighteenth-century novel of sensibility presents a rather complex picture about female indisposition. These novels are in dialogue with contemporary medical theories related to the female body, and they also point towards some of the answers Freud and his successors offered when treating disorders traditionally associated with women. While staging such female "weaknesses of constitution," Fielding's *The History of Ophelia* reflects subversively on the image of women in the medical imagination of its time. Ophelia's story shows how a young woman comes to acquire, by her entrance into society, the delicacy and "constitutional" weakness necessary for appropriately sentimental reactions. Fielding's novel, published in 1760, before Rousseau's *Julie, or the New Heloise* (1761) or *Émile* (1762), stages the theme—also prevalent in Rousseau—of the woman educated in innocence and isolation, promoting the values of natural, self-sufficient life opposed to the corruption of society. Ophelia is an orphan girl who grows up under the guidance of her aunt in a forest cottage on the Welsh border, protected from experience, relationships and unsettling emotions, until one day she is abducted by the rakish Lord Dorchester. He does not directly attack her virtue, but takes her under his morally dubious protection, living with her on his country estate and in

- London, and surrounding her with an affluence of riches, while isolating her from sources of knowledge that could warn her of her danger. His secret intention is to make her his mistress, and convince her of the validity of his anti-marriage principles.[13]
12. Fielding's novel stages the process in which the woman of sensibility, with all her attributes of female delicacy, comes into existence. Illness, as Ophelia emphasizes, is a condition characteristic of her changed circumstances, and comes with her removal from her original environment. While happy and healthy in her forest cottage and boasting of a naturally strong constitution (Fielding 55, 225), following her abduction Ophelia repeatedly falls into fits, swoons, and serious fevers, becomes melancholy and "half distracted" (Fielding 258), wishes to die, and during her adventures in the world frequently loses the power of speech, feeling, or consciousness. Fever, physical breakdown and death-wish, as Peter Sabor observes, accompany her traumatic transition into adulthood, which takes place through her transportation from her natural, healthy cottage life in Wales to the sickly state of urban English society (19).[14]
 13. It is certainly true that fainting was often associated with stays and corsetry in the period, which undoubtedly contributed to producing many sentimental feminine attributes. As Valerie Steele writes in her historical study on the corset, while stays were often experienced as an assault on the body, they also meant more than the instrument of female oppression and sexual exploitation. Hiding, shaping and exposing the female body at the same time, they simultaneously represented respectability and sexual allure, discipline and erotic display. Women's bodies were restricted and made socially acceptable by being fitted into stays. As far as medical consequences are concerned, Steele claims, even a moderately tight corset restricts the respiration and makes one rely on upper-diaphragmatic breathing, which creates palpitations of the breast. As modern medical experiments using tight-laced, Victorian corsets confirm, fainting is likely to have occurred during physical activity, such as dancing—something that further reinforced the idea of the constitutional weakness and disability of the female body (Steele 1, 21, 67-85).
 14. But Fielding's Ophelia refuses to wear stays.[15] Her losses of sense and consciousness, I would suggest, are related to the limits of feminine utterance and represent an available and socially acceptable form of emotional expression. In Ophelia's case illness and fainting are a language—a way of saying "no" to the social pattern she is forced into by her violent abduction. Physical indisposition permits her to resort to the figure of the syncope. She censors and cuts short her conscious, healthy state, so as to be able to fit into her new plot and meet its emotional requirements. Syncope is a means of protest, but it also serves as a survival strategy, representing the only (cut and broken) form in which Ophelia can become the protagonist of the narrative that is imposed on her by force.
 15. Syncopated sense and consciousness accompany Ophelia's initiation into experiencing, expressing and reading many of the passions with which she had been unfamiliar in her state of innocent isolation. Far away from social influences, the eighteenth-century woman—often accused of emotional excess—starts out naturally void of overwhelming passions. As an epitome of female blankness, Fielding's Ophelia is a predecessor of

Rousseau's Sophie, Saint-Pierre's Virginie, or Edgeworth's Virginia, brought up in isolation entirely for her future husband's benefit.[16] Ophelia's cottage life is an idyllic state of contentment and joy; her first violent and distressful passions arise with her abduction. Unlike her aunt, who uses all her powers of persuasion to entreat the disguised man to let go of her niece, Ophelia is so paralyzed by the first overwhelming emotions of her life—terror, fear and grief—that she "had not Power to speak," and became "almost senseless" (Fielding 51). As in the state of lipothymy described by contemporary medicine, she loses sensation and speech—exactly those faculties that would have helped her to escape. Later, while she is held captive by Dorchester, this process culminates in a more serious silencing: illness and fever, which she expects to be mortal, until finally she looks forward to a death caused by fear and grief for what she has lost. Overwhelmed with the novelty of new emotions, not having yet learnt to balance the affective and the symbolic, Ophelia is paralyzed—literally immobilized by her illness, which thus constitutes both the means and the limit of her protest. She cannot be the subject who utters; and so—like Freud's hysteric patients—she turns her entire body and mind into a means of signifying. Her symptoms are often as complex as hysteric symptoms which, as Freud found during his analysis of Dora, can have several layers of meaning and constitute an intricate system of tropes that resist interpretation.[17]

16. Disguised by bodily symptoms, Ophelia's desire remains unreadable—and frustrated. It oscillates between the constant longing for her innocent, native state and the emergence of her love for Dorchester. Like Freud's Dora, she is disbelieved and misunderstood; her wish to return home is constantly counteracted, and later she has to learn that the person she loves is motivated by dishonest intentions. Even though Fielding's novel ends with the happy marriage of the two protagonists, Ophelia's frequent losses of consciousness testify to the operation of an alternative, death-driven line of plot, which is fuelled by the wish to escape from the sentimental narrative itself. Time and again, Ophelia longs to go back to her aunt, or desires death like her Shakespearean namesake. Through subtle allusions to the fate of Hamlet's Ophelia, Fielding's novel often invokes the act of suicide, the evident outcome of this trajectory, which nevertheless remains unpronounceable. Ophelia's passions are induced by violence, her adventures take place against her will, and most of the time her greatest desire is to be through with it all. The work of the negative operates in Fielding's construction of the character of Ophelia, who sometimes seems to wish not to be a heroine of a sentimental novel, not to have strong feelings, and not to be the woman of feeling—a desire that can only be expressed through the feminine repertoire of sensibility: fainting, illness, and delicacy of constitution. It is only through such sentimental attributes that the fictional woman of feeling—a figure for unconscious female protest—can say "no" to the plot forced on women in the eighteenth-century novel of sensibility.
17. Asserting sexual desire and saying "yes," however, can be just as complicated for the woman of feeling as an attempt to escape the sentimental plot. While states that reach beyond the conscious experience in *The History of Ophelia* as well as in Richardson's *Clarissa* and *Pamela* tend to express silent (and often unconscious) protest against rape, abduction or participation in the sentimental narrative, the non-verbal symptom-language

of sensibility in novels following Rousseau's *Julie, or the New Heloise* often functions as a way of asserting subversive and repressed desire. Inchbald's *A Simple Story* is one of these works. Written in the wake of Rousseau's *Julie*, Inchbald's novel is as much a novel of repression as of sensibility. In a letter to Inchbald, Maria Edgeworth aims to discover "the secret of [the novel's] peculiar pathos." She finds that "it is by leaving more than most other writers to the imagination, that you succeed so eminently in affecting it. By the force that is necessary to repress feeling, we judge of the intensity of the feeling; and you always contrive to give us by intelligible but simple signs the measure of this force" (Edgeworth 152-53). Thus, according to Edgeworth, the novel's effect lies in representing powerful feeling by representing its repression. The gaps and silences make us imagine the force of the emotion, the measure of which lies not in its expression but in what is manifest in the wake of its repression. At the level of both story and storytelling, *A Simple Story* is, so to say, syncopated: structured around gaps, absences and silences, making the novel's discourse convey what can be said in lieu of blocked, forbidden and thus unutterable affective elements.

18. Miss Milner, Inchbald's heroine, is seen by other characters as coquettish, confusing and unintelligible. Her unreadability goes hand in hand with a crisis of feminine linguistic expression, which surfaces in connection with the Protestant Miss Milner's scandalous, transgressive desire for Dorriforth, her Catholic priest guardian. [18] Her desire must remain repressed, however; Dorriforth is a father substitute to her, and, moreover, a priest of a different religion. He is also tied by a vow of celibacy, similar to "that barrier which divides a sister from a brother" (Inchbald 74). Miss Milner's behavior starts to become strikingly confusing when Dorriforth requests her to give account of her affections and her marriage intentions. She keeps turning down suitors and claims that her affections are not engaged—a lack of feeling unimaginable to those around her. She is put under pressure to decide upon a marriage partner and shows a lively interest in one of her suitors, Sir Frederick Lawnly, yet answers with a definite "no" when Dorriforth asks her whether he is the man she would approve for a husband. "'Your words tell me one thing,' answered Dorriforth, 'while your looks declare another—which am I to trust?'" (Inchbald 51)
19. More than a century later, Sigmund Freud was similarly intrigued by the complexities of negation that he observed during his work with hysteric patients. He found that negation always contains an element of affirmation; it implies taking cognizance of an unconscious content. Even though negation does not mean the acceptance of repressed material, it already involves a lifting of the repression, making it possible for the repressed material to surface into consciousness (Freud, "Negation" 235–39). The psychoanalyst André Green further explored the operation of the negative. In "Negation and Contradiction," he mentions a female analytic patient, whose passionate rejection of the analyst's interpretation was always followed by prominent, characteristic gestures of negation. Green discovers that these exaggerated gestures repeat the situation of a childhood experience, when the patient's refusal to eat a dish of tomato rice offered to her by her mother was accompanied by the same violent negating gestures. As a child, the patient did not attend school until a later age, due to her mother's ambiguity and her own phobia

of not performing well, which, as it later became clear, only served as a rationalization of the fear of leaving her mother. Enraged by the child's refusal to eat, her mother dragged her to school as a punishment, where, as it turned out, the child was doing surprisingly well. As Green finds, the child achieved her unconscious desire to be sent to school by not wanting to go there, then by misbehaving at home and by saying "no" to her mother. The negative thus functioned as the actual means by which an unconscious, positive desire could achieve its goal. In the analytic setting, the patient introjected or said "yes" to the analyst's interpretation by means of a similar act of negation. Green calls this "negative affirmation," in which case "the apparent expulsion really carried with it, in the opening necessary for the utterance of this "no," a "yes" which slipped surreptitiously into her" (*PM* 257).

20. Miss Milner also has recourse to the negative in order to fulfill a secret desire, her forbidden—and for a while unconscious—passion for her guardian. Even when her love becomes conscious to her, it needs to be hidden and disguised. In order to prevent a duel between Dorriforth and Sir Frederick, she agrees to the marriage with Sir Frederick, only to denounce it again when the immediate danger—that of losing Dorriforth—subsides, thus appearing coquettish and impenetrable. The function of this "no," apart from her rejection of Sir Frederick as a marriage partner (whom, in fact, she accepts later as her lover), is a hidden "yes" to her secret desire for Dorriforth. In addition to verbal ambiguity and silence, Miss Milner often uses the symptom-language of the body to say "yes" to her desire and "no" to the requirements of patriarchal marriage. Her unreadability thus can be seen as one of the many ways in which Miss Milner's body communicates what she is not allowed to feel. When Dorriforth is planning to marry the emotionless Miss Fenton and goes out in the evening, Miss Milner cannot touch her dinner. However, the moment she learns that he did not dine at Miss Fenton's, she puts a piece of food into her mouth. Like Green's patient who was unwilling to swallow the tomato rice, eating and not eating have meanings related to her secret. Thus, for Miss Milner, the non-verbal sign-system of sensibility, instead of conveying an authentic expression of emotion, reveals itself as the pathological symptom-language of repressed desire. [19]
21. Both in Inchbald's *A Simple Story* and in Rousseau's *Julie, or the New Heloise*, the non-verbal signs of feeling, including those states that reach beyond conscious experience, belong to a similar dynamics of negative affirmation. In Rousseau's novel fainting is part of the construction of the figure of the woman of feeling as an object of male fantasy, which construction makes Julie either physically or mentally absent from almost all intense moments of sexual intimacy. When the lovers' hands touch against their will, Saint Preux feels a "tremour," a "fever or rather delirium." Touching Julie blocks out the experience; instead of the other's body, it makes Saint Preux encounter his altered state of mind, one that verges on illness and madness: "I cease to see or feel anything, and in that moment of alienation, what can I say, what can I do, where can I hide, how can I answer for myself?" (I, letter 1, 27) The encounter that stages Julie's absence most powerfully is the lovers' first kiss, as described by Saint Preux. While Saint Preux feels engulfed by "heaven's fire," and is about to reach the heights of ecstasy, Julie falls into a

- swoon: "Thus alarm extinguished pleasure, and my happiness was no more than a flash" (I, Letter 14, 52). In this moment, it is not Saint Preux who threatens the innocence of Julie. It is Julie, falling unconscious, who possesses destructive phallic force. As he complains about the intensity of her kisses, which are "too acrid, too penetrating, they pierce, they burn to the marrow. . . . they would drive me raving mad;" they make Saint Preux wish to expire at Julie's feet or in her arms (I, letter 14, 52).
22. David Marshall interprets both Julie's and Clarissa's absences from their encounters with their respective lovers as acts of resistance and escape. As Clarissa flees from Lovelace's intrusions into unconsciousness and death, Julie takes flight from Wolmar by dying (Marshall 213–53). I would like to suggest, however, that another important element of Julie's "absences" is provided not by her attempts to escape from Wolmar, but rather by her re-assertion of her transgressive desire for Saint Preux in her last letter—a desire that is at the core of her subjectivity. The most decisive factor in the progression of Julie's plot is the dynamics of the negation and affirmation of subversive affect. In the scene of the kiss Julie's sexual desire is not allowed to reach the surface of her consciousness. While sexuality has to be negated—note Julie's constant claim that she desires only platonic, chaste love—Julie's "yes" is available only in her unconscious.^[20] In an act of swooning she makes her unconscious available for the encounter. In this way, however, experiencing sexuality becomes impossible: the affirmation of subversive desire takes place through what Green calls the work of the negative. At this moment, Julie becomes a blank, reflective surface for Saint Preux. Her kiss pierces, burns and penetrates, because Saint Preux encounters his own phallic desire at its deepest root.
23. The second part of Inchbald's *A Simple Story* features a similarly passionate fainting scene in the episode where Lady Matilda and her father, Dorriforth (now Lord Elmwood) meet for the first time.^[21] For Matilda, fainting in the presence of her father means something similar to the absences of Rousseau's Julie from her physical encounters with Saint Preux. The long-awaited contact between a desiring woman and the object of her desire fails to become a conscious experience:

. . . her *fears* confirmed her it was him.—She gave a scream of terror—put out her trembling hands to catch the balustrades on the stairs for support—missed them—and fell motionless into her father's arms.
 He caught her, as by that impulse he would have caught any other person falling for want of aid.—Yet when he found her in his arms he still held her there—gazed on her attentively—and once pressed her to his bosom.
 At length, trying to escape the snare into which he had been led, he was going to leave her on the spot where she fell, when her eyes opened and she uttered, 'Save me.'—Her voice unmanned him.—His long-restrained tears now burst forth—and seeing her relapsing into the swoon again, he cried out eagerly to recall her.—Her name did not however come to his recollection—nor any name but this—'Miss Milner—Dear Miss Milner.' (Inchbald 273–74)

For Lord Elmwood, Matilda is the living emblem of the repressed. During Lord Elmwood's three-year absence in the West Indies, Miss Milner, now Lady Elmwood, renewed her relationship with Sir Frederick. At her husband's return, she runs away in shame, leaving behind her daughter, Matilda. Lord Elmwood cannot be reconciled; he

- decides to banish his wife and daughter, promising never to see them again, and forbidding everyone to pronounce their name in his presence. Even when he later permits Matilda to enter his house, she has to remain forgotten and ostracized, making everyone realize that the most prudent behavior toward her is to "take no notice whatever that she lived among them" (Inchbald 221).
24. Thus, the figure of Matilda comes to embody what Lord Elmwood intends to block out of his and others' consciousness: the memories of a lost felicity as well as Lady Elmwood's infidelity—a story curiously missing from the narrative and buried in the seventeen-year gap between the two parts of the novel. By her father's cruelty, Matilda is turned into an absence and a sign, always standing for something else.[22] For Matilda, her father's everlasting absence becomes invested with emotional significance, making the negative of her father more real for her than his actual presence. As the ghost and scapegoat of patriarchy, punished for the failure of domestic felicity, she is forced into a world of the negative, where the presence of the real object, and the affects such an encounter might arouse, are seen as destructive: "I am now convinced [. . .] that to see my father, would cause a sensation, a feeling, I could not survive" (Inchbald 220).[23] Like Green's patient in the tomato-rice episode, Matilda in the fainting scene has to have recourse to the work of the negative to express affirmation. Similarly, for Lord Elmwood the act of negation also creates an opening where the repressed content can come to light, and a "yes" can surreptitiously slip in through the utterance of "no." While Matilda remains nameless, through her negation Lord Elmwood recognizes her banished mother, Miss Milner.
25. Inchbald's novel, by staging the erasure of its female figures, brings into consciousness the silencing and negation of woman (even to the point of death) lurking behind the revolutionary ideal represented by Rousseau's *Julie*. Read as a late-eighteenth-century response to Rousseau, *A Simple Story* presents the troubling scenario where a potential Saint Preux-figure, gaining power, recreates the oppressive structure of domestic terror he formerly assisted in overturning. The woman of feeling, even in 1791, is not allowed to be present as a feeling woman. Her feelings are tolerated only so long as they can be used for the re-establishment of patriarchal power. The novel exposes sensibility as part of the psychopathology of the patriarchal household and offers an insight into the shaping effects of social repression on pathological forms in the eighteenth century. These forms include—besides the figure of the domestic tyrant—the woman of feeling, of which both Miss Milner and Lady Matilda are manifestations.
26. When the novel was published, a reviewer of Inchbald's novel—whom scholarship identifies as Mary Wollstonecraft—criticized the weakness of Matilda's character, and was disappointed that the author was not able to provide a more empowering model for women readers:

Why do [all female writers] poison the minds of their own sex, by strengthening a male prejudice that makes women systematically weak? We alluded to the absurd fashion that prevails of making the heroine of a novel boast of a delicate constitution; and the still more ridiculous and deleterious custom of spinning the most picturesque scenes out of fevers, swoons, and tears. (*Analytical Review* 101–2)[24]

It is true that fainting, as eighteenth-century medical theories often assume, is a sign of "weakness" in so far as swoons and illnesses stand in for verbal expression or cancel out satisfying encounters. While the fictional representation of the sentimental swoon—as a display of feminine weakness—was a frequent object of criticism in the period, reading the literature of sentiment in the context of a broader history of feeling provides a more complex picture. Many eighteenth-century and Romantic novels explore female concerns hidden behind a so-called "language of feeling" that reach well beyond contemporary explanations of female indisposition. Like hysteria, the sentimental novel becomes a mode of thinking about sexuality and the sexual object.^[25] These novels are, to some extent, already in Freud's league; and by their sensitivity to gender they provide a form of social critique which not only predates Freud's achievement but also points towards more recent psychoanalytic—and feminist—insights. Novels of sensibility exploit the possibilities offered by the work of the negative, and by their presentation of the negated, oppressed, banished woman, they perform an act of affirmation, taking cognizance of the discontents behind woman's fevers, swoons and tears. They thus give a covert—and often unintended—critique of the pathology of social repression by exposing sensibility itself, in the form of the woman of feeling, as its symptom.

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Notes

1. Godwin 2:144.
2. For controversial attitudes to sensibility see Brissenden 56-64 and Jones 1-19.
3. Todd discusses the character type of the "woman of feeling" in *Sensibility*. The significance of the blush in nineteenth-century literature is explored by O'Farrell's *Telling Complexions*. For the meanings of tears in sentimental fiction see Csengei, "I Will Not Weep."
4. According to Janet Todd, tears, sighs, and fainting fits constitute a "vocabulary" of sensibility in the "language of the heart." See Todd, esp. 77-81, 65-128. On female nerves and fainting see also Barker-Benfield 23-36. This, of course, is not to say that swooning is an exclusively female characteristic in the eighteenth-century novel. The focus of the present essay, however, will be the female sentimental swoon only. The quote "nerves, spirits and fibres" is from G. S. Rousseau's eponymous essay.
5. Green, *Work*, esp. chapters "An Introduction to the Negative in Psychoanalysis" (1-13) and "Aspects of the Negative: Semantic, Linguistic and Psychic" (14-25).
6. See, for instance, Cheyne 14-16. Cheyne considers loss of sensation, loss of voluntary motion, as well as hysteric and epileptic fits, and even yawning and stretching as different grades of nervous disorders. Loss of sensation accompanies his first category of nervous disorders, which includes melancholy, apoplexy, and fainting fits.
7. See also Blanchard's short, seventeenth-century definition: "a sudden Prostration or Swooning with a very weak or no Pulse, and a Depravation of Sense and Motion." His dictionary was re-edited in the 1720s.

8. Lipothymy is characterized by a "Paleness of the Face, Lips, and Cheeks, and a Stupor of all the Senses", followed by a dimness of sight, falling to the ground, and the patient's being "Insensible to what is done to him" (James, *"syncope"*). For the distinction between syncope and lipothymy see also Motherby, *A New Medical Dictionary*. According to Motherby, in a state of lipothymy the patient perceives and understands but loses the power of speech. In syncope, the patient loses feeling and understanding.

9. Johnson gives the following meanings of syncope: to contract, to abbreviate by omission of part of a word, and to divide a note in music. See also the entries "contraction," "elision," and "syncope" in Cuddon 178, 255, 890.

10. In Godwin's *Deloraine* (1833) Margaret, Deloraine's second wife literally wastes away during her constant efforts to please her father and to deny the desires of her heart. A victim of relentless obedience, she falls into a fit of asphyxia and dies when she suddenly finds out that William, her long-lost and long-mourned lover is alive.

11. Throughout the eighteenth century, syncope remains interpreted as a heart condition. Robert Hooper's *Compendious Medical Dictionary*, Hooper's more substantial *Medical Dictionary* (which had several re-editions in the early nineteenth century) and Robert Morris and James Kendrick's *The Edinburgh Medical Dictionary* place syncope in the class of "neuroses". The respiration and the action of the heart either cease or become much weaker. All these dictionaries distinguish ordinary fainting from "*syncope cardiaca*," which is an organic, irremediable affection of the heart.

12. See medical treatises by William Battie, William Rowley, Robert James, William Perfect, Robert Whytt, and John Haslam. For a detailed discussion of the close relationship between sensibility and hysteria see Mullan 201-40.

13. As Moira Dearnley points out, following the poor performance of Welsh troops in the Civil War, satires of the Welsh began to proliferate in the popular presses in the 1640s, reinforcing stereotypes which remained influential throughout the eighteenth century. Besides the negative, abject image of the ridiculous, cowardly Welshman, another view also existed that idealized Wales as a place of uncorrupted nature and virtue distant from the life of English high society. Like Fielding's *Ophelia*, Jane Austen's *Love and Friendship* (1790) presents a similar encounter of the hero with an innocent Welsh girl. By the time of Austen's novel the theme of the retreat into Wales as a way of seclusion from "civilization," and a contrast between simple rustic life and London society, had already become a well-established motif. See Dearney xiii-xxi. While *The History of Ophelia* is generally considered to be Sarah Fielding's most conventional novel, some of her critics have pointed out its subversive, feminist intentions masked in a linear, seemingly less experimental form. For the subversive narrative techniques of the novel see Down-Miers, Bree 135 ff, and Skinner 57-58.

14. Bree (140-41) notes the balance between Ophelia's sentimental capacities for tears and illnesses, combined with an unusual toughness. However, I would like to maintain that while Ophelia comes out of difficult situations composed (and sometimes even entertained), she responds with weakness, fainting and illness to immediate stress, which force her into inaction.

15. In Lord Dorchester's country house, she is led into an apartment that abounds in rich dresses and ornaments. She cannot wait to try on her new clothes and jewels, but "immediately threw away the stiff Stays, which seemed to [her] invented in perverse Opposition to Nature..." (Fielding 61).

16. For female blankness in Rousseau's *Émile*, Edgeworth's *Belinda*, and Burney's *Camilla*, see Spencer, *Woman Novelist* 161-64.

17. For the ways in which the hysteric symptom can signify see Freud, "Fragment," esp. 41-48.
18. For an interpretation of Catholicism and Protestantism in the novel see Balfour 239 and Jenkins 280. Manvell calls *A Simple Story* the first English Catholic novel in *Elizabeth Inchbald* 72.
19. For the importance of gestures and non-verbal expressions in the novel see also Nachumi and Spencer, introduction. As Spencer writes, "Under the influence of her unmentionable passion for Dorriforth, the verbally aggressive Miss Milner is forced into communicating, like a sentimental heroine, through blushes and other body-language. The irony is that the bodily signs which usually, in the literature of sensibility, speak more truly than words, are radically ambiguous in Inchbald's world." Inchbald, she claims, exploits the cultural ambiguities behind such gestures, as they may indicate not just innocence, but guilt and sexual consciousness at the same time. See Spencer, introduction xvi.
20. As Freud claims, in the analytic situation we never discover a "no" in the unconscious. Recognition of an unconscious content by the ego is often expressed in a negative formula. See "Negation."
21. After the death of Lord Elmwood, Dorriforth, as the nearest relation, inherits the title. In order to preserve the aristocratic lineage, Dorriforth, the new Lord Elmwood, is given absolution from his vow of celibacy and marries Miss Milner.
22. "Matilda's person, shape, and complexion were so extremely like what her mother's once were, that at the first glance she appeared to have a still greater resemblance of her, than of her father—but her mind and manners were all Lord Elmwood's; softened by the delicacy of her sex, the extreme tenderness of her heart, and the melancholy of her situation" (Inchbald 220). Even Rushbrook, Lord Elmwood's nephew, falls in love with her phantom before even meeting her (Inchbald 317). Patricia Meyer Spacks comments on Lord Elmwood's identification of Matilda with her mother in *Desire and Truth* 200.
23. In *Playing and Reality*, Winnicott mentions the importance of the "negative side of relationships." The traumatic experience of waiting for the mother's longed-for response when that response is never forthcoming leads the child to a state where only what is negative is felt to be real. Such experiences result in a psychic structure where even the object's presence cannot modify the negative model that has become characteristic of the subject's experience. For this patient, Winnicott writes, the only real thing is the gap. As Green puts it, "The negative has imposed itself as an organized object relationship quite independent of the object's presence or absence" (Green, *Work* 5). See also Winnicott 20-25 and Green *PM* 274. Another, related pathology is what Green calls "dead mother complex," caused by a depressed, ill or otherwise preoccupied though present mother. The baby conceives such mother as dead and as someone who needs to be brought back to life. See Green, *PM* 142-73.
24. In *Maria; or, the Wrongs of Woman* (1798) Wollstonecraft, subverting the sentimental tradition, experiments with a more outspoken heroine. While Maria often faints, her swoons and illnesses are the direct result of exhaustion from relentless persecution by her abusive husband, George Venables. Here tears and fainting fits are the physical manifestation of oppression rather than the psychosomatic symptoms of a silenced woman of feeling.
25. Following Schaeffer, Perelberg refers to hysteria as something that is fundamentally "a mode of thinking about sexuality and the sexual object" (185).

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