

“A DOCUMENT IN MADNESS:” REPRESENTATIONS OF OPHELIA AS
LOVESICK MADWOMAN IN THE MID-EIGHTEENTH AND NINETEENTH
CENTURIES

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INTRODUCTION

“Poor Ophelia
Divided from herself and her fair judgment,
Without the which we are pictures, or mere beasts.”
- Claudius
Hamlet (Act IV, scene5)

When Ophelia's brother Laertes says she is "a document in madness," he refers to her speech as well as her appearance. In what is often called her "mad scene," Ophelia makes others uncomfortable; in her death, she becomes something described, as her final moments are not dramatized but are narrated by Gertrude (Act IV, Scene 5, 173-4). In this thesis I look at, in Elaine Showalter's words, "the history of her representation" in a 1761 novel, an 1850's medical photograph, and an 1851/52 painting, exploring the ways in which those representations served to signify a type of female madness. What emerges from these comparisons, and from a study of the language used to discuss the images, is an understanding of a type of suicidal insanity that was medically linked to Ophelia at both of these moments in English history.

Meegan Kennedy's study of the relationship between medical and fictional narrative in both the eighteenth and nineteenth centuries in England offers me vocabulary for watching the relationships between cultural ideas, artistic forms, and diagnostic narratives. I offer Kennedy's study as a

foundation, and then employ her terminology as I move away from her concerns in to my own study of these specific moments in the history Ophelia as icon.

In *Revising the Clinic* (2010), Kennedy focuses on the sentimental qualities of medical case studies in her study of the relationship of language between fiction and medicine. The “case,” she argues, “seems to assert a general truth despite its basis on limited, individual experience, and because it deploys a possibly fictional narrative...although the case lacks the authority of logic or the force of numbers, it strengthens an argument through its narrative appeal, which some critique as illogical and manipulative” (21). Unlike medical studies today, full of statistics and backed by many doctors, case studies of the eighteenth and nineteenth centuries were more likely to be one man’s observations, ideas, and opinions on what he had seen. As Kennedy asserts, the “authority of logic” was absent but a medical narrative voice emerged. “This narrative force, with its ability to navigate between the individual and the universal also makes it useful to novelists” (Kennedy 21).

Medical narrative voice was comprised of what Kennedy calls “curious observations,” or the emotions of physicians that were communicated in their writing. Kennedy notices the opinions of the doctors woven into their case studies. The doctors were sometimes bored, enthralled, amused, or amazed in their descriptions of various patients or the patient’s mental illnesses. Doctors would take to ridiculing their patients in writing, says Kennedy, and would display signs of disgust in these “curious observations.” According to Kennedy,

the eighteenth century was a time of “curious sight” and patients became the curiosity of physicians. “Curious sight” was used most prevalently by medical professionals instead of the detached, authoritative, “professional” voice that was recommended by the Royal Society of Physicians in England (Kennedy 33). The Royal Society called professional, authoritative writings “plain speech,” useful to scientific and medical recordings because “it establishes its authority and announces its membership in a broader medical community” (32). Kennedy refers to this detached tone of writing as experimentalism. She argues that while experimentalist medicine also began during the eighteenth century, the practice of “curious sight” soon took over physicians’ recorded observations. Eighteenth century medical narrative was full of hyperbolic patient descriptions that Kennedy calls “sensational details” (38). Doctors, Kennedy argues, used sentimental language, or sentimentalism within their case studies. Experimentalism, the language of detached authority, gave way to “curious sight” or “curious observation.” The language of logic and rationale was substituted by the physician’s own sentimentalism.

Kennedy argues that the availability of this language of emotion and sentimentalism within medical narrative made those studies more accessible to eighteenth and nineteenth century sentimental fiction writers. Novelists incorporated the language of medical case studies to add logic and realism to their texts. Kennedy says eighteenth and nineteenth century novelists researched case studies in order to realistically write physically ill characters. This shared

language was used during the mid-eighteenth century, when medical narratives were imbued with emotional descriptions signifying the dynamic relationship between two seemingly different disciplines. I move within Kennedy's study as a critical framework because of her close attention to the dynamic definitions of physical illness between fictional and medical narratives.

Within medical narrative, my focus is the language of female mental illness. To limit this wide scope, I look at two moments in which Shakespeare's heroine, Ophelia from *Hamlet*, appears. Ophelia emerges as a figure in an eighteenth century work of fiction and in nineteenth century visual art. I hope to better explore the relationship between fictional narrative and medical narrative through the Ophelia trope. The scene that describes Ophelia's off-stage death, as narrated by Queen Gertrude, establishes a type that will emerge again in the eighteenth and nineteenth centuries:

There is a willow grows aslant a brook, / That shows his hoar leaves in the glassy stream; / There with fantastic garlands did she come / Of crow-flowers, nettles, daisies, and long purples / That liberal shepherds give a grosser name, / But our cold maids do dead men's fingers call them: / There, on the pendent boughs her coronet weeds / Clambering to hang, an envious sliver broke; / When down her weedy trophies and herself / Fell in the weeping brook. Her clothes spread wide; / And, mermaid-like, awhile they bore her up: / Which time she chanted snatches of old tunes; / As one incapable of her own distress, / Or like a creature native and indued / Unto that element: but long it could not be / Till that her garments, heavy with their drink, / Pull'd the poor wretch from her melodious lay / To muddy death. (Shakespeare 83)

Ophelia's death is narrated rather than dramatized on stage. Therefore, it becomes a painting in itself, listing details that will become a sort of code for signifying Ophelia types. This quotation can be seen as the origin of Ophelia

iconography that became associated with the mad “Ophelia type”: water, because of her death by drowning; long, flowing clothing; garlands, wreaths and flowers, which Queen Gertrude claims she was gathering as she “fell” into the brook; and sad, melancholic song, because Ophelia was said to be singing until the time of her death.

Ophelia’s death was read by eighteenth and nineteenth century medical doctors as a suicide. A part of their diagnosis of “Ophelia types” was a suicidal tendency. Queen Gertrude does not say that Ophelia committed suicide; however, her death was often assumed to be purposeful, especially during the nineteenth century by both artists and physicians.

I argue Ophelia is an icon of English female madness. Essentially, there are two Ophelias: the character of the original text, *Hamlet*, and the representations of Ophelia that have been taken away from the text. The latter can be viewed separately from the former and has been subject to four centuries of interpretation, mostly to do with the scene of her madness and the way she died. Ophelia of the original text goes mad; her madness is a parallel of Hamlet’s madness. Hamlet’s insanity and vengefulness drives Ophelia’s madness and death. Ophelia’s type of madness is not explained by its comparable form in Hamlet’s vengeance. It is not a question of why she is insane, but what that insanity means. Finally, as feminist and Victorian theorist Elaine Showalter explains, it becomes important to ask who is representing the icon Ophelia as mad and why:

All conventions [of the female malady] can be traced to Shakespeare's Ophelia. Laertes calls her a "document in madness" and indeed, as Sander Gilman points out, the changing representations of Ophelia over the centuries do chronicle the shifting definitions of female insanity, from the erotomania of the Elizabethans and the hysteria of the nineteenth century to the unconscious incestuous conflicts of the Freudians and the schizophrenic double bind of the Laingians. (10)

Where she appears, madness is sure to be close at hand, so I elected to watch the ways in which Ophelia and her appearances came to indicate a type of English female madness and its literary and iconographic forms.

There are more than fifty depictions of Ophelia in the nineteenth century alone. Elaine Showalter says:

To liberate Ophelia from the text, or to make her its tragic center, is to re-appropriate her for our own ends; to dissolve her into a female symbolism of absence is to endorse our own marginality; to make her Hamlet's anima is to reduce her to a metaphor of male experience. I would like to propose instead that Ophelia does have a story of her own that feminist criticism can tell; it is neither her life story, nor her love story, nor Lacan's story, but rather the history of her representation. (2)

In certain moments, Ophelia is the litmus test by which cultural perceptions of insanity were measured. More specifically, Ophelia is the litmus test by which all medical *perceptions* of insanity were measured. When attempting to diagnose a certain type of mentally ill woman, physicians would turn to Shakespearean descriptions of Ophelia for representations of the character. Nineteenth century psychiatrist Dr. John Conolly, for instance, in his 1863 *Study of Hamlet* said of the character, "Never did poet's pen draw so touching and so true a portrait of madness fallen on a delicate and affectionate girl" (168). He went on to say "our asylums for ruined minds now and then present remarkable illustrations of the fatal malady...so that even casual visitors recognize in the wards an Ophelia;

the same young years, the same faded beauty, the same fantastic dress and interrupted song” (177-178). The dynamic relationship between medical narrative and Victorian visual art is indicated in Conolly’s quotation.

In my study I describe diagnosed female mental illness as “madness” or “women’s madness,” occasionally referring to madwomen or a madwoman. Due to the number of terms used to describe female mental illness from the mid-eighteenth to the mid-nineteenth century I use the word “mad” and also discuss other vocabulary for mental illness as it becomes relevant over the course of my study. For example, women’s mental illness was described as female sensibility, lovesickness, erotomania and hysteria respectively in the two examples I explore. I observe all of these terms, in part, to show the varying definitions of women’s madness in these two moments that invoke Ophelia as a type of madwoman.

I chose “madness” as opposed to any of the other available term for several reasons. Dr. William Battie, in his *Treatise of Madness*, the first full-length medical case study in England devoted purely to observing mental disorders, uses “madness” as his term of choice. Battie believed “Madness though a terrible and at present a very frequent calamity, is perhaps as little understood as any afflicted mankind” (2). He states that the causes or symptoms of what he called madness were very unclear. No doctor in the eighteenth century knew what madness was or exactly how to treat it. Battie describes madness as, “‘lunacy,’ ‘spleen,’ ‘melancholy,’ ‘hurry of the spirits,’ etc. [which]

may convince anyone of the truth of this affection” (2). He was trying to define madness in his *Treatise* although he admitted to not knowing much about the disease. He therefore sought to encapsulate various terms for insanity at the time under the broader term “madness.” “Madness,” to Battie, encompassed many different eighteenth century vocabularies on mental illness.

More recently, Carol Solomon Kiefer linked Ophelia and the term “madness” in her 2001 collection and critique of Ophelia artwork entitled *The Myth and Madness of Ophelia*. Kiefer states “images of the Shakespearean heroine are inscribed in discourses relating to the concept of femininity, to notions of ideal womanhood, to the historically gendered understanding of madness as a female malady, and to the very idea of representation itself” (12). Finally, within *Hamlet* Ophelia is described by her brother, Laertes as “a document in madness” (Act IV, Scene 5, 173-4). As these citations indicate, “madness” encompasses many sub-definitions of mental illness because of the way it was and continues to be used in relation to psychiatric disorders.

In my study I set out to expose the conversation between the language of medicine and the language of fiction and art being produced and discovered in two instances in the mid-eighteenth century and in the mid-nineteenth century respectively. My goal is to show the dialectical relationship between the medical case study and the narratives of novels and art. I will show how this conversation resulted in literary medical diagnoses such as “the Ophelia type” of lovesick, suicidal female mental patient. Physicians who used the Elizabethan

text as well as Victorian artistic images of the Ophelia character to diagnose patients participate in the dialectical relationship between artistic narratives and medical narratives. Dr. J.C. Bucknill said in 1859 “Ophelia is the very type of a class of cases by no means uncommon. Every mental physician of moderately extensive experience must have seen many Ophelias. It is a copy from nature, after the fashion of the Pre-Raphaelite school” (Bucknill qtd. in Showater 86). This quotation illustrates the association of Pre-Raphaelite art, Elizabethan literature, and medical diagnoses in the minds of the nineteenth century medical community.

I work to show that the newly recorded language of medicine began to appear in visual and narrative art, as well. Sentimental novels of the eighteenth century consciously incorporated the language of medical realism in order to make disease appear more believable to readers. Medical realism, in contrast, is the novelist’s “strategic use” of “clinical details of illness” to serve a specific function within the Victorian novel (Kennedy 107). Kennedy discusses medical realism in reference to external diseases such as typhus. I expand on her theory by suggesting that novelists would use the new lexis for mental illness such as Battie’s terms “melancholy,” “lunacy,” “spleen” and “hurry of the spirits” in order to make the madness of their characters seem more realistic. The relevance and repercussions of the findings of these medical texts and on the wider English community are important for understanding their presence in fiction and art.

This study focuses on one novel, one painting, and one photograph and looks at them against medical case studies from the eighteenth and nineteenth centuries. Chapter one is focused on three medical case studies from Doctors George Cheyne (1733), William Battie (1758), and Robert Whytt (1765) and their use of the language of curious sight. In this chapter I compare the language within the medical journals to language in Sarah Fielding's 1761 sentimental novel *The History of Ophelia* showing that both types of narrative used the language of female sensibility. I argue deep emotional experience and romantic turmoil begins to define women's madness both in fictional narrative and medical case study during the eighteenth century. *The History of Ophelia* features a heroine named Ophelia. Ophelia is named for Shakespeare's Ophelia and while her story is not a retelling of Hamlet, Fielding's letters indicate that she did wish to evoke a certain form of lovesick melancholy when she named her heroine. Ophelia is kidnapped from Wales by an English gentleman who seeks to make her his mistress. Her perceived savagery due to her Welsh background as well as the simple fact that she is a woman adds to the deep sensibilities her character displays throughout the novel. The language of 1761 Ophelia's female sensibility shares the lexis of Battie, Whytt, and Cheyne's medical narratives.

Next, my focus shifts to two important visual representations of women who were diagnosed as mad in nineteenth century art. My shift to visual art and my jump to the Victorian period of English history are purposeful because of the

reemergence of the Ophelia trope as linked with a specific type of female madness, lovesick melancholy. With this specific type of “Ophelia madness” in mind I look to illustrate the relationship between medical narrative and artistic narratives where the Ophelia trope appears in English history. The presence of the Ophelia trope indicates a lovesick melancholy in both medical and artistic (fiction and visual art) narratives.

In chapter two I examine Dr. Hugh Welch Diamond’s exploitative use of clinical photography to support his theories on physiognomy and examine specifically his use of literary diagnoses that were based upon perceived outward appearances of patients. In his work *Plate 32* (1852), Diamond dressed a “lovesick,” suicidal woman in garlands of flowers to communicate her “Ophelia-like” qualities to an audience. Physiognomy, or “the study of the features of the face, or of the form of the body generally, as being supposedly indicative of character; the art of judging character from such study,” was a common practice during the mid-nineteenth century (Oxford English Dictionary). In his photograph of the “Ophelia type” woman, Diamond purposefully dressed the woman with garlands of flowers and a drape to associate her physiognomy with Ophelia iconography.

I compare Diamond’s photograph with a close reading of the realist, Pre-Raphaelite painting *Ophelia* exhibited by John Everett Millais the same year (1852). The natural elements of the painting associate it easily with the Pre-Raphaelite “naturalist” style. I work to show how these realist qualities allowed

for the “mind as mirror” phenomenon and physicians such as Diamond saw the qualities of Millais’s Ophelia reflected in their own patients.¹

I believe the eighteenth century language of female sensibility that I focus on in chapter one shares a lexis and themes with the Victorian, lovesick, “Ophelia-type” that I explore in chapter two. Focusing on the Ophelia trope where it occurs most strongly in these two moments in English history, I have found medical, fictional and artistic descriptions of a specific kind of madness: betrayal, disappointment, lovesickness, suicidal thoughts, and melancholy. I believe the connection between eighteenth century fictional narrative and nineteenth century visual art narrative lies in my discussion of the “Ophelia-type” of madness. I argue that the presence of Ophelia in both contexts indicates a specific type of madness that the author, or painter, or photographer was attempting to highlight.

The Oxford English Dictionary defines realism as “a philosophical theory reacting against nineteenth century idealism which, while agreeing in affirming that external objects exist independently of the mind, differs in accounts of appearance, perception, and illusion; the theory that the world has a reality that transcends the mind's analytical capacity, and hence that propositions

¹ Meegan Kennedy speaks of the “mind as mirror” phenomenon saying, “Nineteenth century art has a mimetic quality, and is discussed by Victorian novelists “through the metaphor of ‘mind as mirror,’ where the trope of the mirror imagines an ideal of an unmediated, exact replication of reality” (125).

are to be assessed in terms of their truth to reality” (OED). In my epilogue I explore the evocations of the “Ophelia type” in Victorian literature. The example I chose was Cathy’s descent into madness from Emily Brontë’s novel *Wuthering Heights* (1847). I discuss the presence of the Ophelia trope in conjunction with Kennedy’s language of medical realism.

Wuthering Heights uses Cathy’s madness to expose what cannot be domesticated or placed into a private sphere. Kennedy argues that medical realism within the Victorian novel serves to fulfill a greater textual purpose. That purpose is usually sentimental morality. In this way, I imagine Cathy’s madness as a sort of textual punishment for choosing the wrong man, or for loving the “right” man too deeply. Her madness mirrors Dr. Diamond’s diagnosis of lovesick, suicidal “Ophelia type” madness. Specific scenes of Cathy’s demise even mimic the scene that precedes Ophelia’s death in *Hamlet*. Ophelia, in each of my chapters is used to indicate madness. In this last chapter, the use of medical realism makes Cathy’s madness believable as it mirrors the death of Ophelia.

I seek to demonstrate the exchange of ideas and language between the pre-psychiatric medical community and sentimental novels or Victorian art. As Kennedy says, art and the case strive to serve the same purpose during the time in question: “novels and cases must serve simultaneous discrete imperatives: the demand to show objectivity or transmit knowledge; a subjective demonstration of affect; a personal notion of rigor, value or rectitude; and disciplinary notions

of truth” (22). In my own study, I seek to highlight the specific type of female madness that was associated with the Ophelia trope in these distinct but connected moments in the mid-eighteenth and mid-nineteenth centuries.

CHAPTER ONE
THE EIGHTEENTH CENTURY AND THE NEW LANGUAGE OF MADNESS

Newfound accessibility to the language of madness was met with a rising usage of medical terminologies for mental illness in both case studies and in fictional narrative. Literary works and medical texts used similar language during the mid-eighteenth century, suggesting a conversation between the two forums. In this chapter I will show the dialectical relationship between the new vocabularies in physicians' observations and the language of sensibility in the sentimental novel.

Eighteenth Century Medical Case Studies

I will begin by studying what terms were used in medical discourse to describe newly observed mental illness. Psychological observation as a medical specialty began during this century, so the new rhetoric was only just forming. Through close reading of a sentimental novel, I will illustrate a specific "type" of madness, the female sensibility.

In 1733 Dr. George Cheyne published a book on nervous disorders. Cheyne was a respected nerve doctor and he outlined what was considered to be an illness of the English. The work was entitled *The English Malady*. Cheyne attributed a nervous disorder to physical ailment or ailments.² "Weak nerves," as Cheyne called it, can be taken from anything, like spasms or pain in organs or

² He suggested various types of salts as the cure for weak nerves. He wrote "of the surprising and wonderful Effects of Salts, especially of volatile, ruinous, or animal salts, upon human bodies and constitutions" (xiii). Rich foods and wines, he wrote, counted as salts so perhaps the eighteenth century cure for melancholy was eating a good deal of nice food. He believes the disease comes from "within the animal" and says that bleeding and purging is curative (35). Cheyne claimed there had been an increase in the number of nervous disorders (or perhaps patients hospitalized, he does not make this clear), but he provides no statistics to support this.

limbs. Even temporary melancholy could be weak nerves. The author took his own personal experience with affectation of the nerves as a case study within the analysis. Cheyne contributed medical narrative “regarding minor emotional illnesses which grew during the seventeenth and eighteenth and started building rapidly by the end of the nineteenth century” (Carlson xi). He quickly became a part of the discourse of the new field of mental illness in the eighteenth century. Cheyne theorized that there may be a specific melancholy or mental illness specific to the British Isles. Or, more specifically, he suggested “the social or moral ills” of the English society were apparently causing madness to grow to epidemic proportions (Colburn 7). To Cheyne the problem was moral as well as medical. While this theory has since been debunked, Cheyne was responsible for adding to the cultural narrative regarding an enigma in England, attempting to define the reasons for mental illness during the time. Dr. Eric Carlson makes this very point in his 1976 introduction to *The English Malady*, arguing that Cheyne made important contributions to the “history of behavioral science,” however misdirected (xi).

Glen Colburn in his introduction to *The English Malady: Enabling and Disabling Fictions* talks about the gendering of terms of madness. He also addresses the different usages of the lexis of mental illness in literary and medical contexts:

In literary circles, writers called it spleen, vapors, or hyp. In medical circles, it was called hysteria when it afflicted a woman, hypochondria when a man, or it was vaguely referred to as a nervous disorder. The variety of names hints at the mysteriousness

of the disease so it is not surprising that physicians of the time complained about the protean nature of The English Malady. (7)

Both men and women were implicated in madness during the eighteenth century, but in very different ways. Hysteria was originally used to describe an illness of the uterus. Whereas hypochondria was defined as an affectation of the internal organs, gall bladder, spleen and liver beginning in the fifteenth century and then as a general melancholy or depressed state beginning in the nineteenth century (Oxford English Dictionary).³ Definitions of varying “types” of ailments, including those based upon bodily or gender indicators, become more prevalent in nineteenth century medical discourse on madness. However, Colburn indicates that the gendered terms for madness were beginning to appear during the eighteenth century.

Colburn, in the above quotation speaks about the enigmatic quality of madness at the time. Cheyne, like other physicians, had not reached stages of exact definition in his work on mental illness and the ambiguous ideas of the mysterious illness soon began to appear in other narratives as well. There were so many references to the then-called *spleen* or *vapors* that Colburn goes on to say:

Given uncertainty about its causes and symptoms, as well as the belief that it had reached epidemic proportions, theorizing about the English

³ The word hysteria, in its original Hippocratic form is divorced from how the word appears to be used today. Hippocrates, the Grecian “first” doctor, is said to have first coined the word in his work *Aphorisms*. Written during his lifetime, between 460 and 370 BCE, *Aphorisms* includes a definition of “hysterics” or *hysterika* which “could refer to all diseases of the womb or to a particular condition called *hysterikē pnix* (best translated ‘suffocation of the womb’)” (King 5). The coupling of the definition “hysterical” with mental incapacity or madness as we understand it today came around the year 1801 (Oxford English Dictionary).

Malady in the eighteenth century – whether medical or literary- almost inevitably turned toward discussions of the social and moral ills this mysterious disease was felt to represent, and medical diagnoses frequently implied social and moral prescriptions for English women and men. (7)

Mental illness was not well understood in the early eighteenth century.

However, there are some important pieces of information we can glean from Colburn's twentieth century analysis of Cheyne's medical narrative. First, that there were gender breakdowns within diagnoses of "The English Malady." Second, the mysteriousness of the "disease" allowed all sorts of medical assumptions and license for creativity in medical narrative. Later in this chapter I discuss the way in which Meegan Kennedy draws out the ambiguity and poetic license taken by eighteenth century doctors that caused confusion around mental illness.

There was overlap between what was called *female sensibility* in fiction and what doctors called "sympathy of the nerves," "hysteric," "hypochondriac," "some morbid matter bred in the blood," and "lunacy." While none of my case studies specifically references female patients, the connections between the descriptions of literary female characters and the list of symptoms of lunatic behavior in the medical texts allow me to draw connections between the fiction writing and medical writing. Dr. William Battie's medical overview, *A Treatise on Madness*, was the first lengthy book to appear that focused solely on the treatment of mental illness. Battie's definition of mental illness is:

Madness though a terrible and at present a very frequent calamity, is perhaps as little understood as any afflicted mankind. The names alone usually given to this disorder and its several species, viz 'lunacy,'

‘spleen,’ ‘melancholy,’ ‘hurry of the spirits,’ etc. may convince anyone of the truth of this affection, without having recourse to the authors who have professedly treated on this subject. (Battie 2)

William Battie was an English physician who published his *Treatise* in 1758.

Looking closely at the quote, I will point at several things. First, the terminology of the nerves and spirits, such as a “hurry of the spirits,” closely mirrors the language of fiction I examine later in the chapter, when the main character herself speaks of the failings of “the strength of her spirits and nerves” (Fielding 55). Secondly, I notice that a lot of guesswork was involved, according to the doctor, in the identification and treatment of mental illness at the time. The experimentation with representing deep feeling in the literary genre of sensibility and the experimentation of psychiatric medicine came at the same time. Although little was known about madness, many physicians in the eighteenth century thought they knew all about its signs, symptoms and reasons. As Battie states, “the names [listed] ... may convince anyone of the truth of this affection, without having recourse to the authors” (2). Battie is asserting that words such as “spleen,” “lunacy,” or “hurry of the spirits” made physicians believe they understood madness when they really did not. Furthermore, while the medical dialogue on madness remained “gender neutral” within the case studies, sensibility is widely recognized as a female proclivity in novels of the eighteenth and nineteenth centuries (2).⁴

⁴ The gender neutrality or the failing to mention any subject in the studied I have read is not completely surprising for most medical journals discuss symptoms in general rather than patients.

Eighteenth century physicians theorized about mental illness without awareness of what caused mental illness in patients. Doctor Robert Whytt, a Scottish physician who practiced in the mid-eighteenth century and wrote the work, *Observations on the Nature, Causes, and Cure of Those Disorders which Have Been Commonly Called Nervous, Hypochondriac, or Hysterical* in 1765, condenses every mental disorder including that which was known as "florulent, spasmodic, hypochondriac or hysterical" under the broad spectrum term "nervous" (a2). He asserts that in every disease the "nerves" are somewhat or somehow affected, so there is no disease that can't be called "nervous" (Whytt a3). The author continues with observations on his very vague but broad definition of nervous conditions. Whytt's observations give credence to Battie's assertion that generally little was known about madness among medical practitioners. Whytt equates nervousness with an overload of sympathy within the nervous system, formulating nervous disorders as a sensibility or sympathy of the nerves (Whytt vi). He lists in the table of contents different symptoms of nerves, including food cravings, flatulence, stomach cramps, and a myriad of other vague symptoms (Whytt xi). Whytt carried out his experiments using opium to watch for its effects on muscle contractions and spasms, and attributes nervous disorders to problems beginning in the blood, like insufficient quantities of blood or "some morbid matter bred in the blood" (Whytt 140). Whytt's vocabulary provides further example of the language being used to describe mental illness, reaffirming the unspecified nature of mental disease during the

eighteenth century. The various types of mad disorders and the disarray in which they were identified and treated are illustrated in Whytt's description.

Meegan Kennedy, in her chapter entitled "Curious Observations, Curious Sights: The Eighteenth Century Case History," speaks about the quality and content of language in eighteenth century medical case studies. She concludes that the language of medical narrative has sentimental qualities similar to the literary narratives of the same time. She asserts that the observations of medical professionals of the time were more observational than diagnostic. They reported what they saw using literary rhetoric and adding their own thoughts and feelings about their case studies to their texts. Kennedy describes this phenomenon of using a subjective voice while reporting as "curious medicine" (32). Cheyne and Battie both contributed to the subjective narration of patient analysis at the time. The "curious," Kennedy argues, clouded the physician's ability to distance himself from his subject. A physician such as Cheyne or Battie reported his "observations on" a subject. These observations combined the visual with their own "human insight into patients' ailments, concomitant with their role as men in culture, judgment and sensibility" (Kennedy 36).

She goes on to state that eighteenth century physicians were constantly in contact with one another and referring to each other's work: "John Monro writes his 1758 *Remarks* in specific response to William Battie's *Treatise on Madness*. Even when physicians disagreed with each other's work, the cross-referencing codifies their joint membership in a medical fraternity, despite

differences in training, knowledge, theory and practice” (Kennedy 33). The fraternity of physicians contributing subjective rather than objective observations gave the new medical discourse of madness a quality of literary sensibility. “Sensibility” in a physician emerges, according to Kennedy, when their “curious sight” inhibits the rationality and authority of language. The doctor begins to use an excess of sentimental language and interject his own opinions or comments as a “man of culture” rather than a physician. Sensibility in this context, in other words, is “when a case excites a subjective response...endanger[s] the physician’s authority, the narrator often recasts that response as insight –an individual sensitivity to the patient’s condition, enhancing medical judgment – not unlike sensibility in the eighteenth century novel” (Kennedy 37). Physicians’ sensibilities reoccur throughout Whytt’s writing also.⁵ Kennedy says narrative of sensibility is seen within the practitioners’ writing. Kennedy asserts that sensibility in the form of personal observations or interests limited the scope of the medical writing. She critiques the physicians’ use of literary tropes within the “curious sight” medical narrative.

Kennedy claims, “the exotic, sentimental, sensational or Gothic details of a curious case can prompt the effective charge of curious sight, placing the physician and reader in the role of a stealthy voyeur or vulgar (common) spectator” (36). The role of the physician as “reporter” in eighteenth century

⁵ Kennedy later calls the sensibilities embedded in eighteenth century physician’s writing “curious sight.”

insight and discourse allows us to understand the doctor as more of a spectator than a participant. As spectator, however, these doctors inserted their own exaggerations or what Kennedy calls “sensational details” into case studies. Kennedy’s quotation explains the various ways in which eighteenth century physicians “viewed” their research. Kennedy refers to the phenomenon of physician spectatorship or voyeurism as “curious observation.” Curious observation was in direct contrast to the experimentalist motives of medicine that were beginning during the eighteenth century. Experimentalism is the term given to the more disinterested medical stance physicians were supposed to take which opposed “’rhetorick,’ a language of excess which is formally superfluous; untrue in that it is fanciful, fictional, dramatic or insincere; and digested to elicit a subjective response or aesthetic pleasure” (Kennedy 33).⁶ Experimentalism was the act of supposed detachment by a physician and the “exclusion of linguistic excess” as recommended by the “New Science” of the “Royal Society” (33-34).

However, eighteenth century medical professionals were experimentalists as well as curious observers. Although the two ideologies appeared at polar opposites of the intended spectrum, Kennedy asserts that physicians did manage to marry the two in some instances. In others “curious sight” overtook the observations of the practitioners and they were unable to remain simply experimentalist in their relationship with the patient. Kennedy

⁶ “’Rhetorick” was the word used by the Royal Society of doctors to refer to the use of descriptive or false language.

says when “curious sight” took over a physician’s objective observation, “the act of seeing is no longer confined to experimental investigation, but peers into an undisciplined space, either a private (voyeuristic) or public (spectator)...the patient becomes the curiosity” (39). When the patient became the curiosity, the physician’s “disinterested stance” changed. “Emotions roused by “the curious” range from amazement to ridicule to disgust to desire” (Kennedy 38). Doctors injected their own sensibilities and preferences into their observational writings.

This trend, according to Kennedy, was to report on as well as lump together every case occurrence that was “strange” to them and call it madness. Kennedy cites Cheyne telling that he specifically chose cases of nervous disorders that seemed strange or particular to him, leaving out those case that he claimed were “pretty much alike” (36). It seems as though in choosing cases based on peculiarity, Cheyne and the other physicians were pandering to their audiences. Information about “The English Malady” and other forms of madness was the product of exaggeration and practitioner sensibility. Doctors were not reporting on every patient seen, but hyperbolizing the evidence they reported to feature more interesting case studies. The greatest likelihood is that doctors were seeking each other’s attention when choosing and reporting on case studies.

Kennedy asserts:

Although eighteenth century cases do not necessarily focus on the curious phenomena, experimentalist medicine does gravitate toward the secret, the strange and the estranging....[and] is thus centrally concerned with the unknown despite, or perhaps because of the ever present risk (or promise) of deception. (37)

Kennedy claims that doctors deceived readers through the loose way they went about gathering and presenting evidence of madness and their subjective use of patient information. She says doctors were thereby contributing to a cultural widespread panic about madness that grew to a crescendo. This phenomenon can be seen in Cheyne's analysis of "The English Malady." Cheyne claimed this malady was epidemic, an assertion fed, in part, by his reading of the other physicians' interpretations of madness that were changed or tampered with. Observational medicine triggered a sensibility within practitioners that was communicated through their writing.

Kennedy argues that doctors possessed medical sensibilities that crept into their writing and clouded their objectivity, "not unlike the sensibility of the eighteenth century novel" (37). Physicians manipulated their work, their own sensibilities and the audience's sensibilities by putting their feelings directly into their texts. A physician could find a patient exceedingly dull and that opinion would find its way into a medical text. As Kennedy suggests, the doctor's emotional connection to the work and the subjectivity in writing can be seen in tandem with the deep emotions and overpowering sensibilities that appear in the sentimental novel. The medical world, literary world and their respective spheres of influence began to come together. I will look more at the repercussions of "curious sight" in further chapters. First, it is important for us to understand the place of madness historically in England.

The effect of subjective, experimentalist medicine historically was a new prevalence of “terms of madness.” Punishments such as placement in asylums or, more accurately, being locked up and hidden away by family members, began to appear as practitioners published their findings and observations. The popularization of the institution came around the turn of the century. However, I argue that historically, growing anxiety in England began during the eighteenth century.

The asylum comes in very minimally during analyses of the eighteenth century; however, it does make a few appearances. William Battie was the overseer of Bethlehem Royal Hospital, which served as an asylum from its origins as a Catholic Priory (when it was called The Hospital of St. Mary of Bethlehem) in 1247 then a mental hospital beginning in 1330. In many ways, Battie’s *Treatise on Madness* was an attempt to solidify a definition of madness during the time of so many new terms. Battie’s work is a critique specifically aimed at Bethlehem and the running of the facility (Russell). Due to the subjective and experimentalist hypotheses on madness, by the mid eighteenth century both the definition and the treatment of mad people had gotten quite out of control. Battie witnessed the maltreatment of patients by doctors as well as the brutal conditions of hospitals such as Bethlehem. In fact, the word “bedlam,” meaning “a scene of mad confusion or uproar” was derived from Bethlehem Hospital (OED).

In Roy Porter's introduction to John Haslam's *Observations on Insanity*, written in 1798, he states: "During the eighteenth century both charitable and private asylums were instituted and in the nineteenth century were augmented by a comprehensive system of county asylums. Between 5,000 and 10,000 people were confined as lunatics [in England] by 1800 and about 100,000 by 1900" (Porter xii). He goes on to speak of the evolution of the asylum in the 18th century. He tells of the brutal doctors who were putting "lunatics" in asylums even if there was little credence to their findings. Porter speaks of "pauper lunatics" who "could be detained on the authority of the magistrate" by the year 1714 (xii). Furthermore, the word "lunatic" had gained notoriety by that stage in history and being accused of lunacy by anyone of importance would ensure you a passage to the nearest asylum. Haslam's work, too, is a critique of medical doctors and their treatment of those perceived to be insane at the time.

The asylum did not gain public funding until the grand and abysmal places of discipline and punishment of the nineteenth century. However, the theory behind such practices originated with the shift in ideas in language and new definitions of insanity; terms such as *spleen* and *vapors* in medical writing helped to solidify the new ideas. As new social and medical language of madness and changing practices regarding those perceived to be insane formed, the collective gaze began to shift towards an interest in "mad" people. A "type" of insane person began to solidify in the minds of many. This "type" was fed both by the exaggerations of practitioners using literary language with "exotic"

and “sentimental” narrative themes, as well as by the appearance of newly defined terms of mental illness within popular fiction (Kennedy 36).

The Language of Madness in the Sentimental Novel

During the rise of experimentalism in medicine also came the rise of the English novel. The genre of the sentimental novel, especially, grew to popularity during the eighteenth century. The parallels between the literary language in the sentimental novel and the language of sensibility in medicine suggest a conversation between the two forms of narrative. Like medical text, literature was not a mimesis that simply reflected the new language of case studies. Rather, eighteenth century literature had dialectic interaction with the narrative of psychological medicine. The sentimental novel took terms found in hyperbolized case studies such as Whytt’s or Battie’s and used them to make madness of the heroine more realistic to readers.

Of the genres of literature that were emerging around this time, the gothic novel most invoked the language of unease, eeriness and psychological terror. Horace Walpole’s *The Castle of Otranto*, written in 1764, is widely accepted as being the first gothic novel. Madness in the gothic presents as a “gothic-ness of the mind,” the dark spaces and drafty corridors of the castles in eighteenth century gothic novels parallel the protagonist’s fear of the supernatural and of the unknown which unsettles his or her mind. The language of an unsettled mind and of psychological disquiet is large parts of the Gothic novel. However, another genre, the sentimental novel, was also emerging and

gaining widespread popularity, especially among female audiences in the latter half of the eighteenth century. These novels heavily feature the language of sensibility. Sensibility is defined as “power or faculty of feeling, capacity of sensation and emotion as distinguished from cognition and will” (OED). The overlap of language between the sentimental novel and the medical works allows me to establish the connection between literary “female sensibility” and new terms for madness from medical texts.

Sarah Fielding’s 1761 novel *The History of Ophelia* illustrates the new language of madness shared with the medical narrative. It is no small coincidence that the novel features a main character named Ophelia Lenox. While Ophelia Lenox’s story is not a retelling of the original Ophelia tale, *The History of Ophelia* has many similar elements such as deep love and romantic disappointments. The novel also echoes so much of the language of madness that is contained within the case studies. Ophelia is a young woman who lives in seclusion in Wales with her aunt until she is mistakenly stumbled upon by the rakish Lord Dorchester who brings her back to English high society and attempts to socialize her. It can be argued that *The History of Ophelia* is more of a coming out novel than a sentimental novel, but due to the deep emotions and the clear and purposeful connections between this novel and the other sentimental novels of the time, this story may be read as a sentimental novel as

well.⁷ Deep emotions in connection with the name Ophelia are crucial here. Ophelia is not portrayed as a lunatic, but rather, Fielding's character becomes a product of her own misfortune and descends into spells of what was called "hurry of the spirits," and "melancholy." She finds her happily ever after but not before she suffers from deep emotional turmoil that connects her both with the sentimental heroines and the language of sensibility that connects her character to the narrative of new "psychological" medicine.

The History of Ophelia tells the story of a Welsh girl brought up alone in the wilderness with her aunt.⁸ She is discovered by the seemingly gentlemanlike, but secretly rakish Lord Dorchester who attempts to socialize her by kidnapping her from her aunt's house in Wales and taking her back with him to London. Although Dorchester is her kidnapper, Ophelia falls in love with him and finds him a trustworthy suitor. Dorchester's plan backfires in many ways, however; one of which is that after being introduced to English high society, Ophelia falls gravely ill and is overtaken by a fever. This fever is, no doubt, related to homesickness and lovelorn. Here we see evidence of mental illness manifesting in physical illness, which is a symptom discussed at length by the physicians in

⁷ Peter Sabor makes connections between *The History of Ophelia* and Richardson's *Clarissa* sighting that Fielding's work was in many ways a response to *Clarissa*: "If *Ophelia* looks forward to the Gothic novel, it also looks back to Richardson's fiction, and, in particular, to *Clarissa*. Just as Fielding's castle is a comic version of the Gothic ruin, inspiring not fear but derision, so her hero, Lord Dorchester, is a response to Lovelace, *Clarissa*'s abductor and rapist. In Fielding's rewriting of the *Clarissa* story, the heroine is also abducted, but then protected rather than molested. Like Lovelace, Dorchester is a libertine bent on seducing his prey, but he eventually condemns his own libertinism" (Sabor 16). For more on the connection between Fielding and Richardson see Fielding's criticism *Remarks on Clarissa*.

⁸ For more synopsis of *The History of Ophelia* see Linda Bree's biography of Sarah Fielding (Bree 135).

their journals. Within the novel, Ophelia is often described as not being mentally present or socially present when amongst the London civilization. The novel is written in first person, so it is Ophelia describing herself in these ways. The readers are aligned with her feelings, and her mental absence is illustrated within her descriptions of an overwhelmed state. Her lack of presence is also manifested physically and externally in fainting spells and high fevers, as well as an overall carelessness in social situations. Ophelia, after moving to London, describes herself as suffering from “female Frailty” after almost dying from the aforementioned high fever that was brought about by the kidnapping (Fielding 110). Ophelia often comments on the failings of “the strength of her spirits and nerves” (55). She further describes being “in raptures,” “sensible,” and at any given moment she can be “in Terror.” Ophelia refers to her own hurried nerves on more than one occasion. When she falls ill after being taken from her Welsh home, she describes:

I appeared in a high Fever, which in a few Days increased to so great a Degree, as made me expect from the quiet Hand of Death, a Release from all my Troubles. I was too unhappy to be afflicted at this Expectation. Grief for what I had lost, and Fear for what might ensue, fortified my Mind. Can the Wretched behold the Grave with Terror? ...A Fortnight passed before my Fever began to abate, and it left me so very weak and low, that I thought myself nearest to Death, when I really was out of all Danger of dying. Above a Month more, was spent in restoring me to sufficient Health and Spirits...The natural Strength of my Spirits and Nerves, which had then never felt any of the Disorders, that, in a Degree, afflict almost every Constitution in this Country, and by which, even mine has suffered since, returning, I bid adieu to my native Simplicity of Life. (Fielding 55-6)

Ophelia states here that disorders of the nerves were known to afflict most people in the country, and she suffered greatly from them since her feverish illness. Fielding enfolded madness within physical illness and distress in the above quotation. This passage blurs the language of madness and the language of female behavior, for women in sentimental novels commonly express sensibilities physically, either by falling ill or literally falling down in a swoon. The result is female sensibility.

Peter Sabor in his introduction to *The History of Ophelia*, explains her forced “coming out” into English society might cause emotional fever:

Her “coming out,” normally a ritual passage into adulthood, is for her quite literally an emergence from the fastness of Wales into a bafflingly arcane social system. Not surprisingly, the transition is traumatic and has the immediate effect of inducing a “high Fever:” shortly after her abduction from the cottage Ophelia’s health has been shattered and she longs for death. (19)

Ophelia’s longing for death as well as her other deep emotions are tied to her physical well being. This is a facet of the sentimental novel, and, as Kennedy argues, of the case study. Kennedy states that eighteenth century doctors believed “the body becomes susceptible to infection from a fever like typhus when run down and when suffering under emotional strain” (113). While Fielding’s novel is primarily a critique of society, Ophelia’s deep emotions and their direct connection to her physical wellbeing are also a primary concern of the novel. Sabor’s list of Ophelia’s symptoms is what would become known as

hysteria or the “female condition” in the nineteenth century.⁹ Female sensibility is associated with deep emotions, physical symptoms and lovesickness and is mostly associated with females. “Hurry of spirits,” “sympathy of nerves” and “melancholy” were all terms used both by Fielding and several doctors, including Battie, synonymously to describe presumably female mental conditions.

When Ophelia discovers her protector and host, Lord Dorchester, has the cruelest of intentions after he has spent a good deal of time patiently courting her, she is scandalized. Dorchester planned on making Ophelia his mistress, a great sin considering how extensively Ophelia trusted him. Ophelia explains after she learns of Dorchester’s intentions, “I could not suspect him of any ill Design against my Innocence; of all such views I was totally ignorant, I knew not what they meant. The Shadow of such Schemes had never been represented to my imagination, whose simply Purity received no Light from his Behavior; which was so modest and respectful, that equal innocence seemed to rule his Thoughts” (Fielding 75). Ophelia’s thoughts show an innocence of mind juxtaposed with the deep sincerity of feeling. She assumes at the persuasion of her Welsh aunt that Dorchester only has the best intentions. When she finds out

⁹ For more information hysteria’s association with females see Elaine Showalter’s *The Female Malady: Women, Madness, and English Culture, 1830-1980*. See also *Hysteria Beyond Freud* which includes pieces by Helen King, Roy Porter, Elaine Showalter and Sander Gilman which outlines the various definitions and representations of hysteria as related to both males and females. In chapter one “Once Upon a Text: Hysteria from Hippocrates,” Helen King outlines the trajectory by which hysteria (as a word and its representations of that word) became linked with women and in chapter four “Hysteria, Feminism and Gender,” Elaine Showalter provides an analysis of the link between feminism and hysteria.

otherwise, she is overcome by emotion. She wants more than ever to return to Wales and escape Dorchester's gaze. She refers to him as a "constant Spectator" (Fielding 99). Ophelia manages escape and run back to Wales.

Ophelia's idea of Dorchester as a "constant Spectator" suggests the relationship of curious doctor to subject, like the idea of eighteenth century doctors reporting their observations on case studies of mental illness, in essence "gazing" upon their subjects. Ophelia, in many ways, is symbolic of the insane subject being gazed upon by medical practitioners. Dorchester represents English society (specifically English doctors) and Ophelia, within the text, represents "otherness" and savageries making her appear mentally ill. Her supposed madness is inherent because of her racial background and therefore she is gazed upon. Later in the chapter I will discuss Ophelia's Welsh background and the racial and colonizing implications of Dorchester's gaze upon her. The implications of the "gaze" upon the insane woman are sexual as well as racially charged within *The History of Ophelia*. Ophelia as a figure of sexual desire or as a non-English savage adds another layer to my analysis of her as the sensible female "type."

Ildiko Csengei writes in the article "Romantic Psyche and Psychoanalysis: 'She Fell Senseless on His Corpse': The Woman of Feeling and the Sentimental Swoon in Eighteenth-Century Fiction" that the swoon of sentimental women can be read as a means of necessary escapism:

In [the story], 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 [the heroine]: it prevents [her] stopping the life-threatening event and assisting where [she] would be most needed. By losing consciousness, [she is] forced into an inactivity that hinders the fulfillment of the very desire uncovered by [her] their fainting. But what do novels of the period achieve by staging cases of female indisposition? And why do sentimental heroines faint, after all? (1)

Csengei poses a very captivating question. The swooning that Ophelia participates in renders her incapable and makes her appear affected. Swooning also communicated, according to Csengei, that a stressed woman is not able to act on her own behalf. This is a version of performed escapism. Let us not forget that Fielding's Ophelia wanted very much to die during her introduction to English society and again when she finds out the true intentions of her suitor, Lord Dorchester. She often faints or is rendered silent. One such episode is when Ophelia finds out near the end of the novel that Lord Dorchester has left his entire fortune to her and is about to enter a duel with one of his enemies; she becomes so overcome with emotion that she collapses, convulsing on the floor: "The Proof of both the Danger that threatened his Life and the Strength of his Affection had so melancholy an Effect upon me, that I fell into Fits" (Fielding 224).

Ophelia, in this quote, locates herself in the crossover between sentimental tropes and the language of mental illness. Like so many other eighteenth century heroines, Ophelia acted on the heavy weight of her emotions. The eighteenth century was a time of literary deep feeling, so many female protagonists were represented as having many sensibilities and would have had,

as Dr. Robert Whytt asserted, oversensitive “nerves” or too much sympathetic feeling. Csengei claims that fits of fainting were associated with female “nervous disorders,” hysteria or even epilepsy that made the eighteenth century and subsequent cultures assume the affectation and fragility of women especially. These ideas evolved during the eighteenth century in the communication between the medical narrative and the language of female sensibility within the sentimental novel. “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” (Csengei 4). Ophelia’s reference to her “fits” shares similar language with Csengei’s connection to the medical narrative and the sentimental swoon. Csengei claims that “nervous fits,” such as Ophelia’s, were connected with hysteria, or the new definition for female mental illness (as reported by Cheyne). Although they were fits of sensibility and overwhelming emotion, they were interpreted as displays of hysteria, as another crossover from female sensibility to insanity.

Although Sarah Fielding was not retelling the *Hamlet* story in *The History of Ophelia*, Fielding purposefully evoked Shakespeare’s heroine:

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. (Csengei 16)

Csengei makes the connection between Ophelia's suicide in *Hamlet* and Ophelia Lenox's fainting.¹⁰ Csengei reads eighteenth century feminine swoon as an act of performed suicide and in the above quotation he ties together the suicidal reading of Ophelia's death and Ophelia Lenox's performed suicide as well as her longing for death. Throughout *The History of Ophelia*, Csengei claims, there are "subtle allusions to the fate of Hamlet's Ophelia" (16). Ophelia Lenox often wishes for death because she cannot return to her home in Wales. Csengei reminds us of the similarities between the two heroines in his assertion that Fielding named her main character purposefully in order to summon images of Shakespeare's heroine. Both women were victims, Csengei reminds us, of uncontrollable circumstances. Shakespeare's Ophelia is rejected by the vengeful Hamlet who kills her innocent father, the only protector she had. Ophelia Lenox is kidnapped from the only home and family member she knew by a man she grows to love, but is untrustworthy. Both characters, as Csengei recalls, are attempting to escape from their loneliness, betrayal, and disappointments in love through acts of suicide. Ophelia Lenox's performance of "the feminine repertoire of sensibility: fainting, illness, and delicacy of constitution" are evocations of Shakespeare's Ophelia (16).

¹⁰ Ophelia's death in *Hamlet* is never explicitly called a suicide and different readings of the texts disagree on how purposeful Ophelia's drowning is.

Fielding was an avid reader of Shakespeare and she often quoted his work in her correspondence with other writers, including Samuel Richardson, James Harris, and her brother Henry Fielding. In one such letter, written to Samuel Richardson on December 14th, 1758, Fielding asks his opinion on a Shakespeare quotation from *Measure for Measure* which she included in a volume of passage she had sent to him along with the letter. “There is a note on a quotation from Shakespear in page 175 of the first Vollume which I beg you to consider whether you think it proper” (Fielding 149). Fielding often quoted and referenced Shakespeare in her work. Her 1757 novel *The Lives of Cleopatra and Octavia* is filled with plot and character references to Shakespeare’s plays, most notably, *Antony and Cleopatra*. Fielding found Shakespeare a useful tool to shape her characters within a popular literary framework, the characters of Shakespeare.

Ophelia Lenox’s sensibilities are, in part, tied to her origins. Ophelia’s “otherness” is based on not being born in England. Sabor makes connections between her savagery and her Welsh upbringing. Below, I explore Ophelia’s savagery and how that makes her both alluring and disquieting in the eyes of the eighteenth century reader. The implications of “otherness” and the unknown within medical texts shows us the mysteriousness of mental illness and a particular physician sensibility. The doctors discussed earlier in the chapter had a fascination with the peculiar and therefore the peculiar became associated with

madness through their work. This is why Ophelia Lenox was viewed as uncivilized: her otherness. According to Sabor in his introduction to the novel:

We see nothing at all of Welsh society, clothing, diet, or any specific to the country. Nonetheless, Ophelia is deeply marked by her sequestration in Wales, and although most of the novel is set in England she enters society as a quasi-primitive figure, bewildered by the regulations governing English social life. (Sabor 18)

Sabor is asserting the constant “otherness” of Wales and the Welsh as it appears in the novel. Ophelia is unquestionably Welsh, as Sabor says she “is deeply marked by her sequestration in Wales,” hinting that the colonizing presence of England over Wales is always in the background of the work (18).

Author of *Distant Fields: Eighteenth-Century Fictions of Wales*, Moira Dearnly, is quick to point out the juxtaposition of Ophelia’s feelings of Wales and the feelings of English high society. Ophelia longs for Wales both for the scenery and for the life of innocence and seclusion that she shares with her aunt. She laments halfway through the novel, “There I lived [in Wales], blessed indeed in innocence; all that was dear to me within my sight; I had nothing to regret, nothing to sigh for, no thought, no wish, to suppress” (Fielding 112). Ophelia does not want for anything in Wales and the majesty of the countryside coupled with the freedom she has makes Wales idyllic. Dearnly goes on to say that Wales, in the novel, becomes not only a place of bliss, but one of virtue. Ophelia, unaware of the “existence of vice,” is unable to succumb to it (Dearnly 72). Even when Ophelia learns of Lord Dorchester’s intentions to make her his mistress, she does not give in to his wishes to become a fallen woman. Instead

she falls back on the virtue bestowed upon her in Wales and finds a way to escape. One could look at Wales in this situation as the “moral center” of the novel while the English society is the sight of libertines and bad behavior.

Following Dearnly’s theories on the novel we could assume that those of true virtue such as Ophelia were shunned in English society, as almost perfect outsiders. However, this idea seems to be a bit of a stretch. Looking to Dearnly’s introduction for answers we find that the frequency of novels produced in the eighteenth century about, around, or in some ways connected with Wales is quite high. Dearnly suggests this is because a great deal of knowledge was gained about Wales and Welsh culture during seventeenth century (Dearnly xvi). She goes on to say that all of these studies were done by the English and were seen through the lens of a proper, high-and-mighty Englishman. Thus, the research on Wales was inevitably flawed. While the Welsh countryside was portrayed as romantic:

The Welsh were ridiculed for being dishonest and stupid, credulous and superstitious. They were depicted as abjectly poor but comically insistent on their gentle birth, their long names linked with ap and their massive pedigrees. They were constitutionally hot-tempered and quarrelsome. They lived on mountains and had peculiar ways of computing time and distance. They were cowardly, conquered people but nevertheless proudly resentful of their loss of national liberty. They were addicted to cheese, ale and astrology. They were overrun by goats and cousins. They wore leeks in their hats and got drunk on St. David’s Day. They spoke gobbledygook. All these seventeenth-century prejudices about the Welsh can be readily traced in eighteenth-century fictions. (Dearnly xvi)

The landscape may have been desirable, but the inhabitants of Wales were certainly not. The Welsh were regarded through the imperialistic view of

conqueror on the colonized. Consequently it is reasonable to say that Fielding was more than influenced by the perceptions of Wales and the Welsh at the time she was creating the “quasi-primitive” character of Ophelia (Sabor 18).

As a final piece to move forward into the nineteenth century I would like to discuss sexuality and the gaze that is focused on Ophelia by Lord Dorchester.¹¹ Ophelia became the object of Lord Dorchester’s sexual gaze early on in the book. It is safe to assume that his desires to make her his mistress, rather than his wife, arose a good time before she became aware of them. Ophelia’s Welsh lineage was a factor in Dorchester’s decision to make her his mistress. Had Ophelia been “blessed with a civilized upbringing,” then Dorchester would have overlooked her or courted her and taken her as his wife. However, because she was not a part of his civilization, she could be looked upon as a sexual object first.

Understanding the man’s sexual gaze upon the “other” woman will be crucial in watching medical narrative as it shifts into the nineteenth century. Theorist Elaine Showalter states that in the nineteenth century the madwoman was a grotesque part of the male seductive gaze because she was unusual. There are few critical links to sexualized madness or “other-ness” in the eighteenth century and many more in the nineteenth century. However, Dorchester’s gaze

¹¹ For more on desire and sexuality in the eighteenth century novel please see Patricia Meyer Spacks’ work *Desire and Truth: Functions of Plot in Eighteenth-Century English Novels*. In her third chapter entitled “Of Plots and Power: Richardson and Fielding,” Spacks analyses the power of men in the English novel. She says “[the novel’s] plot expresses and confirms its sexual ideology: sexual relations are power relations in which men, with the advantage of social and physical force, oppose women, those resources depend mainly on indirection and on socially confirmed male fantasies about the female nature” (56).

upon Ophelia is a good example of female sensibility as provoked by sexual objectification. Women could not reciprocate sexual feelings, another reason for Ophelia's "melancholy." Expressions of women's sexuality in the eighteenth century were taboo and according to Csengei:

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. (Csengei 2)

Csengei asserts that the only way for women to deal with their own sexuality, or in the case of Ophelia, Dorchester's sexual feelings for her, was to portray deep emotional feelings rather than sexual feelings. Adding another layer to those thoughts, Csengei suggests that being an object of desire may be one reason for the indisposed heroine. These theories link Ophelia's Welsh upbringing to her feelings and hysteria surrounding her introduction to English society and finally her portrayal as an object of desire.

Theorist Nancy Armstrong in her book *Desire and Domestic Fiction: A Political History of the Novel*, places gender and sexuality at the center of understanding the novel. Armstrong argues that female sexuality, desire and emotion should be seen politically within the novel. By this Armstrong means to deconstruct what *worth* eighteenth and nineteenth century novelists were placing upon women specifically. Armstrong says that in the eighteenth century the novelist began to "produce the domestic woman" and in doing so focused on

how “the more subtle nuances of behavior indicated what one was really worth. In this way, writing for and about the female introduced a whole new vocabulary for social relations, terms that attached precise moral value to certain qualities of the mind” (Armstrong 4). Armstrong draws the reader’s attention to Fielding specifically saying that she represented the female experience much differently than that of a man. “It was at first only women who were defined in terms of their emotional natures” and male characters were “products of desire and producers of domestic life” (4). Dorchester is Ophelia’s “product of desire” but according to Csengei she was unable to respectably express those desires. Instead she escaped into her deeply “emotional nature” (4).

It is clear that there are similarities between Fielding’s character and Shakespeare’s Ophelia. Moreover, it was the exotic woman that seemed to draw attention. A form of exoticism, “otherness,” or release was madness. In this sentimental novel, the Welsh woman, named Ophelia, acting on her sensibilities was a product of eighteenth century literature. However, her madness did not render her useless and her story ended happily.

Observing the eighteenth century has meant exploring the overlap between the medicine of madness and the madness of sensibility. It is no surprise that the new definitions of madness and the sentimental novel, *The History of Ophelia*, both contain the shared ideas and vocabulary of madness. Meegan Kennedy’s assertion that the eighteenth century was a time of “curious sight” applies not only to medicine and mental illness, but to literature and

language as well. It seems authors and doctors alike were trying out words and ideas linking women's behavior and nervous disorders.

Conclusion

Observing the various terms of mental illness that were known as “lunacy,” “vapors,” “spleen,” “melancholy,” and “hurry of the spirits” in the eighteenth century helps us to understand the reciprocal nature of language. In other words, literature fed medical narrative and medicine fed literature. The curious observations and reports of eighteenth century physicians, moral or immoral, provided a foundation and accessibility for fiction to interpret madness. Fiction gave physicians rhetoric of the “exotic, sentimental, sensational, or Gothic” to work with, as Kennedy asserts (36). Through this accessibility arose a cultural perception of madness that led the general public to ostracize peculiar behavior into asylums, a practice that grew during the nineteenth century. The use of the new and accessible lexis of madness provided a medical realism to eighteenth century novels that made portraits of mental illness more believable to an audience.

Sensibility was not just a term used to describe a rising literary trope. It was the sensibilities of the doctors, and by extension the general population that their texts served, that helped to solidify the way that “mad people” were perceived. Sensibility, bias and other emotional responses to what should have been objective practices on the part of mere “reporters” (medical professionals) led to a cultural paranoia that madness was epidemic.

In *The History of Ophelia* Fielding blurs the line between womanhood, otherness, savagery and madness. The parallel between otherness and madness, while not specifically gendered, became evident. This blurred line illuminates the emergence of a “type” of mental illness which began through this conversation of medicine and fiction: the woman affected by female sensibilities. This idea of the woman with female sensibilities points to the generation of the language of gendered, female, madness beginning before the Victorian gaze focused upon her in the nineteenth century. The “Ophelia-type” sensibilities exhibited by Ophelia Lenox associate her character with a specific type of madness. Ophelia was evoked by Fielding to communicate a suicidal melancholy heroine to her readers. This same tool is used for diagnosing “Ophelia types” in the nineteenth century.

CHAPTER TWO
AN APPRAISAL OF THE “OPHELIA-TYPE” IN VICTORIAN ART

During the nineteenth century a renewed interest in the literary character brought about the emergence of over fifty images of Ophelia. Shakespeare’s heroine became a popular subject of the Pre-Raphaelite artists and those who came after them. Some theorists speculate that the renewed interest in the literary Ophelia character was a part of English nationalism. English painters wanted to pay homage to their country through art that was not full of religious iconography. Shakespeare is *the* English playwright, so depictions of his heroines are thought to be a nationalist practice. I do not disagree with this reading of Shakespeare imagery in the nineteenth century. However, Ophelia is depicted in nineteenth century artwork more than any other heroine from Shakespeare’s plays. The number of times Ophelia is represented in Victorian art, I believe, suggests a renewed interest in aspects of her character, particularly an aspect of madness. My shift from literature to art is purposeful so that I may focus on the images of the literary heroine which reflect a renewed interest in Ophelia’s characterization.

Representations of Ophelia in Victorian visual art are often depictions of her offstage death and her suicidal, lovesick, melancholy. Nineteenth century physicians used Shakespeare’s Ophelia as a way to identify a certain type of mental illness, girlhood lovesickness. I believe Pre-Raphaelite depictions of Ophelia’s death scene served as a diagnostic tool for these physicians to identify

characteristics of an “Ophelia type” of madness. By identifying representations of Ophelia in literary evocations and visual evocations, I hope to see the similarities in medical discourse surrounding women’s mental illness from in both the eighteenth and the nineteenth centuries. In this chapter I plan to explore how medical discourse saw the mentally ill through Victorian art and, like eighteenth century fiction and medical narrative, the two had a dialectic relationship. I interpret images of Ophelia during the early nineteenth century as diagnostic tools for further illustrating the Ophelia trope in women’s mental illness.

To explore my shift from representations of Ophelia in eighteenth century literature to representations of Ophelia in Victorian visual art, I want to first explain the Victorian gaze. The gaze is well explicated by Kate Flint, a Victorian theorist who studies the implications of the visual on Victorian Culture.¹² She says “preoccupation with the visible, recordable world on the part of many Victorians has been continually remarked upon in recent years. ‘The second half of the nineteenth century lives in a sort of frenzy of the visible,’ wrote Jean-Louis Comolli, basing his assertion on ‘the social multiplication of images’” (qtd. in Flint 2-3). Repetition of images reveals their importance, and the importance of their subject matter to Victorianists. The repetitive nature in which Ophelia images appear in Victorian art speaks to the way in which the

¹² See also: Kennedy’s discussion of the autopsy as a form of the gaze and how it gave physicians visual capital as gazing upon insanity gave the observer power (58-59). Kennedy’s “clinical gaze” is a powerful subdivision of the wider Victorian Gaze.

medical community (within the wider English society) was searching for definitions of female insanity. Ophelia is the most depicted Shakespearian heroine in Victorian visual culture. Looking at repetitions of Ophelia in images during the nineteenth century and specifically the way those images are described gives me insight into the evolving definitions of female “madness.”

Moving forward to more specific readings of Ophelia images we must keep in mind David Spurr’s warning about the Victorian gaze. “The gaze is never innocent or pure, never free of meditation by motives which may be judged noble or otherwise. The writer’s eye is always in some sense colonizing the landscape, mastering and portioning, fixing zones and poles, arranging and deepening the scene as the object of desire” (Spurr qtd. in Flint 3).

During the nineteenth century mental illness became a state funded disease. I want to give a short historic synopsis of the nineteenth century’s reaction to madness as a “better defined” ailment. Public funding was given to asylums to control the insane. A focus on vision or “the gaze” is very important to this “control” according to author Michel Foucault in his 1975 analysis of the nineteenth century asylum *Discipline and Punish: The Birth of the Prison*. Foucault examines the idea of *panopticism* or all around authoritative surveillance that began during a time of plague in the seventeenth century. The practice of panopticism was translated later into the institution.¹³

¹³ Panoptic is defined as : “All-seeing; comprehensive, covering every aspect of a subject, all-encompassing.” And, “Of the nature of or relating to a panopticon; in which all can be seen” (OED).

This enclosed, segmented space, observed at every point, in which the individuals are inserted in a fixed space, in which the slightest movements are supervised, in which all events are recorded, in which an uninterrupted work of writing links the center and the periphery...in which each individual is constantly located, examined and distributed among the living beings...all this constitutes a compact model of the disciplinary mechanism.¹⁴ (Foucault 197)

To watch was to have power. To be knowingly (or unknowingly) observed is to surrender oneself to the “power of mind over mind” (Foucault 206). The importance of the theory of panopticism is it stresses one’s ability to be disciplined through observation. Who is looking and who is being looked at are paramount in any discussion of insanity during the nineteenth century. The institution is only one example of the Panopticon.¹⁵

Feminist theorist Elaine Showalter speaks to the rise of visual representations of women’s mental illness during the nineteenth century. Yet she does not explicitly use the rhetoric of the gaze upon madness and madwomen. However, from Showalter’s book *The Female Malady* we can glean that the Victorian gaze or the gaze of the powerful collective observer rested more

¹⁴ See also: Foucault qtd. in Meegan Kennedy’s *Revising the Clinic* where Kennedy discusses the medical implications of the powerful Victorian Gaze; “The clinic was probably the first attempt to order a science on the exercise and decisions of the gaze” (58).

¹⁵ Foucault continues to summarize the way in which panopticism was used throughout history to “individualize the excluded, [and] use procedures of individualization to mark exclusion” (199). The *Panopticon* style of prison architecture first arranged in 1785 by philosopher Jeremy Bentham is based on the concept of panopticism where the observer can observe (-optic) all (pan-) prisoners creating a paranoid sense within the prisoner of being constantly watched. The Panopticon prison structure uses the above principals to constantly observe the prisoner, the inmate. “Visibility is a trap” says Foucault of this configuration, “he [the prisoner] is seen but he does not see” (200). In other words, the Victorian prisoner was trapped, alone in a highly-lit, round, multi-tiered dungeon, alone but watched. This structure was meant, according to the architect Bentham “to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power” (Foucault 201).

heavily upon women during this time.¹⁶ Showalter claims “images of female insanity came from a cultural context that cannot be tabulated or translated into the statistics of mental health; analyzed and objectified through the lens of psychiatric interpretation, they are nonetheless the stories that the male culture told about the female malady” (17). By the middle of the nineteenth century, records show that women had become the majority of patients in public lunatic asylums” (Showalter 3). Images of madwomen which surged during the nineteenth century unlike ever before provided for audiences a type of panopticism into the Victorian idea of female insanity (“the female malady”).¹⁷ This panopticism was power that the observer, the doctor, had over the observed, the patient, during the time. Showalter’s documentation of various male observations of madwomen of the time provides us with two certainties: First, that the languages of madness that we saw emerge during the eighteenth century was by the mid-nineteenth century fully formed into what we now know as madness or insanity. Showalter concedes that “Victorian theories of the causation of insanity were far from consistent. Doctors persisted in their efforts, largely futile, to establish a physical basis for insanity in lesions or inflammations of the brain and in disorders of the blood” (30). Medically, insanity had still not yet been defined and remained enigmatic. Physicians,

¹⁷ See also: Meegan Kennedy’s expansion on Foucault in *Revising the Clinic*. Using Foucault’s ideas on “the power relation of the gaze” as incorporated by nineteenth century physicians she provides a medical perspective to what I am looking at culturally and literarily (3). In chapter one I spoke of Kennedy’s theories on “modes of vision” and, more specifically on clinical observation which solidifies her (and my) “interest in how Victorian physicians and novelists...theorized seeing, and how those theories changed representation” (Kennedy 3-4).

according to Showalter, continued to struggle with defining mental illness and began to turn to visual culture for diagnostic tools.

Attempting to identify female mental illness was complicated by historic perceptions of females in general. Showalter refers to the nineteenth century social *perceptions* of “madwomen” saying:

In a society that not only *perceived* women as childlike, irrational and sexually unstable but also rendered them legally powerless and economically marginal, it is not surprising that they should have formed the greater part of the residual categories of deviance from which doctors drew a lucrative practice and the asylums much of their population. (73)

Women were more likely to go “mad” because they were already envisioned as weak by medical practitioners. In other words, madwomen carried a visionary interpellation of madness.¹⁸ This is why there was so much power in the medicine’s “gaze.” Doctors “perceived” women as “childlike, irrational and unstable” and thus they were (Showalter 73). Just as Foucault theorized, the watched lost their power to those who were watching.

Showalter makes the empirical claims about the place of women’s madness historically when she says “the statistical overrepresentation of women

¹⁸ Interpellation was first as a term by French philosopher Louis Althusser in his 1970 essay “Ideology and Ideological State Apparatuses.” He says “I shall then suggest that ideology 'acts' or 'functions' in such a way that it recruits subjects among the individuals (it recruits them all), or 'transforms' the individuals into subjects (it transforms them all) by that very precise operation which I have called *interpellation* or hailing, and which can be imagined along the lines of the most commonplace everyday police (or other) hailing: "Hey, you there!" Assuming that the theoretical scene I have imagined takes place in the street, the hailed individual will turn round. By this mere one-hundred-and-eighty-degree physical conversion, he becomes a subject. Why? Because he has recognized that the hail was 'really' addressed to him, and that 'it was *really him* who was hailed' (and not someone else). Experience shows that the practical telecommunication of hailings is such that they hardly ever miss their man: verbal call or whistle, the one hailed always recognizes that it is really him who is being hailed" (174).

among the mentally ill has been well documented by historians and psychologists. As early as the seventeenth century, the files of Doctor Richard Napier showed nearly twice as many cases of mental disorder among his women patients as among men.¹⁹ “Madwomen” were, indeed, the center of Victorian attention as subjects in medical journals as well as in asylum populations.²⁰

Ophelia Images in the Visual Culture

Ophelia images emerged in the eighteenth century, yet the nineteenth century remains my focus because of the contrast between the images of the two centuries that suggests that a different understanding of the character Ophelia was developing in the nineteenth century. The images of the eighteenth century do not bare the enigma or the sorrow that those of the nineteenth century do.

¹⁹ Elaine Showalter has been criticized for her overreaching or even glossing over arguments. Dr. Joan Busfield criticized *The Female Malady* in her article “The Female Malady? Men, Women and Madness in Nineteenth Century Britain” saying “This paper takes issue with Elaine Showalter’s claim ... that in nineteenth-century Britain madness was first and foremost a female condition.” Busfield goes on to say that “This claim appears to have become part of feminist orthodoxy, yet has little empirical support. In Showalter’s study, the claim is presented as having dual grounding. First, it is based on a cursory discussion of statistics on the confinement of lunatics in nineteenth-century asylums. Second, it is based on an analysis of cultural representations of female insanity. I shall argue, however, that whether we look at the statistics on insanity or at cultural representations, neither provide evidence of any marked affinity between women and madness. Regrettably Showalter’s claim, which is occasioned by her focus on women rather than on gender relations, is in danger of distorting rather than clarifying our understanding of women’s madness” (1). Although she is criticized for her essentialist feminist readings the attention Showalter gives to the patient and the person (or woman) as subject relationship makes *The Female Malady* a very important work to my study.

²⁰ During the nineteenth century hysteria was defined in one of two ways: First as “A functional disturbance of the nervous system, characterized by such disorders as anæsthesia, hyperæsthesia, convulsions, etc., and usually attended with emotional disturbances and enfeeblement or perversion of the moral and intellectual faculties. (Also called colloquially *hysterics*.); Women being much more liable than men to this disorder, it was originally thought to be due to a disturbance of the uterus and its functions. Former names for the disease were *vapours* and *hysteric passion*.” Or secondly as a “Morbidly excited condition; unhealthy emotion or excitement.” The first of these two definitions was used originally in 1801 at the direct turn of the century (Oxford English Dictionary).

Ophelia is not usually in the water and the scene is often farther away in eighteenth century paintings. The close-up depictions are an element of the nineteenth century images of Ophelia. Kimberly Rhodes believes that the reason for the switch in focus within images of Ophelia from the eighteenth to the nineteenth century was because the content of staged productions of *Hamlet* were edited so they did not contain the description of Ophelia's death by Queen Gertrude. The description was replaced in productions during the nineteenth century, so the nineteenth century depictions were realizations of the original Shakespeare text.

Plate 32 [Mental Patient, Surrey County Lunatic Asylum] by Dr. Hugh W. Diamond, 1852²¹

Victorianist Richard Altick says “the theme [Ophelia] was the single most represented subject in English literary painting” (Kiefer 12). Mid nineteenth century paintings were not the only representations of Ophelia in visual culture. Photographs taken and portraits painted of sitting models, such as famous actresses, or even psychiatric patients as they posed as Ophelia were another popular way to depict the icon. These depictions tie in nicely with our discussion on Millais's authenticity in portrayal of Ophelia. These portraits seem to indicate that authenticity in madness was a necessity when dealing with Ophelia. Ellen Terry, an actress who was famous for both her portrayal of Ophelia in an on-stage role and for in portraiture is an excellent example of the

²¹ See Figure One on page 101.

conversation between culture and art during the Victorian period. Looking for a more genuine concept of Ophelia, Terry claimed that she tried inspiration for the role from observing inmates at Bedlam [Bethlem] Hospital in order to make her portrayal “truly mad” (Kiefer 18). However, upon visiting a London asylum she claimed “she found the madwomen ‘too theatrical’ to teach her anything” (Terry qtd. in Showalter 92).

Carol Solomon Kiefer reiterates the connection between femininity and madness in the Victorian mind in her overview of Ophelia imagery in the nineteenth century. According to Kiefer, photographer Hugh Welch Diamond was a clear benefactor of this idea and also partially responsible. Dr. Diamond “the resident medical superintendent of female patients at the Surrey County Lunatic Asylum at Springfield and a pioneering figure in the history of photography” (Kiefer 16). Beginning in 1852, the same year that Millais’s *Ophelia* was shown at the Royal Academy, Dr. Diamond would stage exhibitions where he showed photographs he had taken of his patients. He did this, at first, in order to show the various types of insanity. These photographs resonate today because it was “the first use of photography in the clinical practice of psychiatry” (16). Kiefer notes one photograph in particular that, although untitled, is a clear representation of the iconography of Ophelia:

One of Diamonds photographs represents a type of female hysteria, a lovesick suicidal insanity, then also known as erotomania. The seated young woman...through Diamond’s creative intervention, she literally assumes the mantle of Ophelia: he draped her in a cloak and placed a garland of flowers in her hair. The presence of these recognized props served only to enhance identification of the type. Victorian

psychiatrists acknowledged Shakespeare as a reliable aid in diagnosing the many “Ophelia types” entrusted to their care. (Kiefer 16)

Although the subject and presentation of this photograph is disturbing to say the least, the description of the photograph provides us with an idea of how female madness was presented to the general public by the medical community.

Language used by doctors and literary rhetoric were entangled during this time, according to Meegan Kennedy. This is certainly the case here. Although a medical prose that viewed the patient in a more objective way had not yet emerged, the discussion of literary figures in the diagnostics of mental illness show that not only did Ophelia inform culture, but culture informed Ophelia (Kennedy 69).

“Ophelia became a prototype for the insane woman, a model for its clinical diagnosis” (Kiefer 16). Diamond’s photographs were originally meant to exhibit one of the various “types of insanity.” Diamond contributed to the medical conversation about the physiognomy of insanity. He believed that a patient’s mental illness could be measured by their outward appearance and he used this theory to diagnose many of the “Ophelia types” mentioned.²²

According to Kiefer “[Diamond’s photographs] were intended to document correlations between physiognomic characteristics and various types of mental illness” (Kiefer 16).²³ This photograph is intended to show a certain type of

²² Physiognomy is defined as “The study of the features of the face, or of the form of the body generally, as being supposedly indicative of character; the art of judging character from such study (Oxford English Dictionary)

²³ “The study of physiognomy, which dates back to the time of Aristotle, had been revived by the Swiss poet-priest, Lavater, with great popular success in the late eighteenth century. He

female hysteria “a lovesick suicidal insanity then also known as erotomania” (Kiefer 16). Diamond intervened in this photograph to show the connection between this patient and Ophelia by placing the garland of flowers around her head and draping her in a cloak. Diamond added to his patient’s outward appearance to help his conclusion that she was “lovesick” and “suicidal.” It is difficult to read the *Plate 32* portrait of the young woman as anything but Ophelia.

Diamond invoked Ophelia iconography to enhance the physiognomic similarities between his patient and his perceived notion of Ophelia. I believe that Diamond’s perception of what Ophelia or an “Ophelia-type” looked like came from Ophelia art including representations of the heroine by the Pre-Raphaelites. The example of Ophelia art I discuss is John Everett Millais’ *Ophelia*, which was exhibited the same year that Dr. Diamond exhibited his photograph.

The iconographic indicators Diamond used are the garland of flowers he placed upon his patient’s head to identify her with Ophelia’s flowers. Queen Gertrude describes the scene of Ophelia’s death stating, “Therewith fantastic garlands did she make/ Of crow-flowers, nettles, daisies, and long purples/...when down her weedy trophies and her/ fell in the weeping brook” (Act IV, Scene 7, 167-175). Ophelia is always

assembled a vast collection of portraits from which he analysed the faces of the famous and infamous of the past and among his contemporaries, and so succeeded in creating a fashion which lasted well into the nineteenth century” (Burrows and Schumacher 39).

associated with flowers because she died while gathering flowers and was surrounded by the garlands she collected as she was dragged down the brook. Diamond used flowers in the photograph of his patient to associate her with Ophelia physically. Flowers, as Showalter explicates later in this chapter, are also a sign of innocence and virginity. Showalter asserts that there are many implications of the scattered flowers in the water beside her as she floats downstream, specifically implications of a loss of virtue. Diamond may have been trying to portray his patient as innocent and chaste by placing a garland of flowers upon her head just as Millais may have been trying to show a loss of virtue by scattering Ophelia's flowers around her in his painting. Another association between Diamond's photograph and Ophelia iconography is the drape that the patient wears wrapped around her. Diamond was invoking the heavy garments that Ophelia is so often portrayed wearing as she is submerged in the water or sits beside the stream. Queen Gertrude describes how Ophelia was killed by her heavy clothing dragging her to the bottom of the stream: "'Til that her garments, heavy with their drink, / Pull'd the poor wretch for her melodious lay" (Act IV, Scene 7, 178-9). Diamond, Kiefer argues, had the image painted by Gertrude's description in mind when he placed a thick blanket around his patient in *Plate 32*.

Medicine was using the portrait of literary narrative to shape a conclusion about the mental faculties of certain patients. Indeed, many

nineteenth century psychologists trusted Shakespeare as a reliable diagnostic writer and “praised the realism of Ophelia’s characterization” (Kiefer 16). Diamond was in communication with well known psychiatrists of the time who believed, just as he did, that a patient’s outward appearance was an indication of their mental disability. These doctors, too, looked to Shakespeare’s description of Ophelia as well as the many, many nineteenth century artistic portrayals of the heroine for the purposes of identification. They believed the realism of Shakespeare’s descriptions helped their practice of medicine. Psychiatrist, collaborator and friend of Dr. Diamond, Dr. John Conolly in his 1863 *Study of Hamlet* quotes: “Never did poet’s pen draw so touching and so true a portrait of madness fallen on a delicate and affectionate girl” (168). He goes on to say that the recognition of the “Ophelia type” was widespread among visitors to the asylums: “Our asylums for ruined minds now and then present remarkable illustrations of the fatal malady...so that even casual visitors recognize in the wards an Ophelia; the same young years, the same faded beauty, the same fantastic dress and interrupted song” (177-178).

Showalter claims that “the figure of Ophelia set the Victorian style for female insanity” (92). The Pre-Raphaelites like the psychiatrists and superintendents of asylums were “enthusiasts of Shakespeare” (Showalter 90). Pre Raphaelite painting was also credit with the realism of Shakespeare’s text and thus used to diagnose mentally ill women. The use of natural realism in Pre-Raphaelite art added to the assumption that the artist was saying something real

about madness. Dr. Charles Bucknill in 1859 stated : “Ophelia is the very type of a class of cases by no means uncommon. Every mental physician of moderately extensive experience must have seen many Ophelias. It is a copy from nature, after the fashion of the Pre-Raphaelites” (Bucknill qtd. in Showalter 86).

***Ophelia* by John Everett Millais, 1852²⁴**

John Everett Millais’ depiction of Ophelia at the Royal Academy show of 1852, according to Showalter:

[is a]...sensuous siren as well as victim, the artist rather than the subject dominates the scene. The division of space between Ophelia and the natural details Millais had so painstakingly pursued reduces her to one more visual object; and the painting had such a hard surface, strangely flattened perspective, and brilliant light that it seems cruelly indifferent to the woman’s death. (4)

This reading of the famous depiction is one of many that features Ophelia as a sexualized image surrounded by the circumstances of her own death. In nineteenth century images Ophelia is often seen as sexualized, and always surrounded with beauty in nature that overshadows her pain. She is also taken as “lovelorn and innocent” clad in white and looking sorrowful (Rhodes 45).

Looking at different interpretations of one example of the Victorian Ophelia, we can see further visual evidence of Diamond’s diagnosis of the “lovesick,”

“Ophelia type” in Pre-Raphaelite Art.²⁵

²⁴See Figure Two on Page 102

²⁵ The Pre-Raphaelites are defined as: “Any of a group of 19th-cent. British painters who attempted to produce work in the manner prevalent before the time of the Italian artist Raphael

Showalter's interpretation of *Ophelia* calls upon Foucault's theories of Victorian female mental illness or *lovesickness*. "She [Ophelia] sings wistful and bawdy ballads; her speech is marked by extravagant metaphors, lyrical free associations, and explicit sexual references. She demonstrates all the classic symptoms of love melancholy" (Showalter 11). By "love melancholy" Showalter is referring to Foucault's widely known theory of "erotomania."²⁶ Erotomania is a phrase that was originally used in regard to Elizabethan era, but extended into the Victorian age finally being used synonymously with the description "hysteria" or "hysterical." Erotomania describes an obsession or love with a person that leads to insanity (Showalter 10). Diamond used erotomania and lovesickness synonymously as terms to define madness he saw in his female patients. Showalter's theory corroborates Foucault's dismissal of the "repressive hypothesis," in which he argues that the claimed "repression" of sexuality was actually a function of the human sexual experience and sex permeated the minds of those who were "repressed" (Foucault).

Looking at John Millais's *Ophelia*, one would argue that she does not look overtly sexual. Millais uses a heavy green setting of reeds and moss. Through the greenery flows a stream and in that stream floats Ophelia. She is flat on her back, her hands open as if praising the heavens, clasped between her fingers are the only hints of color in the otherwise green frame, the flowers and

(esp. before his later work and that of his followers). In extended use: any artist working in such a style. Artists in this group included William Holman Hunt, John Everett Millais, and Dante Gabriel Rossetti" (OED).

²⁶Erotomania is defined as: "Melancholy or madness arising from passionate love" (OED).

garlands she was holding as she “fell in.” Ophelia’s mouth is slightly open and it seems she is singing, rather than yelling for help. Inspecting the painting further, we see that apart from her open mouth, Ophelia’s face is totally passive with her eyes slack and glazed.

The painting contains pieces of Ophelia iconography that link Diamond’s photograph with Pre-Raphaelite representations of Ophelia. Millais’s painting depicts Ophelia looking wistfully up at the sky, as though she is escaping to another place. Csengei’s reading of Ophelia’s escapist suicide from my first chapter is here evidenced by her far-off look and her open mouth. Millais’s Ophelia is singing as she is carried down the stream. Her open mouth is not poised in a yell, but rather open in a small way that suggests a soft, melancholic song. Millais was most likely invoking the sad song Ophelia sings in her madness just before she exits the stage forever:

And will he not come again? /And will he not come again? /No, no, he is dead, /Go to thy deathbed./ He never will come again. / His beard was as white as snow,/ All flaxen was his poll./ He is gone, he is gone./ And we cast away moan,/ God ha' mercy on his soul.—/ And of all Christian souls, I pray God. God be wi' ye. (Act IV Scene 5)

Millais’ representation of Ophelia’s melancholic song is another piece of Victorian Ophelia iconography. Doctors such as Diamond looked for muted song in their diagnoses of “Ophelia types.” They believed that Victorian lovesickness almost exactly mirrored Ophelia’s suicidal characterization. Within the song Ophelia sings “*Go to thy deathbed*” suggests a longing for death. This

trait is related to Fielding's Ophelia Lenox as well. Millais's Ophelia accepts her fate in death.

The 1852 *Ophelia* does not depict the heroine clinging to a branch or struggling to remain afloat. Ophelia's hands are aloft as though she is in praise. During the eighteenth century Ophelia was often depicted as fighting her imminent death. Kimberly Rhodes explains that the difference between the eighteenth and nineteenth century visual depictions of Ophelia is that the audiences in each century respectively understood her death differently. Ophelia's hands lifted in acceptance lend credence to the reading of her as suicidal and even wanting death. Doctors during the nineteenth century would have seen these subtle signs of willful death and extrapolated them to fit their "Ophelia type" patients.

The garlands and water that surround Millais's Ophelia connects this work to the other representations of the heroine in the nineteenth century. Just before her death Ophelia passes meaningful flowers to King Claudius and Queen Gertrude to symbolize their betrayal and adultery. In her death scene, Ophelia is described as picking flowers by the stream that drags her asunder. There are various readings of the symbolism of the flowers in portraits of Ophelia's death. They are forever linked to her character and it is clear that Diamond was aware of this linkage because of his use of the garland which he placed on the head of his lovesick patient in *Plate 32*. Water is another part of Ophelia imagery. In the Millais, Ophelia is almost completely submerged.

Again, this suggests that Millais read Ophelia's passing as a willful death. The importance of both flower and water symbolism are explicated by Showalter and Rhodes in this chapter.

Finally, Ophelia's clothes are of great importance in iconographic representations of her character. Queen Gertrude explains in *Hamlet* that Ophelia was pulled into the stream by her many heavy garments. "But long it could not be/ 'Til that her garments, heavy with their drink,/ Pull'd the poor wretch for her melodious lay/ To muddy death" (Act IV, Scene 7, 178-182). The Millais depicts Ophelia as wearing a long, blue-gray dress adorned with many jewels. Her dress does not appear to be pulling Ophelia down in this painting and although the dress looks heavy, it trails behind her as she floats down the stream. Rather than Ophelia's dress pulling her down, Millais shows Ophelia pulling the dress down the stream along with her. This, yet again, implies that Millais does not believe that Ophelia "fell in" and in his representation, her death is purposeful.

Elaine Showalter, like Millais, interprets Ophelia's death as a suicide. Showalter believes Ophelia's suicide should be assumed, although there is absolutely no textual evidence to support this claim in the original play. Showalter refers to "feminine suicide" and says Ophelia "ends her life by drowning" (4). Millais corroborates this feeling in his depiction of a clearly willing Ophelia floating and singing down a stream surrounded by wreaths of

self-picked flowers. Millais's Ophelia shows no sign of struggle to keep herself from dying.

Ophelia's erotomania, to Showalter, can be read in the form of explicit sexuality in the painting. These sexual themes are broken down into two categories: (1) The representation of Ophelia and flowers and (2) the placement of Ophelia in water, with an emphasis on her drowning. Both, she claims are distinctly natural as well as distinctly feminine and represent female sexuality.

With respect to the flowers, Showalter claims:

Her flowers suggest the discordant double images of female sexuality as both innocent blossoming and whorish contamination; she is the "green girl" of pastoral, the virginal "Rose of May" and the sexually explicit madwoman who, in giving away her wild flowers and herbs, is symbolically deflowering herself. The "weedy trophies" and phallic "long purples" which she wears to her death intimate an improper and discordant sexuality that Gertrude's lovely elegy cannot quite obscure.
(3)

Associations between flowers, girlhood and virginity cannot be argued, this much is true. However, Millais seems to be more interpreting the text than offering an interpretation of Ophelia's virginity. Showalter reads phallic representations in the stems of flowers, and a representation of the loss of girlhood in the gifting of flowers.

The same can be said of Showalter's reading of water. Water is often considered the female element. The ultimate death of the madwoman is drowning, and "Drowning becomes the truly feminine death in the dramas of literature and life, one which is a beautiful immersion and submersion in the female element. Water is the profound and organic symbol of the liquid woman

whose eyes are so easily drowned in tears, as her body is the repository of blood, amniotic fluid, and milk” (3). Ophelia’s death in Millais’s interpretation is linked to madness and femininity. A death by water is nothing less, according to Showalter, than a completely *female madness*.

Like Diamond’s diagnosis, Showalter believes Millais’s *Ophelia* is a representation of the new term for female mental illness: *erotomania*. “Ophelia’s madness was presented as the predictable outcome of erotomania. From 1660, when women first appeared on the public stage, to the beginnings of the eighteenth century, the most celebrated of the actresses who played Ophelia were those whom rumor credited with disappointments in love” (Showalter 3). Realistic madness is an important piece of the Victorian experience.

Meegan Kennedy offers an interpretation of the importance of art to the Victorian mind. Her ideas allow me to draw the connection between Pre-Raphaelite painting and the characterization of the mentally ill as “Ophelia types.” Pre-Raphaelite art, and as Kennedy argues, nineteenth century art in general had “a realist technique of representation” (125).²⁷ Nineteenth century art has a mimetic quality, she argues and is discussed by Victorian novelists “through the metaphor of ‘mind as mirror,’ where the trope of the mirror imagines an ideal of an unmediated, exact replication of reality” (125). It was the preference of most Victorians that art be “more a reflection than a creation” and the Millais is evidence of that reflection. Showalter comments realism of

²⁷ It is odd then that Millais’ work was widely criticized at the time because his *Ophelia* was both visually and textually authentic.

Ophelia's natural surroundings in the paintings, saying that they overshadow the pain of the central figure. I argue, based on Kennedy's assertions of reality in Victorian art that the realism of Millais' portrayal contributed to the assumption of a real Ophelia. This is to say not an actual embodiment of the fictional character, but the type of insanity that the painting suggests. Kennedy quotes John Ruskin's theory of "realism—the doctrine that all truth and beauty are to be attained by a humble and faithful study of nature, and not be substituting vague forms, bred by imagination on the mists of feeling, in place of definite, substantial reality" (Ruskin qtd. in Kennedy 125). In art, as well as the literature we have studied, the language of authenticity, logic, and reality takes the place of the language of sentiment and feeling. Ophelia was a reality in painting, and medical terminology mirrored that reality.

Kimberly Rhodes upholds Showalter's reading of *Ophelia*. However, rather than focusing on sexuality within the painting to prove Ophelia's erotomania, Rhodes uses the term "lovesickness" and focuses on *Ophelia*'s melancholy and innocence. In her work *Ophelia and the Victorian Visual Culture* Rhodes refers to was the concept of the "pretty Ophelia" who is lovelorn and innocent. Rhodes believes that Ophelia's sickness is not madness "but the wasting diseases of waiting and desire" (51). Lovesickness, as opposed to Showalter's theory of Ophelia's erotomania, has less to do with unfulfilled sexual desires and more to do with disappointments in love. In this case, Ophelia is not only despairing over the loss of her father, but of Hamlet as well. Like

Showalter, Rhodes focuses on Gertrude's narrative of Ophelia's drowning to provide insight into symbolism and meaning to Ophelia's death.

The death of Ophelia is described by Queen Gertrude to Ophelia's brother Laertes and King Claudius in Act IV, Scene 7 of *Hamlet*, but is not depicted on stage. We can see how the event of Ophelia's death is very fanciful, even in Shakespeare's original text. Shakespeare's description contains phrases such as "there with fantastic garlands she did come" and "mermaid-like" certainly lends itself to an image such as Millais's (Act IV, Scene 7, 175). Ophelia in the scene the Queen portrays is helpless to resist the "weeping brook" into which she falls (Act IV, Scene 7, 174). This helplessness is conveyed in Millais's (and other Pre-Raphaelite) paintings of the scene. In the Millais the scene is very similar to that which is described above. Just as in the play, the painting shows no apparent sign of struggle, just a release "like a creature native and indued" (Act IV, Scene 7, 178). In essence, the painting is an accurate portrayal of Shakespeare's original *Hamlet* scene. Why then was Millais so widely interpreted and so widely criticized, when he depicted the most realistic visual interpretation of Ophelia? We saw from Showalter's analysis that the Victorians' valued accuracy in their portrayals of madness.

In her essay "Degenerate Detail: John Everett Millais and Ophelia's 'Muddy Death,'" Rhodes states, "from the Restoration until the end of the nineteenth century Gertrude's monologue was truncated for performance so the lines of the speech that explicitly describe the act of drowning...were omitted"

(44). This limited the death of Ophelia to most audiences and the act itself was left to the Victorian imagination. We can read the omission of important parts of Gertrude's speech in most performances as telling of how widely known the scene was. For the most part, according to Rhodes, Millais sticks to the text in *Ophelia*, and is in contest with the "popular Victorian conception of Ophelia" such as images produced by Richard Redgrave and Arthur Hughes (45). Millais's Ophelia is a character of "the unexpurgated text" rather than that of "the edited performance" (45). Rhodes believes this image is breaking in character with the Victorian depiction of Ophelia and therefore should be discounted when analyzing the Victorian imagination, and more specifically, the Victorian preoccupation with Ophelia. Rhodes bases this opinion on the belief that the Victorian mind was obsessed, not so much with the sexualized madwoman, but rather the "repercussions of female innocence of experience," "lovelorn and innocent" (45).

The omission of the original explanation of Ophelia's death is reasonable explanation for the previous "pretty Ophelia" interpretations by artists such as Richard Redgrave and Daniel Maclise, painted only ten years before the Millais. Rhodes asserts, "because of their sexual connotations, these [Queen Gertrude's] deleted lines complicated the implications of Ophelia's death, resisting the pathetic innocence and beauty that rendered the character valuable to Victorian audiences" (89). As previously stated, the Ophelia of the original text was much more valuable to Victorian audiences and the fascination with her melancholy

arose from the 1852 depiction. This was not necessarily a good thing; Millais received a great deal of criticism from his contemporaries for painting *Ophelia*. Consequently, most of this criticism is not unlike Showalter's opinions. Millais, "[veiled] the emotional significance of Ophelia's death with a profuse veneer of detail...thus created a crisis of sorts in literary illustration that allowed the painter power to skew conventional readings of female characters like Ophelia" (Rhodes 90). Rhodes goes on to say that, ironically, Millais "skewed" the conventional readings of Ophelia by being quite literal in his interpretation of Gertrude's monologue. *Ophelia* was seen as perverse because of its detail as well as subject matter in the nineteenth century. These ideas echo Showalter's thoughts, but not Rhodes's and she believes that there is significance to the backlash surrounding the Millais. Rhodes says that Millais's exhibition worked *against* the emphasis on deep feelings that is so often coupled with the Victorian Era. *This* is why it was so badly taken at the time. Rhodes's opinions of Ophelia as lovelorn rather than mad, is enumerated in her reading of the scenery depicted in the Millais. Like Showalter, Rhodes focuses on the scene to provide insight into symbolism and meaning to Ophelia's death.

Rhodes also focuses on the vegetation of the scene as well as the water and drowning aspects of Ophelia's death. It is easy to do given the depth of detail Millais provides his audience in *Ophelia*. Rhodes speaks of the ivy that hangs in the background of the painting and compares it with that of another

painting by Millais, *A Huguenot, on St. Bartholomew's Day, Refusing to Shield Himself from Danger by Wearing the Roman Catholic Badge*:

The ivy covering the brick wall in the background is painted with the same precision as the vegetation in *Ophelia* but its symbolic significance is quite different: ivy traditionally implies constancy and loyalty and was often employed by artists in scenes depicting courtship, whereas the vegetation surrounding Ophelia suggests loss, sexuality and death...The two works Millais exhibited in 1852 thus presented death from different points of view and their corresponding receptions underpin the viewing public's preference for scenes that evoked heroic or pathetic morality rather than degenerate morbidity. (56)

Rhodes suggests that *A Huguenot* was much better received by the exhibition goers than *Ophelia* was. However, looking closer we can see that Rhodes agrees with Showalter's interpretation of the vegetation representing sexuality. The specific flowers and other vegetation used must have a sexual connotation. Rhodes's argument is much more compelling because it is taken out of feminist criticism and theory. Sexuality is not linked with madness in this case, making the assertion of a sexual dying woman a great deal less grotesque.

Rhodes goes on to explore the sexual undertones of *Ophelia* by commenting on the position of the heroine in the water and the position of her hands. He compares Millais' work with other depictions of clearly "fallen women" such as George Frederic Watts' piece *Found Drowned*, painted from 1848-1850. The woman in Watts' painting, like *Ophelia* is flat on her back with her hands facing upwards, perhaps in penance; however, Watts's subject is already dead, whereas Millais's Ophelia is not yet dead. Rhodes argues that Ophelia's positioning was not mistaken (as few things in art are). "Millais's

painting...taints Ophelia's virtuous reputation" and allows us to read her body language as that of a fallen woman (57).

Conclusion

I looked in this chapter at another moment in history where a representation of Ophelia came to embody a specific type of lovesick madness. In this case, representations of the Elizabethan Ophelia were invoked to link the appearance of mental patients to a suicidal erotomaniac. I believe that artistic representations of Ophelia which resurfaced at this same moment in the mid-nineteenth century added to the Victorian understanding of her iconography. This understanding allowed physicians like Diamond to utilize pieces of that iconography to diagnose a patient with the same "symptoms" as Ophelia.

Diamond's photograph allowed me to link Ophelia in medical and visual narrative in the nineteenth century. Diamond's patient serves as a nineteenth century archetype of Ophelia, lovesick and driven mad, institutionalized and authentic. The gaze upon this subject and the diagnosis of "Ophelia types" indicate, as Foucault said, how powerful the collective gaze is upon the patient, in this case, the madwoman. Through the Millais painting I sought to explicate Ophelia iconography and literary representations of Shakespeare's heroine that became a part of the definition of the "Ophelia-type."

CONCLUSION

I've found that looking at two representations of the character Ophelia in the eighteenth and in the nineteenth centuries illustrates both the scientific (medical) and artistic discussion of a specific type of madness. The Ophelia trope associates the heroine with melancholic lovesickness. Carol Solomon Kiefer says "Ophelia in any representation is a site of memory, fantasy, projection and desire. Although she continually takes on new forms because she is what one brings to her, Ophelia is embedded or encoded with a specific set of distinguishing characteristics and meanings" (12). In the historic moments I focused on in my study, I asserted that what the medical narratives "brought" to the Ophelia character was a new association with mental illness. Before the Ophelia trope was associated with medical symptoms of lovesickness her character was a warning against unadvised love and a tragic downfall of the future of Denmark in *Hamlet*. The emergence of new medical language of mental illness in the eighteenth century linked Ophelia's narrated downfall at the end of *Hamlet* with diagnosed insanity. Ophelia also "brought" new iconography and themes to the definition of women's mental illness because she is "is embedded or encoded with a specific set of distinguishing characteristics and meanings" (16). The traits associated with Ophelia's characterization-- a far-off gaze; a soft, melancholic song; listlessness; and a longing for death-- all became features of a certain type of madwoman. An example of the dynamic

relationship between medical and artistic (visual and fictional) narratives is illustrated in the Ophelia trope represented in these narratives.

In the first moment of comparison I found that Ophelia was indirectly related to the symptoms of *female sensibility* in an eighteenth century sentimental novel. As Csengei points out, female sensibility and “Ophelia like” lovesickness have similar aspects. Ophelia Lenox and Shakespeare’s Ophelia represent a longing for death and an escapist mentality in the same way. Sarah Fielding chose Shakespeare’s heroine as the namesake for her character in order to invoke the picture of a suicidal mental illness and a girl betrayed by her love. The descriptions of female sensibility which are used to describe Ophelia Lenox’s moments of panic, melancholy and depression share lexis with eighteenth century medical case studies. Ophelia’s characterization is indirectly linked with eighteenth century medicine through *The History of Ophelia*. Longing for death and performed escapism are part of Ophelia’s “specific set of distinguishing characteristics” (Kiefer 12). Ophelia Lenox’s “melancholy” and “hurry of the spirits” connect her with the eighteenth century case study. Her performed escapism through fainting, speechlessness and other feminine sensibilities connect the medical and the fictional in characterizations of Ophelia.

My second reading of Ophelias of the mid-nineteenth century showed how Ophelia and medical narrative are directly associated. Dr. Diamond used his questionable practice of clinical photography to link Ophelia iconography to

mentally ill young women. In *Plate 32*, Diamond invoked clear Ophelia representations in the garland of flowers on his patient's head and the cloak placed around his patient's shoulders. I believe Diamond dressed this young woman in this manner to communicate her "Ophelia-type" of madness or *erotomania* through her outward appearance. At this exact same moment in history (1851-1852) John Everett Millais was painting and exhibiting his interpretation of Shakespeare's heroine in his work *Ophelia*. I explained how the Ophelia iconography is apparent in Millais's painting and suggest that this work as well as the more than fifty other depictions of Ophelia during the nineteenth century gave Diamond and other physicians inspiration for their physiognomic connection between their mentally ill patients and Ophelia's character.

According to Kiefer, "In England, during the nineteenth century, images of Ophelia appeared in the exhibitions of the Royal Academy no less than fifty times. According to Richard Altick, the theme was the single most represented subject of English literary painting" (12). The prevalence of Ophelia imagery during the nineteenth century associated the heroine's iconography and female mental illness in the mind of physicians such as Diamond and allowed her character to become a nineteenth century diagnosis.

Gertrude's narration of Ophelia's death scene paints a picture for the audience and therefore the literary character was easily transferred to visual art in the nineteenth century. My move from the literary world of fictional narrative in the eighteenth century to the literary world of visual art narrative in the

nineteenth century allowed me to illustrate moments when the Ophelia trope was connected to medical narrative.

I found that, by using Meegan Kennedy's new vocabulary of medical realism, I was able to further investigate the dialectical relationship between medical narrative and the narratives of fiction and art at two historical moments. This exploration allowed me to better understand the relationship between two different forms of representation, the medical and the artistic and their presumed cultural authority. This study has taught me about the broader impact "small" pieces of cultural iconography, such as the characterization of an Elizabethan heroine, can have on various (sometimes unsuspected) disciplines at different points in history.

EPILOGUE
MEDICAL REALISM IN *WUTHERING HEIGHTS*

Imagining the implications of what we have seen so far I wish to provide an epilogue to my study about the invocations of Ophelia which I believe to be present in the Victorian novel *Wuthering Heights*. Emily Brontë's novel does not evoke Ophelia in an explicit way. I would like to explore what we might do with less overt representations of the Ophelia type:

Lawrence Rothfield identifies "medical realism" by its clinical or diagnostic voice, and he suggests that a medical discourse might "help to shape such formal features as point of view, characterization, description, diegesis, or closure, even in the absence of terminology." Indeed, "one should be able to find some of these techniques at work in other realistic novels where doctors and patients do not appear as such or appear only at the margins of the story. (Rothfield qtd. in Kennedy 2)

In *Wuthering Heights*, the absence of the rhetoric of doctors and patients does not stop the diagnostic voice from shaping the novel as a whole. As Kennedy argues through the Rothfield quote, medical realism can be identified even in the "absence of terminology" (2). I have explored the medical community's grappling with different ideas and definitions of female madness. So far we have seen the conversations between art and medicine yield terms such as "female sensibility," "erotomania," "lovesickness," and "the Ophelia type." All of these terms evolved through the century in question in order to explicate some facet of the female psyche that was driven insane by romantic disappointments. The language of medical realism takes place in *Wuthering Heights* in spite of the deficiency of an authoritative terminology during the mid nineteenth century.

According to Kennedy, the use of medical terms within a sentimental novel was purposeful. Authors used the lexis popular to the time. In this case the female protagonist, Cathy, is encased in the language of “hysteria.”²⁸

Beyond the terms used to describe Cathy, the passages of her presumed “hysterics,” I argue, are medical inferences. Brontë links Cathy’s hysterical symptoms with those of Shakespeare’s Ophelia which, I argue, essentially diagnoses her as Diamond’s “Ophelia type.” Kennedy argues that medical prose became the anchor of the novels of Charles Dickens, Elizabeth Gaskell and George Eliot. In my epilogue I expand upon her argument to include the medical prose of mental illness within *Wuthering Heights*, even if, as Rothfield indicates “doctors and patients do not appear...or appear only at the margins of the story” (qtd. in Kennedy 2).

Realism in the Novel

To associate nineteenth century psychoanalysis that “helps to shape” Cathy’s “characterization” with *Wuthering Height*, I must first assert the realism of the novel. Kennedy speaks in her chapter “The Sentimental Eye in Dickens and Gaskell” of the juxtaposition of sentimentalism and realism within the Victorian novel.²⁹ “Sentiment” says Kennedy “is usually associated with the underground excesses of romance or melodrama; it is a bad copy of sincere affect, a hyperbolic version of emotion that verges on spectacular in its active

²⁸ I use the term “hysterical” to describe Cathy because that is now she is described by the narrator, her servant, Nelly.

²⁹ As contrasted with the medical case history’s use of the sentimental voice instead of rational insight.

solicitation of the reader's or viewer's response" (89). Medical realism, in contrast, is the novelist's "strategic use" of "clinical details of illness" to serve a specific function within the Victorian novel (Kennedy 107). The function of sickness within the novel is usually to indicate emotional turmoil or as a plot device indicating the development of a character (108). However, what if, as in *Wuthering Heights*, emotional turmoil is the medical realism intended to produce a response from the reader? Medical crises and an author's use of realism within a novel are always associated by Kennedy to external illnesses. In the case of my analysis of *Wuthering Heights*, Cathy's emotional turmoil registers as the medical crisis of the novel. The rhetoric of Victorian mental illness is used by Brontë to provide a realistic quality to Cathy's "hysterics" and eventual death.

Kennedy asserts that Eliot, Dickens and Gaskell drew upon their knowledge of illness to add medical realism to their novels. "Gaskell draws on her own medical knowledge, such as expectations about the course of disease, gathered from observations as the mother of four daughters and the wife of a busy minister in an industrial city marked by great poverty" (113). I think the same is true for Emily Brontë in her knowledge of mental illness. *Wuthering Heights* was published five years before Dr. Diamond's photography exhibition that included photographs of patients who fit the "Ophelia type." Brontë would, no doubt, have been aware of the criteria of a hysterical, lovesick woman. The vocabulary of women's mental illness, which I have shown in my two examples,

would have been accessible to Brontë as it was accessible to Fielding, Diamond and Millais. Brontë invoked Ophelia's characterization in Cathy's madness to communicate her heroine's lovesickness.

Cathy serves as a hyperbole for the deeper purpose of the novel: revealing everything that cannot be domesticated.³⁰ In attempting to fulfill and perform her role of *lady* and ruler of the private sphere, Cathy loses a piece of herself. The melancholic state she enters into as a result of trying to reenter the literal and metaphoric spaces of her childhood at Wuthering Heights are the driving forces behind her eventual madness and death.

Interpellation, or the process of identification that creates an identity, "hails" Cathy into the subject position of Edgar Linton's wife. In order to complete the process of interpellation, Cathy accepts this identity, she even seeks it out. She believes, through a socialization process, that embodying certain gender and class roles will help her gain power. Her beauty and her class standing mean that within this novel she wields great power. However, for the socialization to work Cathy first feels shame for the way she acted in childhood. Her maturation into her *perception* of womanhood only happens because she finds a way to compare her upbringing with that of another aristocrat.

Cathy's tempestuous childhood on the moors in a periphery zone of England is permeated by a deep and loving connection with her adopted "quasi-brother," Heathcliff. In childhood, Cathy lacks parental guidance and a suitable

³⁰ For more theory on Victorian domestic fiction see Nancy Armstrong's book *Desire and Domestic Fiction*.

female model. She is often described by Nelly, household servant and narrator of the story, as a savage, and it is made clear that Cathy and Heathcliff were not easy children to discipline. Cathy does not imagine herself in the role of *lady* or realize the sexual power of her gender or the nobility of her birth until she must be cared for by her neighbors, the Lintons. During this time she sees the way Mrs. Linton acts and the way young Edgar Linton behaves and becomes ashamed of her savagery. Cathy spends five weeks recovering at the Linton's from a dog bite and upon her return; her transformation is noted with awe: "Instead of a wild, hatless little savage jumping into the house, and rushing to squeeze us all breathless, there 'lighted from a handsome black pony a very dignified person with brown ringlets falling from the cover of a feathered beaver, and a long cloth habit, which she was obliged to hold up with both hands that she might sail in" (Brontë 32). At this moment Cathy begins to perform her perceived role of *lady*; she understands that she is an object of sexual desire and an aristocratic ruler of the domestic space. Cathy's interpellation of *lady* leads to her punishment through the language of medical realism.

"Known facts" about medicine "ground the force of both [the Victorian novel's] realism and its sentimental moral" (Kennedy 113). This assertion may be the most important of all. Kennedy claims the reason behind realism in Victorian texts is a higher, textual morality. This is the case in *Wuthering Heights*. Brontë seems to be striving to achieve a "sentimental moral" through the realism of Cathy's madness. In other words, Cathy's hysteria is textual

punishment for marrying Edgar Linton instead of Heathcliff. Kennedy speaks to this in context of another Victorian novel; however, she claims that “the medical fact of her vulnerability allows her to expiate her sin” and “the degree of [women’s] deviations from convention can be gauged by the severity with which the novels discipline them” (116). Cathy’s deviation, in this case, was the rejection of her “true self” and her love for Heathcliff. Sentimental moral and textual punishment is one way to read her madness.

Cathy’s madness, therefore, is punishment for her performance of a gender and class ideal; and thereby her resistance of her and Heathcliff’s mutual love. Cathy’s *true* self wants to be with Heathcliff, or needs to be with Heathcliff. Indeed, at one point Cathy explains to Nelly that she *is* Heathcliff. “My love for Heathcliff resembles the eternal rocks beneath: a source of little visible delight, but necessary. Nelly, I am Heathcliff! He’s always, always in my mind: not as pleasure...but as my own being” (Brontë 51). Yet, Cathy’s performance agrees to marry the weak, aristocratic Edgar Linton.

Cathy’s first display of madness seems to be a reaction to her transformation from Heathcliff’s companion to aristocratic lady, and takes place not long after her return to Wuthering Heights from the Linton household, Thrushcross Grange. Heathcliff overhears Cathy confiding in Nelly that she has agreed to marry Edgar Linton, yet feels she is “one” with Heathcliff. Cathy cannot marry Heathcliff because she would denigrate herself and her status by doing so. So, she has resolved to marry Edgar instead. Upon hearing this,

Heathcliff flees from Wuthering Heights and Cathy is so taken with sadness at his disappearance she stands outside in a thunderstorm all night long, searching and calling for him:

Catherine would not be persuaded into tranquility. She kept wandering to and fro, from the gate to the door, in a state of agitation which permitted no repose; and at length took up a permanent situation on one side of the wall, near the road: where, heedless of my expostulations and the growling thunder, and the great drops that began to plash around her, she remained, calling at intervals, and then listening, and then crying outright...About midnight, while we still sat up, the storm came rattling over the Heights in full fury. There was a violent wind, as well as thunder, and either one or the other split a tree off at the corner of the building: a huge bough fell across the roof, and knocked down a portion of the east chimney-stack, sending a clatter of stones and soot into the kitchen-fire. ...But the uproar passed away in twenty minutes, leaving us all unharmed; excepting Cathy, who got thoroughly drenched for her obstinacy in refusing to take shelter, and standing bonnetless and shawl-less to catch as much water as she could with her hair and clothes. She came in and lay down on the settle, all soaked as she was, turning her face to the back, and putting her hands before it. (Brontë 53)

Cathy's separation from Heathcliff, even though it was a necessary consequence of her agreeing to marry, caused her to exhibit symptoms of lovesickness.

Standing in the rain for hours, calling to Heathcliff and not caring about the consequences on the emotional strain and the exposure to weather would have on her health. Cathy's madness could also be read as Brontë's warning against loving anyone too deeply. This reading of textual punishment links Cathy's madness with the madness of Ophelia.

This "madness" is not grave, it is a simple mourning of the losses she incurred while performing her gender and class expectation. Yet, this act of

mourning is a resistance more than it is a remembrance of loss and is more mad than woeful. Cathy is “thoroughly drenched for her obstinacy in refusing to take shelter, and standing bonnetless and shawl-less to catch as much water as she could with her hair and clothes” (Brontë 53). Understanding that she could become gravely ill from standing outside in a thunderstorm, Cathy attempts to “catch as much water as she could” an indication that she does not want to live without Heathcliff and is willing to die to call him back. Cathy, like Ophelia, longs for death if the alternative is living without love.

Nelly says that Cathy paced back and forth at the threshold of Wuthering Heights all night long, without rest and no one could convince her to come instead, despite the threat of bad weather. After the pacing, Cathy sat in the drawing room in wet clothes, not sleeping, but mourning the loss of Heathcliff. “Miss Catherine still seated near the fireplace. The house-door was ajar, too; light entered from its unclosed windows; Hindley had come out, and stood on the kitchen hearth, haggard and drowsy. 'What ails you, Cathy?' he was saying when I entered: 'you look as dismal as a drowned whelp. Why are you so damp and pale, child?' 'I've been wet,' she answered reluctantly, 'and I'm cold, that's all'” (Brontë 54). In this moment Cathy is not simply mourning the loss of Heathcliff, but performing a mad act as a reaction to a transformation from her childhood “self,” Heathcliff’s kindred spirit to her adult, “civilized” and ladylike self. Cathy’s madness in this moment becomes even more evident as Nelly describes her behavior directly after Heathcliff’s departure. It is as if a part of

Cathy is forever lost, yet she clings to the memory of her “true self,” hoping to retrieve it.

In her discussion of “the fever” in the nineteenth century novel, Kennedy stresses the importance of mental instability when dealing with external illnesses in Victorian fiction. She believes it would have been common knowledge that “fear and anxiety, by depressing the spirits, [would] not only dispose us to diseases, but often render those diseases fatal which an undaunted mind would overcome” (Buchan qtd. in Kennedy 113). The dangers of “depressed spirits” were often noted by midcentury physicians. One such physician, Dr. John Elliotson, author (along with colleagues) of *The Principals and Practice of Medicine* (1844), states: “I have frequently seen persons die of fever because the mind has been depressed and uneasy... The first predisposing cause of the disease, is mental depression... Intense mental suffering, or great anxiety relative to anticipated misfortune, corporeal depression, or over-exertion of the intellectual faculties will have the same injurious effect” (Elliotson 188-189). Elliotson’s analysis suggests further evolution in the field of nineteenth century “pre-psychoanalysis” medicine. He uses phrases such as “depression” and “anxiety,” which are still used in diagnosing mental illness today. Kennedy gleans from this physician case study that the association of internal “depressed spirits” and external illness (fever) was well known to the nineteenth century population. This allows me to conclude that Cathy’s standing out in the rain for

hours, followed by a fever (from which she recovered) were signs of a hysterical mind.

The excitement of a new marriage and Edgar Linton's infatuation with Cathy soon faded and the couple sank into unhappiness. Six months after their marriage, Heathcliff returns to Thrushcross Grange; he has made himself into a gentleman and Cathy's excitement at her reunion with her soul mate makes Edgar jealous. There are many exchanges of jealousy and revenge between the three characters. Heathcliff believes Cathy has wronged him by marrying Edgar and swears to enact his revenge. Edgar tells Cathy she must choose between him and Heathcliff. Cathy finds under the stress of Heathcliff's reentrance in her world that her love melancholy overtakes her. "I require to be let alone!" exclaimed Catherine furiously, 'I demand it! Don't you see I can scarcely stand? Edgar, you – you leave me!'...He told me to fetch some water. She had no breath for speaking. I brought a glass full; and as she would not drink, I sprinkled it on her face" (Brontë 75). So to escape the decisions she has made, she locks herself into a room and refuses to eat. I read Cathy's escape into the locked room the same way Ildiko Csengei reads Ophelia Lenox's fainting or Ophelia's suicide. Csengei claims that fainting in eighteenth century sentimental novels is a type of performed suicide, a way for women to escape from a stressful situation in which they have no emotional capital. Cathy is searching for an escape from her lovesickness in a situation where she is being threatened by both her husband and the man she desires.

Two days later, Cathy has permitted servants to bring her food, yet she is quite hysterical. She can no longer perform her marriage now that her true self has resurfaced at Heathcliff's return. Nelly tends to Cathy, but she is quite desperate and begins to foretell her own death:

'And I dying! I on the brink of the grave! My God! does he know how I'm altered?' continued she, staring at her reflection in a mirror hanging against the opposite wall. 'Is that Catherine Linton? ...I'll choose between these two: either to starve at once - that would be no punishment unless he had a heart - or to recover, and leave the country. ...If I were only sure it would kill him,' she interrupted, 'I'd kill myself directly! These three awful nights I've never closed my lids - and oh, I've been tormented! I've been haunted, Nelly! ...How dreary to meet death, surrounded by their cold faces! (Brontë 76-77)

Cathy is asserting that all her pretense as Edgar's wife has been for naught, that he will not miss her and that when she is dead, he can return to reading his books. Cathy's resistance to performing marriage is also clear when she does not recognize herself in the mirror. "Is that Catherine Linton?" (Brontë 76). Later on in her descent into hysterics, she cannot recognize her own reflection and insists the room is haunted: "'Don't *you* see that face?' she inquired, gazing earnestly at the mirror. And say what I could, I was incapable of making her comprehend it to be her own; so I rose and covered it with a shawl. 'It's behind there still!' she pursued, anxiously. 'And it stirred. Who is it? I hope it will not come out when you are gone! Oh! Nelly, the room is haunted! I'm afraid of being alone'" (Brontë 78). Nelly tries to convince Cathy that there is nothing in the mirror but her own reflection, but Cathy remains unable to recognize herself. She does not associate her true self with the name Linton nor does she realize that she is

Edgar's wife. She also realizes that Edgar is performing marriage as well, "He imagines me in a pet – in play, perhaps" (Brontë 76). Cathy's inability to recognize herself and her perception of haunting is evidence of the "clinical details of her illness" (Kennedy 107). Brontë included ailments such as seeing things and paranoia which were and are commonly associated with mental illness. Furthermore, Cathy's foretelling of her own death seems to link her with Dr. Diamond's "type of female hysteria, a lovesick suicidal insanity" (Kiefer 16). Cathy assumes an Ophelia-like role in her choice of words and hysterical stereotypes.

In the same scene Cathy begins to speak nonsense and pull apart her pillows, letting the feathers fly all around the room. "Tossing about, she increased her feverish bewilderment to madness, and tore the pillow with her teeth; then raising herself up all burning, desired that I would open the window. We were in the middle of winter, the wind blew strong from the north-east, and I objected" (Brontë 76). The portrait of Cathy tearing a pillow with her teeth in an animalistic nature gives a very visceral portrait of her madness. She begins to swing back and forth between violent actions and sedate, wistful melancholy:

A minute previously she was violent; now, supported on one arm, and not noticing my refusal to obey her, she seemed to find childish diversion in pulling the feathers from the rents she had just made, and ranging them on the sheet according to their different species: her mind had strayed to other associations. 'That's a turkey's,' she murmured to herself; 'and this is a wild duck's; and this is a pigeon's. Ah, they put pigeons' feathers in the pillows - no wonder I couldn't die! Let me take care to throw it on the floor when I lie down. And here is a moor-cock's; and this - I should know it among a thousand - it's a lapwing's. Bonny bird; wheeling over our heads in the middle of the moor. It wanted to get to its nest, for the clouds had touched the swells, and it

felt rain coming. This feather was picked up from the heath, the bird was not shot: we saw its nest in the winter, full of little skeletons. Heathcliff set a trap over it, and the old ones dared not come. I made him promise he'd never shoot a lapwing after that, and he didn't. Yes, here are more! Did he shoot my lapwings, Nelly? Are they red, any of them? Let me look.' (Brontë 78)

Cathy ranges through the different ideas of femininity and feminine performance during her hysterics. Her vacillation indicates that she performs the limited emotions of her gender (that Csengei pointed out in relation to the heroine of the eighteenth century sentimental novel) and gender stereotypes such as fasting, shrieking, angelic behavior, and hysterics in order to regain control of a lost situation. Nelly notes Cathy's turn from one radical emotion to the next, "A minute previously she was violent; now, supported on one arm, and not noticing my refusal to obey her, she seemed to find childish diversion in pulling the feathers from the rents" (Brontë 78). This passage is a romanticization of a somewhat violent childhood that Cathy and Heathcliff shared and she looks back with fondness on a disturbing picture. Heathcliff shot a bird, which upset her, so he promised never to do it again. It is telling that in a time of great pain, Cathy recalls a grotesque image of her "own self": Heathcliff trapping and shooting a nesting bird. She asks Nelly if he shot any more lapwings. She is really asking if he killed her dream of being with him forever on the moors as it was in their childhood. Cathy yearns to recapture a violent and savage childhood full of death. To do this she performs the role of a madwoman.

Cathy's performance of Victorian stereotypes of madness (violence, shrieking, listlessness, unawares, gibberish, innocence), I argue is the diagnostic

voice within the novel. Cathy's lovesickness for Heathcliff is explored through rhetoric of nineteenth century "psychiatric" medical realism. The diagnosis of "Ophelia type" as explained by Dr. Diamond was a very real mental illness at the time of *Wuthering Heights*. Making Cathy's descent into hysteria more realistic required, according to Kennedy's theories, medical discourse. Although Ophelia's madness in *Hamlet* would hardly be considered medical discourse in psychoanalysis today, in 1847, medical practitioners searched for symptoms of the melancholic, lovesick, "Ophelia-type," hysteria and used fictional narrative to find the language for those terms. Mirroring Cathy's "bird speech" after Ophelia's "flower speech" from of *Hamlet* (Act IV, Scene 5), I argue, is Brontë's use of the logical language of medical realism, for she, no doubt would have read *Hamlet* and been aware of the cultural presence of Ophelia in Victorian art.

Cathy's monologue contains an allegory of birds and is strangely reminiscent of Ophelia's "flower speech." The flower monologue takes place just after the death of Ophelia's father, Polonius. It is asserted that she has gone insane out of grief for her father; however, there is speculation among critics that this is not the only reason for Ophelia's madness. The loss of her father coupled with Hamlet's rejection of her romantic feelings toward him show Ophelia that the men in her life that she has come to rely on are all gone and she is alone:

There's rosemary, that's for remembrance. Pray you, love, remember.
 And there is pansies, that's for thoughts... There's fennel for you, and
 columbines. There's rue for you, and here's some for me. We may call it
 "herb of grace" o' Sundays. O, you must wear your rue with a
 difference. There's a daisy. I would give you some violets, but they
 withered all when my father died. (*sings*) *For bonny sweet Robin is all*

*my joy. /And will he not come again? /And will he not come again?
/No, no, he is dead, /Go to thy deathbed. /He never will come again.
/His beard was as white as snow, /All flaxen was his poll. / He is gone,
he is gone,/ And we cast away moan,/ God ha' mercy on his soul. And
of all Christian souls, I pray God. God be wi' ye. (Act IV, Scene 5, 183-
193)*

Within her madness, Ophelia points out the sins of Queen Gertrude and King Claudius. The flowers she names have various symbolic meanings such as adultery, for Gertrude, and repentance, for Claudius. It is clear her madness is a combination of love lost and grief over her father when she says “There's a daisy. I would give you some violets, but they withered all when my father died” (Act IV, Scene 5, 178-79). The daisy symbolizes unhappy love and violets, the flower of faithfulness “withered all when my father died” (Act IV, Scene 5, 178-79). Ophelia has lost all her faith in men, is no longer protected, and goes insane. Similarly, Cathy loses faith in her decision to perform and embody *lady*. So, she names the feathers that fly out of the pillows she tears apart in the same way that Ophelia names flowers. While it is fairly easy to compare Ophelia with any Victorian madwoman, the similarities in the two monologues and the representations of repressed anger between the two characters makes allows me to couple the two heroines under the “Ophelia-type” of lovesick, madness.

There are also striking similarities between the “bird” and “flower” imageries. Ophelia’s flowers represent her disappointments in those around her, whom she thought she trusted. She hands them to the sinners of the play as an admonishment. More specifically, Ophelia is disappointed by the loss of Hamlet

– who cares only of carrying out vengeance for his murdered father. Flowers also symbolize aspects of Ophelia’s womanhood as both Showalter and Rhodes explained in their critiques of Millais’s *Ophelia*. Similarly, Cathy’s bird monologue shows her disillusion with Heathcliff and his “savage” behavior toward the lapwings. In both cases the heroines find that their love interests do not live up to their romanticized ideal and the imagery used to describe those shortcomings is comparable.

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