

Writing the Dissertation

Thesis Crafting and Making Points of Claim

The dissertation passages below come from [Diagnosing the Will to Suffer: Lovesickness in the Medical and Literary Traditions](#) by Jane Schmidt.

- The abstract maps the language used for the dissertation's overall claim as it moves from argument to assertion.
- The excerpt maps the throughline by identifying paraphrasing and restating of the overall argument and the repetition of the dissertation's unique vocabulary.

Diagnosing the Will to Suffer

ABSTRACT

Note how the language progresses from *argument* to *assertion*

"This study" is the agent (this study *argues* that...)

plain assertions—dissertation writer as agent (these literary works *are*...)

Throughout Western medical history, unconsummated, unreturned, or otherwise failed love was believed to generate a disorder of the mind and body that manifested in physiological and psychological symptoms. **This study traces** the medical and literary history of lovesickness from antiquity through the 19th century, emphasizing significant moments in the development of the medical discourse on love. **The project is part of the** recent academic focus on the intersection between the humanities and the medical sciences, and it situates literary texts in concurrent medical and philosophical debates on afflictions of the psyche. By contextualizing the fictional works within the scientific theories that informed them, **this study argues that** the lovesick patient was a point of contact between literature and medicine and that literary authors participated in their own way in medicine's quest to understand love's complex psychological processes and to explain the relationship between those processes and bodily functions. **This study aims to uncover** the ways in which literary works reflected, diverged from, and anticipated scientific thought on the psyche and its afflictions, synthesizing three bodies of knowledge that rarely comment on one another: the history of medical science, the literary representation of disappointed love, and Freudian psychoanalysis. Questioning the tendency of medical science after the Scientific Revolution to conceive of lovesickness as a somatic malfunction that excluded the involvement of the rational faculty, **literary works by Racine, Richardson, Austen, Gogol, Turgenev, and Dickens dramatized** cases of lovesickness that resisted simple physiological etiologies. **These accounts portrayed** the lovesick subject as an active agent in constructing desire and as a willing sufferer of its effects. **They explored** psychical processes that were troubling for the concurrent medical model and addressed its limitations by uncovering psychological etiologies that anticipated future scientific discourse. **Literature illustrated that** love suffering may serve other needs of the psyche, such as to negotiate social norms

that restrict the communication of feeling, to exercise a perverse power over the beloved, or to confront and mitigate early traumatic experiences, in a way that would not be described by medical science until the emergence of psychoanalytic frameworks.

Diagnosing the Will to Suffer

EXCERPT

[from the introduction—the chapter summaries]

Note how the writer creates the throughline through vocabulary and repetition.

dissertation's vocabulary
paraphrasing and restating of the argument

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

The exploration of the ancient framework continues in the second chapter, "Physicians and Their Tools: Diagnosis, Symptoms, and Treatments," advancing to the **diagnostic methodologies**, symptoms, and treatments described by ancient, medieval, and early modern medical practitioners. In representing diagnostic practices, the literary works questioned the practice of reading the condition of the soul from the signs of the body, dramatizing challenging cases in which the physical symptoms are either absent, concealed, or feigned. Literature also illustrated patients who are unwilling to disclose the wound or to submit to medical intervention, requiring the diagnostician to be a particularly clever reader of bodily signs. **Fictional cases explored such psychopathologies as** the lover's persistent wish for death, which often comes to fruition. The chapter concludes with a discussion of treatments, the success of which

remained an unattainable prospect for the lovesick literary characters. Such texts staged therapeutic scenes as a way to examine the lover's will to suffer, exemplified by a reluctance to be cured or to relinquish the destructive passion. The first two chapters provide a broad overview of the lovesickness paradigm in antiquity and its literary representation in medieval and early modern texts that provided a foundation for future discourse about the psychological portrait of the lovesick patient. The subsequent chapters focus on the ways in which literary works from the late 17th to the 19th century dramatized cases of lovesickness that were troubling to concurrent medical theories and explored psychological etiologies that anticipated future scientific frameworks.

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

Chapters four and five proceed to the medical history of lovesickness in the 19th century and situate literary works in the developments that took place in the fields of neurology and psychiatry. During this period, love as an affliction was divided between the two disciplines as either a strictly organic functional disorder or as a type of insanity. Although a psychogenic view of mental illness was gaining ground in the early 19th century, promising that the afflicted mind would be explored, the influence of Lockean theory on medical discourse produced a conception of lovesickness as a form of madness, an irrationality that occurs when the subject submits to the follies of the imagination. The psyche thus remained uncharted, and it was up to literature to explore potential psychological etiologies. The fourth chapter, "'Had I Died, It Would Have Been Self-Destruction': Indulged Lovesickness and Mastering the Other in Austen's *Sense and Sensibility*," focuses on the case of lovesickness featured in Jane Austen's novel, wherein the patient accordingly succumbs to the lure of the imaginary. Marianne longs to be struck by lovesickness and indulges her disappointment until she falls dreadfully ill. Yet the novel also diverges from the medical portrayal of the lovesick patient as a madwoman devoid of will and

rationality. Marianne indulges an affliction that is more valuable than recovery, as it provides an avenue for revenge against the duplicitous Willoughby. *Sense and Sensibility* thus suggests that the heroine's will to suffer is guided by her contentious relationship with the lost beloved, both looking back to the literary history of lovesick women and anticipating the theory described in Freud's "Mourning and Melancholia." The heroine's lovesickness functions as a form of both psychological and social commentary. This Georgian era heroine indulges the affliction as the sole means by which she could redeem her wounded honor in a society that excludes her from retaliatory rituals associated with betrayal and could establish her right as a suffering female subject.

The fifth chapter, "'I Am Not at All Happy as I Am': Narcissistic Object-Choice in Gogol's *Nevsky Prospect*, Turgenev's *First Love*, and Dickens's *Great Expectations*," proceeds to the second half of the 19th century, tracing the medical view of mental illness during this formative period in the field of psychiatry. Caught in the rivalry between the model provided by the discipline of physiology and the emergence of a psychological framework, literature found itself in a moment of ambivalence in its representation of pathological love. Until the advent of psychoanalysis at the end of the century, psychiatry attributed madness to an organic pathology rather than seeking an underlying psychological process, yet afflictions associated with love, sex, or addiction were treated moralistically against notions of vice and responsibility. Although this chapter broadly covers the medical theory throughout Europe, it focuses on Victorian England and Russia, where the understanding of psychological phenomena was significantly influenced by the spirit of positivism and materialism. Science retained the concept of a rational will, which was believed to seek health and profit. Representing love's pathological iterations served as a way for writers of this period to enter the discussion on the psyche and mental illness. In their representation of obsessive, unrequited love, the works by Gogol, Turgenev, and Dickens demonstrated that the model that split the mind into deviant somatic reflexes in the brain and a rational will could not account for its complexity. Their love-mad characters – Piskarev, Vladimir, and Pip – act against self-interest in pursuing an unloving, unattainable, or indeed imaginary beloved, whom they refuse to relinquish for a more suitable object. Calling for a more nuanced psychological theory to explain mental maladies, the texts drew from the myth of Narcissus and established an association between psychopathology and the patient's biography in a way that preceded the psychoanalytic formulation in Freud's "On Narcissism" and "Beyond the Pleasure Principle" by over half a century. The novels shed light on the psychological etiology of narcissistic love and unveiled the romantic pursuit of an unloving, unattainable, or imaginary object to be a substitute in the lover's quest to redress an early experience of loss or trauma.

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

concurrent medical models, both looking back to the ancient lovesickness paradigm and anticipating future scientific discourse.