



Article

Early Images of Trauma in George Eliot's *The Lifted Veil*

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Abstract: This paper explores George Eliot's *The Lifted Veil* (1859) as an early portrayal of traumatic neurosis, providing a fresh perspective to enhance the existing scholarly attention on trauma in Eliot's *Daniel Deronda*. To illustrate potential contemporary diagnoses for Latimer, I examine other prevalent mid-nineteenth-century models of mental pathology, including phrenology, mesmerism, and hemispheric brain disunity. Drawing on Pierre Janet's trauma theories from the late nineteenth century, I argue that Eliot presents an early portrayal of dissociative trauma through Latimer's psychological experiences. Latimer's visions, complex dream-like interactions, and involuntary consciousness splitting provide a framework for understanding dissociation in response to his emotionally traumatic loss of his mother. Eliot's exploration of dissociation anticipates Pierre Janet's theories, which underpin contemporary understandings of trauma, revealing a remarkable modernity in Eliot's approach.

Keywords: trauma neurosis; George Eliot; dissociation; Pierre Janet; emotion; loss

"These subjects feel weak, dissatisfied with themselves; their actions, ideas, feelings, appear to them reduced, covered with a kind of veil" (Janet 1907, p. 312)

As physicians sought to establish a concrete link between the physical attributes of the brain and the manifestations of the human psyche in the mid-nineteenth century, discussions surrounding hemispheric disunity, phrenology, and structural brain deficiencies gained prominence. George Eliot writes into these debates about the physical and/or psychical roots of mental disease through Latimer, who introduces himself to the reader of *The Lifted Veil* (1859) as one who is "cursed with an exceptional physical constitution, as [he is] cursed with an exceptional mental character" (Eliot [1859] 2009, p. 3). Pathologizing himself in both mind and body, Latimer presents a very material and biological image of his suffering as a "shy, sensitive boy" whose brain is "susceptible" and whose nerves are "feeble" and "finely organised for pain" (pp. 6, 8, 18, 24). With a poetic turn and tendency toward impracticality and solitude, his disposition jars against that of his father—"a firm, unbending, intensely orderly man, in root and stem a banker, with a flourishing graft of the active landholder"—who thinks him an "odd child" (p. 5). As his youth advances, he becomes prone to "superadded consciousness": he has visions and can hear the thoughts of others around him as voices in his own head (p. 133).

The medicine of Latimer's day would likely attribute his mental disorder to a physiological, brain-based organic cause. Sir Henry Holland's and, later, Arthur Ladbroke Wigan's, theories of brain disunity posit that mental disease arises when a functional disorder in one part of the brain leads to disunity between the two parts of the naturally divided but harmoniously working brain. Eliot's novella itself directly posits one possible explanation for Latimer's mental oddities through the use of phrenology. Mr. Letherall, the novella's phrenologist, examines Latimer's head and deduces that the presence of cranial excesses and deficiencies is the root of his sensitive nature. Eliot was initially quite immersed and conversant in the science, having corresponded with the leading phrenologist George Combe and having had her own head molded for reading; however, Combe ultimately accused her of having lost faith in the science under Henry Lewes's critical influence. The characterization of Letherall—albeit through Latimer's eyes—and the timeline of Eliot's



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own transitioning views, therefore, begs the question of whether phrenology serves as a useful and productive diagnostic tool for Latimer's experience or whether structural disunity proves more useful if we are to keep with the theories of the day.¹

Critics have also leaned more recently into physiological readings of Latimer's condition. Some critics go as far as suggesting that Latimer's sensations stem from physiological causes alone and, in effect, save Latimer from diagnosis of insanity and disillusion altogether. Martin Raitiere, for example, examines Eliot's anticipation of Hughling Jackson's medical work on epilepsy and the "double consciousness" that marks the pre-seizure aura in what would later be called "psychical seizures" (Raitiere 2012, pp. 144, 149). Meegan Kennedy, in a different thread, examines the story in line with mid-century nerve theory and hyperaesthesia. Kennedy ultimately claims that Latimer's "uncanny sensations" and "sensory hallucinations could be symptoms of cardiac disease" leading up to his death from a heart attack (Kennedy 2016, p. 385).

Alternatively, other critics posit that George Eliot encourages us not to readily map physiological processes onto psychological processes. For Kate Flint, for example, *The Lifted Veil* argues that "[r]endering 'the invisible visible by the imagination', is far more valuable as a tool for understanding the human mind than is lifting aside the fleshy veil and looking within with the bodily eye" (Flint 1997, pp. 472–73). Flint reads *The Lifted Veil* as implicitly questioning the idea that mental processes are primarily derivative of physiological processes (Flint 1997, pp. 472–73).

Keeping both the physiological and psychological in view, I posit that Eliot's novella envisions a psychosomatic theory of trauma. Latimer's emotional and psychological processes materialize within his body as somatic symptoms. The novella's themes of double consciousness, intermittent delirium, out-of-body experiences, and living under the grasp of invisible and unknown forces strikingly introduce language that we, in our post-psychoanalysis discourse, understand through the language of trauma-induced dissociation. I argue that Eliot presents Latimer as a "neglected" and "unloved" child reeling subconsciously from the traumatic loss of his mother at the age of seven (Eliot 36).² Though he attempts to find means of coping and acceptance in nature and in his friend Charles in Geneva, he lives largely as an "unimportant being" to his father (p. 28). Latimer's visions, layered and multi-stage dream-like interactions with others, and involuntary splitting of consciousness into different voices collectively offer a model of dissociation in response to his emotionally traumatic loss of the only love he knew as a child and adult.

More specifically, reading Eliot's *The Lifted Veil* (1859) alongside Pierre Janet's later works on dissociation (1880s–1920s) illuminates how Eliot posits an early image of dissociative trauma through Latimer's psychological experiences.³ While she does not go so far as to outline a total disbanding of personal synthesis through automatic acts completely unremembered by personal consciousness and perception, Eliot anticipates in many ways Janet's theories of how emotional trauma can persist in dissociative states of consciousness. Though Janet's work on hysterical trauma neurosis was long undervalued as Freud's psychoanalytic theories came to the forefront, Janet's theories of dissociation actually inform and undergird many of our own theories of dissociation today. In this way, Eliot's science of the mind appears strikingly modern. While I do not wish to posit trauma as an ahistorical phenomenon uniformly experienced throughout history, I aim to contextualize Eliot's portrayal within the emerging nineteenth-century scientific discourse surrounding dissociation, which arguably played a significant role in shaping our contemporary understanding of trauma and dissociation.

Centering on Latimer's early childhood loss as the root of his later psychological and physiological phenomena calls forth a different facet of Eliot's portrayal of shock and trauma in her oeuvre. Most critical attention to trauma in Eliot's works has been reserved for theorizing the mental processes surrounding Gwendolen's reactions to her husband's drowning in the later novel *Daniel Deronda* (1876).⁴ The timeline of Gwendolen's symptoms differs from the timeline of Latimer's symptoms; in response to this cataclysmic event, Gwendolen immediately experiences hallucinations, nightmares, and disrupted memory

and sense of time. This timeline is also present within hysteria treatises from the 1850s—notably by Dennis de Berdt [Hovell \(1867\)](#), Robert Brudnell [Carter \(1853\)](#), and Marshall [Hall \(1830\)](#)—that emphasized the role of emotional shock in women’s hysterics. In these medical theories, the emotional shock and ensuing swoon were part of a temporally close-knit cause-and-effect pattern: the experience of an emotional shock led to a hysterical fit or swoon in the moment. Latimer’s symptoms manifest nearly a decade later, suggesting that psychic wounds can persist in the subconscious well beyond the initial period of emotional shock. In turn, *The Lifted Veil* shows how not only the experience of loss at an early age but also the rearing environment and parental attachment styles can have profound long-term psychological effects. Moreover, while physicians like Hovell, Carter, and Hall were writing about the causes and effects of women’s emotional shock, Eliot, like Janet, narrates the emotional shock and ensuing effects for men, thereby expanding the understanding of men’s emotional and psychological experiences.⁵ My reading of *The Lifted Veil*, coupled with existing readings of *Daniel Deronda*, highlights the expansiveness of Eliot’s trauma theory.

1. Latimer’s Double Consciousness and Eliot’s Model of the Mind

Attention to Eliot’s treatment of Latimer’s double consciousness in *The Lifted Veil* has primarily centered on Latimer’s capacity for emotion, boundaries, and sympathy. Jill Galvan argues that Eliot fashions Latimer as an occult woman figure with the potential to be a spiritual medium with paranormal faculties. Our disgust toward Latimer, Galvan argues, parallels Eliot’s own disgust toward Spiritualism’s “profanation of the concept of sympathy and [its] manipulations in the field of communication” ([Galvan 2006](#), p. 245). In the same year, Thomas Albrecht proposed “that *The Lifted Veil* implicitly tests the premises of Eliot’s ethics of sympathy through the conceit of Latimer’s telepathic ‘participation in other people’s consciousness’ (V, 17)” ([Albrecht 2006](#), p. 439). Michael Davis likewise reads *The Lifted Veil* in line with Eliot’s larger project on sympathy, explaining that Latimer’s invasive exposure to the consciousness of others anticipates *Middlemarch*’s famous squirrel quotation.⁶ Davis writes, “[t]he failure of perception, the imperviousness of ‘the coarse emotion of mankind’ to the omnipresence of individual suffering, is a necessary mode of protection from the potentially overwhelming quantity and variety of information which the subject constantly receives about the world” ([Davis 2006](#), p. 142). Indeed, “the discrete self’s potential for activity. . . . relies on the perception of discrete, partly hidden selfhood in others” (p. 143).

While my ultimate focus is not on sympathy, I begin by likewise teasing out the details of Eliot’s representation of Latimer’s visions and voices to explore how Eliot offers a model of the mind in these episodes that is both engaged and disengaged. Latimer’s experiences of visions and voices are transient but acute and intrusive mental and physical states that suggest a doubleness. Latimer is not in control of these states, as we see through his failed attempts to reinvokethe image of Prague or shun the intruding voices. This attribute raises the question of Latimer’s will in this state. Moreover, the visions, in particular, affect his consciousness and perception of his immediate surroundings, suggesting a mental and sensorial separation from the environment. What begins to emerge is a picture of the mind both engaged and disengaged.

Though two distinct sensory details bookend Latimer’s first image of Prague, the “vision” itself shows the mind separating from sensory detail to formulate a new, distinct image. As Latimer’s father discusses Prague, he is abruptly interrupted, leaving the word “Prague” lingering unfinished in the air. This sensory detail captivates Latimer’s attention, becoming the focal point of his thoughts: “My father was called away before he had finished his sentence, and he left my mind resting on the word Prague, with a strange sense that a new and wondrous scene was breaking upon me” ([Eliot \[1859\] 2009](#), p. 9). Latimer appears passive. It is his father who leaves his mind resting on Prague, and he describes the scene “breaking upon [him]” as a wondrous phenomenon that he watches in awe of its approach. What ultimately brings his mind back to his surroundings is “[a] stunning clang of metal

[that] suddenly thrilled through [him]" as he "became conscious of the objects of [his] room again: one of the fire-irons had fallen as Pierre opened the door" (p. 9). Between these two sensory details, Latimer's mind and eyes disregard the objects in his room, instead fixating on an imagined scene of Prague with remarkable clarity. Despite seemingly perceiving stimuli in his surroundings, as evidenced by his body's response to the falling fire iron, Latimer remains mentally detached, with his focus directed elsewhere. Whether it was from the clanging of the metal or this mind-body experience, Latimer tells the reader he is left with a heart "palpitating violently" from the experience (p. 9).⁷

Latimer's second vision likewise shows a stimulated, active mind as the body remains both attuned to and separated from sensory detail. Latimer's father appears again as the starting chain of these events. Wondering what has detained his father, Latimer paces back and forth, "looking out on the current of the Rhone, just where it leaves the dark-blue lake; but thinking all of the while of the possible causes that could detain [his] father. Suddenly, [he] was conscious that [his] father was in the room, but not alone: there were two persons with him. Strange! [He] had heard no footstep, [he] had not seen the door open" (p. 11). Latimer then imagines (in his mind's eye) his father, Mrs. Filmore, and, then unknown to him, Bertha standing in front of him in his room. The figures appear almost ghost-like in their sudden and complete materialization. Latimer's father speaks—"Well, Latimer, you thought me long"—and the "whole group vanished" as quickly as it came upon him (p. 12). Latimer's consciousness then returns in full to his room. Yet, like the previous vision, this one leaves its physiological mark: he is cold and trembling and can only totter to the sofa and throw himself upon it (p. 12). For the first time, Eliot gives readers the word "intermittent delirium" to describe Latimer's experience (p. 12).

While these first two instances of his visions show Latimer primarily mentally unaware of his surroundings, his experience at Lichtenberg Palace shows a layered out-of-body experience that involves a more complex interaction between the environment, mind, and delirium. The catalyst in the chain this time appears to be paintings, which Latimer confesses "affect [him] so strongly that one or two exhaust all [his] capacity of contemplation" (p. 18). Mentally fatigued in this way from the art, Latimer follows his brother and Mrs. Filmore "dreamily" (p. 19). He describes himself as "half alive" and only "vaguely conscious" (p. 19). This is what we might describe in layperson's terms today as being "out of it" or having an "out-of-body experience". The scope of Latimer's consciousness of his surroundings appears lessened, minimized, or constricted, and from this state, his third detailed vision appears: he is in his father's room with Bertha, and he feels "helpless before her" (p. 19). His return to full consciousness of his environment reads like one awakening from a faint: he "had a sense of [his] eyelids quivering, and the living daylight broke in upon [him]" (p. 20). This experience again stirs something within Latimer: the "tumult of mind" makes him "ill for several days", and he "shuddered with horror" as the same scene "recurred constantly, with all its minutiae" (p. 20). Eliot illustrates not only a mind capable of layered consciousness but also a mind capable of storing and repeating the same material from these layers.

Latimer's second mental experience involves "diseased participation in other people's consciousness" (p. 17) or what he also calls "superadded consciousness" (pp. 13, 18) and "double consciousness" (p. 21) through hearing other people's thoughts in his own mind. Latimer describes this hearing of others' thoughts as an "obtrusion on [his] mind of the mental process going forward in first one person, and then another, with whom [he] happened to be in contact"; the thoughts of another "would force themselves on [his] consciousness like an importunate, ill-played musical instrument, or the loud activity of an imprisoned insect" (p. 13). Latimer appears powerless against these intrusions, which disrupt his thoughts in a dissonant and unsettling fashion. While Latimer portrays it as an invasion by other souls, Eliot hints that this phenomenon might actually be one state of his own consciousness encroaching upon the other. Latimer later asks the reader: "Are you able to imagine this double consciousness at work within me, flowing on like two parallel streams that never mingle their waters and blend into a common hue?" (p. 21).

The text never confirms that Latimer indeed correctly hears the thoughts of others. The voices he hears, like the visions he has, could be—according to this address to the reader—two different states of his own consciousness. That they run parallel but never merge suggests two distinct layers of consciousness in the mind; however, this model appears complicated because Latimer recalls the visions and experiences while in this “other” state of consciousness, and he notes that hearing the voices still “allowed [his] own impulses and ideas to continue their uninterrupted course” (p. 18). In Latimer’s visions, one state of consciousness seems primarily to eclipse the other. However, when he hears voices, the two states of consciousness seem to exist simultaneously in a curious coexistence. At one point, Latimer states that he “lived under forces utterly invisible” and was under the grasp of “unknown forces” (pp. 32, 33). The novella leaves the reader to surmise what the unknown force is and what this “other” state of consciousness is, the one of visions and voices.

2. Other Circulating Models of the Mind

The novel offers phrenology as one possible medical lens to diagnose Latimer, but Eliot quickly moves away from this cranial-reading pseudoscience. Phrenologist George Combe founded the Edinburgh Phrenological Society in 1820 and the *Phrenological Journal* in 1823. His manual mapped out the surface of the cranium, allocating mental and moral characteristics to each part of the head. By looking for protuberances and indentations and aligning their locations with the map of the head, phrenologists claimed to find the root of people’s character deficiency or prodigiousness. Helen Small details how Eliot had read Combe’s *Elements of Phrenology* and, in July 1844, had a phrenological cast of her head made by James Deville of the Strand (Small 2009, p. 90). In early 1852, she corresponded with Combe, but by 1855, four years prior to the publication of *The Lifted Veil*, Combe accused her of having been strongly influenced by Lewes—who was skeptical of phrenology—and having lost faith in phrenology (p. 90). Eliot figures a phrenologist, Mr. Letherall, as the first medical figure to weigh in on Latimer’s morbidly sensitive nature in *The Lifted Veil*. After examining Latimer’s head, Mr. Letherall declares, “‘The deficiency is there, sir—there; and here,’ he added, touching the upper sides of my head, ‘here is the excess. That must be brought out, sir, and this must be laid to sleep’” (Eliot [1859] 2009, p. 6). Though Eliot only gives us Latimer’s impression of Letherall, it is not a positive one. He describes Letherall as having “pulled [his] head about as if he had wanted to buy and cheapen it” (p. 6). Moreover, the exceedingly definitive nature of Letherall’s declarations satirizes his deductions: Mr. Letherall “so very decidedly” says that Latimer is not fit for public school and that “it was presently clear”, after a few minutes feeling his cranium, that private tutors and select areas of study “were the appliances by which the defects of [his] organisation were to be remedied” (p. 6). Though Eliot may have been interested in the adaptive power of the mind, she does not see phrenology and ensuing corrective education as the antidote to Latimer’s nature. It seems the physiological structure of his cranium does not offer insight and cure.

While the novella showcases phrenology to question its legitimacy, the term ‘double consciousness’ was semi-technical at this point, and the science of the day would provide much other context for interpreting Latimer’s experiences. Helen Small notes that Sir Henry Holland (1788–1873), a physiologist who was to become Eliot and Lewes’s friend and occasional medical consultant, hypothesized that the brain had two hemispheres and that mental health depended upon “proper correspondence, or unity of action” between these two hemispheres (Small 2009, p. 94; Holland qtd in Small 2009, p. 94). Holland’s theory of the double brain first appeared in 1840 in an essay, “The brain as a double organ”, included in his book *Medical Notes and Reflections*. Numerous physiologists followed in Holland’s theoretical footsteps: in 1844, Arthur Ladbroke Wigan (1785–1847) dedicated his book, *A New View of Insanity: The Duality of the Mind Proved by the Structure, Function and Diseases of the Brain*, to Holland. Taking a structuralist and materialist view of a dysfunctional brain as the seat of mental derangement and delusion, Wigan claims that “when the disease or disorder of one cerebrum becomes sufficiently aggravated to defy the

control of the other, the case is then one of the commonest forms of mental derangement or insanity; and that a lesser degree of discrepancy between the functions of the two cerebra constitutes the state of conscious delusion" (qtd in [Taylor and Shuttleworth 2003](#), p. 125). In 1852, Holland expanded upon his theory in *Chapters on Mental Physiology* where he wrote that those suffering from mental disorder experienced a "sort of double-dealing" within the brain (p. 128). Accidents, diseases, or other unknown causes can inhibit congruency and unity between the two minds (p. 129). This leads to "double consciousness; where the mind passes by alteration from one state to another, each having the perception of external impressions and appropriate trains of thought, but not linked together by the ordinary gradations, or by mutual memory" (p. 129). Around the same time, in 1851, John Addington Symonds spoke of double consciousness as arising not out of an organic cause but out of a problem with association and memory. In *Sleep and Dreams*, also published in London, Symonds describes awakening from sleep as an example of how people transition between two states of consciousness regularly; this example of sleep and consciousness was a common discussion point of the day. However, when memory and associations are disrupted during the transition to another state of consciousness, disordered double consciousness occurs (pp. 130–31). Though these theories centered on a physical accident leading to an organic and material injury as the trigger for double consciousness, these discussions of double consciousness and the double brain provided the groundwork for later theories of multiple personality and trauma.

Theories of hysteria, traumatic neurosis, and dissociation began circulating in the 1860s through 1890s, with material physiology and mental alienation again serving as the two predominant conceptual frameworks for understanding these disorders. In his 1857 "Étude médico-légale sur les attentats aux mœurs" ("Forensic study on offenses against morals"), French forensic physician Ambroise Tardieu made significant contributions to the discussion of trauma when he linked hysteria with sexual abuse. However, his focus was on the physical effects, such as seizures and fainting, more so than the psychological effects of abuse. In his earliest writings on hysteria in the 1880s and 1890s, French psychologist Pierre Janet took a more alienist approach, theorizing "the psychological nature of hysteria and the possible precipitation of psychological disorder by environmental events" ([Healy 1993](#), p. 16). The hysteric could experience symptoms of somnambulism, visions, altered consciousness, and fugue states (pp. 17–18). Most notable was Janet's theory of dissociation. Previously, the biological turn in psychology led scientists and doctors to propose a material explanation for dissociation, explaining it as "two minds struggling against each other" (p. 71). Herbert Spencer (who offered the first speculation on dissociation) was followed by Arthur Wigan (in his 1845 *Duality of the Mind*) and Paul Broca and Gustav Dax (1863, independently reported) in their more physiological theories of dissociation as arising from the brain malfunctioning within the two central hemispheres (p. 71). Janet, on the contrary, took a more psychoanalytical approach, theorizing dissociation as a "malady of personal synthesis" in which certain behaviors split off from and occur outside the conscious self (pp. 19–20). The lack of personal synthesis begins when the emotion associated with an "affecting event" becomes a fixed idea in the subconscious ([Janet 1907](#), p. 108): "Fixed ideas are for us phenomena which are developed in the mind in an automatic manner outside the will and the personal perception of the patient . . . [and] are formed naturally under the influence of accidental causes" (p. 278). These "subconscious fixed ideas" (p. 280) are not assimilated into and condensed within everyday consciousness; yet, while they are latent, they "are still active, for they give rise to dreams, delusions, attacks of delirium" ([Janet 1925](#), p. 595). In their 1895 *Studies on Hysteria*, Freud and Breuer posited a similar theory of traumatic hysteria as rooted in "the persistency of an idea" ([Janet 1901](#), p. 496). Similar to Janet, Freud theorized that traumatic events could have psychological ramifications. Freud primarily studied hysterical women with sexual abuse in their past and formed his "seduction theory": physical and mental symptoms were rooted in and symbolic of these traumatic events and emotions. In 1896, Freud's "On the Etiology of Hysteria" outlined a chain of repression to explain how these traumatic events manifest

only later through reminiscences. However, in the very next year, 1897, Freud retracted his seduction theory of hysterical trauma and dissociation, thereby moving his own theories and the psychological discourse away from trauma as environmentally and emotionally precipitated (Healy 1993, p. 31).

3. Eliot's Early Image of Trauma

One year after she published *The Lifted Veil*, Eliot explained to her publisher that writing *The Mill on the Floss* met her own need for “a widening psychology” (GEL, iii, p. 318, qtd in Green 2020, p. 74). This same energy is present within *The Lifted Veil*. Anticipating later theories of hysterical trauma psychosis, *The Lifted Veil* offers the possibility of emotional and psychological shock as the root of Latimer's double consciousness.⁸ Latimer's childhood emotional shock was the loss of his beloved mother, which proves a fruitful opportunity to examine Eliot's psychology of loss and trauma:

I had a tender mother: even now, after the dreary lapse of long years, a slight trace of sensation accompanies the remembrance of her caress as she held me on her knee—her arms around my little body, her cheek pressed against mine. . . . That unequalled love soon vanished out of my life, and even to my childish consciousness it was as if life had become more chill. I rode my little white pony with the groom by my side as before, but there were no loving eyes looking at me as I mounted, no glad arms opened to me when I came back. Perhaps I missed my mother's love more than most children of seven or eight would have done, to whom the other pleasures of life remained as before. (Eliot [1859] 2009, p. 5)

Following his mother's death, Latimer spends his childhood and early adulthood years thinking of himself as an “unimportant being” who was “neglected” and “unloved” (pp. 28, 36). The loss of his mother meant, to him, the total loss of love, and his “childhood consciousness” registers this profoundly. He describes and processes her absence through the images of lack: the lack of loving eyes watching him and the lack of open arms reaching for him.⁹

To fill this emotional void, Latimer searches for acceptance and love in nature and in his friendship with Charles in Geneva. Writing about nature, he states, “it seemed to me that the sky, and the glowing mountain-tops, and the wide blue water [of the lake] surrounded me with a cherishing love such as no human face had shed on me since my mother's love had vanished out of my life” (p. 7). The direct invocation of his mother evidences the lingering pain and emptiness of his loss. He speaks of his new friend Charles as one with whom he shares a “community of feeling” and one who loves him (p. 8).

However, his first vision of Prague, what I propose we call a dissociative episode in the language of trauma theory, comes after a serious illness puts a stop to his moments in nature and his time spent with Charles. He writes that “[t]his happier life at Geneva was put to an end by a severe illness” (p. 8). The novella offers the possibility that the illness and convalescence caused Latimer's double consciousness and visions. This narrative of a disease leading to organic injury to the brain and disordering the unity of the hemispheric spheres would seem to fit with Holland's and Wigan's theories of double consciousness and the double mind. However, the novel's emphasis on Latimer's early loss also suggests that Latimer's dissociative episodes stemmed from the emotional shock of his mother's death, which lay dormant until triggered by his weakened and stressed nervous system and the loss of his comforting friendship. Following his illness and necessary separation from his beloved nature and Charles while recuperating, Latimer divulges that he was “perpetually craving sympathy and support” (p. 15). His subsequent transient but acute and intrusive mental and physical states of visions and voices are, therefore, the products of his unresolved childhood emotional trauma.

Janet was the first psychologist to forward a theory of dissociation and to link it with psychological trauma and the subconscious (Howell 2005, p. 49). In his 1907 *The Major Symptoms of Hysteria*, Janet explains dissociation as “diminution of personal synthesis” (p. 289). Of the ways in which this lack of one “I” or personal synthesis can manifest

(somnambulism, fugue states, paroxysms, anesthesia, or visions), somnambulism seems most relevant for Latimer's experience. Somnambulism involves a shift into a different consciousness and a contracture of focus so that the somnambulist sees and hears only what he or she envisions independently from what is happening in the exterior world:

There is a first very important period. . . ; it is the moment when the somnambulism begins, the change from the normal to the second state. When the change is sudden, there is, as it seems, a loss of consciousness, a half faint. When the change is slow, one may easily observe the abasement of mental activity; the patient pays no more attention to exterior events; he understands less and less what you tell him, and he answers with difficulty, is absent-minded, works more slowly, or interrupts his work. In short, voluntary activity and close application seem to disappear, to give place to the expansion of the dream. . . . [H]e sees the objects he speaks of, and really hears, feels, touches them exactly as if they were real. (Janet 1907, pp. 32–33)

The person slips into a different layer of consciousness, and thus, while they appear to be awake and functioning, their focus is on altogether different sensory details and visions. Janet goes on to explain that the person will not respond to someone unless what that observer says or does coincides with the dissociating person's vision. So, when Latimer slips into his visions of Prague, he may have shifted into a different layer of consciousness, and he truly sees and hears in that moment all of the vivid sensory details of his new location: Prague. The growing understanding "that there are constantly messages sent from one layer of consciousness to another" (Myers qtd in Janet 1901, p. 266) sought to explain how this movement from one layer of consciousness to another can occur in somnambulistic episodes.

Janet's theory of fixed ideas can also help shed some light on Latimer's mental and physical experiences as dissociative events indicative of unresolved past emotional shock and trauma. Janet outlines the process by which "fixed ideas" "lead to somnambulism" (Janet 1907, p. 61). First, an emotional shock occurs from "an affecting event" (p. 108). The emotional shock causes nervous exhaustion that leads to a "weakness of personal synthesis", or an "undoubling" of the personality, and a formation of fixed ideas (Janet 1901, p. 505). Fixed ideas form "in an automatic manner outside the will and the personal perception of the patient" (p. 278). This splitting off of consciousness allows the fixed ideas to continue to exist without having to be united with and synthesized into the normal consciousness and personality (p. 505). It is, in short, a coping mechanism. This "development of an idea, of a feeling, of a psychological state, in a word, of a system of thoughts, which takes place outside the memory and the normal consciousness" is what Janet terms "dissociation of a psychological system" (Janet 1907, p. 318).

What happens then, according to Janet's theory, is that "those neglected psychological phenomena" (Janet 1901, p. 505), which are psychologically isolated from general consciousness, can intermittently move into normal consciousness and give "birth to these odd deliriums" (Janet 1907, p. 65). Janet theorizes that "these fixed ideas, these parasites, may be very dangerous to normal consciousness, and that in many circumstances general disturbances of the whole thought may be the result of the development of fixed ideas" (Janet 1901, pp. 465–66). Latimer's mental experiences (over which he has seemingly no control) may be moments when his own fixed idea, normally isolated from general consciousness in his daily moments, interjects into and disturbs that general consciousness. Janet describes fixed ideas as springing up from emotionally traumatic events, and the death of a loved one is continuously repeated in Janet's work: "There are such kinds of fixed ideas in somnambulisms and fugues; the idea of one's mother's death, [etc.]" (Janet 1907, p. 324). The death of Latimer's mother—whom he continuously describes as the last and only person who truly loved him—is his fixed idea; while he acknowledges his mother's death in his writing, the grief, emotional shock, and ensuing nervous exhaustion caused the idea of the death of his mother to be split off from his general consciousness as a means of coping. In a stage of grief, he both knows but also does not have to process

and know of his loss. Whether it is because we do not want to or cannot remember the fixed idea is a point of debate: “Freud argued that traumatic memories become isolated through repression: we do not want to remember. Breuer argued that they become isolated through dissociation: we cannot remember” (Healy 1993, p. 22). The voices Latimer hears can also be symptoms of the fixed idea moving into general consciousness. The voices are not actually supernatural windows into others’ thoughts but rather Latimer’s own unconscious projection as a symptom of his dissociation.

Why does Latimer’s mother’s death lead to visions of Prague and the hearing of others’ thoughts? Janet explains that the content of fixed ideas—here, arguably his mother’s death—bears no relation to their expression. There is no direct cause and effect between being reminded of or thinking of his mother’s death and the expression through vision and voice:

One has the fixed idea of her mother’s death; it is not at all the fixed idea of somnambulism and of its laws. Another has a fixed idea relative to the flight of his wife, who robbed him; it is not the fixed idea of dumbness. Much oftener than is believed, the accident develops independently of the ideas of the subject, whether the subject does not think of it or thinks of something else. (Janet 1907, p. 328)

Simply having a fixed idea at all is sufficient grounds for intermittent and random expression through dissociative experiences, whether this be delirium, somnambulism, voices, etc.

However, Latimer’s attraction to the emotionally and mentally unavailable Bertha is a more straightforward expression of his fixed idea. Latimer undoubtedly has a psychophysiological response to Bertha since he “fainted at the moment of seeing her” (Eliot [1859] 2009, p. 13). Yet, Bertha “made the only exception” to his “unhappy gift of insight”, and it is this lack of availability that Latimer admits as the seed of his attraction to her:

About Bertha I was always in a state of uncertainty: I could watch the expression of her face, and speculate on its meaning; I could ask for her opinion with the real interest of ignorance; I could listen for her words and watch for her smile with hope and fear: she had for me the fascination of an unravelled destiny. I say it was this fact that chiefly determined the strong effect she produced on me. (p. 15)

Latimer’s attraction to Bertha reads as a subconscious reenactment of his earlier loss of his mother. The repetition of “could” signals potentiality, and the “unravelled destiny” that he thinks she promises offers him the connection he longs for but can no longer have with his mother. At the same time, however, this promising connection is disconnection. He can look expectedly upon her face and listen intently to her words because she is otherwise aloof and ungenerous with her thoughts and emotions: unimaginative, cynical, critical, and unmoved (p. 15). Just as Bertha elicits feelings of uncertainty and speculation in Latimer, his mother’s absence after her death also leaves him in a perpetual state of uncertainty and longing. His attraction to Bertha suggests a subconscious attempt to navigate and resolve unresolved emotions stemming from his childhood trauma, albeit through adult relationships.

Of import, Eliot’s model of the dissociative mind differs from Janet’s in one great respect: while Janet imagines two distinct consciousnesses that send communication between the different layers, his patients have no recollection of their visions or voices when they have transitioned back into general consciousness. This is a model of the mind that is even more divided or split than Eliot’s model of the mind. While Janet’s patient “has no recollection of the delirium when regaining consciousness” (Janet 1907, p. 36), Latimer not only remembers but also articulates in writing the details of his visions and voices. Janet writes that the manifestations of the fixed idea are different enough from the main personality to be called subconscious acts, and Eliot’s narrative seems to likewise support this idea: Latimer has no willpower over these visions and voices, which take him over unexpectedly and abruptly. However, there is also a complete divide between multiple personalities in Janet’s texts that Eliot’s work does not envision:

Somnambulism is for us a second psychological existence, clearly distinct from the first and alternating with it, a state in which the intellectual phenomena are sufficiently developed for the subject to perceive the sensations, understand even the signs and the language, but which is nevertheless followed by a complete amnesia when the subject returns to his normal state, and the remembrances of which cannot be recovered except in another analogous state. (Janet 1901, pp. 516–17)

The Lifted Veil seems to illustrate how trauma from emotional shock can persist in dissociative states of consciousness but does not go so far as Janet to outline a total disbanding of personal synthesis through automatic subconscious acts outside of personal consciousness and perception. Latimer's visions and voices appear to stem from a different layer of consciousness—one struggling with trauma—but his general consciousness can still remember these episodes even if it cannot or will not truly come to terms with the trauma itself.

4. Conclusions

Writing in the 1880s, Pierre Janet offered the most complete and, in today's terms, fairly modern theory of dissociative identity. Though Freud and Janet initially shared common views of trauma and dissociation, when Freud moved away from his seduction theory and toward a universal endogenic view of child development in 1897, Janet's theories lost popularity. Medical theories of shellshock around World War I also faced a crisis of mind versus body. Part of the steadfast insistence that "shell shock" developed from the organic, physical shock to the ears, eyes, and body from shells exploding was the refusal to see men as emotionally vulnerable to experiences around them. Janet categorized trauma neurosis as a form of hysteria and, like his mentor Jean-Martin Charcot, argued that both men and women could experience hysterical trauma neurosis. In his 1907 work, *The Major Symptoms of Hysteria*, Janet concludes how "[t]he recognition of the disease in men changes the old conception of hysteria and determined an ensemble of more precise clinical researches" (Janet 1907, p. 15). Throughout his works on hysterical neurosis, Janet uses both masculine and feminine pronouns and provides a plethora of case studies about male patients. The early theories of "shell shock" suggest that other physicians, unlike Janet and Eliot, were not prepared at the time to welcome a view of men as capable of being emotionally debilitated by the chronic experience of fear, disgust, and grief during combat. However, military psychologists did begin to see shell shock as a means of coping with and protecting the psyche from this emotional shock. Physicians claimed that war neurosis was akin to hysteria in that it originated from a traumatic emotional shock (DeMeester 1998; Crocq and Crocq 2000). In his review of 88 cases of war neurosis in 1915, the French psychiatrist Emmanuel Jean-Baptiste Joseph Régis concludes that "20% only presented with a physical wound, but in all cases fright, emotional shock, and seeing maimed comrades had been a major factor" (Crocq and Crocq 2000, p. 49). Elaine Showalter explains how psychologists came to understand that "war neurosis was 'an escape from an intolerable situation,' a compromise negotiated by the psyche between the self-preservation and the prohibition against deception or flight" (Showalter 1986, p. 170). When post-traumatic stress disorder (PTSD) entered the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980 and the International Classification of Diseases (ICD) in 1992, Janet's work began to appear more relevant. As Howell has explained, Janet's work actually serves as the foundation for much of our understanding of Dissociative Identity Disorder, trauma, and dissociation today.

Writing twenty years earlier than Janet, Eliot in *The Lifted Veil* anticipates in many ways Janet's model of how emotional shock and grief can lead to dissociative consciousness. When many of her contemporary psychologists were writing about structural disunity between the hemispheres of the brain with a material and organic basis as the explanation for the splitting of consciousness, Eliot homed in on the power of persistent yet latent emotional shock and grief. *The Lifted Veil* is more realistic than it initially appears as it clearly joins her body of work through its commitment to the psychological. But from its

initial critical reception, *The Lifted Veil* has been skeptically sidelined as the outlier in Eliot's otherwise realist oeuvre. In his exploration of how the loss of love or a loved one can be "properly called traumatic" in the lives of Eliot's numerous other characters, Mark Ludwig interestingly does not discuss *The Lifted Veil* (Ludwig 1992, pp. 205–6). Foregrounding the traumatic impact of loss on Latimer shows how the novella, long-thought the unusual stepsister in Eliot's otherwise realist oeuvre, is invested in the same psychological and emotional processes as her other novels. The Gothic elements also have their place in Eliot's project. As Jill Matus explains, the Gothic was by no means a stranger but rather a bedfellow to psychological projects: "the discourse of literary terror and haunting was highly developed and could be enlisted to perform the work of psychological representation. As many critics have observed, the trajectory of the ghost story from the beginning of the nineteenth century to the end is the movement from external supernatural haunting to internal psychological haunting" (Matus 2009, p. 88). Sally Shuttleworth argues that *The Lifted Veil* thus encourages us to "revise the rather limited models of nineteenth-century realism" (Shuttleworth 2001, p. xx). Meegan Kennedy adds "that the sensory phenomena here [in *The Lifted Veil*] expand our sense of what Victorian science—and realism—could accommodate" (p. 370). She argues for the role of "speculative cases of hyperaesthesia, prevision, and telepathy" in "physiological medicine as a path for skeptical neurological inquiry", expanding the definitions of both science and medicine. This longstanding discourse alone—about the divides between realism and Gothic and between medicine and literature—emphasizes the persisting hierarchy of genre and discipline. Eliot's ability to transcend the conventional boundaries in genre and discipline within *The Lifted Veil* enabled her prescient exploration of trauma and neurosis—her "widening psychology". Eliot's willingness to challenge the dichotomy between realism and the Gothic enabled a narrative space where the psychological dimensions of trauma could be explored without constraint. By pushing the boundaries of both a literary genre and medical discourse, Eliot demonstrated a foresight that resonates with later developments in trauma theory and is, to this day, strikingly modern.

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Notes

- ¹ For a discussion of Eliot's responses to phrenology, see Claggart, who claims that Eliot features phrenology as an attempt "to definitively predict the future through scientific assessments of the body" or means of "biological divination" in order to critique how it "posit[s] nature as a determining force that must either be passively accepted or harnessed to root out physiological difference" (Claggett 2011, p. 850). For a discussion of *The Lifted Veil*'s commentary on prevision and animal magnetism, see Bull (1998), Gray (1982), and Edgecombe (2015). Bull reads Latimer's prevision and animal magnetism as it aligns with William Gregory's *Letters to a Candid Inquirer on Animal Magnetism* (1851), exploring the slave–master dynamic inherent in the magnetic servitude and concludes that Eliot ultimately argues that interpersonal connection is necessary for the enslaved to free themselves. Gray argues that Eliot's descriptions of Latimer's mental powers strikingly align with Gregory's descriptions of a patient, "Mr. D", and that "Eliot has made a serious attempt to evoke the horror, the emotional draught and the moral shriveling that would ensue from such powers as Latimer is endowed with—powers that a significant part of Victorian society believed in or was fascinated by, without, perhaps, fully considering the philosophical implications" (Gray 1982, p. 420). Edgecombe considers how "by taking the veiled prophet of Khorassan as its point of departure, "The Lifted Veil" itself lifts the veil on prophecy and clairvoyance—traditionally glamorous and covetable gifts—to reveal them in all their alienating, poisonous banality—not fraudulent as such, but profoundly disappointing even so" (Edgecombe 2015, pp. 51–52).
- ² One critic, Carroll Viera, who does examine trauma in *The Lifted Veil*, links Latimer to Adolphe from Eliot's ([1847] 1919) earlier essay, "How to Avoid Disappointment", in *Poetry and Prose* (1847). Viera sees Eliot working out Latimer's trauma of disillusionment and loss of love for Bertha Grant through Adolphe's explanation of his trauma as a "withering sorrow; I have ceased to love the being whom I once believed that I must love while life lasted" (Eliot qtd. in Viera 1984, p. 751).
- ³ In his discussion of trauma in *The Lifted Veil*, Ludwig notes that the use of "compulsive repetition", an idea explicitly forwarded by Freud, is a hallmark of Eliot's depiction of trauma (p. 208): "These repetitions of a traumatic experience resemble what Sigmund Freud called compulsive repetition—a kind of behavior which he saw as a response to trauma and which he had observed, for

example, in accident victims who would have recurring dreams of their accidents" (p. 204). I extend Eliot's connections by highlighting the relevance of Pierre Janet's theories of trauma and dissociation to Eliot's portrayal.

- 4 Matus, for example, explains: "In the penultimate book of *Daniel Deronda*, Gwendolen Harleth appears in a state of physical and mental shock after the drowning of her detested husband. Exposed to an increasingly popularized discourse of trauma and dissociative disorders, today's readers would have little trouble in identifying and labeling Gwendolen as a traumatized subject, suffering from a variety of typical symptoms in the aftermath of her terrible experience" (Matus 2009, p. 142). For more work on trauma and shock in *Daniel Deronda* and Eliot's other work, see Braun (2022), Herzog (2005), Viera (1984), and Ludwig (1992).
- 5 For more on men's hysteria, see Mark S. Micale's (2008) *Hysterical Men*, especially Chapter 3 on Charcot and Janet.
- 6 "That element of tragedy which lies in the very fact of frequency has not yet wrought itself into the coarse emotion of mankind; and perhaps our frames could hardly bear much of it. If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heart beat, and we should die of that roar which lies on the other side of silence" (Eliot [1872] 2003, pp. 184–85).
- 7 Matus reads his two visions at the intersection of Eliot's project on emotion and sympathy. The imagined scene "serves the narrative as a trigger for emotional response" (p. 127) and, ultimately, Eliot's literary exploration of how much to amplify experience to promote compassion and responsibility for the suffering of others without provoking shock and pain (128). Raitiere reads the series, "initial vision—partial recovery—subsequent vision' as a single episode" in "a two-part epileptic seizure" (p. 152).
- 8 As aforementioned, Ludwig explores the traumatic role of loss throughout Eliot's oeuvre, though he does not discuss *The Lifted Veil* and otherwise takes Freud up as his lens.
- 9 Matus, too, describes how "Latimer's formative experiences have resulted in a warped and twisted emotional growth: his nature, as he emphasizes, has been formed in an "uncongenial medium, which could never foster it "into happy, healthy development" (p. 7). Unsafe, unloved and defensive, the child Latimer is father of the man" (p. 125). Where my argument diverges from hers, however, is that Matus reads Latimer's subsequent ability to hear others' thoughts as indicative of his post-traumatic inability to maintain "a separate self, reasonably insulated from the outside, and, at the same time, an inner world healthy enough to accommodate the other without a sense of being besieged" (p. 123). She reads *The Lifted Veil* as offering an image of the traumatized mind as unable to self-protect itself through "distancing or regulating mechanisms" (p. 123). "Without the ability to regulate what comes inside, the subject is unable to process experience in the ordinary way". (p. 123). In short, she reads the novel as offering a different model of the post-traumatized mind that has implications for and weighs in on Eliot's theory of sympathy and sympathetic connection.

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