

Locating Female Voice and Agency:
Pregnancy and Birth in *Paradise Lost* and *Aurora Leigh*

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For My Parents

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ABSTRACT

This thesis examines female characters who endure rape and painful childbirths, in John Milton's *Paradise Lost* (1667) and Elizabeth Barrett Browning's *Aurora Leigh* (1857). I demonstrate the way in which these female characters often lack agency over their lives in significant ways, and the way that this raises problems surrounding their storytelling. This thesis is concerned with the way in which the works interact with the medical and literary discourses of their time and how that relates to their representations of female voice and agency.

In Chapter One, I examine the story of Sin in *Paradise Lost*. I look at her narration of her copulation with her father, painful childbirth of her son Death, rape by Death and subsequent unending childbirth. I examine the way her narration is received by Satan within the text, by scholars, as well as by a female contemporary of Milton, Lucy Hutchinson, as a way to get to the issue of female storytelling and whether stories are responded to and believed. I argue that the language Milton uses in describing Sin's womb falls within a larger misogynistic rhetoric and reflects the largely male-led and misogynistic medical discourse of his time. I engage briefly with the bountiful debate about Milton's sympathy toward women and whether his depiction of Sin's pain is excessive and misogynistic or realistic and compassionate. Because Milton creates a vision of pregnancy that echoes male views, I also look at seventeenth-century women who write about pregnancy in diaries and manuscripts. In my analysis of the parallels between Sin and Eve's life in *Paradise Lost*, I emphasize these women's use of their voice amidst the inheritance of trauma.

In Chapter Two, I focus on the character of Marian in *Aurora Leigh*, who is often considered secondary to Aurora, but who bears a child from a rape. I look at her life-long story of trauma, and in particular on her rape and childbirth, which result in her delusions of death. I uncover the issues of storytelling here, too. Her story is told through Aurora's lens, thus evoking another problem of female storytelling: can women tell their own stories? Marian does not want to live, yet Aurora resurrects her story. I engage with epistemological scholarship on the topic of second hand knowledge and Aurora's position as a proximate source in her sensitive retelling of Marian's story. I also argue that Marian's impoverished circumstances, concealment of her pregnancy, and solo delivery of her child make a fruitful comparison with accounts of historical women in the nineteenth century, especially those of the lower class. I suggest that Barrett Browning uses Marian to ventriloquize the suffering of lower class women in the nineteenth century in connection with childbirth. Barrett Browning not only breaks conventions in privileging women's voices in her representation of childbirth, but her own voice itself is significant in breaking into the male-dominated world of epic poetry.

I conclude by examining Milton and Barrett Browning's works in conjunction with each other, exploring the persistence of issues surrounding female voice and agency in childbirth narratives across both works and different time periods. I explore the different ways these authors afford their female characters agency through storytelling, given the gender of the author and genre of each work, and time-period and genre in which each work was written. Finally, I

highlight the importance of looking at medicine and literature together as a way to more fully understand the human condition and develop empathy.

Keywords: testimonial injustice, Milton, Barrett Browning, obstetrics, female characters, agency, voice, seventeenth century, nineteenth century, puerperal fever, womb, pregnancy, rape, childbirth, storytelling

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INTRODUCTION

There is often an imbalance of power between physician and patient. At first it may seem as though physicians hold all of the power: they are the ones to provide treatment and the patients are at the receiving end of the therapy. Yet, for all the training, knowledge, and experience the physician has accumulated, the patients themselves have a certain authority as well. After all, only they know how they are feeling and are able to describe it. To some, this personal knowledge trumps all else. In the context of the phenomenology of second-hand knowledge, philosopher Elizabeth Fricker asks whether “we have any knowledge at all that is free of epistemic dependence on what we have learned from others?” (Elizabeth Fricker 592). Applying this question to the context of the patient-physician relationship and patient narratives demonstrates the flimsiness of the paradigm of physician as omniscient. By positioning the storyteller as a significant source of knowledge, we allow for a different dynamic between patient and physician. In telling their narrative of illness, patients hold epistemic power while the physician is dependent on their recitation for knowledge of how to appropriately care for them. The patient’s testimony of their experience then becomes an important part of the physician’s assessment of illness and plan for care.

Great challenges come with the power of testimony, however. A liminal space exists between the patient telling their story and the physician accepting it. Even when we say how we feel, our symptoms are not always believed and taken seriously. It is within this vulnerable interstice that the physician must assess their trust in the patient (Elizabeth Fricker 593). The acceptance of testimony becomes even more complicated when a physician has certain biases against their patient, based on appearance, race, gender, or something else. According to philosopher Miranda Fricker, when the response to testimony is poisoned by “prejudice” and a

“deflated level of credibility to a speaker’s word,” there exists a kind of epistemic injustice, which she coins “testimonial injustice” (Miranda Fricker 1). Instances of testimonial injustice are heightened when patients have marginalized identit(ies). Women, for instance, often receive vastly different treatment than do men. One particular example of this is that women’s pain is regarded less seriously than that of men (Hoffman and Tarzian 13). Against this bias, women who do voice their pain face little chance of recognition. The issue of testimonial injustice is particularly well documented in the world of obstetrics. Sara Cohen Shabot, for example, utilizes Miranda Fricker’s system of epistemology in order to highlight how medicalized childbirth not only involves obstetric violence but is also predicated on the “dismissal of women’s voices” (Cohen Shabot 1).¹

Issues of female agency are central to my thesis. This is especially true for narratives about childbirth, which have been marginalized and diminished historically and still today.² Concerns born out of second-wave feminism about mediating patriarchal power have still not entirely privileged women’s voices, and the importance of the female voice in medical contexts is still a tenuous issue. A 2021 study of the field of Gender Medicine finds that it “is practiced by physicians and scientists, neglecting voices of other disciplines and of women themselves” (Shai, Koffler, and Hashiloni-Dolev 1). But this is also true of literary texts, which may reflect aspects of the world in which the author lived and which show the same bias against women and female autonomy. In literature, we see issues of silencing and subjugating women as far back as the Biblical story of Adam and Eve, in which Eve and all of her female descendents are plagued with

¹ The term “medicalized childbirth” has to do with the medical framework, management, and intervention of labor and delivery. Cohen Shabot also writes that “it has become evident that while the medicalization of childbirth initially released women from the “curse” of painful, dangerous births, it also ended up leaving many women anywhere from sad and disappointed to severely and permanently injured and traumatized, often following violent, nonconsensual interventions” (Shabot 417).

² See <https://www.vox.com/2019/6/10/18628073/maternal-mistreatment-women-of-color>.

painful childbirth as punishment for her original sin. These struggles of female autonomy persist through the beginning of the modern era.³

This is where my place within the larger conversation about childbirth narratives begins to take shape. I have chosen to address female voice in childbirth narratives by looking at John Milton's *Paradise Lost* (1667) and Elizabeth Barrett Browning's *Aurora Leigh* (1856) in conjunction with each other. *Paradise Lost*, an epic poem, aims to explain God's ways to men by primarily setting up a clear opposition between good and evil: Satan and his crew of fallen angels, who are evil because they have disobeyed God, and Adam and Eve, who are (temporarily) innocent and pious. Reproduction is a key issue in the work, given its focus on the inheritance of the repercussions of our forebears' actions. In *Aurora Leigh*, a "novel in verse," we find a feminized version of the epic poem, a traditionally male enterprise.⁴ The poem follows the form of the *Kunstlerroman* genre, in which we learn of Aurora's development as a woman and specifically her pursuit of a literary career. Given the strong emphasis on the different women in Aurora's life, we see many different presentations of maternity in this work as well.⁵ Despite the many differences between these two works, both include a secondary female

³ It was one of the points of second wave feminism to explore unheard voices and the way in which women were doubted not just as mothers but as creators more generally, including of text. In their analysis of gender anxieties and the written word in Victorian literature, for example, Sandra Gilbert and Susan Gubar describe how male authors definitively exclude women from any authority or credibility in the literary sphere. In this view, given that the pen is equivalent to a penis, women therefore cannot "father" a text or recreate the hierarchical and filial structure of a text, that is, the relationship between author and reader and the progression of the text itself (Gilbert and Gubar, 4). This erases women from the entire realm of creation, despite the fact that women themselves are at the forefront of the generative process of childbirth.

⁴ Susan Stanford Friedman writes that Barrett Browning "reversed the conventions of the epic by moving women from the symbolic margins of the epic to its very center of action. This centrality of women was commonplace in the novel, but the transformation of woman from Being to Doing, from object to subject, was a radical re-vision of epic convention. As a consequence of having a woman serve as the center of consciousness, the heroic was redefined in female terms, while the personal was made public" (Friedman 217).

⁵ The generation of texts is related to the reproduction of a human child: Barrett Browning uses the language of maternity is used in *Aurora* and her creative process. As opposed to other epic poems of different lengths, for example, Olivia Taylor notes that *Aurora Leigh* contains nine books, creating a parallel between Barrett Browning's generation of this text, Aurora's production of her own writing, and the time of human gestation (Taylor 154).

character who is raped and endures a great and continued loss of autonomy after childbirth, and these common features will be the basis of my comparison.

These two works are not randomly chosen: *Aurora Leigh* has been described by Sarah Annes Brown as “a paradigmatic female riposte to *Paradise Lost*” (Brown 725). *Aurora Leigh*, constructed in part as a female centered epic, is notable for explicitly outlining childbirth despite the suppression of descriptions of childbirth in the Victorian era. Like some other works by female authors from the nineteenth century, including those by Charlotte Bronte and Mary Shelley, Elizabeth Barrett Browning’s conception of Aurora comes from the desire to rewrite Milton’s Eve.⁶ Unhappy with the treatment of Eve, and all the women she symbolizes, Barrett Browning aims to make Aurora a different version of Eve because “she desires greater autonomy for women than did Milton” (Brown 734-5). Here we see a twofold negotiation of voice: reimaginings of Eve with more agency, and women’s authorial voice supplanting that of a man. In establishing their own reinterpretations of Eve, these female authors in effect take on the role of the female patient today. These authors want their versions of the story to be heard.

By taking into account the way that both Milton and Barrett Browning write about women who are maligned and cast aside, I focus on the way in which these characters’ voices and agency can nonetheless be reconciled and reclaimed through the way they tell their stories. I privilege each female character’s use of testimony and the way in which their voices help them build a network of camaraderie, a result mirrored in contemporary British women’s writings meant to inform and relate to other women in the 17th and 19th centuries.

⁶ Barrett Browning already had practice responding to Milton and *Paradise Lost*: her lyric poem *A Drama of Exile*, for example, is set immediately after Adam and Eve’s Fall. Sandra Gilbert asserted that Milton’s dominance of the literary world and the otherness of Milton’s female characters encouraged literary women “to define themselves as misogynistic theology defined them” (Gilbert 3). Gilbert identifies a few women writers from later generations, including Barrett Browning through *A Drama of Exile*, who revise and adapt elements of *Paradise Lost*, demonstrating the way in which these writers responded to and reconciled these anxieties.

Despite the clear relationship of Milton and Barrett Browning's works, there is a serious gap in the scholarship on the female characters in these two works, even in feminist analyses. Studies about these poems, whether individually or taken together, bypass the characters I am most interested in.⁷ Sin frequently takes a back seat to Eve and Marian is similarly overshadowed by Aurora.⁸ Thus even among the telling of women's stories, some are more visible than others. My thesis will instead center on these two overlooked female characters, Sin and Marian, and examine their relationship in their respective works and to each other. In particular, I look at how the story of Sin's rape, which engenders a child and several grandchildren that torment her body without rest, makes us look differently at Marian's rape and subsequent childbirth. In looking at the treatment of female characters' experience in medical contexts, I concentrate on their experiences of pain. When we examine their stories, we must also acknowledge the way they have been silenced: in real life, too, women have often been marginalized and neglected when receiving obstetric care. In the process, we realize the power of literature and the ways in which literature gives a voice to what is often unheard. The persistence of testimonial injustice against women merits the study of women's stories. If we, as readers, assume the epistemic responsibility of assessing trust in our female narrators, we can become more empathetic readers, and this may translate into the way we hear others around us as well, outside of literature.⁹

METHODOLOGICAL APPROACH

When we treat these female characters with empathy, we help resolve the divide between them and those to whom they tell their stories. Part of treating these women with empathy

⁷ Note that in what follows, I will be taking into account the difference between an allegorical character and one that appears in a non-allegorical poem.

⁸ There are some notable exceptions in the case of Sin, however, including Linda Gregerson's chapter on Satan, Sin, and Death in her book *The Reformation of the Subject*, and others (including Schwartz and Myers) also discussed below.

⁹ Philosopher Martha Nussbaum has worked extensively on the ways in which reading fiction cultivates understanding in society; see, for example, *Not For Profit*.

involves considering these texts within their cultural context. The reciprocal exchange of information and social anxieties between literature and medicine is a central part of my interdisciplinary methodology. I do not view these two fields as independent spheres, but rather worlds that intersect. In my view, one cannot entirely study literature in a vacuum, because it is undeniably influenced by the beliefs of its author, who are themselves subject to the social customs of their time. Even if authors respond to arguments of earlier periods or inherit beliefs from earlier literature, they are conscious of the debates and concerns of their own time, simply as a product of living in and participating in society. The field of medicine, too, is not only determined by current scientific developments, but also the social views at the time that guide what research is done and what causes need the most attention.

We thus must understand what this contributes to our authorial voices and how they bring this to their character's voices as well. The stories I have examined have value in revealing the realities of and attitudes toward the female body, because literature, even when it is fictional, has a documentary role. We can deepen our appreciation and understanding of the literature we read with the knowledge of the conditions of our characters, Sin and Marian. Though Milton inherited religious and mythological chronicles that he responds to and in some way reproduces, he is also influenced by the politics of his day.¹⁰ Elizabeth Barrett Browning was similarly responding to earlier works, in her case *Paradise Lost*. But she, too, was a product of her own time and her work deals extensively with Victorian gender constructions.

Studying patient narratives then, and hearing from the patients themselves, helps us identify what medicine privileged and neglected in the name of their patients. Understanding changing social and medical attitudes towards female sexuality and childbirth can help us

¹⁰ It has become commonplace to read Milton's poetry through the lens of his politics. See, among others, McDowell, Corn, Campbell, Norbrook, and Armitage.

understand the way in which these issues are presented in literature. Ashleigh Frayne states persuasively that “during the early modern period, obstetrical treatises were in dialogue with fictional accounts of childbirth, [and thus] fictional and scientific writings should be read side-by-side in order to truly understand how the act of birth was seen in the period” (Frayne 182). Following this imperative, I bring in contemporaneous medical accounts and patient narratives to better understand the major health issues surrounding childbirth and women’s health at the time that both *Paradise Lost* and *Aurora Leigh* were written. This helps contextualize childbirth as a narrative tool in both epics and also provides insight into the real life anxieties of women at the time.

Finally I also include Jennifer Lackey’s framework of epistemic reparations in my analysis of both works. Though its context differs greatly from mine, her work on “the right to be known” is essential to my interest in women’s narrative autonomy. Her philosophical approach to epistemic knowledge and authority guides my evaluation of agency in storytelling for *Paradise Lost* and *Aurora Leigh*.

CHAPTER OUTLINE

My thesis has two main chapters. My first chapter focuses on the Early Modern period and an analysis of Sin in Milton’s *Paradise Lost*. I establish the ways in which Milton shapes the characters Satan, Sin, and Death so that they are imbued with allegorical meaning and how we are meant to understand Sin’s story at a moral and theological level. While Sin stands for human weaknesses beyond the female experience, it is significant that Milton has personified her as a woman. Thus I use Sin as a representation of a very specific type of suffering, that of women in childbirth, throughout my analysis. I do this by looking at one particular passage, not to discount the other aspects of Sin’s allegorical meaning, but to bring out the issues with its representation

of maternity, especially considering its link to Eve's story that comes later in the epic. In Milton's interpretation of our origins, Sin is the daughter of Satan and the mother of Death, and her body is victim to ceaseless invasions completely out of her control: she is raped and suffers painful, unending, and mutilating childbirths. In her recounting of her grisly childbirth, I identify the specific language Milton uses (i.e. entrails) to refer to the womb.¹¹ Throughout the chapter, I look at the way both medical texts and literary passages describe the womb, in order to understand the misogynistic characterization of the female reproductive system.

I then look at the way Sin's story is responded to internally and externally. I examine the way she is overlooked by her interlocutor, Satan, the debate among Milton scholars concerned with his sympathy toward women, and the work of Lucy Hutchinson, a seventeenth century female author who writes a sensitive response to female suffering in *Paradise Lost*.

Contemporaneous accounts of women writing about their experiences with childbirth and maternal health more generally demonstrate that telling their own stories was an essential outlet and source of power. Though interesting in its own right, the story of Sin's creation and experience giving birth also establishes Sin as a predecessor for Eve. Eve's experience is, of course, in many ways at odds with that of Sin. But the prolepsis in the judgment Eve receives after the fall nevertheless allows Milton to explore the difficulties future women might face. In exploring the sisterhood that emerges between Sin and Eve, I negotiate the way in which their agency ebbs and flows.¹²

The second chapter then turns to the theme of agency and childbirth in *Aurora Leigh* and the Victorian era through the character of Marian. I start with contextual information about

¹¹ While *Paradise Lost* tells the ultimate origin story, adopted from Genesis, and thus inherits its particular traditions of misogyny, I will argue that it is influenced by 17th century societal views towards pregnancy and childbirth.

¹² That Sin (and Eve's) agency in story-telling has to do with birth inherently links bodily processes with issues of identity and interiority. In his book *Bodies and Selves in Early Modern England*, Michael Schoenfeldt identifies this intersection of medicine and one's agency in the seventeenth century: he writes that the search for self-knowledge brings about "vibrantly inconsistent but brilliantly supple discourse of selfhood and agency" (Schoenfeldt 11).

maternity in the nineteenth century before examining the ways in which Marian talks about her childhood experiences and those of giving birth. I touch on the cultural significance of parts of her birth experiences, including the illegitimacy of her child. In identifying key moments of Marian's life, we discover that Eve is not the only woman whose experiences are eerily mirrored literarily by those of Sin.¹³ Marian's trajectory is also mired by familial trauma, rape, and painful childbirth that creates a reality of interminable suffering. This similarity reminds us that Barrett Browning was already familiar with *Paradise Lost*. I consider the language employed in the descriptions of the childbirth and how the persistent use of death imagery reflects Marian's sense of imprisonment. I link Marian's voice and narration style to medical details and patient narratives of "puerperal insanity," a postpartum condition similar to what Marian experienced, associated with distress, destruction, and fantasies of death.

One major complication of the way we learn Marian's story is that it is told to us through Aurora. This naturally engages the question of agency in telling one's own story and also epistemological questions of being known. While Aurora complicates Marian's agency in telling her story, we must also consider Aurora's transformation from a conservative judge of Marian to a supportive friend. Aurora's initial judgment of postpartum Marian reveals a lot about the moral tones surrounding unwed Victorian motherhood. But when Marian explains her situation to Aurora, her reception suggests a progressive empathy towards Marian. Given the suppression of anything related to childbirth in the nineteenth century written word, I focus on the significance of these women's bond over Marian's experience, especially in the context of contemporary British women's writings about their childbirths.

My conclusion brings the two works together. I evaluate the way in which both stories' use of the suffering female character in childbirth impacts the agency she has. When looked at in

¹³ These experiences are also anticipated in the chronology of *Paradise Lost*'s creation story.

tandem, I examine the ways in which one's authority over one's narrative becomes relevant to their agency, even if they otherwise lack autonomy. I also examine the crucial link between the relationship of literature and medicine in the two works. Both poems engage with the anxieties surrounding pregnancy of their times. Learning about medical rhetoric about the womb in the seventeenth century and puerperal fever in the nineteenth century provides insight into the authors' influence and choices: Milton echoes the misogynistic physician point of view, whereas Barrett Browning expresses the pain of the patient. For us as readers, reading medical records alongside literature also provides a more realistic representation of the illnesses mentioned. In doing so, we can hope for sensitive and sympathetic readers.

CHAPTER ONE

“My Womb Conceiv’d / a Growing Burden”: The Inheritance of Sin in Milton’s *Paradise**Lost*

The hapless Babe before his birth
 had burial, yet not laid in earth,
 and the languist Mother’s Womb
 was not long a living Tomb

- John Milton, *An Epitaph on the Marchioness of Winchester*

ALLEGORY

I focus in this chapter primarily on the figure of Sin. Sin is the first of two female characters introduced in *Paradise Lost*, and she has a grisly birth story. Sin is, of course, an allegorical personification of the concept of sin. The birth of Sin from Satan’s head, which I describe below, on one level fully accounts for her incarnation of Satan’s wicked thoughts. Part of the grotesqueness in descriptions of Sin has to do with her being the embodiment of sinfulness (though they also reflect misogynistic rhetoric about the female reproductive system, as I argue below). But the use of allegory means that there are multiple levels of meaning within the text: Sin also exists within Milton’s ontology of moral versus metaphysical evil and demonstrates the repercussions of the rebellion against God in the war in Heaven.

For the purposes of this chapter, I focus on the way in which Sin is personified as a woman. Her birth story and experiences with childbirth anticipate the experiences of Eve, all the women that follow, including women living in seventeenth-century London when *Paradise Lost* was written. I follow the lead here of Louis Schwartz, a Milton scholar deeply engaged with the obstetrical analogies and stakes in Milton’s epic.¹⁴ Schwartz argues that Milton uses the allegory of Sin (and Death) as a means of getting to the heart of the real issues facing mothers in

¹⁴ See especially his “*Conscious Terrors*” and “*The Promised Seed*”: *Seventeenth-Century Obstetrics and the Allegory of Sin and Death in Paradise Lost*, which provides a framework for the type of rhetorical work I do here.

seventeenth-century London:¹⁵

“In associating Sin and Death with contemporary obstetric conditions, Milton emphasizes something that is both inherent in Eve’s curse (Genesis iii, 16) and very vivid for seventeenth-century Christians: that the childbed was not only a site of joy and celebration, but a place in which men and women regularly confronted some of the most difficult aspects of the human condition - the vulnerability of the body to pain and disease, the suffering of the innocent, and the death of loved ones” (Schwartz 67).

In the case of Milton’s poetry, the connection between Sin and seventeenth-century obstetrics adds another dimension to the allegory of Sin. Schwartz’s point demonstrates the way in which poetic accounts touch on the human experience. I take this further in my combined analysis of medical texts on women and contemporary women’s writing on their experiences with childbirth. I use Sin’s account of childbirth as a representation of the experiences of real women, even as I respect the allegorical and rhetorical layers behind Sin’s existence within this epic poem.

SIN’S STORY

Our introduction to Sin comes in Book Two, when we learn about her birth story, copulation with her father, Satan, rape by her son, Death, and the unending deliveries of her progeny. Our glimpse of her comes as Satan approaches the gates of Hell and comes across both Sin and Death, though he does not recognize either of them (*PL* 2.746-814). Sin reminds him that she is in fact his daughter, and Death, their son. Her own birth story is an incredible one: Sin is born of parthenogenesis, a type of asexual reproduction in which there is no fertilization of an egg. As she tells Satan, she was born suddenly as “a Goddess arm’d / out of thy head I sprung” (*PL* 2.757-758). Because Sin was conceived irregularly from her father’s form without a mother,

¹⁵ In particular, Schwartz refers to “high instances of maternal mortality, disease, and disfiguration” (Schwartz 65).

she is destined to resemble only him and share the evil that consumes his thoughts. The fact that she is made from her father's form plays a critical role: in most ways, her personhood is reduced to the parts of her that are from her father. The most famous example of parthenogenesis comes from Greek myth and the story of Athena's birth from Zeus' head. Athena's story highlights what it means to exist in the father's image. This birth story conspicuously robs Athena, the goddess of knowledge, of the very knowledge attributed to her. As John Mulryan describes: "Classicists of a feminist persuasion interpret the myth of Athena's birth as a portrait of male hegemony, the male appropriating female power, denying women their uniqueness as childbearers and creators of life, combining wisdom with power and identifying both as male" (Mulryan 2). The sexist overtones of this inequity between father and daughter are clear. Sin is not allowed to be a being in her own right; she will always exist in relation to her father.

Sin not only suffers because of her similarity to Satan; she is also forced into incest and bears his children. Sin reveals this to the reader in a dialogue with Satan:

Thy self in me thy perfect image viewing
 Becam'st enamour'd, and such joy thou took'st
 With me in secret, that my womb conceiv'd
 A growing burden. (*PL* 2.764-7)

It is worth noting that we learn nothing about Sin's own perspective here. We might infer from 'becam'st enamour'd', however, that there was little consent involved.¹⁶ The fact that their union was taken furtively, 'in secret,' suggests something risky or illicit. It might be wrong to expect Sin to stand up for herself, given the symbolic nature of her union with Satan. But the question of agency and voice are relevant to the story we later hear from Sin and important to raise here.

¹⁶ See Myers, 12.

We soon learn that she is pregnant with Death and will endure a violent and painful delivery. As she gives birth to him, Death, “breaking violent way / tore through [her] entrails, that with fear and pain / distorted, all [her] nether shape thus grew / transform’d” (*PL* 2.781-85). In exiting her, he mutilates her body. Death becomes the agent in this brutal scene, and Sin the helpless subject who is ravaged. She is a victim not only of intense pain, but also a lack of autonomy over her body. What is more, after a violent childbirth in which Death disfigures Sin’s body, her pain is still not over. Death then, “forcible and foule” rapes his mother (*PL* 2.794). Death continues to be the forceful aggressor, hunting down Sin, and eventually taking control over her. Sin recalls that she initially tried to escape from her son, “but he pursu’d” (*PL* 2.790). This presents a clear difference between the relationship between Sin and Satan, and Sin and Death: whereas Satan’s interest in Sin stemmed from his narcissistic infatuation with his own “image”, Death’s motivation comes from actual interest in her. That Death pursues Sin is also an indication of the allegorical link between sin and punishment.

Even though Sin and Satan’s relationship demonstrates asymmetric control and consent, we see more overt violence in her relationship with Death. Sin’s inability to escape from Death demonstrates her lack of agency in this situation. This single rape engenders several offspring that torment her body without rest.

Of that rape begot
 These yelling Monsters that with ceaseless cry
 Surround me, as thou sawst, hourly conceiv’d
 And hourly born, with sorrow infinite
 To me, for when they list into the womb
 That bred them they return, and howle and gnaw

My Bowls, thir repast; then bursting forth
 Afresh with conscious terrours vex me round,
 That rest or intermission none I find. (*PL* 2.796-802).

Sin appears to have no agency: her body is a victim of ceaseless invasions completely out of her control. The “monsters” that terrorize her leave her in interminable agony. Within this single scene, she exists in order to resemble her father and serve as a body for her son to rape and for him and her progeny to torture.¹⁷ Graphic details of her son, Death, raping her and engendering the offspring who rip apart her womb, allow readers to view Sin as a character victim to constant physical violation. Schwartz similarly writes that Sin “is portrayed as entirely subject to the actions of her infant. The child, not the mother (or even her body), is understood as the agent of birth” (Schwartz 69). Thus we see Sin in the middle of her partner, father, and male child. She is victimized by both, and their proliferating progeny, and all are connected through pregnancy and childbirth. Schwartz points to the medical works of such physicians as Ambroise Paré and William Harvey (the latter mentioned below for his theories on the ovaries) and the way in which they ascribe entire agency and violent power to the infant fighting their way out of the mother’s body.¹⁸ We can see a parallel here between the description of Sin and the way women and childbirth in the seventeenth century were described. While Sin’s allegorical role is complex, we can see her clear ties to female roles in particular: she plays the parts of mother, daughter, and wife within Book Two. The imagery of the monsters’ circular path from and back into the womb also underscores the way in which the life cycle itself is tied with violence: each birth of Sin’s

¹⁷ She does, of course, serve a broader purpose within the allegory of the unholy trinity, Satan, Sin, and Death: she represents the concept of “sin”. Additionally, Sin comes back in Book Ten where she and Death make it to Earth to corrupt humankind.

¹⁸ Schwartz also makes other links between contemporary obstetrics and Sin’s experience: he notes that the way in which the disfigurement of Sin’s lower half conjures the way in which the chief midwifery book *The Birthe of Mankynde* and obstetrical surgeons promoted use of crochet hooks in delivery (Schwartz 69). This method was painful, tortuous, and had long-lasting mental and physical repercussions.

progeny intrinsically comes with the punishing savagery of the child burying back into its life source.

Thus far, I have taken it for fact that Sin's punishment results directly from being the child of Satan. Parthenogenesis, after all, is a form of cloning, in which offspring are genetically identical to their singular parent. It is worth asking, however, whether it is appropriate and ethically significant for Sin to be subject to her fate of perpetual suffering. Milton and his readers have not always converged on this matter. A number of scholars (including Knoespel and O'Keefe) have tried to figure out why Milton fashioned Sin, a character of unending pain, as a female character. Some have argued that Milton's poem is misogynistic and that he represented Sin as female because he believed that Sin *does* deserve punishment. Others, like Myers, paint Milton as a sympathetic author who "separates the character from the allegorical idea" (Myers 3). Myers points us to the unfairness of carelessly identifying Sin as evil or even sinful, because "Sin, after all, has committed no sin - they have all been committed upon her" (Myers 3). If we take this to be true, we see her wickedness as something bestowed to her by imposition rather than as a true marker of her identification. There is no reason to view Milton as sympathetic as a result, however, though I find it problematic that Milton unduly put one of his only female characters through such torment.¹⁹ Rather than arbitrate Milton's sympathy toward women, I think it more important to focus on the undeniable fact that later women share a version of Sin's fate and often have no say in sex or the pregnancy that can result (Schwartz 76).

Part of the problem with some of these discussions of Sin's treatment is that they are rooted in modern conventions and attitudes toward rape. While it is possible that *Paradise Lost* may align in some ways with the way we view rape today, we should not conclude that this reveals the truth about Milton's own beliefs. We should instead situate the work within its

¹⁹ I discuss this same phenomenon in terms of Marian's birth in *Aurora Leigh* in chapter 2.

historical and social context in order to understand Milton's treatment of Sin. I look next at seventeenth-century medical and other attitudes toward the womb and reproduction in order to better understand the influences on his description of Sin's birth.²⁰

THE WOMB

The description of the violations of Sin's body is violent and visceral. But it also draws our attention to the characterization of her body and reproductive faculties as dirty and unseemly. We notice the use of language like "entrails," and "bowels," which conflate digestive organs with female reproductive organs in a misogynistic way.²¹ This trope casts the female body as something that is both contaminated *and* contaminating. Milton was not unique in describing female organs this way. Preachers themselves did this, as Lori Schroeder Haslem points out about John Donne, a poet and contemporary of Milton. These religious men "were given to equating the sinful human condition with the manner in which all were born from the mother's 'filthy, vile, and contaminated womb'" (Haslem 35). The description shrouds the female form in shame and dictates a woman's role in birth as something shameful and disgusting.

We also see negative language associated with the womb in medical discourse. We find that in the medical literature of the seventeenth century, the womb was regarded with derision. Professor Namrata Chaturvedi writes that "the language of medical textbooks has also been shaped by a desacralization of the female body, resulting in expressions as 'blighted ovum,' 'empty sack' and other soulless terms" (Chaturvedi 11). Such terms place both blame and shame on the woman for the "limitations," so to speak, of her own body. Their bodies were designed not

²⁰ Schwartz argues that Milton was clearly aware of emergencies during childbirth from personal experience and from his reading of medical texts (Schwartz 67).

²¹ Linda Gregerson draws parallels between Sin and her classical prototype Scylla from Ovid's *Metamorphoses* (1st c CE). In Ovid's rendering of a woman whose lower half is also ravaged by hounds, language ("alvus") surrounding her nether region also ties the female reproductive with "cloacal fantasy, conflating not only menstruation and defecation but also coition, gestation, and parturition" (Gregerson 208).

just as damaged but also as liabilities.²² Anne Lear points us to the way that “seventeenth-century women were expected to be more prone to illness than men because of their natural predisposition towards weakness and because of the far-reaching effects of having a womb” (Lear 337).²³ The view of the womb as something vulnerable fits within the larger attitude toward reproduction. It will be helpful to understand this characterization by looking at the way early modern society conceived of reproduction generally.

Seventeenth century medical literature had various theories about the womb and its role in childbirth, all of which derided the woman’s body. One early modern model was based on Aristotle’s biological theories, specifically from his *Generation of Animals*, which give men greater credit for their involvement in reproduction than women: men provided the important virtues while women offered a vessel and not much else. Aristotle’s “one seed” theory was at the center of debate in the medical community during this period. It was upheld by several physicians and pushed back upon by others, who favored Galen’s “two-seed” or Harvey’s Animalium model, though alternatives still stressed the primacy of the father’s involvement in reproduction.^{24,25} The female seed, so to speak, is a lesser version of the male seed in a male-oriented reproductive paradigm. We may not be surprised by the fact that men

²² I would like to note that there is still shame around reproductive organs, especially regarding fears of contamination. For example, obstetric fistulas (the tearing of tissue from vagina to bladder or anus) result in incontinence. The shame and humiliation women face from their communities can be severe, even resulting in being shunned completely.

²³ In her analysis of the role of death in childbirth within seventeenth-century English society, Judith W. Hurtig notes that “although it had always been common that women and their children died in childbirth, it was not until the late sixteenth and early seventeenth centuries in England that this cause of death was made the focus of the imagery on their tombs” (603). This great interest and anxiety in death during childbirth resulted in “late medieval and Renaissance artists represent[ing] both births and deaths as occurring in bed, and often in a fairly elaborate domestic interior” (603). Her examination of the imagery of seventeenth-century English tombs demonstrates themes also present in contemporary poetry.

²⁴ Galen believed that men and women produced seed responsible for the generation of a child. Though his model involved both mother and father, their contributions were not given equal weight. Williams describes that according to this model, Galen positions the male seed as the active “semen on the blood in the female’s womb to the actions of a great sculptor fashioning wonderful statues from his materials” (Caroline Williams 17).

²⁵ William Harvey’s *Exercitationes de Generatione Animalium* (1651) suggested that children derive their bodies from their mothers’ ovaries. Williams acknowledges that “this assertion of the female’s reproductive role, however, did little or nothing to advance the status of motherhood” (Caroline Williams 17).

overshadowed women's own generative acts, given the persistence and inheritance of the patriarchy and the primacy of men in Biblical texts.

There is also an interplay between the medical rhetoric at the time and the way in which popular literature, specifically riddles, conceived of the womb. Seventeenth century riddles were often concerned with reproduction, and the uterus in Early Modern medical texts was described with some of the same linguistic formations that we find in the ubiquitous riddles from the seventeenth century.²⁶ Often, these riddles focused on reproduction (not shying away from vulgarity), and specifically the monstrosities of the birthing process and the offspring themselves.

Haslem also points to parallels in contemporary medical texts and illustrations, which themselves explored the subject of birth in riddle-like fashion: "both the written texts and the illustrations often liken the anatomizing of reproductive organs to the casting off of one or several coats or veils before the viewer's gaze" (Haslem 39). In looking at the two parts of riddling, in literature and in medicine, in tandem with each other, Haslem writes:

the epistemological project of the early part of the seventeenth century shares with riddling - especially riddling about procreation - a basic attempt to demystify, to medicalize, and to explain rationally the processes of female reproduction and the uterus in particular, to move deliberately away from providing the formerly constructed 'monstrous' solutions to the riddle of female anatomy (Haslem 45).

The connection between the representation of the uterus as a riddle in both literature and medicine speaks to a shared view of childbirth as mysterious and strange across different

²⁶ In her study of these riddles, Haslem establishes the popularity of riddles as a medium in their own right and the way in which they were also characteristic of the time period - see the 1617 *Booke of merry riddles* (Haslem 35). Here we see reference again to John Donne, Milton's contemporary.

sections of society. This underscores the importance of looking to medical views in our assessment of literary tensions in *Paradise Lost*, where we indeed find parallels with this riddling language about wombs.²⁷

RESPONSES TO FEMALE PAIN

It is important to look at how Sin's story is received by her internal audience, feminist scholars, and literary contemporaries. Part of what is so painful about this scene is the fact that Sin's hardship is not directly acknowledged by her interlocutor, Satan. It is hard for readers to get past the perverse and upsetting details of what has happened to Sin. Yet after Sin's recounting of her violent and disturbing fate, Satan's reply is very brief. While there is some dialogue between the two, Satan's immediate response to Sin's story has only to do with the story of Satan's own journey through Hell. The only way he acknowledges all that she has said is by merely recognizing their relationship as father and daughter:

Dear Daughter, since thou claim'st me for thy Sire,
 And my fair Son here showst me, the dear pledge
 Of dalliance had with thee in Heav'n, and joys
 Then sweet, now sad to mention, through dire change
 Befalln us unforeseen, unthought of (*PL* 2.817-821).

Here, Satan is seemingly indifferent to the hardships mentioned in the story that Sin has told. Not only does he neglect to address the rape and mistreatment Sin has received, but he indulges his egotism by mentioning the fall and reminiscing about their time together in Heaven, when she was born from him. Our only female character at this point in the narrative is a victim who does not receive sympathy from other characters, yet willingly follows Satan on his journey. Since this

²⁷ Satan is known for his "ambiguous words," forked tongue, and language full of riddles (*PL* 6.568).

is our first encounter with a female figure, it paints a picture for real women that follow, both in the work and in history.

I now return to the issue of why Milton shows the pain that Sin undergoes in such vivid detail, especially if her suffering does not invoke sympathy in her interlocutor. Her pain is so amply demonstrated in part because of the way in which the allegorical Satan, Sin, Death triad represents consequences of the sinning against God. Milton's interest is clearly in using Sin and Death and Satan as an allegory for disobedience, which prefigures the introduction of sin and mortality after man's fall. But he does so by describing childbirth and a woman's story, so it is reasonable to ask about his emphasis here. With this comes a large debate over the potential for sympathy on Milton's part. Some scholars have worried a lot about this issue, and there has been much debate even within feminist communities. Sandra Gilbert is well known for her modification of Virginia Woolf's allusion to Milton in *A Room of One's Own* as the basis for her study, identifying the ways in which Milton acts as a "bogey" to women in his own text but also to women authors in the field of writing. While Gilbert takes a strong stance against Milton and hegemonic schemes of male creators, there are other feminist scholars, including Joan Malory Webber, who argue in favor of Eve's contributions. They argue that Milton positions Adam as incomplete without her, that she is a refined creature being made of Adam (while Adam was made of the Earth), that if Eve has faults it is because she is made of Adam, and he too must be made of faults (Sumers 201). The graphic nature of what Sin undergoes could indicate both an attempt to show how awful things are since the Fall, or also, a reflection of what childbirth was going to be like for women from then on, including the experiences of women in the seventeenth century, which I discuss below. It is worth noting that Milton's medical knowledge brings up another critical debate about his sympathies towards women. Schwartz notes that Milton's

writing on childbirth goes “well beyond the suggestions of birth he found in his [medical] sources,” and exaggerates veritable obstetric realities and complications (Schwartz 63).

According to Schwartz, this knowledge results in a portrait of Milton as a sympathetic voice for female readers, airing their ancestors’ (and perhaps their own) valid physical and psychological turmoil over the prospects of disfigurement or death in childbirth.

I do not believe it is possible to know the author’s intention. But leaving aside the question of whether Milton is reflecting contemporary female experiences, we do know about an important literary response to his work. A contemporary of Milton, Lucy Hutchinson, composed a poem, *Order and Disorder*, a seventeenth century work in twenty cantos. The first epic poem written by an Englishwoman, was written as a direct response to *Paradise Lost*. Hutchinson also writes about Genesis and man’s Fall, and she, too, was influenced by seventeenth century British politics.²⁸ But she made modifications to Milton’s depiction, specifically with respect to gender politics. With far more female characters, this epic poem seeks to rethink the patriarchal order of the world. The fifth canto is focused on women and childbirth specifically, and instead of merely presenting the fate of all women in childbirth as fact, she describes with great sympathy the punishment of painful childbirth for women.

She writes: “Alas! How sadly to this day we find / Th’effect of this dire curse on womankind; / Eve sinned in fruit forbid, and God requires / Her penance in the fruit of her desires” (*OD* 5.127-130). While with Milton we get the bare description of the curse from Genesis, Hutchinson provides the empathy for women that Milton omitted. This suggests that a contemporary reader of *Paradise Lost*, and specifically of the female experiences in the poem, felt that some response was needed. By looking at Hutchinson’s response, we get a glimpse at a

²⁸ See Miller

seventeenth-century woman's perspective on the treatment of women in Milton's depiction of maternity.

PARALLELS WITH EVE

Sin's story symbolizes the kind of trauma that Eve, and women in general, inherit. We might initially expect the characters of Eve and Sin to be diametrically opposed, and this is not entirely unfounded: one is thought of as the personification of wrongdoing, the other the pure mother of mankind. Sin is from Hell, where those who have been disobedient to God are sent and disowned from Heaven. Her grim and gory story gives the reader a firm understanding of the adversity she endures. By contrast, Eve is from Eden, where God has envisioned a second Heaven. Signs of her peaceful and innocent life with Adam in Paradise are evident in early chapters of *Paradise Lost*, and can even be glimpsed in the passage of Eve's birth in Book Four. Furthermore, while Sin's birth story is one of interminable violation and suffering, Eve's involves reflection about the beautiful world around her.

But these distinctions are in fact muddled, and there are eerie similarities between the birth stories of both Sin and Eve. Both of them are born of parthenogenesis, couple incestuously with their fathers, and lack agency compared to the men in their lives. Once we understand how Milton has crafted these stories to resemble each other, the effect of reading the two episodes together changes our understanding of Eve in the scope of *Paradise Lost*, and of women in general (especially concerning their roles as women, daughters, and mothers). In particular, Sin's story makes us realize what Milton suggests Eve, and all women, have in store for them: a life of suffering and treatment as inferiors.

The staging of the stories is critical to a new understanding of Eve as tainted as a woman, a daughter, and a mother. If we recognize these two birth stories as reflections of each other, they

change our understanding of good and evil. The placement of Sin's story, in Book Two, before Eve's, in Book Four, seems intentional: it plants a violent and upsetting scene for us to recall and connect with the similar story of Eve, even if the latter, rather problematically, has a much lighter tone to it. Given the twisted relationship between the father-daughter pair of Satan and Sin, we now see the horrific implications for Eve. These connections seem deliberately provocative: Eve is the paradigm of womanhood and she is pure, at least in the prelapsarian universe.²⁹ But the idea that Eve is like Sin directly challenges God's creation of an equal partner for Adam, as well as a paradise in which all inhabitants are created good and pure and equal. The parallels serve, then, as a warning to the readers of what is to come, a premonition of future sin concerning Eve.

A few books after first encountering Sin's creation, we learn about Eve's creation, which she recounts as soon as her memory of it begins (*PL* 4.449-491). This story contains key aspects of her birth, including the "conception" from Adam's rib (as she learns of it from Adam) and the authority figures that block her sense of independence. This sort of fantastical birth is thus not only particular to Sin, for Eve, too, is born out of parthenogenesis. She recounts how Adam told her of their relationship to each other:

of him thou art,
 His flesh, his bone, to give thee being I lent
 Out of my side to thee, nearest my heart
 Substantial Life, to have thee by my side
 Henceforth an individual solace dear (*PL* 4.482-486).

In order to satisfy Adam's wish for a partner, Eve was created out of his rib. This of course recalls the birth of Sin from Satan's head and the myth about Athena. Here, too, we find that it

²⁹ This logic might not exist in a postlapsarian world, however, when Adam indulges in misogynistic discourse that attributes to women all sources of suffering and maladies in the world.

emphasizes the dependence of the child on the character of the parent. Eve's entire purpose is to be peripheral to Adam and be "by [his] side".

The bodies of Eve and Sin are not only closely connected to those of their fathers through parthenogenesis. Both female characters copulate, in effect, with their fathers. After all, if we understand Eve to be a mirror to Sin, then, we must view Adam as Satan. Adam suddenly takes on the damnable parts of Satan's character. While God ultimately plays the role of the creator in the case of Adam and Eve, Adam still acts as the parent from which her being was made. We might consider Adam a close paternal relative, but for my purposes I will refer to Adam specifically as Eve's father. This follows the convention of scholars like Erin Murphy, who describe them as a father-daughter pair. This means that they are, in effect, an incestuous couple, like Sin and Satan. This parallel between Sin and Satan on the one hand and Eve and Adam, on the other leads us to associate the two women as both daughters and wives to Satan and Adam, as well as the mothers of their children.³⁰

Just as Sin has little to no agency, so too Eve is led by the voices of God and Adam against her instincts, away from her reflection. Eve tells Adam that upon her birth, she gained consciousness of the world around her and stumbled upon a lake in which she viewed her reflection. She is fascinated by her image, at first not even recognizing herself in the water's reflection.³¹ Despite wanting to stay at the lake, she is led away from it and toward Adam, by the voices of God and Adam himself. After hearing God's directions, Eve thinks, "what could I do, / but follow strait, invisibly thus led?" (*PL* 4.475-476). Eve has no other choice but to follow God's word.

³⁰ As Erin Murphy points out on page one in her article about the relationship between incest in *Paradise Lost* and the royalist ideology of Milton's era.

³¹ While this might initially point to her naïveté and impressionability, the way in which Eve views her image in the pool is very much like the way in which Satan views his image in Sin. Both are transfixed by their own reflection, blurring the line between loving oneself as another being - a nod to Ovid's Narcissus. This connection between Eve and Satan tinges her presentation as naive with her susceptibility to vanity.

Then, she surrenders as Adam's "gentle hand / seisd [hers], [she] yielded" (*PL* 4.488-489). The word "yielded" is crucial here, as it demonstrates that she submits to Adam's plea for her to stay. If Eve had had any say in the matter, she would have stayed at the lake. But she has followed the ultimate authority figure, God, as well as Adam. Adam is granted some authority, considering his "role" in providing the material from which Eve could be created. Crediting Adam as a creator in this sense suggests that because Eve is literally made of Adam, she also assumes his traits.

Eve is also inferior to Adam, as we see both by the manner of her birth and her lack of agency. While Adam is consistently characterized by his many talents, including intelligence and strength, Eve is praised simply for her beauty. Her beauty limits her to someone that is seen, rather than someone who acts.³² Even God seems to prefer his creation of Adam: when he leads Eve away from her reflection in her birth story, he quickly moves from her identity to Adam:

What thou seest,
 What there thou seest fair Creature is thy self,
 With thee it came and goes: but follow me,
 And I will bring thee where no shadow staies
 Thy coming, and they soft imbraces, hee
 Whose image thou art (*PL* 4.467-472).

This passage shows that Eve's self-image is not important to dwell on, and that the delight which she can take in herself can only be attributed to her likeness to Adam. However, a prelapsarian Adam himself does not even believe they are equals: he thinks of her as inferior to him in terms

³² The fact that Eve is left out of the important conversations between Adam and both Raphael and Michael is relevant to the way we see Eve's subordination. It is also significant that supreme beings including the angels and God (who sent the angels) exclude Eve from the knowledge of certain information. This suggests that sexism runs all the way to divine and all knowing powers. By associating God with these views, it can become complicated to disavow this ideology.

of “the mind / and inward faculties” (*PL* 8.541-542). While he recognizes and certainly appreciates Eve’s great beauty, he finds her an unequal partner. He suggests that this could be because God intentionally made her beautiful in order to compensate for her lack of inward substance and make her complete in this way:

Or Nature faild in mee, and left some part
 Not proof enough such Object to sustain,
 Or from my side subducting, took perhaps
 More then enough; at least on her bestow’d
 Too much of Ornament, in outward shew
 Elaborate, of inward less exact. (*PL* 8.534-539).

This aside not only reveals disparity but also elaborates on Adam’s gain from parthenogenesis; the source of the beauty that was bestowed upon Eve was “from [his] side subducting” from Adam himself. Initially it seems as though Adam’s request for a partner represents a simple yearning for companionship: he insists that in a true companionship those involved have to be equals, “Among unequals what societie can sort, what harmonie or true delight?” (*PL* 8.384-385). And this is what he wants in a partner: “Of fellowship I speak such as I seek, fit to participate all rational delight” (*PL* 8.389-390). As much as he talks about wanting equality in a companion, however, when she arrives, he does not give her much credit. Adam is dubious of Eve’s intelligence and sensibilities, even before the Fall in Book Nine.

The general inferiority contributes to Adam’s wish for continued parthenogenesis and the eclipse of women, which is rooted in a deep narcissism. Once they have sinned, not only does Adam find fault with Eve as a solution to his desire for partnership, but her presence as a woman complicates any future procreation. Continued reproduction would mean that Eve’s qualities will

be passed along to offspring, potentially sully the good qualities Adam would pass along. In Book Ten, when Adam becomes hostile about Eve's submission to the serpent's tricks, he laments the need for women in sexual reproduction:

O why did God,
 Creator wise...
 ...
 not fill the World at once
 With Men as Angels without Feminine,
 Or find some other way to generate
 Mankind? (*PL* 10.888-889 & 892-895)

Adam fantasizes about a world without a need for women's role in creation. If parthenogenesis were the prevailing method of reproduction, women would not be needed in reproduction (or at all): children produced this way would encapsulate all of Adam's *faultless* qualities. Yet this logic overlooks a glaring objection: Eve, the woman who Adam blames and vilifies for disobeying God and committing a sin, was created from his substance by means of parthenogenesis. If we are meant to understand her strengths as mere reflections of Adam's strengths, to whom do we attribute her weaknesses?³³

The fact that the only two female characters in *Paradise Lost* share the same features of rape, incest, and lack of agency paints a dim picture for the lives of future women. The painful childbirth that Sin undergoes foreshadows the very same painful childbirth that all women will have to endure as a result of the fall. God the Son tells Adam and Eve the repercussions of their sin, which includes this edict that Eve's (and future women's) "sorrow I will greatly multiplie /

³³ It's worth noting that Satan is also narcissistic and copulates with Sin solely because she resembles him (*PL* 2.764-766).

by thy Conception; Children thou shalt bring / in sorrow forth” (*PL* 10.193-195). Thus reproduction incurs greater suffering for women in childbirth, and also for the daughters they bear: in other words, all of Eve’s female progeny, an echo of Sin herself, are destined to physically suffer in the creation of life. Because of this, the female experience is dictated by hopelessness. Certainly, incest, rape, and lack of agency are not removed from the modern world or women’s lives, and they would have been a danger for women in Milton’s day as well.

WOMEN’S MEDICAL AND PERSONAL WRITING

“A day never to be forgotten, wherein I felt the bitter fruits of the sin of my mother Eve; that part of the sentence being fully fulfilled, ‘I will greatly multiply thy sorrow; in sorrow thou shalt bring forth’”

- Ann Hulton

Several scholars have noted the rapid increase in publication and circulation of medical texts in the seventeenth century.³⁴ Astbury points out that among these medical texts, “of particular currency were the guides directed to midwives but also women in ‘child-bed’, attempting to explain generation” (Astbury 503). The authors of these guides commonly wrote on the subject as though they were educating women about their own bodies. One such writer is Jacob Rueff, author of *The Expert Midwife* (1637). In this work, he compares the intended woman reader to “a blind man, which is deprived of the benefit of the light,” who only after reading his work would find “a Looking-glasse” from which to understand her own body (Rueff qtd in Staub 57). But this does not imply that men knew more nor that women needed guides. In fact quite the opposite was true. These works were not only for women but often also written *by* women, as evidenced by the surviving manuscripts of the period.³⁵ These recipe books focus on household remedies aimed to promote easy labor, prevent miscarriage, and treat disease. Notably, features

³⁴ Peter Murray Jones attributes this to “increasing vernacularization and commercialization of written and printed works through the seventeenth century” (Jones 182).

³⁵ See Peter Murray Jones: “more and more of the many surviving sixteenth- and seventeenth-century manuscript remedy-books were the work of women, while the printed ones were also often issued under aristocratic ladies’ names” (Jones 191).

of women's health were given much more attention than the emphasis male-authored manuscripts place on fertility (Jones 191). This might signal a more concerted interest in the health and well-being of the woman rather than a more general interest in the generation of mankind, that places the women as an afterthought. But women did not only write formal medical guides, remedy guides, and books of secrets about childbirth. They also wrote directly about their experiences with childbirth in personal correspondences and diaries.³⁶ Real life women in the seventeenth century did this both as a practice of chronicling their own lives and also as guides to help other women. We can thus look to this personal writing as a way of learning the social history of women in childbirth: there emerged a sort of sisterhood formed in the writing of women who endured childbirth and shared views of spirituality and piety.

Seventeenth-century manuscripts of women's private writings underscore the persistence of painful circumstances of childbirth and the belief in Eve's curse. The diaries of Alice Thornton are a particularly telling example. A prolific writer, her four autobiographies offer a glimpse at life for a woman in seventeenth-century England and the realities of parturition, anxieties surrounding the birthing process, and postpartum illness. Sharon Howard insists that Thornton should not stand in as a metonymic representative of all 17th century women and that the assumption that all early modern childbirths provoked terror in expecting mothers is an oversimplification. Nonetheless it is likely that Thornton remains a good model for what *many* mothers of this time endured and believed. Not only does she detail her experience of the physical pains of childbirth, but she also viewed pain as a necessary extension of Eve's original

³⁶ Leah Astbury notes that "writing about one's own or others' health was common in correspondence and in diaries" (Astbury 502).

sin and as a way of gaining God's favor through martyrdom. Her belief that her suffering is deserved indicates the legacy of internalized suppression inherited from Milton.³⁷

Yet the legacy of the misogyny and silencing of women in the book of Genesis, and its adaptation in *Paradise Lost*, did not stop with Alice Thornton. Chaturvedi writes of other early modern women who felt similarly. She focuses specifically on seventeenth-century spiritual poems written to console women who lost children in childbirth. These women form a community, proving the importance of women's voices around the risks of childbirth, and precisely in the period of Milton's writing. Their writing often contained elements of religious significance.³⁸ These women writers remade the weakness associated with women into a kind of strength, one connected with religion and God.³⁹ These accounts of childbirth by historical women give us a new perspective on the childbirth narrative we find in *Paradise Lost*. In particular, they suggest that the seventeenth century understood the value of being able to tell one's own story. In this way, the humanity of women is acknowledged, where they are elsewhere considered monstrous.

OPPORTUNITIES FOR AGENCY

The absence of a meaningful response to Sin is a dismissal of her identities and experiences. In a modern context, scholars have looked at the seriousness of telling one's own story and being

³⁷ Patricia Rigg argues that Victorian writers would have also believed in Eve's punishment of painful childbirth (Rigg 516). Thus the consequences of Sin's story for future women extend as far as *Aurora Leigh*, which in turn has its own legacy for women. *Aurora Leigh* amassed a following of "young women [who] especially embrace Aurora as a model" (Stone, Marjorie). In the following chapter, we see the changing legacies from *Paradise Lost* to *Aurora Leigh* and what it might mean for Aurora to become the model of womanhood.

³⁸ Michael Schoenfeldt posits that the women who wrote in this time were so influenced by spirituality and spiritual literature in their self-examination, because they were excluded from medical education that might have otherwise guided their investigations into interiority.

³⁹ For example, "[Purkiss] has argued that although illness and weakness continued to be expected of women by their culture as negative features of their femininity, women prophets such as Anna Trapnel made use of these in a primarily subversive manner to give voice to their identities as "authentic sites of divine intervention"" (Lear 338).

heard from an epistemological perspective. This is something Jennifer Lackey discusses in the context of human rights violations:

“telling” here is crucially being understood as involving uptake by other people.

Indeed, what is clearly the aim in both of these cases is being heard or known by others, not the mere reporting of words. But there is another dimension to

highlight: being listened to is not purely instrumental in these cases. Rather, it is an end itself” (Lackey 3).

Because Satan does not bear witness to Sin’s story, she is not truly known by him. This certainly contributes to the way in which Sin is represented as dismissed and unimportant in the epic. But the fact that Sin tells her story to her creator signals to us that there is more going on here than belittlement. While it might seem as though Lackey is underscoring the importance of being heard, the fact that telling one’s story is “an end itself,” reveals the significance in telling one’s story in the first place.

Despite her subjugation and inferiority, Sin nonetheless does have power and control in at least one area of her life. She is able to tell her own stories, even if no internal character externally responds to her plight. For all the suffering, subordination, and passivity on the part of Sin, it is significant that the telling of their birth stories is the one thing she has authority over. So far we have seen abundant evidence of violence against her body, her secondary qualities, and the way she has to submit. These leave seemingly indelible impressions of Sin (and Eve and future women) as victims and inferior beings. In narrating her stories, however, to her creator, she has a certain mastery over the story of her life. She is able to recall their origin, to the person who created her no less, and this demonstrates a clear command over her story. After all, Satan, too, has a sense of Sin’s birth. Though I want to be careful in attributing any sense of feminist

ideology to Milton, it is significant that these women are given the space to dictate their account of their life story. Even in a work that does not necessarily embody a feminist perspective, women are at least able to express their own views.

It might be argued that Sin narrates her story because only she can: Satan, the main character driving the plot of *Paradise Lost* at this point in the poem, does not recognize either her or their child. It may also be puzzling why Eve tells Adam her birth story at all, given that he is well aware of her birth. In both cases, we might suspect that the recounting of birth stories is seen as convenient ways to include stories that will further the plot and keep the readers informed. Yet nowhere else in this poem does anyone else recount their coming-to-consciousness: Adam has to enlist Raphael to tell him of his birth, and Satan waffles between the understanding that he was created by God and vehemently rejecting this, depending on his interlocutor. In spite of the fact that men try to dictate their worth and their bodies, Sin and Eve are able to hold on to some semblance of power. They tell the men who created them how they came about, a reversal of what we find elsewhere in the epic and at odds with other elements of their stories.

Part of why this moment is so significant is that in the seventeenth-century medical environment, women's voices were at once incredibly important to their care and survival and at the same time something that was suppressed. We can learn from the case histories that Eve Keller has written about that the female voice in the obstetric realm was of supreme importance and yet also a contentious thing:

Even within the context of a profession that required physical contact, it was a patient's telling of her condition that was paramount. She determined when a child quickened in the womb and she was considered able to inform others

whether it had died. So important was the childbearing woman's telling of her body that historians have deemed it more accurate to call her a "participant" rather than a "patient" in the process of birth (Keller 168-169).

A woman's voice here is seen as inextricably linked to knowledge of her body. She has authority over her body, the process it has undergone, and mediation of the social aspects of a woman's reproductive capability.

But while the participant's word is chief, Keller marks a simultaneous trend in which case histories become dominated by the self-promotion of the physician authoring them. She describes a process in which the woman's "verbal participation becomes either irrelevant or obviated altogether" (Keller 169). Thus while the woman's word was incredibly important to her health and sense of control during the childbirth project, it was also undermined in favor of the physician's role in the birthing room. That these fictional women were able to tell their own stories, then, is a sign of their agency in their own lives.

CHAPTER TWO

INTRODUCTION TO MATERNITY

Aurora Leigh is replete with the theme of maternity: in the course of the epic, we learn about Aurora's mother who died in childbirth, Marian, a poor seamstress, who is raped and becomes pregnant, Lady Waldemar, a rich widow, whose maternal aspect is emphasized through descriptions of her breasts, and Aurora, a female artist with an extensive woman's education who avoids marriage and childbirth. This emphasis is perhaps unsurprising given that marriage was an enormous part of life and landscape in the nineteenth century and with marriage, motherhood was expected. Susan Crucea writes about ideals of womanhood in the Victorian era and the ways in which marriage was considered not only a more desirable alternative to spinsterhood, but, more importantly, a survival strategy against poverty and poor working conditions. For women who were able to secure some stability through marriage, childbirth would occupy them from "wedding day to menopause" (Wojtczak, Helena). Whatever the realities of taking care of children in the nineteenth century, Ginger Frost notes that motherhood was presented at least as "a woman's sacred duty and crowning glory" (Frost 45).⁴⁰

With childbirth as the central and aspirational part of a woman's life, all other parts of her life were in service of it; her social worth was defined by her potential for reproduction. It is worth looking at how the medical community placed value on child-rearing. Doctors, especially obstetricians, understandably had a vested clinical interest in reproduction, but their attitudes surpasses any interest in the women themselves. W. Tyler Smith, the founder of the Obstetrical Society of London, is a prime example; he wrote that "the uterus is to the Race what the heart is to the Individual: it is the organ of circulation to the species" (Poovey 142). By idealizing the uterus, mythology reigns over the realities and nuances of the individual. One scholar has

⁴⁰ "Doctors encouraged women to have children regardless of pregnancy's actual dangers" (Faulk 41).

remarked ironically on the focus on the uterus above all else: “individual women dissolve into one enormous, universal uterus ... continuously generating offspring who seem dwarfed and short lived in contrast to their great original” (Poovey 145).⁴¹ These restrictive views about a woman’s worth and biological determinism are not solely due to W. Tyler Smith. Nonetheless, the fact that such a prominent man and figurehead for the obstetricians in the medical community in Victorian London held these beliefs reveals a lot about the prevailing attitudes toward women’s bodies and the womb.

This obsession is not just the result of a cause-effect relationship: medical society in the nineteenth century was not only interested in the reproductive faculties of women’s bodies as a response to these facts of biology. It also had a stake in perpetuating a view of the uterus as the essence of a woman. Drawing on societal views, doctors formulated “a scientific justification for what was held to be woman's natural reproductive function and circumscribed social place” (Poovey 138). In doing so, the medical community was able to concretise the social views of women’s bodies and childbirth into scientific and physiologic practice. Doctors were able to make themselves and the medical practice at large essential within childbirth landscapes by shifting the paradigm in which childbirth was considered natural. We begin to understand that doctors had a large stake in this debate for the sake of preserving their own role in childbirth. By stressing the uterus above all, they pathologize childbirth: “childbirth, which became closely linked with the ‘diseases of women’, was increasingly framed as difficult, painful and pathological, requiring the good offices and expertise of trained obstetricians to lead women safely through this trial, particularly women left ill-prepared by lives of luxury and idleness”

⁴¹ Poovey also notes that this is not simple cloning: the “purpose” of women wanes over time. This undermines any purported importance attributed to women. They will eventually become superfluous.

(Marland 79). They carve a critical role for themselves in an otherwise natural, unmediated process.

The insertion of physicians into the previously unmediated process of childbirth came at a time of changing views in the medical community about religious influence. Before the nineteenth century, childbirth was seen as directed by the rule of God, not man. Any medical interference beyond that of a midwife would be a sacrilegious act: “because God's curse upon Eve has fixed women's labor in the no man's land of "nature," for doctors to bring women into the social realm would be to "harden" society by attenuating this intermediary link between man and God.” (Poovey 140).⁴² This ideal of childbirth as a divinely governed, natural process then prevailed. Things changed, however, in the nineteenth century as Ludmilla Jordanova asserts. She writes that “the pair of terms, creation/production, took on a special significance in the late eighteenth and early nineteenth centuries” (Jordanova 49). This paradigm shift was guided by naturalist Jean-Baptiste de Lamarck, who “redefin[ed] terms such as creation, production, life and nature to generate a language purged of unwelcome theological associations” (Jordanova 67). This new attitude coincided perfectly with the way that physicians promoted themselves in obstetric practice.

The designation of childbirth as a natural process was also bolstered by the role of midwives in delivery. Midwives lacked a formal education and gained their expertise through clinical exposure. But they appeared less authoritative without the tools and credentials held by doctors. And their roles changed in the nineteenth century: while they had dominated until that point, male physicians became more important in delivery rooms from then on. Medical men ousted midwives from the practice of attending childbirth because they were determined to raise

⁴² Here we see the enduring legacy of Genesis (and *Paradise Lost*), and the way in which childbirth was widely viewed as a curse.

the position of medicine in society. W. Tyler Smith also fervently tried to render the word “midwife” obsolete in medical conversations (Poovey 158).

Parturition transitioned from being seen as a natural process to something medical, even a disease. Since childbirth is accompanied by pain and sometimes complications, we can understand how this attitude might have come about. But the labeling of childbirth as a disease is really a form of othering and suppression. Treating women who are pregnant as “ill” led to their being treated less sympathetically. Their reproductive organs, which were used to define the women themselves, became bastions of affliction and contamination. This new categorization of female reproductive organs also makes women entirely dependent on male doctors: “representing woman as an inherently unstable female body authorizes ceaseless medical monitoring and control” (Poovey 147). Childbirth then required men’s medical attention, forceps, and medication.

Though prevalent throughout *Aurora Leigh*, the motif of maternity is hardly an endorsement: the depictions and imagery surrounding motherhood in *Aurora Leigh* repeatedly fail to paint it positively. Laura Faulk focuses on the three female protagonists in *Aurora Leigh* and how taken together, they fail to exemplify perfect Victorian motherhood and rather shine light on the way that a woman’s body and desires are frequently blocked or imperiled. Of particular interest to me is her analysis of contradictions and paradoxes of Marian’s being, the character I have chosen to focus on.

INTRODUCTION TO MARIAN

Among the three female protagonists, I focus on the often neglected character Marian Erle, whose tragic life history we learn of upon her introduction in Book Three. Marian is born to a poor family and is abused by her parents. From birth, she was slated as a victim: “born an outlaw

was this babe; / her first cry... was wrong against the social code" (*Aurora Leigh* 3.842).

Through no fault of her own, Marian's entire being is inherently "wrong" because of the life she was born into; fate was set against her because she was born poor and a girl.⁴³ Marian certainly lives against the social code as an unwed mother later in her life, and thus this characterization warns the readers early that Marian represents the antithesis of Victorian social mores.

Marian continues to live a life tethered by trauma. She is not only poor, but her mother attempts to sell her into sex work. She is able to escape, upon which she considers herself "dead and safe". That she considers death a "safe" state of being reflects the difficulties of her living reality. Also presumed dead by a traveler, she is taken to a hospital, which she finds akin to a cemetery with its "strait bed, with others strait and white, / Like graves dug side by side at measured lengths" (*AL* 3.1087, 3.1107-08). Faulk attributes her metaphorical death as both a representation of her reaction toward the unbridled male sexuality of the man who attempts to take her and as a criticism of the care she receives (Faulk 44). In the hospital, she depends on the kindness of Christian socialist/philanthropist Romney Leigh, the cousin (and eventual husband) of the titular character Aurora and Marian's connection to Aurora. Romney proposes to marry Marian, and she accepts but ultimately leaves him at the altar after being convinced by another woman interested in Romney that he did not truly love her. Unbeknownst to everyone else, this other woman, Lady Waldemar, has her servant whisk Marian away to France and leave her at a brothel. The recurrence of the threat of prostitution, and the treatment of Marian as property is significant, especially given how young she is and thus how little life she has lived. Her whole story becomes underscored by the way in which she has no agency over her own life, especially against the men in her life. She herself asserts that her life has been uprooted because "man's

⁴³ See Angela Leighton, 112 (qtd by Marjorie Stone via the Victorian Web).

violence ... made me what I am” (*AL* 6.1226-7). She is then drugged and raped at this brothel and becomes pregnant - the focus of the Marian’s Pregnancy subsection of this chapter.

Just as Marian thought of herself as dead after escaping sex work, there are a few other instances in which she is mistaken as dead, both by herself and others. Marian is thought of as 'dead' (first literally and then metaphorically) and helpless, through Aurora’s (and society’s) eyes as an unmarried mother. And then, as I explore below, Marian believes herself to be dead after going through a traumatic pregnancy and childbirth. These two ways in which Marian is represented cannot stand totally independent of each other: we can understand that the way she refers to herself is part of the larger narrative of suffering she endures, but it is also representative of more than just her personal suffering. The imagery of death is also symbolic of the views about motherhood and especially unmarried mothers in the Victorian age.

I first examine the way that Marian is characterized as dead by Aurora. In Book Six, Aurora stops in Paris on her way to Italy. As Aurora wanders the streets of Paris absentmindedly, “pulling thoughts to pieces leisurely,” she comes across Marian’s familiar face (*AL* 6.228). Before we even learn of the treacherous experience that Marian went through, however, we see Marian through Aurora’s eyes, which view Marian as a metaphorically dead woman without the capability for autonomy or agency. Shocked by Marian’s presence, Aurora is lifted from her reverie and becomes fixated on the strangeness of seeing Marian in France. Though her reasons for this reaction are untold, the metaphors that Aurora spins about her visions of Marian all feature Marian as dead. For example, in one such metaphor Aurora becomes a “meditative man” who is caught by surprise when the nearby body of water “turns over ... a dead face, known once alive ... / so old, so new!” (*AL* 6.235, 6.239-40). And when she calls out to capture Marian’s attention, she wails “with the shriek / of desperate creatures calling for the Dead” (*AL* 6.256-8).

Aurora creates a version of Marian that is entirely without autonomy. She is merely the bobbing head of a dead person, whose motion is not under her control.

Aurora never catches up to Marian in the crowd and the lingering image of Marian haunts her. It is not immediately clear why Marian weighs so heavily on Aurora's mind, but in drafting a letter to Romney, she becomes aware that she cannot bear to "write to *him* / a half truth". The reader in turn discovers that Marian was holding a child, presumed to be hers and thus an illegitimate child. Aurora's staunch denial and classification of the child as "the worse," and later "a thing ... [she] cannot name ... for what it was" reveals the social mores of the time that childbirth out of wedlock was a sinful act (*AL* 6.338, 6.344-6). Though Aurora has been reclaimed by modern scholars as a progressive figure, given her work as an artist within a male field and "gradual recognition of her womanhood and the finale realization of the female 'I'", at least at this point in the poem she is in fact rather conservative (Shao 106). After all, she was a product of her strict and repressed Aunt's teachings, which included learning cross-stitch and "books on womanhood" having to do with the domestic duties of women and their responsibilities within English society (*AL* 1.427).

Aurora's diatribe on the impropriety of such a destitute woman holding the jewel of a child may seem like an overreaction. But we need to understand the great importance and sanctity of marriage and childbirth in the nineteenth century.

ILLEGITIMACY

Marian challenges the notions of Victorian maternity. While she bears a child and thus fulfills her duty of procreation, she is an unwed mother. Unwed motherhood was in complete opposition to societal norms, as well as a burden for the mother who lacked the stability that comes with marriage. I have been unable to find evidence of the way physicians responded specifically to

illegitimacy, but I suspect that it would not have differed much from the prevailing social views of the time. They would also likely have espoused the belief that illegitimate children become a living emblem of the mother's poor morals, "the infant at her breast was her stigma, her burden, her curse", and a badge of the woman's precarious position (Higginbotham 321). Marian herself uses the exact language of a "curse" to describe the child (*AL* 6.672). It is important to note, however, that Marian is not actively rejecting social norms of motherhood as an act of resistance. She is unable to act here as she is rendered passive by male brutality, something which we learn later.

Illegitimacy was certainly not a new phenomenon in the nineteenth century, but there was a great deal of anxiety about the illegitimate children who often ended up as victims of infanticide. Though not all unmarried mothers committed infanticide, women who did provide an example of some of the hazards of secretive and solitary births of the time. Unwed mothers were thus often viewed with suspicion and cynicism. These "fallen" women were so inextricably linked with violence and infanticide that The Infanticide Act of 1922 was established in London, declaring "all mothers to be potentially insane for the first few months after giving birth" (Higginbotham 337).⁴⁴ The Infanticide Act assumed and enforced judgment of the single mother, and that meant that "she was commonly assumed to have little future beyond prison, the streets, or the river. Her fall condemned her to a life of degradation and crime" (Higginbotham 337). From a modern perspective, we might be more sympathetic to the plight of the single mother and understand that she is not prepared to raise her child without adequate support or resources.

⁴⁴ The insanity referred to here was also known as puerperal insanity, which was seen at the time as a potential consequence of puerperal fever, which was an infection of the reproductive organs following childbirth (see Theriot 77 and Loudon 78 for link between fever and insanity). Loudon also describes that deaths may have been incorrectly ascribed to puerperal insanity, when women were instead suffering from fever-induced delirium (77). We now know that puerperal insanity was different from puerperal fever in etiology, but the fact that the two were conflated and misunderstood in the nineteenth century influences my reading. I discuss these postpartum conditions further and their implications below in the "Puerperal Insanity" section.

We can see a number of similarities between Marian's experience and those of real "fallen women". Her story allows us to better understand the poverty, vulnerability, and suffering of these nineteenth-century women who eventually committed infanticide. Rather than arguing that Marian could well have committed infanticide, I want to position these parallels as ways to more fully understand the predicaments of the women with whom she shares so much in common. Like Marian, most "women with illegitimate children were often servants, sweated workers, or factory hands, with few resources to support a family on their own" (Higginbotham 321). Keeping their jobs and income became all the more important to them; as a result "almost all of the accused women concealed their pregnancies from families and employers" (Higginbotham 325). Marian, too, hides her pregnancy from her seamstress boss until she gets "near enough / to view the writhing creature" (*AL* 7.41-2). The language surrounding Marian's unborn child reinforces the risks that came with a visible pregnancy; the growing child within Marian's body imperils Marian's job and further lowers Marian's status in society. Finally, given the shame and secrecy surrounding their situation, in addition to their impoverished circumstances, "all had delivered their babies alone and unaided" (Higginbotham 325). Following suit, in *Aurora Leigh*, too, Marian eventually gives birth to her son alone. Marian of course does not go to the extreme of killing her child. Still, she shares a lot in common with these lower-class women who have both the challenge of supporting their child and the burden of society's judgment. Marian allows us to better imagine the difficulties and suffering of real life women in the nineteenth century and the intensity of the judgment directed toward Marian, especially when we realize that these women with whom she shared so much "would seek above all to conceal her fall from virtue by destroying the evidence of her sin, the illegitimate infant" (Higginbotham 321-322). The loss of social standing leaves these "fallen" women to very few

options: live as an outcast with the badge of illegitimacy or commit infanticide and be subject to corporal punishment.⁴⁵ Now we understand that the reason Aurora considered Marian dead was because of the societal repercussions of unwed motherhood.

MARIAN'S PREGNANCY

I now turn to the way Marian views herself. Her overwhelming sense of being dead emerges from the rape, pregnancy, and childbirth she experiences in France, which we learn about in Books Six and Seven, when Aurora finds Marian in Paris. This part of her story cements our understanding that Marian has no agency, introduces a different relationship between Marian and Aurora, and offers an interesting negotiation of voice.

Our introduction to Marian in her new life comes in a confrontation with Aurora, who castigates her for the child she saw her with at the market. The overwhelming message is that Marian is suffering. She describes herself in a way that defines her only in relationship to her son, whose image of her, she claims, will be dominated by her unhappiness. She anticipates him thinking that “his mother was the saddest creature born; / he'll say his mother lived so contrary / to joy, that even the kindest, seeing her, / grew sometimes almost cruel” (*AL* 6.648-651). We immediately get a sense of Marian's immense sorrow. Her life is reduced to two things: being miserable and being a mother. But we find out that she is not the source of evil but instead has been a victim of it. She explains to Aurora that her child was not born out of promiscuity or immorality, but rather a violation: “Ay, I found [her child] where / I found my curse - in the

⁴⁵ Nineteenth-century painters Dante Gabriel Rossetti and Augustus Leopold Egg covered such themes in their paintings (see my Appendix). Rossetti's *Found* (1854-1855, 1859-1881) features a fallen woman being restrained by a paramour. Egg's *Past and Present* (1858) is a triptych depicting the fallout after a married woman is impregnated by a man other than her husband: the first painting features her lying on the floor in desperation amid her middle-class family, though it is important to note that her children and husband are the focal point in the painting, not her own body. The second and third paintings share the same moon suggesting that they represent two simultaneous moments in time. The second painting features her two children looking up to the moon as if looking to their mother and the third painting focuses on the mother, who also looking to the moon, remains obfuscated from view in a dark vault. The prevalence of this art during this time demonstrates the ubiquitousness of anxiety over infidelity and prostitution.

gutter, with my shame!” (*AL* 6.671-672). The curse and shame she refers to here signal the means by which she came to be pregnant: we learn through guarded language that her child is a result of a rape that Marian endured. She is described as “being beaten down / by hoofs of maddened oxen into a ditch / half dead, whole mangled, when a girl at last / breathes, sees ... and finds there, bedded in her flesh / because of the extremity of the shock, / some coin of price!” (*AL* 6.676-681). There is a lot violence in this scene. We see Marian battered until she is nearly dead. The way in which this account moves from first person to third person furthers her loss of identity: she just becomes “some girl” (*AL* 6.678). This continues for a few more lines until Marian pronounces: “And she, I said, was murdered; Marian’s dead” (*AL* 6.813). Her sense of identity is completely upended. Being raped has killed the Marian that existed until that point and she only exists as someone else. Yet a “coin of price” results from such a horrific event. The resultant child has worth and becomes a prize or token.

Her son becomes the only thing her life revolves around and she miraculously finds herself able to love him, despite the circumstances in which he was conceived. We might think that her love for her child would give her a new identity and purpose. But we quickly realize this is not the case when Aurora soon apologizes to Marian for her judgment and ensures her that she has her love and support, and Marian tells her that she is not worthy of Aurora’s love because she considers herself dead, and incapable of any return to her former life. Her unending condition of death harkens back to Sin’s own interminable prison of suffering. Lewis argues that Marian’s conviction that she is dead signifies a recognition that rape victims are symbolically dead “in self-esteem, as merchandise in the marriage market, as respected woman, as sexually responsive woman” (Lewis 63). Indeed, Marian is metaphorically dead in all of these regards. Marian qualifies her assertion that she is dead by saying that the only living part of her is that which

cares for her son, but that she is “not less dead for that: I’m nothing more / but just a mother” (*AL* 6.823-4). Even though her maternalism is resurrected, she herself is not: she remains ‘just a mother’. Her motherhood does give her some purpose but not as herself, only her in a specific role. Her cumulative identity is still dead, both to herself and proper society. In fact, Romney proposes to her again in an effort to save her social reputation, and she turns him down, because as a dead woman, she feels she has no business getting married and inventing a new life for herself. That she turns Romney down indicates a transgression against the Victorian conventions of married motherhood. But it also demonstrates the depths to which Marian was suffering and isolated.

PUERPERAL INSANITY

Situating our characters within their contemporaneous history raises questions about whether Barrett Browning and the representation of Marian may reflect the experience of childbirth in the nineteenth century. And we do seem to find Barrett Browning responding to some of the realities and nuances of childbirth of the time. To be sure, because Marian gives birth alone, her experience is not quite analogous to the situations described below, in which medical intervention and a male doctor’s oversight play a large role in the experience of childbirth. In general, the details of the experiences and “attitudes of poor women in childbirth are harder to come by,” though hospital records and court dealings shed some light on their experience (Marland 79). Nonetheless Barrett Browning does seem to integrate features of childbirth conditions of the time.

At the time, puerperal insanity was a postpartum mental condition seen as stemming from puerperal fever, an infection of the uterine lining.⁴⁶ While today we have a different

⁴⁶ It is essential to note that puerperal insanity is not quite comparable to modern day postpartum depression, but is perhaps more similar to what we call postpartum psychosis. While puerperal fever does still occur, it is not very common in first world countries anymore because of improvements to medical hygiene.

understanding of the etiology behind these disorders, these terms were often used interchangeably in the nineteenth century. Puerperal insanity was very common in the nineteenth century and was associated with distress, destruction, and fantasies of death. This often fatal condition had severe implications for both the mother and those around her, and included even suicidality and infanticide. Hilary Marland characterizes puerperal fever as an example of the dangers of childbirth in Victorian Britain, given that poverty and other circumstances that would make a woman vulnerable acted as risk factors for puerperal insanity. Dr. Oliver Wendell Holmes wrote an essay in 1843 arguing that puerperal fever was indisputably a contagious disease, one resulting from physicians' neglect of hygiene. He defines puerperal fever as "a bacterial infection of the uterine lining spread by doctors who do not wash their hands between patients" (Holmes 177).⁴⁷ The communication of this infectious disease was perhaps not entirely innocent: Dr. Oliver also insinuates that physicians were likely aware of their role in spreading puerperal fever. He suggests that "the witnesses are experts, interested in denying and disbelieving the facts" (Holmes 178).

Other doctors received Holmes' piece very poorly. For example, "Holmes was promptly attacked by the leading Philadelphia obstetrician, Charles D. Meigs, who derided his arguments as the "jejeune and fizenless dreamings" of a sophomoric writer, and declared that any practitioner who met with epidemic cases of puerperal fever was simply 'unlucky'" (Lane et al.). The medical historian Hilary Marland also examines those who disagreed with Holmes' view, including Robert West: "a general practitioner in a rural district of England, [who] strongly avowed that he was not to blame [after losing a patient to puerperal fever] and that it was disruption in the management of the household that had led to the woman's rapid termination"

⁴⁷ He declares confidently that it was a disease spread by doctors because of his observation that "this disease seized such women only as were visited, or delivered by a practitioner, or taken care of by a nurse, who had previously attended patients afflicted with the disease" (Holmes 179).

(Marland 80). This negligence of his patient and gross betrayal of a physician's duties is even more abominable considering that these physicians did it for their own self-promotion (Marland 87).

Given their blatant disinterest in the actual wellbeing of their patients, Marland suggests that "it is not surprising that the label 'puerperal insanity' was first applied in 1819 by one of London's leading obstetric practitioners, Dr Robert Gooch (1820), rather than a specialist in psychological medicine" (Marland 79). This shows yet again that doctors did not necessarily have their female patient's best interests at heart. This is all the more true for the poor and vulnerable women who were more disposed to puerperal insanity, those who "often found their way into the large asylums that were being built across Britain by the mid-nineteenth century" (Marland 80).

The class issue becomes germane to our specific literary study, considering Marian's lower economic status and the role this plays in her being sold to a brothel, raped, and impregnated. While it is not possible to say that Marian suffered from puerperal fever, given that she was not treated by a doctor while giving birth and therefore could not have developed an infection from his potential lack of hygiene, her symptoms are very similar to those of puerperal insanity. For example, her assuredness of her being dead is extremely similar to accounts of women who were hospitalized for puerperal insanity. Marian considers herself completely dead, unable to marry Romney because a ghost has no need to marry or love. Similarly, one patient from the nineteenth century was recorded as having "her appetite severely impaired, and 'food refused because 'a dead person requires none'" (Marland 85). Both Marian and this patient's deep conviction that they are dead and thus unwilling to have the most basic necessities, let alone any pleasures in life, speaks to the way in which childbirth could have devastating results during

the Victorian period. Knowingly or not, Barrett Browning ventriloquizes the depersonalization and morbid ideation of women who suffer from puerperal insanity. When Barrett Browning uses language to evoke victims of puerperal fever, the suffering of contemporary women becomes alive to us. We empathize with the plight of the real women who had this infection and the resultant insanity. We also are forced to take stock of the fact that both Marian and women who had puerperal fever were victims of male violence, albeit in different ways.

AURORA'S LENS

Marian has so little autonomy that even her right to tell her own story is limited.⁴⁸ Though Marian is the one telling Aurora her life story, the version of it that we get is not entirely in Marian's own words. Instead, we learn about Marian's rape, pregnancy, and conviction of her death through Aurora's first person narration. This is somewhat problematic. We already know the power of telling one's story, especially for those who are sidelined. When a person loses the opportunity to tell their own story, then, they lose license over their own life. Marian loses some autonomy over her own story as Aurora takes control of her narrative and writes over Marian's own words.

Aurora's telling of Marian's story is also somewhat problematic because of the way it privileges advantaged voices over others. Aurora comes from a very different background than Marian, especially given her wealth and education. Marian grew up without the privileges afforded to Aurora and thus lives on the periphery of society. Cora Kaplan's influential work on *Aurora Leigh* focuses on the way class is represented in the epic, especially in relation to sexuality. She argues that Marian's low class background brings with it specific consequences:

⁴⁸ This resonates with the fate of Mary Prince, an enslaved woman in the British West Indies in the nineteenth-century, whose experience was written by another woman, though "the idea of writing [her] history was first suggested by herself". It is ultimately important that she dictated her life to a third party, since it is one of the "few early women's slave narratives [that] exist[s]," at the same time, it also comes with the problem of being filtered through someone else ("The History of Mary Prince, a West Indian Slave").

Marian “must be denied the self-generated sexuality which is permitted to upper class women in *Aurora Leigh*” (Kaplan qtd in Logan 58). Marian is thus afforded a second-rate lifestyle, and her experiences are often eclipsed by those of Aurora. By disregarding Marian’s own telling of her story, Aurora risks further blotting out Marian’s place in the novel.

Within the context of human rights reparations, Lackey writes about the importance of giving space to the voices of those who have faced gross violations and injustices. She argues for the “center[ing] the voices of those most harmed or wronged by our social institutions” (Lackey 29). Often people who have been minimized are also “systematically erased or distorted within [the epistemic community]” (Lackey 29). Their voices have been deemed insignificant and even inaccurate, despite their having primary knowledge of their situation. Thus in intentionally giving space to the voices of these victims who are unjustly invisible, we right the wrongs acted upon them; we make reparations by granting them epistemic authority. The alternative, that is, amplifying voices that already have sway, only furthers the erasure and “epistemic wrongs” of the victims who lack power and privilege (Lackey 29). When Aurora takes ownership of Marian’s story, we can see that Marian is “render[ed] visible only by lifting up the voices of those already in positions of power or privilege” (Lackey 29). This inherently honors Aurora’s word over Marian’s: we can only really know Marian through someone else. Her own voice is unreliable and lacks epistemic authority.

Indeed Aurora pledges that her version of things is not just loyal to Marian’s truth, but actually *more* truthful to Marian’s plight than her version. She tells us that what we read is influenced by the emotion she herself felt when hearing of Marian’s plight. She felt the need to elaborate on Marian’s storytelling because “she, Marian, ... used / Meek words that made no wonder of herself / for being so sad a creature” (*AL* 3.847-50). Having heard Marian’s story and

“grow[ing] passionate,” Aurora emphasizes details of Marian’s story that Marian herself might consider minor details, but to the audience, both Aurora and us, are deeply upsetting. We see a significant metamorphosis in Aurora. Whereas she espoused conservative beliefs surrounding unwed motherhood earlier, she becomes transformed by hearing Marian’s plight. Learning that Marian’s child was a product of rape and not promiscuity, Aurora develops into an empathetic listener. This is in direct opposition to Satan’s response to Sin, which we saw earlier raised questions of speaker and audience. We are thus to assume that Aurora is filtering Marian’s version of things as a supportive act done out of concern.

Aurora fits Lackey’s definition of a “proximate source,” someone close to the victim who can empathize and embody their pain, thus establishing their own “epistemic power” (Lackey 28). Aurora is herself qualified as the teller of Marian’s story because of her epistemic power. With this power, comes the opportunity to change Marian’s future.⁴⁹ In addition to acting as an empathetic listener and advocate, Aurora sees a possible solution for Marian’s struggles. She asks Marian to go with her to Florence:⁵⁰

"Come with me, sweetest sister," . . .

"And sit within my house and do me good

From henceforth, thou and thine! ye are my own

From henceforth. I am lonely in the world,

And thou are lonely, and the child is half

An orphan. Come, - and henceforth thou and I

Being still together will not miss a friend,

⁴⁹ Lackey argues that proximate sources can actually help victims toward restitution. She writes that “justice requires “getting proximate” to people who are suffering because they *understand* the problems of injustice in a direct way and thus possess a critical perspective regarding not only the ills of our society, but also their possible solutions” (Lackey 28-9).

⁵⁰ Florence has special significance for Aurora: her mother was Italian and she was born there. Italy is thus both her mother’s land and her own motherland.

Nor he a father, since two mothers shall

Make that up to him." (*AL* 7.117-125)

Aurora proposes that the pair become a proxy-couple, raising Marian's child together. In doing so, she hopes to improve Marian's incredible isolation as a single mother. By ingratiating herself within this family structure, she further becomes a proximate source to Marian's trauma. She becomes critically aware of the issues Marian faces and also works to ameliorate Marian's situation. This furthers our understanding of Aurora as a valid epistemic authority.

SILENCING OF CHILDBIRTH NARRATIVES

Aurora is responsible for conveying Marian's plight to us and yet even she does not mention everything: some things are not spoken about at all. It may at first seem curious that we receive no detail about childbirth itself, though we get a vivid and tortured account of the rape Marian endures. But within the context of nineteenth-century literature more generally, this is not so surprising an omission. Despite the importance of motherhood to a woman's life trajectory and purpose, the family unit, and nineteenth century morality at large, many scholars have noted the odd fact that nineteenth century novels rarely if ever explicitly depict pregnant women. Instead we generally see a use of innuendo surrounding childbirth, if it is even included, or the absence of childbirth altogether, with the result that children sometimes seem to magically appear in the narrative.

The great shame surrounding the female reproductive processes bleeds into the medical sphere, too, where we might expect great clinical detail on anatomy and mechanics. But medical opinion, like literature, is not immune to social values and opinions: "even in nineteenth-century advice books by medical men, circumlocution and euphemism obscure discussions of pregnancy" (Malone 367). Malone looks at one such advice book, Dr. Thomas Bull's *Hints to*

Mothers, which capitalizes on the “feelings of delicacy [that] naturally and commendably exist” within mothers-to-be in order to prevent explicit conversations between patient and doctor about her condition. By effectively closing any lines of communication, Dr. Bull reveals his misogyny and shame surrounding the female body and its processes, leaving the woman completely in the dark about a major life-changing event. Withholding knowledge is a way to hold power over someone and keep them dependent on you. This suppression is all the more potent when it has to do with the patient’s own body, something so intimately theirs. How terrifying and understandably monstrous childbirth can be when it is viewed as something that happens *to* you rather than something that happens *from* you. The suppression of women’s stories and experiences in both the medical and literary spheres leaves women in a precarious and untenable position.

In some ways, Barrett Browning certainly writes within the conventions of her time when it comes to some of the other women in the epic. In other Victorian literature, death in childbirth was present without acknowledging the real risks of childbirth.⁵¹ Rather than attend to the real issues of maternal mortality and precarity in childbirth, these fictional moments instead make use of the mother’s death in order to memorialize her in a certain way and “devote the reader’s attention to the surviving child” (Faulk 42). Dead and written out of the narrative, these mothers are able to be immortalized as perfect mothers for sacrificing their lives for their children, lionized for a perfection that “no living mother could attain” (Faulk 42). This gets at the core of Victorian ideals of motherhood and femininity. Barrett Browning follows these conventions through her writing of Aurora’s mother, who died in childbirth. Early in the epic we learn about Aurora’s mother, who “was weak and frail; / she could not bear the joy of giving life - / the mother’s rapture slew her” (*AL* 1.33-35). She is a victim of the “joy” and “rapture” inherent in

⁵¹ Faulk cites *Oliver Twist* and *The Master of Ballantrae* as two such examples.

the maternity stressed by the culture Barrett Browning is writing in. She cannot possibly live up to the standards of happiness and perfection expected of mothers.

When it comes to the depiction of Marian, however, *Aurora Leigh* challenges this phenomenon with its inclusion of different facets of the dangers of childbirth. It is true that Barrett Browning also does not include the actual moments of Marian's childbirth and delivery, which might seem like a Victorian convention of secrecy. Nevertheless, we learn of the ghastly details of the latter's rape and then find out rather disjointedly that she birthed a child as a result. Without even writing about the actual birthing experience in detail, Barrett Browning reveals to us the danger, fear, shame, and even fatality that accompanied the entire pregnancy and childbirth process. She certainly does not shy away from depicting mothers who do not match the Victorian ideal of motherhood and the way in which the ideal of motherhood itself can be false. Through the character of Marian, she instead focuses on the ways in which motherhood can imperil women. In doing so, she gives a voice to the women whose stories were otherwise silenced.⁵²

One way in which Barrett Browning challenges literary conventions of writing about childbirth is through the theme of maternal mortality. In terms of Marian's maternity, Barrett Browning also works against another literary convention. Much of Marian's maternity is presented in terms of her rape. Barrett Browning's depiction of Marian's rape is itself written "consciously ... within and against a literary motif of sexual betrayal and death" (Lewis 61). Linda Lewis writes about other female literary figures created at the same time (such as Ruth Hilton in Elizabeth Gaskell's *Ruth*) who endure great tragedy in life and view death as an opportunity for rebirth.⁵³ We learn from Barrett Browning's letters that she considers the case of

⁵² See Taylor 153.

⁵³ Ruth is a poor young woman who becomes a fallen woman when she has an illegitimate child. She attempts suicide, but eventually ascends to a Madonna figure when she lives and raises her son.

Ruth Hilton a form of horrifying mimesis: Ruth's a "moral frightfully wanted in English Society" (Barrett Browning qtd in Lewis 62). Here we see a direct critique from Barrett Browning on Victorian mores and expectations for women and mothers to acquiesce to standards of domesticity, whatever experiences they might have really had. Marian Erle stands out against literary female characters who were victims of rape: though she metaphorically views herself as dead, she is physically and excruciatingly alive. Marian is not able to escape her victimhood. Barrett Browning does not cater to the morals demanded by English Society. In delineating Marian from these women who accept life and maternity though it has wronged them, Barrett Browning writes against the conventions of Victorian femininity.

WOMEN'S WRITING

Barrett Browning offers, then, an outlet resonating with the experiences of real women. Just as was the case in the seventeenth-century, women in the nineteenth century wrote about their own experiences with childbirth. Cynthia Huff addresses the importance of looking at women's diaries, which allow us to examine the realities of parturition, anxieties surrounding the birthing process, and postpartum illness in the women's own words. This becomes all the more important with the backdrop of silence surrounding childbirth narratives in the Victorian era, which stems from the largely male publishing industry's hesitation to print anything related to childbirth. Thus these women broke the literary silence on childbirth by writing about their own childbirth experiences in diaries and personal letters. Their own reflections and tellings of their real and complex experiences also subvert the very prevalent notion of Victorian women as either angels or devils.⁵⁴ Though we can trace patterns between the lives of the women who wrote about their experiences of childbirth, they are also real women, who lived invariably messy and complicated

⁵⁴ Coventry Patmore's *The Angel in the House* depicts the ideal Victorian woman: a perfect wife reflecting ideal femininity and sexuality. In turn it demonstrates to the readers the male fascination with and devotion to these conceptions of womanhood.

existences and cannot fit into such categories. These women become fully idealized humans rather than stock figures or caricatures, and the recitations of their pregnancies and deliveries also become fully whole stories.

But Barrett Browning herself is a woman writing. Just as we saw that Lucy Hutchinson responded to *Paradise Lost*, there was a similar impulse within *Aurora Leigh* to emend the type of womanhood represented in this Milton's work. Barrett Browning is, as I have argued, influenced by nineteenth century society and medical discourse and adds these to her response to *Paradise Lost*. Yet, her revision of Milton's depiction of childbirth in part also comes from personal experience. Like Hutchinson, Barrett Browning brings something that only she, a woman, can do. It is true that both Milton and Barrett Browning experienced loss in childbirth. But while Milton lost two wives in childbirth, Barrett Browning herself experienced difficult pregnancies and multiple miscarriages.⁵⁵

There are also different stakes for her in writing an epic poem, specifically, given that this is a male dominated genre. There was no cultural precedent for women writing in this genre and also in centralizing female characters in the epic. Lyric poetry, on the other hand, was considered the more feminine form of poetry, according to Western binaries (Friedman 204). Friedman explains that the genre of the epic poem is dominated by action and subject matter deemed "public and universal," in contrast to the lyric poem which conversely was "private and personal" and focused, rather on feeling (Friedman 205). She asserts that Barrett Browning subverted the genre because she was able to enmesh the *feminine* aspects of lyric poetry and the novel, namely the focus on interiority and emotion, with the *masculine* traits of the epic poem and its concern on culture and heroism. Part of this reformation of the epic has to do with her focusing on women in a significant way. Her female characters become the heart of the epic,

⁵⁵ See Faulk 42.

instead of being marginalized or exploited for symbolic meaning.

CONCLUSION

Thus far I have examined *Paradise Lost* and *Aurora Leigh* separately, considering the literary and historical context of each work on its own and bringing them into conversation with medical attitudes towards childbirth from their respective periods. The character Sin and her personified suffering in *Paradise Lost* is normally read as a graphic depiction of what the introduction of sin into our lives is like. I have argued, however, that we do not need to limit Sin to a kind of monstrous allegory for vice in the world. Accordingly, I have looked at the ways in which her suffering is specifically that of a woman who suffers rape and painful pregnancy. Sin gives a detailed account to her father and lover, Satan, of her rape, unending and painful pregnancies, and deliveries. Perhaps to our surprise, the text does not provide any specific acknowledgement or reaction to the suffering she describes. I have argued that her ability to tell her story is significant, even if no one responds directly. That is both because there are so few female figures in the work, and also because it renders her more than just a victim.

In *Aurora Leigh*, we do not have an allegorical plot or a Biblical tale.⁵⁶ But the literary representation of women and motherhood expresses, albeit in different ways, some of the same issues about female suffering and punishment. We are able to read about a more realistic female character, an example of someone who, according to Genesis, would have inherited Sin and Eve's curse. We have seen the way in which Marian is a victim: she escapes being sold into sexual slavery only to end up being raped at a brothel. She is ultimately suspended in a state of suffering she likens to death. In this epic, too, I have examined the way in which telling one's story of otherwise overwhelming trauma is significant, and I have questioned what it means that Aurora, a more privileged woman, narrates Marian's story. While this may indicate a loss of autonomy on Marian's part, I have argued that through telling Marian's story, Aurora is

⁵⁶ That being said, see Sarah Annes Brown for the biblical allusions within *Aurora Leigh*.

transformed into someone who genuinely cares for Marian, suggesting the power of telling stories to make us more empathetic. Thus Aurora's retelling of Marian's tale (which is of course also the product of Barrett Browning's own storytelling) acts as an important way for Marian's experience as a woman and mother to be amplified.

Now, however, I wish to compare these two epic poems together in a number of respects, including language, structure, and engagement with the reader. If we stand back and look at these two works in dialogue with each other, we can see that despite a number of obvious differences – they were written in very different time periods, with distinct motivations – they share much in common. Both represent a female character who is raped, endures interminable suffering, and whose story is then told as a means of self-recognition and connection with others. These elements do of course appear in other literary works as well, but the parallels are significant here because we know that Barrett Browning was concerned with Milton and his representations of women. She too did an adaptation of the Genesis story and one scholar has suggested persuasively that *Aurora* is a reworking of Eve (Brown 734). We are thus encouraged to read women and their suffering in *Aurora Leigh* as directly tied to *Paradise Lost* as a model or inspiration.

I have focused especially on female agency and storytelling, in part because my thesis has bearings on the present and the significance of listening to female patients.⁵⁷ Unfortunately these issues still persist today. We might assume that a nineteenth century female author would allow her female characters more agency than a seventeenth century male one. But things are not really so black and white, and we see that both Sin and Marian have limited agency. On one

⁵⁷ As I have expanded on earlier, the practice of obstetrics today has done poorly in terms of listening and responding to women's pain. The suppression of women's voices and agency has an additional urgency today, given the current fight over reproductive freedom and abortion access. In a post *Roe v Wade* world, we are confronted with the very real and horrifying reality in which women's choice and autonomy are vanquished.

hand, while Sin is able to tell her story in her own words, her representation of suffering through childbirth is cemented by Satan's absence of any stated concern or sympathy. Marian on the other hand, is supported by the person she tells her story to, but is not able to speak directly to the audience: we only learn of Marian's rape and childbirth through Aurora's filtering.

Another factor affecting our view of the agency in the two works together has to do with genre and structure. Milton's narrative is in some ways constrained by the nature of his interpretation of Genesis in his efforts to explain God's ways to men. He is also working within the traditions of allegorical figures and classical mythologies, including the story of Scylla, for example. Barrett Browning does things that Milton does not: she gives women a lot more prominence in her epic poem and affords them space to be both storytellers and listeners. In doing so, she gives us perspective on what a nineteenth-century woman felt were the anxieties of the time, especially with respect to parturition. Nevertheless, Milton can also be a lot more direct and graphic in his depiction of childbirth. We see this with the way he describes the womb as bowels: *Paradise Lost* actually represents pain in a very graphic way that no one can ignore. Even if the inclusion of such graphic details is not intended to sympathize with women, their pain still comes across. In the Victorian period, certain things were taboo, especially literary descriptions of childbirth. The bedrock of Victorian society was the gendered separation of private and public spheres. Childbirth cuts across such separation as pregnancy becomes visible, eventually produces a tangible result, and sometimes requires medical attention. Milton did not face issues such as these when writing his epic. The issue of which woman has more agency is thus not easily answered. We see that it was challenging for both authors to represent female pain and experience, regardless of the gender of the author or the way beliefs about women changed

over time centuries. But in their different ways, both authors demonstrate to us the importance of storytelling and narrative authority.

My goal has been not only to bring attention to these fictional female figures, otherwise mostly overlooked in the scholarship, but to bring the medical aspect of these works into the conversation. I have examined the parallels between literature and medicine in the seventeenth and nineteenth centuries in an effort to show that there are integral aspects of my discussion that do not belong to the fields of either literature or medicine but to both. This has rarely been done for the two works I explore here, demonstrating another way in which we see women's pain neglected, even in literary form. Louis Schwartz has written about Milton's interest in childbirth across his oeuvre. He relies on medical histories to identify the ways in which Milton's writing about women and childbirth mirrors realities of women and their health in seventeenth century London. Yet he is but a lone voice in this type of conversation about Milton's character Sin. There is no such scholarly counterpart for Barrett Browning. Given the deep connections between these two areas of study, the failure to bring together the worlds of literature and medicine does a disservice to our understanding of these works.

Narratives of illness contain the elements true to all storytelling, with their own narrative arcs, characters, and metaphors. Both involve evaluating a person by looking for patterns and signs, things which will be used to understand symptoms and determine a diagnosis. After all, medicine shares many of the same aims as does the study of literature: to uncover truths about how we function and the human condition at large. Thus it can be very helpful to look at the state of medicine in conjunction with narratives of illness and trace the patterns between the two. For example, I have described the way in which the language with which Milton writes about Sin's body echoes seventeenth-century medical (and largely male) discourse surrounding the womb.

Her suffering, which is tied to her characterization as female, helps us consider the reality for women and their bodies at the time of Milton's writing. We become aware of the misogyny in contemporary beliefs surrounding the female body. By focusing on the medical rhetoric disseminated in medical journals and materials circulated among physicians at the time, we can imagine the way in which physicians might have treated their own female patients. At the same time, paying attention to the mimesis of the medical discourse within the literature then helps us pay closer attention to the attitudes that Milton and contemporary readers might have brought to their engagement with *Paradise Lost*, and the way we as readers in turn want to respond.

There are parallels between the text and contemporary medical attitudes in *Aurora Leigh*, too, that elucidate the way Barrett Browning's environment shaped her writing. In contrast with *Paradise Lost*, I have not found scholars who have examined the medical aspects of *Aurora Leigh*. Using my analysis of the medical details of *Paradise Lost* as a model, I have synthesized literary, medical, and historical details relevant to Marian's birth experience. I have argued that Marian's delusions of death after childbirth share features with the condition Victorians understood as puerperal insanity, a postpartum condition prevalent in the nineteenth century because of unhygienic practice and physician negligence. The inclusion of such symptoms suggests that Barrett Browning has chosen to give a voice to the women who suffered from this condition at the time. Rather than reproduce the language of the male medical society, as Milton does, Barrett Browning uses the language of real women who had puerperal insanity, something she might have found in medical records. These women were often poor and relegated to the margins of society. Barrett Browning's amplification of their voices and spotlighting of their bodies stands as a refutation of medical history that imposed certain beliefs about women. Through Barrett Browning's detailed account of Marian's symptoms – her self-description as

dead – we see the way that literature, like medicine, can give us a portrait of someone’s health and wellbeing in a way that allows for diagnosis.

It is also worth asking if and how the reader of these texts is implicated in the relationship of narrative and medical record. It is possible that the reader occupies a role somewhat like a physician, who tries to figure out and understand these characters and how they function in the larger context of the epic or novel in verse. At the same time, the vivid and often detailed medical details of such texts brings a definitive sense of realness and dimension to the fiction that in turn spurs readers to respond to the characters and their stories with empathy. In this way a reader may thus begin to identify in some ways with the role of the patient. When we consider a fictional character’s experience of illness, especially when it is severe or life-threatening, their pain becomes more real and moving. This is just as was the case with Aurora, who upon hearing Marian’s story of childbirth and death state undergoes a transformation and models this very notion of becoming more empathetic.

This increased affinity is not limited to the realm of literature and reading; there is also the potential for reading literature to improve one’s empathy towards others outside the text as well. Women’s voices and pain are still misconstrued and overlooked in today’s medical system, as we see regularly in news articles, patient narratives, and academic studies. The value of literature thus becomes all the more potent. The development of empathy also makes us more sensitive to suffering in our lives and those around us. It is encouraging that this link between reading and empathy has been recognized in many medical programs today. Since medical students are required to take classes on empathy and ethics, we can expect new generations of doctors to attend more closely to the needs of all their patients. My hope is that my thesis may encourage this process as well, not just those who have ties to the healthcare field, to apply to

their lives, so that they have a better sense of the importance of narrative authority and take with them a more empathetic view of those in pain.

Appendix:



Figure 1: Dante Gabriel Rossetti, *Found*, 1854-1881, oil on canvas, 36 x 31 ½ in

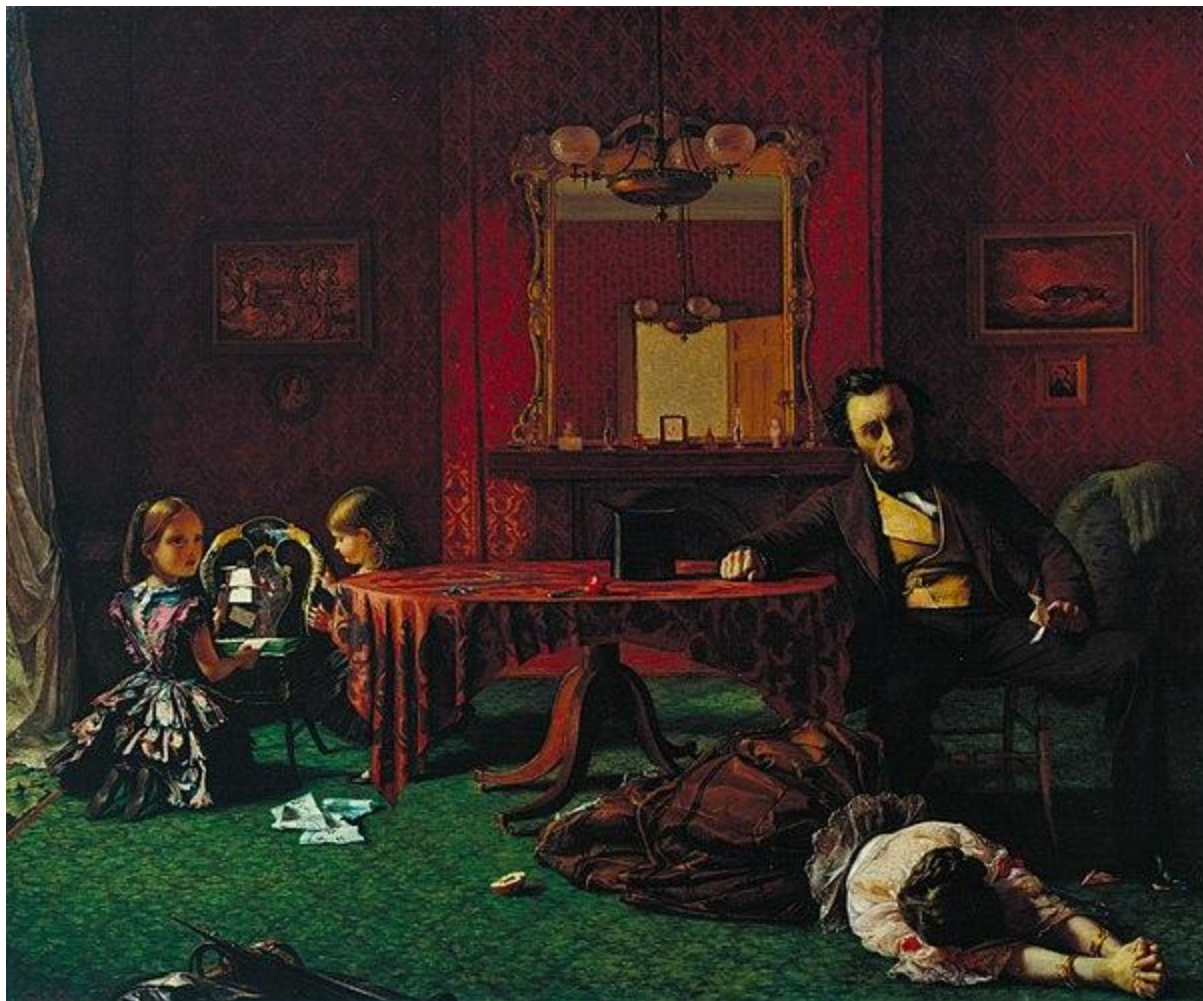


Figure 2: Augustus Egg, *Past and Present, No. 1*, 1858, oil on canvas, 635 x 762 mm

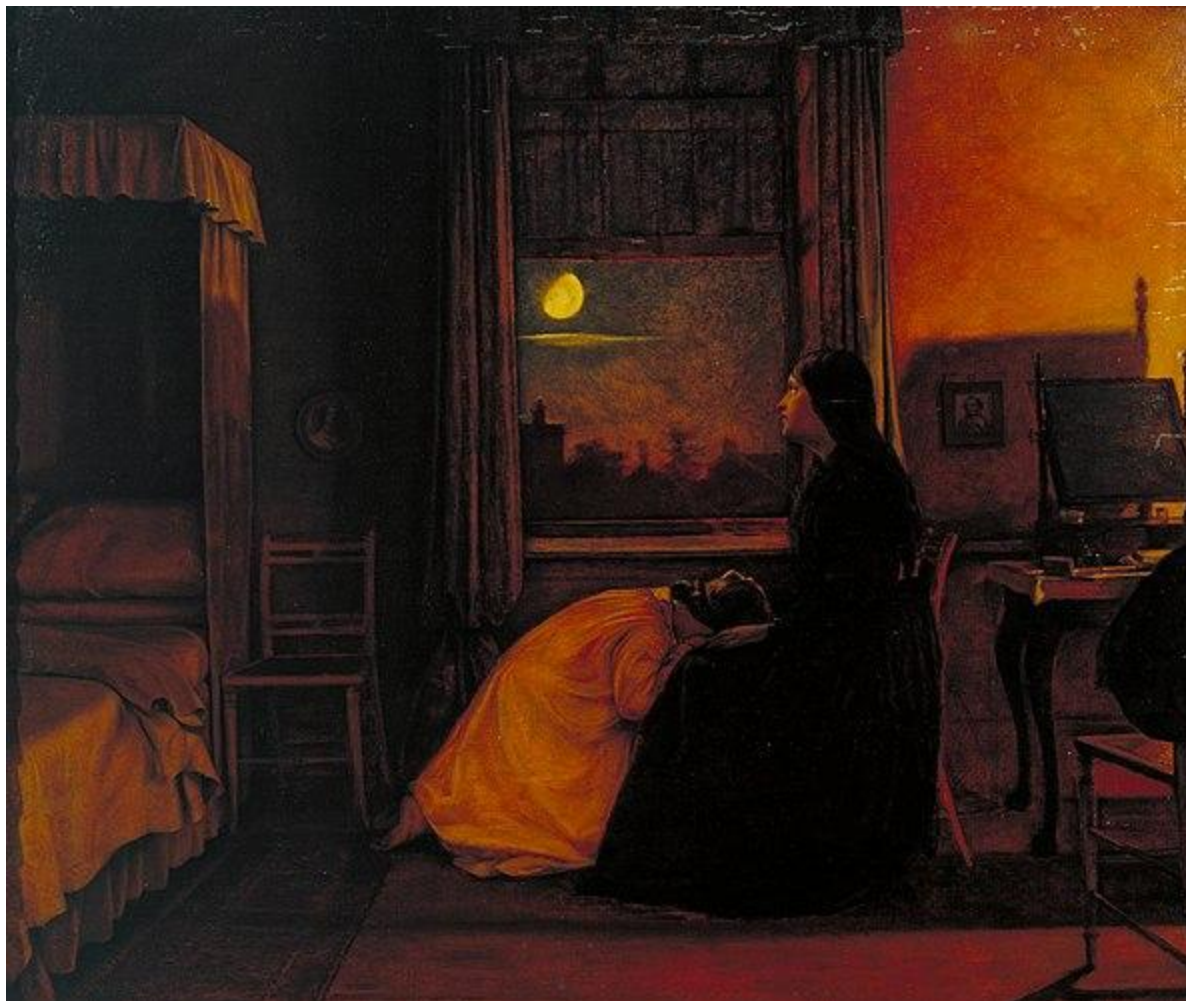


Figure 3: Augustus Egg, *Past and Present, No. 2*, 1858, oil on canvas, 635 x 762 mm



Figure 4: Augustus Egg, *Past and Present, No. 3*, 1858, oil on canvas, 635 x 762 mm

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