

'I SHALL GO AWAY BUT I DON'T PROMISE TO REST':  
DOROTHY RICHARDSON AND DIAGNOSIS

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She recalled his face, its professional gravity banishing the affectionately malicious smile greeting his discovery of her newly dawned determination to exploit, for the sake of its attendant possibilities, the verdict of a science she half despised.<sup>1</sup>

From the time her mother is diagnosed with hysteria, Miriam Henderson struggles to come to terms with the diagnostic logic of medical science, in what Kristen Bluemel describes as Miriam's 'unsteady and incomplete journey in *Pilgrimage* from a charmed disciple to a sharp critic of science'.<sup>2</sup> Throughout *Pilgrimage*, the trauma of Mrs Henderson's death manifests itself for Miriam in the recurrent fear of going mad herself and, I suggest, a sensitivity to diagnostic discourse. A particular London backstreet, for instance, reminds Miriam of her mother and, drawn there repeatedly, she is plunged into a crisis state of near-madness and is prompted to confess her belief that she is destined to go mad: 'it is sending me mad. One day it will be worse. If it gets any worse I shall be mad' (II, 136). Miriam's fear of madness is not only linked with the trauma of Mrs Henderson's suicide, but also with *fin de siècle* medical discourses which construct the feminine as pathological and Miriam's sensitivity to a pervasive cultural anxiety about the 'New Woman'. Upon encountering an encyclopaedia entry recycling popular social-Darwinist theories about women's bodies and diagnosing women as 'inferior; mentally, morally, intellectually, and physically', Miriam is 'goaded to madness' and experiences 'a mad feverish swirling in the head' (II, 219-22). The encyclopaedia connects women inescapably with reproduction, and it suggests that women who do not fulfil this 'sacred function'

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<sup>1</sup> Dorothy Richardson, *Pilgrimage*, Vol. 3, (Virago, London, 2002), p.443 (from here on page references in text).

<sup>2</sup> Kristen Bluemel, *Experimenting of the Borders of Modernism: Dorothy Richardson's Pilgrimage*, (The University of Georgia Press, Athens and London, 1996), p.80  
*Pilgrimages: A Journal of Dorothy Richardson Studies* No.1 (2008)

are liable to become dehumanised: 'reverting later towards the male type ... old women with deep voices and hair on their faces' (II, 220). Miriam fears becoming one of the 'half-human ones,' especially if she does not 'stop now' her independent, 'unfeminine' life (II, 220). Similarly, reading another scientific article, Miriam diagnoses herself morbidly as belonging to 'the lymphatico-nervous class,' the 'worst of the four classes of humanity' (II, 325). She thinks that this diagnosis explains her isolation and misanthropy, her inability to get along with other people and unwillingness to observe social convention, and she believes that 'it must always have been there since her mother's death' (II, 326). She says, 'she ought to be branded and go about in a cloak' (II, 326). In each of these instances, Miriam internalises the seemingly relentless logic of diagnosis and becomes convinced of her own inevitable madness. She struggles to retain a sense of identity outside of medical discourses which construct femininity as pathological.<sup>3</sup>

Miriam's susceptibility to diagnostic discourse is bound up with her refusal of a conventional middle-class femininity. As a number of critics have noted, Miriam's peripatetic negotiation of the streets of London, her love of bicycling, her adventurous cigarette smoking and her independent lifestyle all mark her out as a 'New Woman'.<sup>4</sup> The New Woman was a decidedly controversial, overdetermined figure, however, and her representation in the literature and popular press of the 1890 situate her as a locus for a number of cultural anxieties, especially to do with femininity, the city, degeneracy and madness.<sup>5</sup> Both the popular press and medical

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<sup>3</sup> For further discussion of gender, science and medicine in *Pilgrimage*, see Bluemel and Joanne Winning, *The Pilgrimage of Dorothy Richardson*, (University of Wisconsin Press, Madison, 2000).

<sup>4</sup> Scott McCracken, "Embodying the New Woman: Dorothy Richardson, Work and the London Café" in Avril Horner and Angela Keane (eds), *Body Matters: Feminism, Textuality, Corporeality*, (Manchester University Press, Manchester, 2000); Carol Watts, *Dorothy Richardson*, (Northcote House, Plymouth, 1995); Deborah Parsons, *Streetwalking the Metropolis: Women, the City and Modernity*, (Oxford University Press, Oxford, 2000)

<sup>5</sup> Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin de Siecle*, (Viking, New York, 1990); Sally Ledger, "The New Woman and the Crisis of

science linked the New Woman explicitly with madness and hysteria. As Elaine Showalter argues, 'the New Woman was also the nervous woman. Doctors linked what they saw as an epidemic of nervous disorders, including anorexia, neurasthenia and hysteria, with changes in women's aspirations'.<sup>6</sup> Miriam's conviction that her mother's suicide condemns her to madness, and the anxious state of near-madness produced by a particular urban street, by an encyclopaedia and a scientific article all point to the difficulties Miriam faces in negotiating the various models of femininity available to her. Her New Woman identity is both framed and hampered by the threat of madness and the spectre of medical diagnosis.

My focus in this article, however, is on an extraordinary but surprisingly overlooked scene from *Clear Horizon*, in which Miriam determines to 'exploit, for the sake of its attendant possibilities, the verdict of a science she half despised' and manipulates her friend, Dr. Ashley Densley, into prescribing a rest cure, so that she can go on another holiday to Oberland (IV, 443). Densley's diagnosis of a nervous breakdown is based on what he asserts is her propensity to 'overdo it' in both her working and social lives, and his firm belief that the proper sphere for women is the drawing room and certainly not Miriam's beloved London streets. His diagnosis, then, would seem to be a culmination of the fears she has harboured since her mother's death. She too is considered by Densley to have succumbed to the kind of feminine nervous prostration from which her mother suffered, and it is her independent, New Woman lifestyle, her violation of conventional femininity, on which Densley's diagnosis hinges. Her fragile, feminine body and her difference from other women lead Densley to harbour fears for her physical and psychological state. While she struggles desperately to find a way out of the encyclopaedia's pathologisation of women's bodies, and is completely beset by the scientific article which, she believes, identifies her as among the 'worst of the four classes of humanity', when she is in Densley's

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Victorianism," in Sally Ledger and Scott McCracken (eds), *Cultural Politics of the Fin de Siècle*, (Cambridge University Press, Cambridge, 1995)

<sup>6</sup> Showalter, op. cit, p.40

office, she is able to appropriate his diagnosis and use it for her own ends. This represents a significant moment of resistance to (if not a complete overturning of) the gendered discourses which pathologise the New Woman and the authority of Densley's medical pronouncement.

When he tells her that she is looking run down, Miriam, knowing exactly the kinds of assumptions Densley is making, decides to exploit both his diagnosis and his complacent, patriarchal attitudes for their 'attendant possibilities'. I am not suggesting that the Densley incident *resolves* Miriam's ambivalences about science, femininity, or madness, or that it represents a wholesale overturning of the authority these discourses carry. Miriam is, however, able to find a small strategy of subversion, one that carries significant repercussions. Densley's diagnosis marks a turning point in the narrative: it permits Miriam's move to the Sussex coast and her holiday to Switzerland, facilitates her meeting of Jean, the woman who is her 'clue to the nature of reality' (IV, 612), and it both enables and encourages her to leave her job as a dental secretary. Also, as a result of the space (both psychological and geographical) opened up by Densley's diagnosis, Miriam begins to write. I do not want to assert that Miriam's decision and ability to begin writing is a direct result of her subversive appropriation of medical discourse in Densley's office, but rather to include it among the possibilities that are opened up by this remarkably neglected moment in the text. Before moving on to discuss Miriam's relationship with Densley and to address in more detail the diagnostic scene in his office, however, I want first to consider Miriam's conviction that she belongs to the 'lymphatico-nervous class' of humanity. This is one of the more fraught diagnostic moments in the texts, and concentrating on it briefly here will help set up the significance of Miriam's response to Densley's diagnosis, and also to suggest the resonance that discourses of diagnosis and madness carry in *Pilgrimage*.

In *Interim*, Miriam comes across an article at the dental surgery at which she works and, in her alarm at what she has read, she smuggles the article home in order to confirm her status as a member of the lymphatico-nervous class:

Here it is. She glanced through the long article, reading passages here and there. There seemed to be nothing more; she had gathered the gist of it all in glancing through it at Wimpole Street. There was no need to have brought it home. It was quite clear that she belonged to the lymphatico-nervous class. It was the worst of the four classes of humanity. But all the symptoms were hers. She read once more the account of the nervo-bilious type. It was impossible to fit into that. [...] She was useless; an encumbrance; left out of life forever, because it was better for life to leave her out....She sat staring at the shabby panels of her wardrobe, hating them for their quiet merciless agreement with her thoughts. To stop now and come to an end would be a relief. [...] Why did life produce people with lymphatico-nervous temperaments? Perhaps it was the explanation of all she had suffered in the past; of the things that had driven her again and again to go away and away, anywhere. [...] She had no right to anything. She ought to be branded and go about in a cloak. [...] She wondered that she had never put it to herself before. *It must always have been there since her mother's death.* [...] She had gone on being happy exactly in the same way as she had forgotten there were people in the house; just going lymphatico-nervously about with her eyes shut. (II, 325-326)

Miriam's internalisation of this absurd diagnostic schema is so extreme as to be comical. Her morbid assertion that she 'ought to go about in a cloak', and that she has been going 'lymphatico-nervously about with her eyes shut' almost suggest that she is not in earnest, although clearly she is. Richardson is perhaps being ironic here, as the emphasis of this decidedly humorous passage is certainly on Miriam's excessive hyper-sensitivity. Yet, this hyper-sensitivity to diagnostic discourse is nonetheless suggestive. Diagnosis is the sharp end of medical discourse, a comparatively concrete instance of the imposition of discursive knowledge. As an act of naming, and a highly authoritative form of naming at that, diagnosis involves overt power relations and carries significant

*Pilgrimages: A Journal of Dorothy Richardson Studies* No.1 (2008) 78

material and ideological, practical and social consequences, not least of which is the construction of the subject as a 'patient'. Although Miriam is self-diagnosing here, as Judith Felson Duchan and Dana Kovarsky note, 'diagnoses do not exist as a piece of objective, decontextualized, problem solving done only by health professionals, but are deeply embedded in cultural practices of everyday life'.<sup>7</sup> Miriam is thus interpellated into this scientific model and, as a result, can only register her life in pathological terms.

The scientific article prompts her to read her life symptomatically, and although she tries rereading or fitting herself into another 'type', 'all the symptoms' of the lymphatico-nervous class are hers and she feels condemned to being 'left out of life forever, because it was better for life to leave her out' (II, 325). Phil Brown writes that diagnosis organises, understands and interprets an 'agglomeration of complaints and symptoms which may be unclear, unconnected and mysterious'.<sup>8</sup> In assuming the role of diagnostician, Miriam reads her life through the diagnostic framework provided by the article, and 'all she had suffered in the past', the trauma of her mother's death, her inability to fit in with other people, her dissatisfaction with conventional feminine roles, her restlessness and her search for a productive feminine identity, come to stand as symptoms of her lymphatico-nervous disorder. The classificatory model is not explicitly gendered, but the symptoms of the 'lymphatic-nervous class' – 'no energy, no initiative, no hopefulness, no resisting power; and sometimes bilious attacks' – recall the symptoms of her mother, whose energy, initiative and 'resisting power' were progressively ground down by the misogynist Mr Henderson, leading to the hopelessness which caused her death. The lack of initiative and resisting power also reflect a conventionally feminine passivity. Miriam's sense of herself as an outsider, her unconventionality and inability to conform to the attitudes and behaviours expected of a

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<sup>7</sup> Judith Felson Duchan and Dana Kovarsky, *Diagnosis as Cultural Practice*, (Mouton de Gruyter, Berlin and New York, 2005), p.2

<sup>8</sup> Phil Brown, 'Naming and Framing: The Social Construction of Diagnosis and Illness', *Journal of Health and Social Behaviour* 35, (1995), 39

woman of her class, confirm and support her diagnosis. As Joanne Winning writes, Miriam:

turns to a 'long article' in a 'large volume' in the fear of having a nervous disorder (an action which mirrors her reading of the *Encyclopaedia Britannica* to learn about her femininity and her sexuality) and locates her symptoms in the text, diagnosing herself with a sense of inevitability, misery and isolation. Behind this newly discovered illness is the haunting image of her mother and the suggestion that the suicide has either 'infected' her with her mother's illness or provoked one that was latent within her.<sup>9</sup>

Miriam's response to the scientific article shows her struggling to maintain a sense of identity outside of its diagnostic frameworks. Miriam is overwhelmed and deflated by the diagnostic logic operating through the text, which compels her to register her life in symptomatic terms, such that she identifies herself as a member of the worst class of humanity. The article does not allow her to conceptualise a productive feminine identity and it seems to condemn her to the hysteria that killed her mother.

Miriam's struggle with these issues would seem to culminate in Densley's diagnosis of a nervous breakdown – especially as Miriam's relationship with Densley also involves a series of negotiations, debates and disagreements around ideas of femininity and feminine illness, revolving around his status as a doctor and his thoughts about women. Compassionate, good-humoured and intelligent, a prestigious Harley Street doctor and in many ways an admirable character, Densley is Miriam's most eligible suitor and she considers marrying him; but he is also a mouthpiece for some of the ideas that Miriam finds most intolerable. Through much of the text he is present as a somewhat remote but potentially viable source of social and financial security. His interest in her helps secure her middle-class identity, and he offers the possibility of returning her to her former class status. It is for these reasons,

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<sup>9</sup> Winning, op. cit, p.73

perhaps, that she treats his attitudes towards women with far less hostility than those articulated by other men in the text. Explaining her meeting with him to the prim Miss Holland, with whom she shares lodgings, Miriam explains that:

‘He’s been reading Shaw. Can’t believe that women really think about anything but capturing a man for life. He wound up by imploring me not to miss marriage, and what of all things do you think is his idea, or at least the idea that most appeals to him in marriage? The famous “conflict for supremacy”!’

[...]

‘That’s not all. Talk about women getting hypnotised by ideas! His mind, his so scientific mind – is putty. With immense solemnity he informed me, “No Woman, dear girl, is truly happy until she is the loser in that supreme conflict”.’ (III, 468)

Bluemel writes that ‘unless we keep in mind how marginal and vulnerable Miriam is in her urban poverty and solitude, it would be impossible to imagine her considering marriage to a man who believes his wife will be happy once she submits to his supremacy’.<sup>10</sup> It is also hard to imagine Miriam treating anyone else who conveyed such ideas with the tolerance and good humour she shows here.

However, it may be that in debating with Densley, Miriam feels a sense of agency and a degree of control. When Miss Holland, who has considerably more respect for male opinions than Miriam, says that she hopes Miriam didn’t argue with Densley, Miriam replies: “‘Oh, but I did [...] Anything to break up addleheaded masculine complacency. Not that it matters a toss to women, but because it’s all over the world like a fungus, hiding the revelations waiting on every bush”’ (III, 468). Miriam’s assertion that masculine assumptions of supremacy do not ‘matter a toss’ to women is somewhat disingenuous. She is continually frustrated by masculine complacency, and was, moreover, concretely affected by her

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<sup>10</sup> Bluemel, op cit, p.95

father's assumptions of superiority, especially given that her mother was very much a loser in their marital 'conflict for supremacy'. After Miriam has attempted to disrupt Densley's 'addepleted masculine complacency' by arguing with him, she explains to Miss Holland that he looked ill for a moment, and then 'laughed his laugh and began repeating himself' (III, 468). The status of Densley's laugh is ambiguous. It may be defensive, but it might also be dismissive or even derisive. It would seem to be a laugh that Miriam is familiar with, and it functions to undermine and negate whatever arguments Miriam has put forward, so that Densley can begin repeating himself. In spite of the moment in which he looks ill, the fact that Densley laughs and continues propounding his dubious ideas suggests that Miriam does not really disrupt his complacency at all. Retelling the story to Miss Holland as an amusing anecdote is a perhaps a way of reclaiming the authority that Densley's laugh undermines.

Moreover, there is also a suggestion that with Densley Miriam relinquishes her usual intellectual rigour and incisively gendered perspective in order to secure social approbation. Although she does not refer specifically to Densley, throughout *The Trap* she seems to be socialising most frequently with him, and she notes, with disconcertment, that she has become 'capable of concealments in the interest of social joys', and thinks: 'thought was still there, a guilty secret, quiet as a rule. Sometimes inconveniently obtrusive at the moments when she most wished to approximate to the approved pattern of charming femininity' (III, 482). She is contemplating marriage with Densley at this time, a prospect which seems to require her to abandon 'thought' and perform a conventional and charming feminine role. It is not until *Dawn's Left Hand*, however, that Miriam realizes that in their debates about science and medicine, Densley has simply been humouring her:

all their meetings and conflict all over London, since the day she has lectured him, with Veresief's *Confessions of a Doctor* as text, on the inevitable ignorance of the high priests of Medicine; and all his kindly sympathy with her

Socialists and Anarchists and Suffragists ... and his belief that their hold on her was only a makeshift... (IV, 146)

This comment would seem to confirm the dismissive nature of Densley's laugh. For all Miriam's passionate arguments and her attempts to 'break up addleheaded masculine complacency', Densley does not appear to be swayed and does not, in the end, take her seriously.

In the same conversation Miriam relates to Miss Holland, Densley also lectures Miriam about working too hard and warns of dire consequences should she overdo it, a lecture which she has evidently received numerous times before. Miriam says to Miss Holland that he:

Said Densleyish things. A number of old saws. Overwork, late hours, heading for a crash. Said that for a New Woman I am disquietingly sane, and that my criminal carelessness about things that most women are in a reasonable hurry over, may possibly mean that I'm in for a long life. (III, 467)

Densley is perhaps being disingenuous himself. The joke that she is in for a long life fails to counterbalance the fact that he has just allied her New Woman lifestyle with insanity and criminality. Elaine Showalter writes that:

at the same time that new opportunities for self-cultivation and self-fulfilment in education and work were offered to women, doctors warned them that the pursuit of such opportunities would lead to sickness, sterility and race suicide. They explicitly linked the epidemic of nervous disorders – anorexia nervosa, hysteria, and neurasthenia – which marked the *fin de siècle* to women's ambition.<sup>11</sup>

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<sup>11</sup> Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980*, (Penguin Books, New York, 1985), p.121

This is precisely what Densley is doing. He suggests that the kind of independent, active, intellectually engaging and unmarried course that Miriam is pursuing ought to cause madness, that her sanity is an aberration. He is insisting on the essential frailty of women, their biological unfitness for exertion or intellectual development, and constructing women who diverge from his normative ideal of femininity as both mad and criminal.

Densley's words have a definite effect on Miriam. Reflecting on the 'ease of mind' she currently has, Miriam realises that:

Life flowed in a new way. Many of the old shadows were gone; apprehensions about the future had disappeared. Side by side with the weariness, and with nothing to explain it, was the apprehension of joy. Wearily she tumbled her happy self out of bed, feeling, as her feet touched the floor, the thrill of the coming day send a small current of strength through her nerves. (III,478)

A moment later, however, she thinks: 'but there is this terrible tiredness. Densley may be right' (III, 479). She shifts from feeling energised to feeling tired, and recalls Densley's argument that she is not strong enough to support herself or the rigours of employment, and, moreover, that she ought to be mad. Although, at this relatively late stage in the novel, Miriam is much better equipped to contest Densley's diagnostic gestures than she was with the scientific article, Densley's words still interpellate her into the belief that perhaps he is right, and it is 'overwork' that is draining her (rather than, for instance, her boredom with work and the difficulties of living with the exceedingly proper and conventional Miss Holland).

At the end of *The Trap*, the volume in which these conversations with Densley take place, Miriam has what has been interpreted by several scholars as a nervous breakdown. The following chapter opens with Miriam on her way to Oberland, in Switzerland, and the absence of an explanation for this sudden overseas trip has been understood as a confirmation of her collapse (III, 495). The last few pages of *The Trap* are a mass of tangled thoughts, as

Miriam is wakened at midnight by a domestic disagreement between her drunken and acrimonious neighbours. The disjointed sentences and narrative fragmentation characterising these pages lead Carol Watts to conclude that Miriam 'succumb[s], at the end of *The Trap*, to exhaustion',<sup>12</sup> and Lynette Felber to suggest that Miriam is compelled to '[repress] madness, even during the breakdown which precedes her trip to Oberland'.<sup>13</sup> Bluemel also suggests that Miriam is significantly unwell at this point of the text, writing that:

In this case, the female body, in its overworked, broken-down state, would be better under the care of a medical practitioner. Miriam's decision against a life spent under that kind of attention requires her to seek its good effects without conceding to its intolerable forms. Travel to Switzerland becomes the answer to the exhaustion of a single life and the oppressions of marriage, although even this is made possible through male intervention.<sup>14</sup>

*The Trap* does end with Miriam's exclamation 'Away. Away...' and the next volume opens with Miriam's arrival Oberland, but what happens between the chaotic expression at the end of *The Trap* (by no means the most chaotic expression seen in the text) and the beginning of *Oberland* is unclear.

Certainly, the text itself gives insufficient clues to allow the 'diagnosis' of a nervous breakdown. Just how exhausted Miriam is at this juncture in the text is also open to question. Miriam admittedly does make several references to an enervating exhaustion. She notes waking and finding 'a head too heavy to lift from the pillow and weariness in all my frame, that is unwilling to endure the burden of work to be done before the evening can come again bringing strength' (III, 478). Yet this expression of fatigue comes on the same page as the above quote, in which Miriam tumbles wearily but happily out of bed and experiences a

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<sup>12</sup> Carol Watts, *Dorothy Richardson*, (Northcote House, Plymouth, 1995), p.64

<sup>13</sup> Lynette Felber, *Gender and Genre in Novels Without End: The British Roman-Fleuve*, (The University Press of Florida, Gainesville, 1995), p.93

<sup>14</sup> Bluemel, op cit, p.96

current of strength, and in fact worries that she is too happy (III, 479). The assumption that Miriam suffers nervous breakdowns at the end of *The Trap* and again in *Clear Horizon* is perhaps another instance of mapping Richardson's life onto *Pilgrimage's* narrative. While it is unclear what happens at the end of *The Trap*, in *Clear Horizon* it is strikingly evident that Miriam is far from succumbing to psychological disintegration (whatever may have happened to Richardson).

Turning now to the scene in Densley's office, which occurs in the suggestively titled volume, *Clear Horizon*, six volumes after her reading of the scientific article, Miriam finds a far more assertive and underhand response to diagnosis and medical discourse. The significance of this scene is the audacity of Miriam's reaction to Densley's diagnosis, and her ability to find a productive response to the diagnostic conflation of femininity and madness that she struggles with throughout *Pilgrimage*. The power relations in the diagnostic scene from *Clear Horizon* are considerably more complex than a simple recognition, on Densley's part, of Miriam's exhaustion or impending breakdown. Miriam is still framed by medical discourse as she sits in Densley's office, and Densley continues to be 'disquieted' by Miriam's aberrant sanity, but in this instance, she is able to turn his patronising solicitude to good account. This is a particularly important and decidedly enjoyable moment in the text, so I will quote it at length, and take some time to unpack its significances.

Miriam goes to visit Densley because her sister Sarah has been unwell (with an unspecified, perhaps nervous, illness) and, having asked him to attend Sarah, she goes to hear her diagnosis. Densley has, in his usual fashion and to Miriam's sincere gratitude, taken care of things, having arranged an operation for Sarah, and her convalescence in a Florence Nightingale Home. Towards the end of their meeting, however, he asks, with some urgency, how it is that she has 'managed to get so pulled down' (IV, 377). Surprised by his urgency but perhaps motivated by her appreciation for his care of her sister, Miriam responds at length, but 'the unexpectedly invading urgency that had prompted her to respond in detail to his questionings was still unsatisfied' (IV, 377). Densley proceeds to

launch into his usual lecture, about the risks she runs as a New Woman, but Miriam is now rather more interested in her own thoughts, which in fact block out Densley's words entirely. Richardson writes that:

When he began yet again and seemed now to be going leisurely towards the expression of his borrowed dogma as to the evils, for women, of intellectual pursuits, she assumed a listening attitude, hunted swiftly for what had occurred to her since last they discussed the subject, found, rising to the surface of her mind, the useful indictment of the limitations of abstract reasoning, and the glowing certainty that the deranging and dehumanising of women by uncritical acceptance of masculine systems of thought, rather than being evidence against feminine capacity of thought, is a demand for feminine thinking, and retired to the background of her being, where, she found, like a third person looking on and listening while she talked, some part of her self had been piecing things together and was now eager to discuss the situation, so unexpectedly created, with herself alone. But Densley's voice, emerging from its meditative sing-song, interrupted the colloquy, from which she turned with a vision of Oberland before her eyes, to find him saying, in the despairing tone of one contemplating a vexatious unalterable phenomenon: '*spend* themselves so recklessly! (IV, 377).

This very long sentence is densely packed with suggestive ideas, not all of which I am able to attend to in sufficient depth here. However, Miriam is clearly no longer particularly interested in debating with Densley. The relentless length of the sentence shuts out his perspective entirely and insists that the reader focus on Miriam's thoughts; although the very length of the sentence, which is almost a strain to get through, also perhaps suggests that Miriam is labouring to block out Densley's lecture. Yet, having assumed her own intellectual armour, she finds that it is with herself that she wishes to discuss this issue of women's capacity for thought. It is as if she has recognised that Densley, and the medical discourses

he holds and represents, have no bearing on the questions she is concerned with.

Assailed by a sudden vision of the Swiss holiday resort, Oberland, which she has visited before, Miriam initially dismisses the idea as 'useless, since it would mean waiting for the winter' (IV, 377). However, Miriam has had the stirrings of an idea and she finds that this unexpected yet intense desire for Oberland is 'pulling her up, marking time, keeping her watchful for something yet to emerge' (IV, 378). Densley asks her what she is going to do to 'get the better of her seriously run-down condition', a question which makes Miriam feel 'trapped', and, 'knocking at the door of her mind, his gravely spoken words released and confirmed her intermittent conviction of being vaguely ill and getting, progressively, a little worse' (IV, 378). This vague conviction of illness is perhaps, however, a little disingenuous, as she then reflects that 'the state Densley was considering was the result of the past year [of tangled love affairs and infatuations] and could now gradually improve' (IV, 378). She notes, in contrast to Densley's perception that she is seriously run-down, that 'life had become more manageable and had, again, beneath it, enriched by all that had happened, its earlier inward depth' (IV, 378). But, knowing exactly the kinds of assumptions that Densley is making, and choosing not to contradict him, she manipulates him into prescribing a rest cure:

controlling face and voice against the onslaught of the emotions raised by a vision forming itself within, impossible to realise, yet dictating, as a move in its favour, that she should make him say, unenlightened, the whole of his say and give a definite verdict. She asked him what he proposed [...] and waited guiltily; breathlessly watching this unconscious assistant who was to put the weight of an opinion in which she could not quite believe at the service of a scheme that could not be realised and that yet was sending through her wave upon wave of healing joy and making this grim, dim enclosure, from which he, poor dear, could not escape, the gateway to paradise. (IV, 379)

The grim, dim enclosure is ostensibly Densley's office, but it might just as easily be read as the dim enclosure of science from which he is unable to escape. Miriam's gateway to paradise is her ability to appropriate and subvert the medical discourses which by Densley is defined. The fact that she feels guilty is evidence that she is, quite self consciously, manipulating him into prescribing the holiday to Oberland she began fantasising about as he went on about the danger of intellectual pursuits for women.

Miriam is still, of course, unavoidably framed by medical discourses here, and the possibility of a holiday is predicated upon the set of problematic assumptions about women that form the basis of Densley's 'borrowed dogmas', their incapacity for intellectual pursuits, their physical fragility and lack of stamina, their proper place in the home and on the arm of a respectable man. Miriam is not escaping these assumptions here, and it could be argued that her tacit agreement with them, no matter how self-conscious and provisional, represents their power over her. It is, moreover, a modified rest cure that Densley is prescribing, the treatment which has come to figure as the archetypal instance of the gendered exercise of *fin-de-siècle* psychiatric and medical authority. The rest cure, which, in its proper form, involved prolonged bed rest, isolation, excessive feeding and the prohibition of activities like reading or writing (even sewing), has been understood as the infantilisation of women and as the inculcation of a dependent femininity, which places the woman under the complete control of the doctor.<sup>15</sup> Michael Blackie writes that:

The rest cure has been interpreted primarily as a symptom of the male Victorian medical establishment's desire to 'reorient [female neurasthenes] to a domestic life' – that is, as a 'cure' to pacify active female imaginations at odds with dominant male codes.<sup>16</sup>

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<sup>15</sup> See: Michael Blackie, "Reading the Rest Cure," *Arizona Quarterly* 60:2, (2004), pp.57-85; Showalter; Chris Wisenthal (1997), *Figuring Madness in Nineteenth Century Fiction*, MacMillan, Hampshire.

<sup>16</sup> Blackie, p.59

The rest cure is, therefore, a powerfully symbolic diagnosis, one which has been taken by feminists as representative of the gendered operation of medical discursive power. Although Densley is not prescribing a full rest cure, his assertion that Miriam needs at least six months holiday, the first part to be spent resting, still involves the exercise of medical authority and problematic gendered assumptions. Miriam also notes later that he suggested she travel to Crowborough, a rather more prosaic location than her beloved Oberland.

However, while she is inevitably framed by these discourses, they do not cause the sort of panic produced by the scientific article. This is because, I argue, she has found a way of avoiding and contesting the implications of this diagnosis. Miriam says to Densley:

‘I see, a rest-cure’, she said judicially, to cover the sacred tracks and keep his thought-reading at bay. ‘And only the other day I read somewhere that that big neurologist, I forget his name, the one who is always sending people to rest-cures, had himself broke down and gone into a nursing-home to take his own cure’. (IV, 389)

Here, Miriam’s debate with Densley is actually only the performance he expects from her; she no longer feels the need to argue with him or defend herself from his pronouncements. Her riposte regarding the ‘broken down’ neurologist serves the purpose of shielding her real thoughts and maintaining her imposture. However, her story about the neurologist also implicitly challenges Densley’s gendering of her condition and contests the authority and complacency of doctors. Anticipating ‘the flood of his inevitable laughter’, in response to her critique:

her thoughts went their way, beating against the last barrier, and leaped, rushing ahead into the open even as they leaped, and stood still upon the blessed fact of her hoard, the thirty pounds saved towards her old age years ago at Mag’s instigation and systematically forgotten until it had faded from her mind. (IV, 370)

The energy of this passage, and its emphasis on movement, contrasts dramatically with the stasis of her anxious response to the scientific article. Again she ignores his laughter and ‘inevitable’ response to her assertion of equality, as she is preoccupied by her own thoughts, and, significantly, it is while he is laughing at her that she remembers that she does have the financial power to facilitate her holiday plan. Moreover, while Bluemel argues that ‘Miriam is dependent on Dr. Densley’s diagnosis and Mr Hancock’s money in order to make her escape into freedom’,<sup>17</sup> she in fact procures the diagnosis for herself, and it is her own money, saved through the agency of one of her female friends, that she has access to.

Miriam views her sudden relegation to patient status in unabashedly strategic terms: ‘she had unexpectedly and innocently become a patient provided with a diagnosis, and a prescription that in the eyes of both the worlds to whom explanation was due would be a passport to freedom’ (IV, 379). Although she is rather less than innocent, it is significant that Miriam positions her diagnosis as a passport to freedom. The strategic nature of her acceptance of her diagnosis is reinforced later, when Sarah explains to old friends from their more prosperous days that she has had a nervous breakdown and Miriam decides that ‘whatever a nervous breakdown might or might not be, it would henceforth serve as a useful answer to the demands for more specific information’ (IV, 390). Densley’s diagnosis is clearly something that Miriam is using, and her disinterest in what a nervous breakdown actually is or means reinforces the fact that in performing the role of patient, she is resisting interpellation into medical discourse.

The importance of this passage is not just that Miriam secures for herself a holiday. It is significant that she finds a productive way of responding to the medical and scientific pathologisation of femininity and a successful rejoinder to Densley’s construction of her as ‘disquietingly sane’ (III, 467). Furthermore, Miriam reflects that:

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<sup>17</sup> Bluemel, op cit, p.96

But the really strange thing, after all, was not that she had suddenly become an invalid under sentence in spite of herself, but that it had never before occurred to her that well or ill she had within her hands the means to freedom. (III, 380)

It is not the diagnosis that is in itself significant, but Miriam's discovery of agency, of the fact that she is capable of procuring her own freedom, well or ill. The other references to freedom across these few pages seem to refer fairly specifically to freedom from work and the monotony of the Wimpole Street dental surgery. This particular reference to freedom, however, implies several broader concerns. It is not just the money that she is referring to, because presumably she would require a legitimate diagnosis to access her insurance fund. Miriam's reference to freedom is also about her freedom from being determined, constrained and silenced by scientific and medical discourse, as she is at other points in the novel. Her audacious manipulation of Densley allows her to realise a way out of the association between madness and femininity, and the seemingly relentless determinism of diagnostic discourse.

Also important are the things that result from Miriam's holiday. As I have argued, this moment of subversiveness does not resolve all of Miriam's difficulties, and Miriam cannot, as Bluemel argues, 'find an adequate answer to the complexity of her life within the scope of *Pilgrimage's* many pages'.<sup>18</sup> That struggle, and her exploration of feminine identities is always ongoing. Yet, in securing herself six months of holiday, Miriam does open up a number of new possibilities. It represents the end of her ten-year tenure as a dental secretary and, more importantly, it brings her into contact with Jean, the subject of possibly her most enigmatic but most transcendent love affair. Miriam's relationship with Jean takes place largely outside of the narrative frame, related only retrospectively (as many of the most significant events in *Pilgrimage* are), but they clearly meet in Vaud in Switzerland, where Miriam

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<sup>18</sup> Ibid, p.10

travels after a period spent in rural Sussex. Jean is, then, very much a product of the holiday that Miriam secures for herself. Jean is not Miriam's first lesbian relationship, but the ecstatic terms in which she is described sets her apart from the charming but emotionally draining Amabel. Indeed, Jean is positioned as the woman who will provide Miriam with 'the clue to the nature of reality' (IV, 612), and as Joanne Winning argues, she takes on a kind of spiritual significance. The serene and wise Jean offers a possible alternative to the security that she has perpetually associated with men like Densley and Hancock.

Furthermore, after experiencing the serenity of the Quaker farm, and following another exhilarating trip to Switzerland, Miriam begins to write. I am not arguing, as I noted earlier, for a direct connection between Miriam's subversion of medical discourse and sudden ability to write. Writing is something that Miriam fantasises about throughout *Pilgrimage*, and something that she heads towards progressively. Her encounter with Densley is also not the only event in *Clear Horizon* which gives Miriam the psychological clarity with which to begin writing. In marrying Amabel and Michael to each other, she secures her independence from them both, and the end of her relationship with Hypo (and, concomitantly, the end of her reliance on his opinion of her) is another important turning point for Miriam. It is, however, her manipulation of Densley which provides the practical conditions that allow her to begin writing.

Densley's diagnosis might, in fact, be considered a turning point in the novel. The volumes which follow *Clear Horizon*, *Dimple Hill* and the unfinished *March Moonlight*, are distinctly different from the preceding London volumes. It is significant that this dramatic change in the novel turns around Miriam's refusal and appropriation of the power relations embedded in the medical diagnosis. Bluemel argues that one of the themes of *Pilgrimage* is Miriam's 'unsteady and incomplete journey ... from a charmed disciple to a sharp critic of science'.<sup>19</sup> The Densley scene is perhaps the most significant instance of Miriam's sharp criticism, as it

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<sup>19</sup> Ibid, p.80

permits her to assert a productive feminine identity in spite of the insistence of Densley and medico-scientific discourse on the fragility, incapacity, and pathology of the New Woman.