

THE PROMISE OF RESTLESSNESS: SLEEP AND
GENDER IN DOROTHY RICHARDSON'S
PILGRIMAGE

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Throughout *Pilgrimage*, Miriam Henderson seeks to define herself as a 'New Woman', capable of financial, intellectual, and familial independence, mobility, and freedom over her lifestyle decisions; yet she constantly finds herself in conflict with those who assume she will take another more traditional path, one towards marriage and motherhood, causing both Miriam and her friends and acquaintances to doubt her own strength, capabilities, health, and sanity. Throughout Dorothy Richardson's series of chapter novels, one of the ways in which Miriam's female subjectivity is explored and produced is through her relationship to sleep, more specifically the times when she does not sleep 'properly' (with regularity and at night); in fact, during these periods of insomniac solitude, Miriam is able to access and shape her most independent, creative, and reflective self. When Miriam refuses to abide by 'normal' sleep practices, she and those around her, primarily men, question her motivations and attempt to regulate her behaviour in order to mould her into the traditional woman who prioritises marriage and motherhood. Insomnia in *Pilgrimage* expresses and exposes Miriam's conflict with gender roles, as well as the tension between her internalisation of and resistance to these roles.

Lee Scrivner in *Becoming Insomniac: How Sleeplessness Alarmed Modernity*, makes the point that not sleeping, for example 'drunken carouses at 2:00 AM', is not the same thing as insomnia: 'To remain consistent, we must always require insomnia to manifest a thwarted will to sleep'.¹ Thus, Scrivner would not consider Miriam an insomniac, as her insomnia is typically a choice. Peter Schwenger, in *At the Borders of Sleep: On Liminal Literature*, offers a

¹ Lee Scrivner, *Becoming Insomniac: How Sleeplessness Alarmed Modernity* (New York: Palgrave MacMillan, 2014), p.48.

different definition: 'being awake when one ought to be asleep'.² Where Scrivner sees thwarted will as essential to insomnia, the echoes behind Schwenger's 'ought' are thwarted social codes. In this article, I argue that insomnia is a combination of both. In the example Scrivner provides, the will to sleep is, in fact, thwarted by the will to stay awake, which may very well be represented by a drunken early-morning carouse. Insomnia, then, is not simply a thwarted will, but rather the will in conflict with itself: the mind either resists that which the body desires, or the body resists that which the mind desires, all of which is mitigated by the socialised 'ought'. Insomnia itself is a resistance to sleep, a resistance that may be willed by mental or bodily activity, and a resistance to doing that which we know we 'ought'. This consideration allows for a broader definition of insomnia to include an insomnia of choice, a choice Miriam often makes.

We see a doubling of this body/mind conflict manifested as a resistance to sleep in a scene during which Miriam wilfully stays awake at night despite her exhaustion and knowledge of her duties the next day. In *Backwater* (1916) Miriam chooses to stay awake reading at night, simply because it is her only time to experience peaceful solitude. Her choice of insomnia illustrates her resistance to her role as carer (in *Backwater* she is a live-in teacher at a school for girls) and its related responsibilities. This conflict with her position is compounded by her resistance to that which her position represents: idealised feminine behaviour (caring for children). Through her insomnia, she explores the extent to which she feels out of place in a female body. Her consciousness prior to sleep allows her to examine her own body: 'It was only when she was alone and in the intervals of quiet reading that she came into possession of her hands [...] They came between her and the world of women'.³ Miriam views her hands as masculine and strong. They signify that which differentiates her from other women:

² Peter Schwenger, *At the Borders of Sleep: On Liminal Literature* (Minneapolis: University of Minnesota Press, 2012), p.51.

³ Dorothy Richardson, *Pilgrimage* Vol. 1 (London: Virago, 1992), p.283 (henceforth in page numbers in text).

[...] firmly interlocked they made a pleasant and curious whole, the right clasping more firmly, its thumb always uppermost, its fingers separated firmly over the back of the left hand palm, the left hand clinging, its fingers close together against the hard knuckles of the right. (I 283).

She identifies more with her right hand, which she sees as 'larger [...] kindlier, friendlier, wiser' than her left, which is 'less reassuring [...] narrower, lighter [...] more flexible, less sensitive' (I 283). Words associated with masculinity, 'firmly', 'larger', 'wiser', 'hard', are used to describe the hand with which she identifies, while her left hand is described using terms associated with femininity such as 'clinging' and 'flexible'. In identifying herself with masculinity, she acknowledges that she wants to be treated as an intellectual equal, one who engages in discussions about newspaper articles, which allowed anyone to 'know as much as the men sitting in arm chairs if they chose' (I 243); but she also understands that she does not necessarily want to play a male role either, as men are 'ignorant' (I 443).

Miriam's always contingent views of her gendered self do not go unchallenged and neither do her choices regarding sleep. The external scrutiny of Miriam's sleep choices, by characters like Hypo Wilson and Ashley Densley, as well as Miriam's own reactions to her non-traditional sleep schedule, point to a discursive view of sleep as a habit subject to regularisation and discipline. While this problematisation of sleep applies to both males and females, the specific aim of disciplining women's sleep relates to the belief that the main function of women's bodies is to produce children and run a household; in other words, their bodies serve a 'greater good' and are therefore overseen accordingly. A. W. MacFarlane, author of *Insomnia and Its Therapeutics* (1891), argues that women, who '[possess] more nervous excitability' and are 'more impressionable' than men, are both more in need of sleep and more prone to insomnia, yet women 'bear the loss of sleep better, for a time, than men'.⁴ This 'time' to which MacFarlane alludes is time devoted to being a carer: 'time they can devote themselves to night nursing in

⁴ A. W. MacFarlane, *Insomnia and Its Therapeutics* (New York: William Wood, 1891), pp.40-41.

response to the calls of affection or duty'.⁵ For MacFarlane, insomnia is typically problematic for women, unless it is a direct result of their gendered role as a carer. Yet Miriam, through her own sleep behaviours and insomnia, challenges this view, illustrating instead that insomnia cultivated outside of and in opposition to the role of carer is not problematic, but rather essential to her sense of independence. The presentation of insomnia not related to her position as carer, as in MacFarlane, indicates an anxiety about women who use the time of insomnia to question their roles as wives and mothers or to imagine a life less constrained. Insomnia afforded an independence and a time of privacy and separation from household duties that might provoke fear in those invested in women's confinement in the domestic sphere. Miriam, who wants to exist outside of the domestic sphere, takes full advantage of her insomnia to imagine another life.

Because she uses her insomnia as time for herself alone, to read, to explore London, or to understand and forge her identity independently, Miriam's insomnia is interpreted by those around her as a threat to her acceptance of her expected role as carer. Other characters come to fear the effects a lack of sleep may have on her (a reduced ability to manage her life – for them defined as motherhood, for Miriam defined as independence), and she sometimes adopts those same fears. Consequently, she comes to question her ability to become the independent woman she envisions, fearing for her own sanity, while also resisting the attempts of other characters to corral her into the role of wife and mother. She ultimately sees her insomnia as a source of power; it gives her time and space for herself and a way to temporarily escape responsibility when she goes away for a 'rest cure'. Insomnia has a twofold function within *Pilgrimage*: it is a source of anxiety for both male and female characters, pointing to a pervasive discursive representation of the weakness of women and fear of their increasing sense of independence, yet it is also an avenue through which women can expose and rebel against the traditional roles they are expected to fill. Control of sleep is presented as a form of power elaborated through the body as a

⁵ Ibid, p.41.

means of enforcing gender roles, as well as working to expose and subvert those same roles. Miriam is subject to both internalised and external disciplinary mechanisms that regulate temporal and spatial borders between sleeping and waking, and through insomnia, the scrutiny that it brings, and the places in which she experiences it, she is able to explore and understand the way in which her subjectivity is constituted in terms of the roles she is expected to fill and the physical and temporal spaces she 'should' or 'should not' inhabit.

According to Elaine Showalter, female writers emerging from the Victorian era were in a position of conflict. Many female authors desired to write of their bodily experiences,⁶ yet found this 'truth' was perceived as 'unthinkable, unspeakable, or unprintable'.⁷ Showalter continues, 'The Angel in the House commands that [this truth's] existence should be avoided, denied, or suppressed'.⁸ Richardson, criticised by Showalter for '[devising] an aesthetic strategy that protected her enough from the confrontation with her own violence, rage, grief, and sexuality that she could work',⁹ creates a character who feels oppressed by expectations placed upon her because of her gender, yet still internalises these expectations, questioning her ability to successfully rebel against them. Rather than expressing grief or rage directly, Richardson does so through Miriam's bodily resistance to those who would enact a form of violence on her body through their attempts to corral and control it. Instead of directly confronting those, like Hypo and Densley, who seek to define and control her body, Miriam resists through an ostensive, yet cynical, compliance with their beliefs, allowing her to pacify them in order to continue to do as she pleases. Facing corrective measures shapes Miriam's identity and worldview: both are coloured by her status as an insomniac female. This experience takes on a dialectical paradigm: her experience of insomnia shapes her identity, which then shapes her

⁶ Elaine Showalter, 'Killing the Angel in the House: The Autonomy of Women Writers', *The Antioch Review*, 32, 2 (Autumn 1977): 339-53, p.341.

⁷ Ibid, p.342.

⁸ Ibid, p.342.

⁹ Elaine Showalter, *A Literature of Their Own: British Women Novelists from Brontë to Lessing* (Princeton, NJ: Princeton University Press, 1998), p.260.

experience, which further influences her sense of identity. More importantly, Richardson directly connects Miriam's insomnia to a creative drive. Miriam's activities during her states of chosen insomnia contribute to the knowledge and confidence that eventually enable her to take up writing, further resisting views of women as incapable of intellectual expression. During her insomnia, she reads, explores her surroundings, and reflects upon herself and circumstances. Such experiences are essential to the practice of authorship and are enabled by Miriam's resistance to sleep.

Miriam's first experiences with insomnia in *Backwater* are represented as ambivalent:

For the last six weeks of the summer term she sat up night after night propped against her upright pillow and bolster against the gas-jet reading her twopenny books in her silent room. Almost every night she read until two o'clock. She felt at once that she was doing wrong; that the secret novel-reading was a thing she could not confess, even to Miss Haddie. She was spending hours of the time that was meant for sleep, for restful preparation for the next day's work, in a 'vicious circle' of self-indulgence. It was sin. (I 282)

Miriam finds her reading experience pleasurable. She chooses to stay awake and read. She enjoys both the experience and its related solitude, but her pleasure is tinged (and intensified) by guilt, as she has a distinct sense that she is doing something improper. She knows that it is her responsibility, as a teacher (and carer), to be prepared for the next day's lessons. In choosing insomnia, she wilfully detracts from her effectiveness at filling her role, and, consequently, she speaks of her insomnia in moral terms, characterising it as sinful.

Her sleep habits have for Miriam both a moral and a medical dimension. She thinks of her insomnia as a form of 'self-indulgence' and eventually considers the possibility that her sleep habits are evidence of mental disorder. In this, she follows both Victorian and Edwardian medicine, which often conflated morality

and science. Disease and disorders were thought to be caused by a combination of physical and moral irregularities. The physician Silas Weir Mitchell linked pathology to immorality. The originator and proponent of the 'rest cure', which was designed to treat patients diagnosed with mental disorders through confinement and control of movement and interaction, Mitchell viewed disorders not only in medical terms, but also as examples of the patient's selfishness and self-indulgence. His patients, most of whom were female, are not considered 'productive' members of their households, who had 'failed' at fulfilling familial duties, much as Miriam's non-traditional sleep habits interfere with her occupational productivity and duties.

Mitchell describes his patients as 'invalids, unable to attend to the duties of life, and sources alike of discomfort to themselves and anxiety to others'.¹⁰ Mirroring Miriam's (ironic) description of her insomnia as 'sin', Mitchell writes of the 'moral degradation' of his patients,¹¹ whose sickness serves to 'cultivate self-love and selfishness, and to take away by slow degrees the healthful mastery which all human beings should maintain over their emotions and wants'.¹² While in the first reading scene Miriam is not an 'hysteric', it dramatises her decision not to sleep as a self-indulgent act because it diminishes her ability to care for her students.

Another illustration of Miriam's simultaneously moral and medical characterisation of insomnia is her reference to her insomnia as 'a vicious circle'. In *Vicious Circles in Disease* (1913), Jameson Hurry argues chronic disease is a product of 'vicious circles', in which 'two or more disorders are so correlated that they reciprocally aggravate and perpetuate each other'.¹³ Richardson began writing *Pilgrimage* in 1912, but in *Backwater* Miriam does not yet see her insomnia as a possible symptom of hysteria. This occurs later, following her mother's death. However, she does express Hurry's idea of correlation and perpetuation. Her lack of satisfaction with

¹⁰ Ibid, p.9.

¹¹ Ibid, p.39.

¹² Ibid, p.40.

¹³ Jameson Hurry, *Vicious Circles in Disease* 2nd edn (Philadelphia: P. Blakiston & Son, 1913), p.xiii.

her job creates her desire to find satisfaction during her undisturbed time (ostensible sleep time), which, in turn, leads to a lack of sleep, making her already dissatisfying job even more difficult and arduous. She attempts escape through her nightly reading, aggravating her exhaustion and thus in circular fashion increases the difficulty of her job. Her insomnia is both product and cause of her sense of dissatisfaction with her life and her desire to find satisfaction independent of her assumed role.

As *Pilgrimage* continues, Miriam comes to equate her behaviour, including her insomniac tendencies of exploration, with the perpetuation of hysteria, and views this 'hysteria' as directly related to her dissatisfaction, often expressed as and through insomnia. Stacey Fox writes of Miriam's self-diagnosis of possible mental disorder after reading a scientific article (in *Interim*):

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 'lymphatico-nervous class' - 'no energy, no initiative, no hopefulness, no resisting power; and sometimes bilious attacks' - recall the symptoms of her mother.¹⁴

Through her identification with the symptoms described in the article, she is 'interpellated into this scientific model and, as a result, can only register her life in pathological terms'.¹⁵ At this point, Miriam has internalised the discursive views of feminine weakness and incapability of handling most forms of insomnia. Even as she attempts to rebel against the idea of the female as

¹⁴ Stacey Fox, "'I Shall Go Away But I Don't Promise to Rest": Dorothy Richardson and Diagnosis', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 1 (2008): 74-94, 79.

¹⁵ *Ibid*, p.79.

weak, she comes to fear that her insomnia may lead to a nervous breakdown because of her alleged weakness.¹⁶ She registers the causes of her insomnia, restlessness and dissatisfaction, as well as its results like listlessness, as possible indicators of hysteria, and the possibility of hysteria increases her dissatisfaction, restlessness, listlessness, and insomnia.

Jameson Hurry, like Miriam, sees insomnia as an integral part of vicious circles of neurasthenia, especially as related to what he calls the 'habit' subset, which entails an 'exaggerated reflex irritability of the nervous system'.¹⁷ Insomnia, which is often accompanied by 'depression and malnutrition',¹⁸ intensifies neurasthenia, acting as an 'obstinate complication'.¹⁹ Hurry argues, 'Insomnia also plays a large part in the causation and perpetuation of insanity' because it strains the nervous system.²⁰ It forms a part of a vicious circle: 'Neurasthenia may cause insomnia which intensifies neurasthenia'.²¹ Since not sleeping becomes part of the circle of disease, sleep, then, is a way of disrupting the circle: 'Sleep is another of Nature's methods of breaking Circles, especially in neurotic disorders which are complicated by insomnia'.²² This text illustrates a discursive view of insomnia as both cause and symptom of psychological disorder, and sleep as a possible remedy for psychological disorder through disrupting sleeplessness. As Scrivner argues, insomnia is a self-reifying condition: 'your anxiety about this news [that you are an insomniac] might lead you to remain awake; your wakeful condition will confirm that diagnosis; and this confirmation will, in turn, reinforce your insomniac self-conception'.²³ Miriam's thoughts about her health follow a similar model: her alleged symptoms lead to a diagnosis, which leads to an intensification of her symptoms and a possible confirmation of her diagnosis. However, her cynicism towards medicine allows her to

¹⁶ Ibid, p.80.

¹⁷ Hurry, op. cit, pp.2-3.

¹⁸ Ibid, p.8.

¹⁹ Ibid, p.6.

²⁰ Ibid, p.13.

²¹ Ibid, p.236.

²² Ibid, p.243.

²³ Scrivner, Op. cit, p.124.

break this cycle and eventually dissociate herself and her habits from the diagnosis itself.

Miriam's understanding of the relationship between her sleep habits and her ostensible propensity for psychological collapse is intensified by her mother's relationship to sleep. In *Honeycomb* (1917), Miriam's mother suffers a nervous breakdown, culminating in her suicide. Miriam and her mother both cite lack of sleep as part of Mrs Henderson's psychological disintegration, as Miriam thinks:

'Dr Ryman is giving her bromide ... she can't sleep without it.' Sleeplessness, insomnia ... she can't see the spring ... why not?

... bottles of bromide, visits, bills, and mother going patiently on, trusting and feeling unhelped. Going on. People went ... mad. If she could not sleep she would go ... *mad*. . . . (I 475)

Both Miriam and her mother equate sleep with a relief from disorder; sleep provides a respite from the mother's tortured consciousness, which Fox interprets as a result of her being 'progressively ground down by the misogynist Mr Henderson, leading to the hopelessness which caused her death'.²⁴ Like Miriam, Mrs Henderson's insomnia is a direct reaction to gender norms.

Mrs Henderson's illness and treatment closely resemble that of hysterical patients under the care of Mitchell.²⁵ Just as Mitchell asserts the complete authority of the doctor to make decisions for the patients and establish complete dependence of his patients, Mrs Henderson is "in Dr Ryman's hands. Dr Ryman is treating her." Mrs Poole said Dr Ryman was a very able man' (I 475). Miriam doubts Dr Ryman's ability to understand her mother's condition, asking, 'how did he know more than any one else?' (I 475); yet her mother allows the treatment to continue, despite its ineffectiveness. Just as Mitchell suggests hired nurses because

²⁴ Fox, op. cit, p.79.

²⁵ Mitchell, op. cit, p.62.

family members would give in to the selfish patient's whims,²⁶ so the Hendersons are encouraged to 'behave as if there was nothing wrong' with Miriam's mother because 'there *is* nothing wrong but nerves' (I 475), indicating a dismissal of nervous disorders as 'real' conditions. Further resembling Mitchell's thoughts on his patients, Mrs Henderson's illness is expressed as having an element of selfishness, her treatment requiring her to 'forget about herself' (I 475).

Miriam brings her mother to the doctor, but his treatment is useless. After the appointment, Mrs Henderson says, 'God has deserted me [...] He will not let me sleep. He does not want me to sleep. . . . He does not care' (I 489). Shortly thereafter, Mrs Henderson commits suicide. Her language reflects her thoughts that her insomnia perpetuates her psychological disorder, but also suggests that insomnia has moral implications. She feels punished by God, perhaps as a result of her failure to adequately play her part as wife and mother. Ellen Bassuk suggests that female hysteria is a rebellion against being forced into and constrained by the role of carer, wife, and mother; the hysterical woman refused to fill the role and required others to care for her.²⁷ Mrs Henderson appears to be aware that her hysteria has a rebellious component to it. She has internalised the legitimacy of the role she was intended to fill and feels guilt at her inability or unconscious refusal to meet external expectations.

Miriam, however, is cynical about the doctor's treatment of her mother. As Stacey Fox argues, she exhibits a 'refusal and appropriation of the power relations embedded in the medical diagnosis'.²⁸ Consulting about her 'hysterical' symptoms with physician Densley, Miriam waits:

for his facts, the 'medical facts' she had for so long scornfully regarded as misreadings of evidence isolated from the context of reality, inertly going their way until another group of facts,

²⁶ Ibid, p.49.

²⁷ Ellen Bassuk, 'The Rest Cure: Repetition or Resolution of Victorian Women's Conflicts?', *Poetics Today*, 6,5 (1985): 245-57, p.253.

²⁸ Fox, op. cit, p.93.

equally isolated from reality, brought about a fresh misreading. (IV 373-374)

Miriam recognises that any diagnosis Densley might proffer could be based on an inaccurate, misogynist misinterpretation of her character. Yet, she recognises it as a means to self-determination. Even if it is inaccurate, it 'would carry conviction borrowed from hope that Sarah's faith might introduce a power that would carry all before it' (IV 474). Adopting the diagnosis, thereby clarifying her identity, allows her access to the attention, stability, and resources this diagnosis provides.

Over the course of *Pilgrimage*, Miriam becomes increasingly confident in her decisions regarding sleep. Yet, not all of Miriam's friends share her sense of satisfaction with her nocturnal pursuits, and they wish to exercise discipline over her sleep. Hypo views her insomniac tendencies as immature and reckless. He interrogates her sleep habits, asserting that she 'ought to sleep' (IV 319). '[S]leeping only at dawn', Hypo continues, 'is a not a habit to be cultivated' (IV 322). Hypo condescends to Miriam, asserting masculine authority over her pursuit of individuality, but also over her choices regarding her body, urging her to modify her habits. He puts his comments in medical terms, echoing the language of child-rearing literature, such as that by physician L. Emmet Holt, who writes that 'Disturbed sleep or sleeplessness may be due to causes purely nervous. Such are bad habits acquired by faulty training'.²⁹ Habit, according to William James, involves neurological paths which are formed within the body and mind, enabling one to repeat the same task with increasing efficiency.³⁰ Though habits serve useful purposes, they can also be harmful: 'Many so-called functional diseases seem to keep themselves going simply because they happen to have once begun. [...] Epilepsies, neuralgias, convulsive affections of various sorts, insomnia are so many cases in point'.³¹ Curing these disorders involves a disruption

²⁹ L. Emmett Holt, *The Care and Feeding of Children* (London: D. Appleton, 1905), p.120.

³⁰ William James, *Habit* (New York: Henry Holt, 1914), pp.6-8.

³¹ *Ibid*, p.10.

of the habit.³² James asserts the same view of nervous diseases as Hurry does, only James sees as habit what Hurry sees as a component of a vicious circle. Both agree that to break a habit or cure a disease, intervention and disruption of the cycle is necessary. Thus, through trying to control Miriam's sleep habits, Hypo wants to intervene into her current behavioural cycles.

This philosophy of disruption of habit as cure is reflected in Hypo's language when he speaks of Miriam's wilful insomnia as 'not a habit to be cultivated'. According to his logic, the more she gets into the habit of insomnia, the more difficult it will be for her to break this habit when she is required (through becoming a wife and mother) to follow a more regularised schedule. However, Miriam's interests at this point do not include marriage and motherhood, so she views Hypo's comments as an affront to the identity she has cultivated (rather than the habit): 'Surprised and stung by the sudden, public discrimination, by its implied [...] repudiation of the envy and admiration he had so often expressed in regard to her own independence of sleep and food, she forced herself to concentrate on his question' (IV 319). She understands his comments about her sleep habits as reflective of his view of her maternal destiny, common to all women:

'You, Miriam,' ran his message, 'booked for maternity, must stand aside, while the rest of us, leaving you alone in a corner, carry on our lives.' (IV 321)

He treats her body as subject to outside control, capable of being 'booked' as though it were a hotel room, to be occupied by others, but not by her. Hypo, through his counsel, is attempting to direct Miriam to her 'proper' role.

This conversation between Miriam and Hypo is not simply a representation of his assertion of power over her, but also illustrates the power that Miriam is able to utilise through her exposure of and resistance to his expectations. She understands the role she is supposed to embrace, but wilfully refuses to do so. When speaking with Hypo about motherhood, she says:

³² Ibid, p.10.

You may call the proceeding by any name you like, choose whatever metaphor you prefer to describe it – and the metaphor you choose will represent you more accurately than any photograph. It may be a marvellous incidental result of being born a woman and may unify a person with life and let her into its secrets – I can believe that now, the wisdom and insight and serene independent power it might bring. But it is neither the beginning nor the end of feminine being. It wasn't for my Devon-border grandmother who produced twenty-two children. (IV 331)

She sees maternal propensities as part of her identity, but not as the only or primary part. Through refusing to define herself in terms solely based in relation to those she cares for, she is exercising a form of power. She is also judging his reaction to her comments and his expectations of her. In doing so, she is rejecting an assigned identity.

Through Miriam's insomnia, cultural expectations and operations of power are revealed, and her insomnia becomes a means to thwart attempts to coerce her into a role she would rather not adopt. Eventually, Miriam uses her insomnia and its revelations about her identity in a manner that resembles Susan Bordo's argument about how hysterical, anorexic, or agoraphobic disorders function for women. According to Bordo, the body is 'a surface on which the central rules, hierarchies, and even metaphysical commitments of a culture are inscribed and thus reinforced'.³³ She argues that disorders are a means of exposing 'fragility and lack of power in the face of a decisive male occupation of social space'.³⁴ Miriam's insomnia serves this same function of exposure, but with an important difference: her insomnia reestablishes her own authority and resists fragility. It thus thwarts this paradigm, exposing power through openly resisting it. In other words, where the anorexic internalises standards of beauty through her anorexia, Miriam resists standards of female behaviour that privilege being a

³³ Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: U of California P, 2003), p.165.

³⁴ *Ibid*, p.171.

carer. Miriam's insomnia shares many characteristics that the female anorexic embodies, self-control, discipline, determination, which Bordo describes as stereotypically 'male' characteristics.³⁵ Miriam sees self-consciousness as a means of comprehending and thereby entering the 'world of men'.³⁶

Gillian Hanscombe argues that 'Richardson sees Miriam's gradual acquisition of insight and control as an act of consciousness rather than an act of will, that is, as intellectual rather than moral virtue'.³⁷ On several occasions, Miriam describes herself as being more male than female, considering, 'Perhaps I can't stand women because I'm a sort of horrid man' (I 404). She uses her insomnia as a time to occupy traditionally male spaces. She does this intellectually, in part through reading, although she initially feels compelled to keep her intellectual pursuits hidden. In *Honeycomb*, she desires to talk to her male employer, Mr Corrie, 'man to man, about the book. She could not do that. Everything she said would hurt her, poisoned by the hidden sore of her incapability to do anything for his children' (I 383). She wants to meet him as an intellectual equal, but knows it would only ruin his image of her as an appropriate governess because she would be stepping outside of her assumed role. Eventually, however, she does assert herself as equal, but silently, responding internally to Mr Taunton's request that she become his fiancée's carer:

'Perhaps that is it,' said Miriam judicially. But you are very much mistaken in calling on me for help . . . 'domestic work and the care of the aged and the sick' – very convenient – all the stuffy nerve-racking never-ending things to be dumped on women – who are to be openly praised and secretly despised for their unselfishness – I've got twice the brain-power you have. You are something of a scholar; but there is a way in which my time is more valuable than yours. (II 279)

³⁵ Ibid.

³⁶ Gillian E. Hanscombe, 'The Female Sentence', *The Art of Life: Dorothy Richardson and the Development of Feminist Consciousness* (Athens, Ohio: Ohio UP, 1982), pp. 39-61, p.48.

³⁷ Ibid, p.54.

She has come to see herself as equally worthy of claims to time and activities.

Despite identifying with men, Miriam feels aversion as well:

How utterly detestable mannishness is; so mighty and strong and comforting when you have mewed up with women all your life, and then suddenly, in a second, far away, utterly imbecile and aggravating, with a superior self-satisfied smile because a woman says one thing one minute and another the next (I 423).

She realises that, regardless of her own efforts, many men will persist in seeing her as an inferior. Her views are supported by contemporary medical attitudes towards females with nervous disorders. The goal of the medical establishment in treating hysteria was to return women to functionality within their households. Bassuk argues that Mitchell's cure relied on Victorian assumptions regarding women's essential inferiority to and dependence on men and women's 'more irritable' nervous systems, both of which lead to 'a greater susceptibility to disease'.³⁸ Mitchell saw an increase in female hysteria as a product of an increasingly industrialised, and therefore fast-paced, life, but also noted that instances of hysteria increased as women questioned traditional female roles.³⁹ Neither domesticity nor modernity hold much hope for Miriam. As an untrained teacher, she feels the educational reforms discussed in the newspapers will soon leave her behind: 'For a long time she sat blankly contemplating the new world that was coming. Every one would be trained and efficient but herself' (I 244).

Yet, contrary to Mitchell's view, Miriam's insomnia makes her stronger and more independent, rather than weaker and more reliant on others. Her insomnia facilitates her increase in confidence and self-assertion because she devotes the time she could be sleeping to expanding both her intellect and her self-

³⁸ Bassuk, op. cit, p.251.

³⁹ Ibid, pp.250-53.

awareness. This experience occurs only because of the unique state she is in, within her bedroom, in a private, undisrupted space:

But she found when the house was still and the trams had ceased jingling up and down outside that she grew steady and cool and that she rediscovered the self she had known at home, where the refuge of silence and books was always open. Perhaps that self, leaving others to do the practical things, erecting a little wall of unapproachability between herself and her family that she might be free to dream alone in corners had always been wrong. But it was herself, the nearest and most intimate self she had known. (I 282)

The silence of the household and the seclusion of the sleep space allow her to explore her identity, but she also understands herself as requiring silence and separation in order to dream, to envision a future different from that she feels predetermined to fill. Her thoughts before sleep have a clarity that does not exist once she has awakened in the morning to again return to her role as teacher:

Go to sleep. It would be better to think in the morning. But then this clear first impression would be gone and school would begin and go on from hour to hour through the term, mornings and afternoons and evenings, dragging you along further and further changing you, months and months and years until it was too late to get back and there was nothing ahead. (I 270)

She does not find time in the morning because of her duties. Miriam understands that without her time for peaceful thought at night, she is likely to become so immersed in the habit of fulfilling her role as teacher that she will lose the independence she seeks.

As *Pilgrimage* continues and Miriam grows increasingly financially and domestically independent, she uses the space the night affords her to explore her subjectivity with increasing confidence and comfort. At times, she forgoes sleep altogether:

The night was vast with all the other things. No need to sleep. To lie happy and strong in the sense of them, was better than sleep. In a few hours the little suburban day would come ... everything gleaming with the light of big things beyond. One could go through it in a drowse of strength, full of laughter ... laughter to the brim, all one's limbs strong and heavy with laughter. (I 468)

Part of her comfort comes with the space she is given for sleep, and this passage describes both night and day in spatial terms (night is 'vast' and day is 'little'). In *Honeycomb*, she takes a position as a governess with the Corrie family. She finds her room exceedingly pleasant and comfortable; she feels as though it is her own space:

Entrenched in her familiar old dressing gown, she felt more completely in the power of her surroundings. Whatever should happen in this strange house, she had sat for one evening in possession of this room. It was added forever to the other things. And this one evening was more real than all the fifteen months at Banbury Park (I 360).

She takes power from her environment, and later this power allows her to explore urban spaces alone as a marker of her independence and rebellion against female confinement to the domestic sphere. She seeks to inhabit traditionally male spaces physically, through walking around the city, which she frequently does at night. Scott McCracken writes of teahouses as a space where Miriam can transcend gender:

In the early chapter novels of *Pilgrimage*, the ABCs allow her to be similarly 'amphibious', when they act as staging posts or thresholds between her private room in the boarding house and the public life of the city. In this context, the café not only allows 'private behaviour in a public place', but, between her room and the street, it is a space where public and private meet. As such, the chain teashop is a productive space, the narrow stage upon which Miriam can perform a new kind of

gendered subjectivity, which is neither conventionally masculine nor feminine.⁴⁰

Miriam uses her nocturnal perambulations as a means of inhabiting both public and private spaces, a behaviour for which she is criticised by Hypo, pointing to the somewhat unique status of sleep behaviours as choices that are seemingly private, yet subject to public discussion and intervention.

Though Miriam understands that she is in a position in which males seek to exercise power over her, she finds her own source of power from the very ideals which portray women as weaker and more prone to mental illness. She takes advantage of this perceived threat of hysteria, indicated by her propensity towards insomnia, to escape her expected role. Towards the end of *Clear Horizon*, Miriam meets with Densley, who suggests that 'her nervous machinery was out of gear and that therefore she supposed she had what they called a nervous breakdown' (IV 391). Densley urges Miriam to take a rest cure (though not the extreme type of confinement and bed rest prescribed by Mitchell), and Miriam agrees a rest cure would be beneficial to her, not to help her avoid a nervous breakdown, but to give her freedom from her current life. As she contemplates going away for her 'cure', she feels wearied and overwhelmed by her life, but she sees travel as a 'reprieve that seemed endless' (IV 397). Her desire to use her cure to her advantage is an example of a reversal of the power roles embedded in gender stereotypes. Were she not thought to be susceptible to feminine weakness and more prone to a breakdown than her male counterparts, she would not be able to leave her job for what she essentially considers an extended vacation. She enjoys the process of Densley's inquiry and also the respite it will give her from her day-to-day duties, but it is just that – a relief from her duties. She is made subject to power through the suggestion that she must be treated in order to return to a productive, normal life, yet, at the same time, her 'sickness' might itself be read as an exercise in power, which allows Miriam to relinquish control rather

⁴⁰ Scott McCracken, *Masculinities, Modernist Fiction, and the Urban Sphere* (New York: Manchester UP, 2007), p.133.

than having to care for others, requiring, instead, others to care for her.

Bassuk describes hysteria as rebellious,⁴¹ and Miriam enacts this rebellion by using her diagnosis, one which might indicate a ceding of power to (masculine) medical authorities, to her advantage. She creates the appearance of acquiescence, allowing those around her to believe she has accepted this diagnosis, yet only accepts the treatment that she desires as a rejection of her duties as a carer. She does not internalise the view of herself as weak or in need of help, as her mother does. Miriam realises the freedom she has taken: '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 of freedom' (IV 380). At the beginning of *Dimple Hill*, she realises that 'she had entered the gateway of her six months' freedom' (IV 403).

When Miriam shares her plans with friends, she is '[r]elieved to see their faces grow sympathetically grave and interested, she decided that whatever a nervous breakdown might or might not be, it would henceforth serve as a useful answer to demands for specific information' (IV 391). She does not fear what they think; her own sense of self has stabilised, enabling her to accept the label of disorder but control and manipulate its implications. For Stacey Fox this decision constitutes an important 'turning point' for Miriam, who has acknowledged that she can comfortably use conditions such as insomnia to explore her subjectivity.⁴² She had been doing so all along, but with doubts of her ability to do so without breaking down. She does not require sleep as a break from consciousness, but rather uses that time productively. According to Fox 'it is her manipulation of Densley which provides the practical conditions that allow her to begin writing'.⁴³ Prior to her rest cure, she used her insomnia to create time and space for thought and creativity, but now, that same insomnia has ensured

⁴¹ Bassuk, op. cit, p.253.

⁴² Fox, op. cit, p.93.

⁴³ Ibid, p.93.

her a much longer span of time and space, which she can now put to active creativity and authorship.

Lois Cucullu argues that vampire texts such as *Dracula* is concerned with 'the female body's internalisation of overstimulation and modern restlessness in which the net result has everything to do with sexual modernity'.⁴⁴ Novels like *Dracula* exhibit a sense of anxiety over a society that allows women increased bodily and mental independence. This is not so different from Mitchell placing blame on industrialisation for a heightened amount of cases of nervous hysteria among women. Mitchell is uncomfortable with women's presence in public spaces to which they had previously been denied access. Miriam confirms such fears, however happily she does so. She is a sort of vampire, in the sense that she seeks a more nocturnal life, but also in that her nocturnality places a drain on those around her, sucking up her productivity at work and also the resources required to 'cure' her. As her insomnia contributes to her sense of independence, she becomes freer and more exploratory in her sexuality, taking on both male and female lovers. Essentially, Miriam breaks circles of feminine weakness and dependence, using these perceptions to cultivate independence and strength.

Women were indeed breaking circles, but they were breaking the circles of routine that Miriam resists rather than breaking circles of 'disorder' to facilitate a return to their domestic duties. James argues that 'what is called our "experience" is almost entirely determined by our habits of attention'.⁴⁵ Attention creates experience. Miriam displays a shift in her attention from carer-self to independent-self, fostered by her ability to use the privacy and space of sleep time, to better understand herself as a subject and expose and resist her assigned subjectivity in order to create independent subjectivity, not relative to the expectations of those around her, but rather relative only to herself.

⁴⁴ Lois Cucullu, 'Sleep Deprived and Ultramodern: How Novels Turned Dream Girls into Insomniacs', *Novel: A Forum for Fiction*, 42, 2 (2009), 304.

⁴⁵ James, *Habit*, op. cit, p.172.

In adopting varying habits of attention, Miriam no longer merely accepts her position, but comes to question and resist it. Medical and cultural discourse contemporary to the text argues that women are physically and mentally inferior to men, relegating them to the enclosed domestic space (which they do not own), but also to a state of dependence. Some women, like Miriam's mother, internalise this discourse of weakness, and the discourse itself becomes the vicious circle. A woman believes that she is confined in her domestic role because she is too weak to leave, her weakness makes her ill, and her illness makes her weak and unable to leave the very position that makes her ill in the first place. Miriam, through shifting her habits of attention, is able to break this circle. She chooses not to focus on domestic duties and refuses to identify herself as weak. This process is not a simple one; she repeatedly questions her ability to provide for herself and exist on her own. Through insomnia, she is given the free time and space to learn that she is not weak. Ironically, this very strength makes other characters, like Hypo and Densley, question her strength and sanity. Rather than internalising their interpretations, she is able to subvert these interpretations for her own purposes, and gain even more freedom. Through the character of Miriam, Richardson is able to present an experience of feminine consciousness, while also placing feminine consciousness not as subordinate or 'other', but merely as different from male consciousness – no longer relational, but able to stand alone. Richardson gives feminine consciousness an independent voice and expression.