HEALTH AND UNHEALTH: THE CONDITION OF WOMEN IN THE FICTION OF VIRGINIA WOOLF, DOROTHY RICHARDSON AND MAY SINCLAIR

BY

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ABSTRACT

This thesis analyses the relationships between women and unhealth in Virginia Woolf's, Dorothy Richardson's and May Sinclair's early twentieth-century fiction, where unhealth is conceived as an umbrella term to accommodate the intersections of 'physical' and 'mental' disease, illness and sickness. Through a succession of close readings interlocked with critical approaches to life, work, care and medicine, it argues that these writers' female characters become attached to unhealth, and that such recurring attachments affect the meaning of 'woman' more broadly. Drawing together scholarship in the medical humanities and disability studies to capture the contours of a pervasive socio-cultural construct brought to bear on these works, this thesis models an engagement with literary health that looks beyond perceived inherencies of biology or identity. Chapter 1 examines the motifs through which women's domestic attachments to unhealth are figured in Woolf's *The Voyage Out* (1915), *Mrs Dalloway* (1925) and *Flush: A Biography* (1933). Chapter 2 focuses on how similar attachments are made ordinary in Richardson's *Pilgrimage* (1915–67), attending to domestic and professional arenas. Chapter 3 turns to the impacts of institutionalized medicine on the condition of women in Sinclair's *The Three Sisters* (1914) and *Life and Death of Harriett Frean* (1922). This thesis finds that these writers do not understand women as 'unhealthy', but rather orchestrate a series of thematic, symbolic and structural bonds and commitments to produce a conceptual collocation between 'woman' and 'unhealth'. An afterword underlines the significance of the thesis's use of unhealth and its attendant reappraisal of the relationship between the medical humanities and disability studies.

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INTRODUCTION

This is a literary study of health and its 'conceptual opposite' in Virginia Woolf's, Dorothy Richardson's and May Sinclair's early twentieth-century fiction.[1] These concepts are broad, and intentionally so: limiting their scope would draw emphasis away from their aggregative impacts on women's lives as depicted in these writers' works. Perhaps counter-intuitively, in approaching this project from a critical perspective attuned to the medical humanities and disability studies, I am inclined to distrust the notion of health, and its corollaries, but their reach is difficult to escape. Now and in the early twentieth century, analyses of health tend to position it as an individualized effect of either the biological or the ontological. What happens if we set these ideas aside? How might we 'take the temperature' of a work of fiction to uncover the ideas about women and health circulating within?

In an episode of the television comedy-drama series *Fleabag* (2016–19), the titular character sits with another woman, Belinda. 'I've been longing to say this out loud', Belinda tells Fleabag: 'Women are born with pain built in. It's our physical destiny. Period pains, sore boobs, childbirth, you know. We carry it within ourselves throughout our lives.'[2] To consider this monologue is to be transported far from the fiction that this study takes as its central focus, and yet, in many ways, the constructions of essentialism and naturalness that animate it cut across time and genre to capture a critical point of antagonistic departure for my work. It is possible to trace Belinda's conviction that women are made distinguishable from men,

[1] Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York, NY: Columbia University Press, 1997), p. 6.
[2] Phoebe Waller-Bridge, 'Series 2: Episode 3', in *Fleabag: The Scriptures* (London: Sceptre, 2019), pp. 279–308 (p. 297).

or a male norm, by what is 'all going on in here, inside' back to the scientific and medical discourses of the early twentieth century, although it stretches much further still.[3]

We might consider, for instance, Professor von X's 'great book upon the mental, moral and physical inferiority of women' which so infuriates during Woolf's examination of the British Museum bookshelves in *A Room of One's Own* (1929); or the quasi-autobiographical Miriam Henderson in *The Tunnel* (1919), the fourth of the thirteen 'chapter[s]' that make up Richardson's novel sequence *Pilgrimage* (1915–67), reading about '[w]oman' in a gifted set of encyclopaedias and despairing that there is 'no getting away from the scientific facts . . . *inferior*; mentally, morally, intellectually, and physically'; or, in non-fiction, the bacteriologist and immunologist Sir Almroth Wright's 1912 letter to *The Times* about the 'physiological emergencies' of women to which Sinclair's suffrage pamphlet *Feminism* (1912) stridently responds.[4] In other words, the leveraging of biology to mark out womanhood as a site of pain, or crisis, or inferiority — what we might describe collectively as *un*health — is not new.

Meanwhile, in an article for the *Cut*, 'Maybe It's Lyme' (2019), Molly Fischer delves into current understandings of Lyme, an infectious tick-borne disease that occupies contentious space in the medical landscape. As highlighted by patient narratives such as Porochista Khakpour's *Sick* (2018), the diagnosis and embodied phenomenon of Lyme is deeply affected by race and gender, and it is often dismissed as 'the disease of

[3] Ibid., p. 297.

[4] Virginia Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Morag Shiach (Oxford: Oxford University Press, 2008), pp. 1–149 (p. 40); Dorothy Richardson, 'Foreword to *Pilgrimage* 1938', in *Modernism: An Anthology of Sources and Documents*, ed. by Vassiliki Kolocotroni, Jane Goldman and Olga Taxidou (Chicago, IL: University of Chicago Press, 1998), pp. 485–88 (p. 487); Dorothy Richardson, *Pilgrimage*, intro. by Gill Hanscombe, 4 vols (London: Virago, 1979), II, 220; Almroth Wright, 'Suffrage Fallacies: Sir Almroth Wright on Militant Hysteria', *The Times*, 28 March 1912, pp. 7–8 (p. 7). Emphasis in the original. Further references to these volumes of *Pilgrimage* are given after quotations in the text.

hypochondriacs and alarmists and rich people who have the money and time to go chasing obscure diagnoses'.[5] Fischer's article documents a 'community of patients' for whom 'Lyme has come to function as something more expansive than a diagnosis'.[6] 'This Lyme is a kind of identity', Fischer observes: 'Lyme is a label for a state of being, a word that conveys your understanding of your lived experience.'[7] I am struck here by the emphasis on Lyme as not, or at least not only, what Khakpour describes as 'some failure of the physical body due to something outside', but also something integrated within, and integral to, a sense of self.[8]

Such an identity-based understanding of health and what, drawing from Rosemarie Garland-Thomson's *Extraordinary Bodies* (1997), I term its 'conceptual opposite', is also not a novel idea, as Mildred Blaxter demonstrates in 'Life Narratives, Health and Identity' (2004):

> Identity is shown as a grid through which health and illness are perceived and given meaning, and in turn health and illness construct identity, both framed within given cultural parameters of, for instance, gender, class, and social history.[9]

In this thesis, Chapter 1 attends to Woolf's fictionalization of the nineteenth-century poet and famous 'invalid' Elizabeth Barrett Browning in *Flush: A Biography* (1933) — alongside *The Voyage Out* (1915) and *Mrs Dalloway* (1925) — in part to grapple with this notion, while Chapter 2 considers the distinction Miriam makes between *feeling* and *being* 'ill' in *Pointed*

[5] Porochista Khakpour, *Sick: A Memoir* (New York, NY: Harper Perennial, 2018), p. 21.
[6] Molly Fischer, 'Maybe It's Lyme: What Happens When Illness Becomes An Identity?', *Cut*, 24 July 2019 [*unpaginated*] <https://www.thecut.com/2019/07/what-happens-when-lyme-disease-becomes-an-identity.html> [accessed 23 November 2020].
[7] Ibid. [*unpaginated*].
[8] Khakpour, p. 6.
[9] *Extraordinary Bodies*, p. 6; Mildred Blaxter, 'Life Narratives, Health and Identity', in *Identity and Health*, ed. by David Kelleher and Gerard Leavey (London: Routledge, 2004), pp. 170–99 (p. 170).

Roofs (1915), the first volume of Richardson's *Pilgrimage* (I: 137).[10] The Lyme community's simultaneous repudiation and cultivation of diagnostic knowledges is also fascinating, and Chapter 3 takes up this topic in relation to Sinclair's *The Three Sisters* (1914) and *Life and Death of Harriett Frean* (1922).

These are fertile places from which to begin thinking about the meaning and position of health vis-à-vis the human subject. How might we define health? Can we *have* health? Can we *be* healthy? In this study, I think through literary engagements with health in terms of attachment. More specifically, I frame health and unhealth as representational states to which female characters become attached, where attachment is understood in terms of a conceptual bonding-together and committing-to. In this way, I move away from both what is 'all going on in here, inside', and the politics of identity that Fischer describes.[11] I will proceed to discuss attachedness, and the relationship between health and unhealth, in some depth, but for the moment we might follow Jonathan M. Metzl in his introduction to *Against Health* (2010) in approaching health as a 'desired state' for the human subject that 'is also a prescribed state and an ideological position', with unhealth its mirror image.[12]

This study thus provides a way of understanding the relationships between women and unhealth put forth by Woolf, Richardson and Sinclair without relying on or replicating notions of health and unhealth either as, to pull from Julia Kristeva's *Hatred and Forgiveness* (2010), '*symptom[s] of the organism*' (as we see in *Fleabag*), or '*symptom[s] of the subject*'

[10] Maria H. Frawley, *Invalidism and Identity in Nineteenth-Century Britain* (Chicago, IL: University of Chicago Press, 2004), p. 12.
[11] Waller-Bridge, 'Series 2: Episode 3', in *Fleabag*, pp. 279–308 (p. 297).
[12] Jonathan M. Metzl, 'Introduction: Why "Against Health"?', in *Against Health: How Health Became the New Morality*, ed. by Jonathan M. Metzl and Anna Kirkland (New York, NY: New York University Press, 2010), pp. 1–11 (p. 2).

(as Fischer understands the kind of Lyme that she describes).[13] In the space created by these absent ideas, I construct an archive of attachments — a cluster of ways in which representations of female characters gravitate towards unhealth — to reveal a shared concern for the condition of women in domestic, professional and institutional arenas. Via a succession of close readings interlocked with critical approaches to life, work, care and medicine, I argue that thinking through these attachments to unhealth enhances our understanding of what 'woman' is made to mean in early twentieth-century women's fiction.

In 'Rash Reading' (2019), Sarah Pett describes late twentieth-century and early twenty-first-century scholarship on 'the representation of illness in Western literature' as a body of work that 'explore[s] the meanings that come to accrue around illness, often focusing on specific illnesses, and consider[s] the kinds of social, political, and cultural work that representations of illness undertake'.[14] By contrast, I take women in fiction as my starting point, and proceed to uncover how and why they become attached to unhealth. The difference here is one of focus: I am less interested in parsing what discrete uses of disease, illness or sickness mean or do in Woolf's, Richardson's and Sinclair's works, than in understanding the broader mechanisms through which their fiction brings unhealth to the

[13] Julia Kristeva, *Hatred and Forgiveness*, trans. by Jeanine Herman (New York, NY: Columbia University Press, 2010), p. 153. Emphasis in the original. Although I find Kristeva's work in the medical humanities useful here and elsewhere, I am not in accord with her treatment of disability, for which see: Julia Kristeva, 'Liberty, Equality, Fraternity, and… Vulnerability', trans. by Jeanine Herman, *Women's Studies Quarterly*, 38.1–2 (2010), 251–68; and Julia Kristeva, 'A Tragedy and a Dream: Disability Revisited', *Irish Theological Quarterly*, 78.3 (2013), 219–30. For critique of this work, see: Rosemarie Garland-Thomson, 'The Case for Conserving Disability', *Journal of Bioethical Inquiry*, 9 (2012), 339–55; and Jan Grue, 'Rhetorics of Difference: Julia Kristeva and Disability', *Scandinavian Journal of Disability Research*, 15 (2013), 45–57. For accounts of disability which build on Kristeva's approach, see: Josh Dohmen, 'Disability as Abject: Kristeva, Disability, and Resistance', *Hypatia*, 31.4 (2016), 762–78; and Mary Bunch, 'Julia Kristeva, Disability, and the Singularity of Vulnerability', *Journal of Literary & Cultural Disability Studies*, 11.2 (2017), 133–50.

[14] Sarah Pett, 'Rash Reading: Rethinking Virginia Woolf's *On Being Ill*', *Literature and Medicine*, 37 (2019), 26–66 (p. 36).

fore. Tracing these processes enables me to gain insight into the logic underpinning the condition of women in these texts.

'I CAN HEAR THEM AS I WRITE': BIOGRAPHICAL ENCOUNTERS

In September 1913, eighteen months before the publication of her first novel, *The Voyage Out*, Woolf met with Dr Maurice Wright and Dr Henry Head for a medical consultation.[15] Head was a prominent neurologist who 'combined his clinical work with scientific investigations into the workings of the brain and nerves', writes L. S. Jacyna in *Medicine and Modernism* (2008).[16] He was keenly engaged in the arts, with 'a bias toward the avant-garde', and was a published poet, but is perhaps most well-known for his pioneering neurological self-experimentation in collaboration with W. H. R. Rivers.[17] During Woolf's consultation with Wright and Head, Hermione Lee tells us in *Virginia Woolf* (1996), the two men 'tried to persuade her that she was seriously ill, and that her condition was not her own fault'.[18] Later that day, Woolf took a barbiturate overdose, and Head worked as part of the team that saved her life.[19] Head and his wife, Mary Ruth Mayhew, would go on to '[develop] a special interest' in Woolf's work, and Woolf would refer humorously to Head's alleged ability to 'convert the sodomites' in an August 1928 diary entry about a night spent drinking with the writer E. M. Forster.[20] A few months after Woolf's overdose, in December 1913, Sinclair composed a letter to the writer Ella Hepworth Dixon regarding the Medico-

[15] See Hermione Lee, *Virginia Woolf* (London: Vintage, 1997), p. 329.
[16] L. S. Jacyna, *Medicine and Modernism: A Biography of Sir Henry Head* (London: Pickering & Chatto, 2008), p. 11.
[17] Ibid., p. 4.
[18] Lee, p. 329.
[19] See Lee, p. 330.
[20] Jacyna, p. 274; *The Diary of Virginia Woolf*, ed. by Anne Olivier Bell, assist. by Andrew McNeillie, 5 vols (New York, NY: Harcourt Brace Jovanovich, 1977–84), III (1980), 192–94 (p. 193) (31 August 1928).

Psychological Clinic of London (also known as the Brunswick Square Clinic). She was, Philippa Martindale explains in 'May Sinclair's Women, Texts and Contexts (1910–1923)' (2003), a 'very active' member of the Board of Management alongside her established writing career.[21] Following a public misrepresentation of the Clinic, Sinclair wrote, she had been 'kept at Dr Head's, explaining the situation to him'.[22]

Addressing the First World War poet Robert Nichols in 1917, Richardson found herself in accordance with the physician treating Nichols on the subject of *Pilgrimage*: 'I agree with D[r] Head in preferring P[ointed].R[oofs]. — as a work of art.'[23] Some time later, in the autumn of 1924 and with seven volumes of *Pilgrimage* to her name, Richardson corresponded excitedly with the writer (and her patron) Bryher about attending a dinner party: 'And we came home in the early hours of this morning from dining with May [Sinclair]. Dr and Mrs Head there and the Sinclair Lewises. Dr Head is a joy. Told us about the latest of Psycho-physiology. Gestalt-pschychologie.'[24] The Dr Head who treated Woolf, Martindale writes, is 'most likely' the same man who waylaid Sinclair.[25] Gloria G. Fromm suggests similarly in *Windows on Modernism* (1995) that Richardson's Dr Head 'may' also have been the Dr Head who treated Woolf.[26] The Dr Head who treated Woolf was certainly interested in psychology and physiology, and his research was being discussed in relation to Gestalt

[21] Philippa Martindale, '"The Ceasing from the Sorrow of Divided Life": May Sinclair's Women, Texts and Contexts (1910–1923)' (unpublished doctoral thesis, Durham University, 2003), p. 21.
[22] Quoted in Martindale, p. 22.
[23] Quoted in Scott McCracken and Elizabeth Pritchett, 'Plato's Tank: Aestheticism, Dorothy Richardson and the Idea of Democracy', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 6 (2013–14), 84–106 (p. 100).
[24] *Windows on Modernism: Selected Letters of Dorothy Richardson*, ed. by Gloria G. Fromm (Athens, GA: University of Georgia Press, 1995), p. 107 (Fall 1924). Emphasis in the original.
[25] Martindale, p. 24, n. 25.
[26] *Windows on Modernism*, p. 107, n. 1.

psychology around this period.[27] Woolf, Richardson and Sinclair, we might therefore presume, all physically encountered Head in the first decades of the twentieth century.

In 'Who's Afraid of Dorothy Richardson?' (2018–19), Charlie Pullen notes that Woolf and Richardson 'are not the same, were not friends, and did not always approve of each other's work', and this adage remains broadly applicable when we introduce Sinclair alongside them.[28] However, by foregrounding Woolf's, Richardson's and Sinclair's encounters with this male doctor, I demonstrate points of connection between them and draw attention to some ways that their lives buffeted against themes of health and the medical. Woolf was so often subject to 'doctor discipline—perfectly strange—conventional men', as she wrote to the composer Ethyl Smyth about a six-month rest cure in June 1930; even when expressing approval of Dr Octavia Wilberforce in March 1941, describing her to the actress and writer Elizabeth Robins, as 'the sort of woman I most admire—the reticence, the quiet, the power', Woolf emphasized authority.[29] Richardson, meanwhile, was an interested member of a partly medical milieu, working in her twenties as a dental secretary in a Harley Street practice and subsequently publishing many articles on the subject.[30] Finally, Sinclair was an involved contributor to the Medico-Psychological Clinic who spent

[27] See: Beatrice Edgell, 'The Structure of Mind', *Proceedings of the Aristotelian Society, Supplementary Volumes*, 7 (1927), 1–22; and K. Koffka, *Principles of Gestalt Psychology* (London: Kegan Paul, Trench, Trubner, 1935).
[28] Charlie Pullen, 'Who's Afraid of Dorothy Richardson?', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 10 (2018–19), 95–97 (p. 97).
[29] *The Letters of Virginia Woolf*, ed. by Nigel Nicolson, assist. by Joanne Trautmann Banks, 6 vols (London: Hogarth Press, 1975–80), IV (1978), 179–80 (p. 180) (22 June 1930); *The Letters of Virginia Woolf*, ed. by Nicolson, assist. by Trautmann Banks, VI (1980), 478–79 (p. 479) (13 March 1941).
[30] For discussion of Richardson's paramedical role, see Kristin Bluemel, '"Civilisation is Based upon the Stability of Molars": Dorothy Richardson and Imperialist Dentistry', in *Modernism, Gender, and Culture: A Cultural Studies Approach*, ed. by Lisa Rado (New York, NY: Garland, 1997), pp. 301–18.

what she felt were a disappointingly short two and a half weeks on the Belgian front with the Clinic's ambulance unit in 1914.[31]

I recognize that introducing Woolf, Richardson and Sinclair through biographical sketch could be considered a troubling approach in light of the strain of criticism that has historically diminished, to borrow from Sinclair's 'The Novels of Dorothy Richardson' (1918), the 'art and method and form' of women's writing.[32] I refer here to criticism secure in what Alison Booth describes in 'Biographical Criticism and the "Great" Woman of Letters' (1991) as the belief that '[a] woman cannot help but write her self, and her self cannot help but be a woman'.[33] Such reductive arguments result in 'some unfortunate and limiting biographical emphases', Bryony Randall observes in 'Woolf and Modernist Studies' (2012), and Woolf reflects similarly on the politics of including one's 'own case' in one's work in a June 1933 letter to Ethyl Smyth: '[H]ow vain, how personal, so will they say, rubbing their hands with glee, women always are; I can hear them as I write.'[34]

And yet, it would be remiss to discuss, for instance, Richardson's *Pilgrimage*, without engaging with its quasi-autobiographical nature. In *Self Impression* (2010), Max Saunders demonstrates a 'deep and extensive interconnectedness of the categories of autobiography and fiction in the period', whilst Howard Finn contends in 'Writing Lives' (2007) that 'the autobiographical impulse' in the work of Richardson and Sinclair (and Gertrude Stein) is

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[31] For discussion of Sinclair's wartime activities, see Suzanne Raitt, *May Sinclair: A Modern Victorian* (Oxford: Clarendon Press, 2000), pp. 147–81.
[32] May Sinclair, 'The Novels of Dorothy Richardson', *Egoist*, April 1918, pp. 57–59 (p. 58).
[33] Alison Booth, 'Biographical Criticism and the "Great" Woman of Letters: The Example of George Eliot and Virginia Woolf', in *Contesting the Subject: Essays in the Postmodern Theory and Practice of Biography and Biographical Criticism*, ed. by William H. Epstein (West Lafayette, IN: Purdue University Press, 1991), pp. 85–107 (p. 90).
[34] Bryony Randall, 'Woolf and Modernist Studies', in *Virginia Woolf in Context*, ed. by Bryony Randall and Jane Goldman (Cambridge: Cambridge University Press, 2012), pp. 28–39 (p. 33); *The Letters of Virginia Woolf*, ed. by Nicolson, assist. by Trautmann Banks, V (1979), 194–95 (p. 195) (8 June 1933).

simultaneously 'avowed and disavowed'.[35] Indeed, despite strongly resisting labelling *Pilgrimage* as an autobiography in terms of 'the telling of the story of a life' in her December 1948 letter to the avant-garde publisher (then graduate student) Lita Hornick, Richardson nevertheless asserts that 'all therein depicted is dictated from within experience'.[36] Given this context, I have foregrounded elements of these writers' biographies in order to acknowledge resonances with their work, but also to signpost a move beyond them. My aim is not to put the biographical to rest completely, but I do want to turn squarely towards the fictional frame in order to emphasize the artistic organization and representation of what Joanne Winning calls 'life-material' in 'Biography's End in Dorothy Richardson's *Pilgrimage*' (1998).[37] This sense that fiction, or quasi-autobiographical fiction, can reform and remake 'life-material' in different ways to writing that presents itself as more straightforwardly autobiographical is key.[38] As Saunders writes, fiction like *Pilgrimage* 'doesn't only encode the lives of authors and contacts; it becomes the most productive site for the representation of consciousness, gender identity, education, and the inner life'.[39]

[35] Max Saunders, *Self Impression: Life-Writing, Autobiografiction, and the Forms of Modern Literature* (Oxford: Oxford University Press, 2010), p. 524; Howard Finn, 'Writing Lives: Dorothy Richardson, May Sinclair, Gertrude Stein', in *The Cambridge Companion to the Modernist Novel*, ed. by Morag Shiach (Cambridge: Cambridge University Press, 2007), pp. 191–205 (p. 192).
[36] Quoted in Micki Nyman, 'Dorothy M. Richardson's 1948 Letter to Lita Hornick', *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews*, 19 (2006), 47–58 (p. 54).
[37] Joanne Winning, '"'The Past' Is With Me, Seen Anew": Biography's End in Dorothy Richardson's *Pilgrimage*', in *Writing the Lives of Writers*, ed. by Warwick Gould and Thomas F. Staley (Basingstoke: Palgrave Macmillan, 1998), pp. 212–23 (p. 217).
[38] Ibid., p. 217.
[39] Saunders, p. 210.

'QUEENS OF THE PEN': CRITICAL POSITIONS

Woolf, Richardson and Sinclair were closely critically positioned in the early twentieth century; their work was reviewed in the same publications, by the same critics, and sometimes directly compared. Joseph Collins assures readers in *The Doctor Looks at Literature* (1923), for instance, that Sinclair would 'undoubtably admit' her 'indebtedness' to Richardson.[40] Such reviews often discuss their fiction in relation to psychology, drawing upon Sinclair's pioneering literary application of the term 'stream of consciousness' to Richardson's *Pilgrimage*, regarding which Richardson 'responded less than enthusiastically', as Rebecca Bowler and Claire Drewery discuss in 'One Hundred Years of the Stream of Consciousness' (2020).[41] There is also a strain of criticism that plays arrestingly with the language of health and medicine: I make no claims that this body of critical language is wholly representative of Woolf's, Richardson's and Sinclair's reception, nor that it is unique to the reviews of these three writers, but it is striking in the context of my present focus.

Reviewing the first three volumes of *Pilgrimage* in 'A Modern Pilgrim' (1918), Babette Deutsch writes that Richardson 'shares the poet's [T. S. Eliot's] method of realizing an emotion by inducing its systole and diastole rather than by tortuous, if clear, analysis'.[42] In 'Freedom and the Grace of God' (1919), meanwhile, Deutsch turns her attention to *Pilgrimage*'s fourth volume and Sinclair's *Mary Olivier: A Life* (1919): 'In each case the author is dealing not with the bony structures of a novel so much as with the intricate play of

[40] Joseph Collins, *The Doctor Looks at Literature: Psychological Studies of Life and Letters* (New York, NY: Doran, 1923), p. 115.
[41] 'The Novels of Dorothy Richardson', pp. 57–59 (p. 58); Rebecca Bowler and Claire Drewery, 'One Hundred Years of the Stream of Consciousness: Editors' Introduction', *Literature Compass*, 17.6 (2020), 1–10 (p. 1) <https://doi.org/10.1111/lic3.12570>.
[42] Babette Deutsch, 'A Modern Pilgrim', *Reedy's Mirror*, 5 July 1918, pp. 410–11 (p. 411).

responsive nerves.'[43] From both of these pronouncements, we understand that these writers strip away the extraneous to obtain something that resonates with what we might perhaps call reality; they realize the life within their subjects from the inside out, much in the same way that Woolf tries to 'dig out beautiful caves behind my characters', as she writes in an August 1923 diary entry.[44] R. Brimley Johnson's assertion in *Some Contemporary Novelists (Women)* (1920) that 'the new woman, the feminine novelist of the twentieth century' is 'cutting away all that chokes the soul' similarly slips between discourses of biological structures and affective and relational dispositions in ways that resonate with how I will proceed to discuss unhealth.[45]

In his essay 'The Future of the Novel' (1923), also known as 'Surgery for the Novel—Or a Bomb', D. H. Lawrence takes a more pathologizing approach when he proposes 'some sort of a surgical operation' to address the 'death-rattle' emanating from novels like Richardson's *Pointed Roofs*.[46] '[T]he "serious" novel', he writes, is 'dying in a very long-drawn-out fourteen-volume death-agony, and absorbedly, childishly interested in the phenomenon'.[47] Despite Lawrence's references to James Joyce and Marcel Proust in addition to Richardson, his framing is intensely gendered: in contrasting 'the pale-faced, high-browed, earnest novel' against 'that smirking, rather plausible hussy, the popular novel', Lawrence sketches out two criticisms of women.[48] William Lyon Phelps makes a similarly condescending and gendered diagnosis of Sinclair in 'The Advance of the English

[43] Babette Deutsch, 'Freedom and The Grace of God', *Dial*, 15 November 1919, pp. 441–42 (p. 441).
[44] *The Diary of Virginia Woolf*, ed. by Olivier Bell, assist. by McNeillie, II (1978), 263 (30 August 1923).
[45] R. Brimley Johnson, *Some Contemporary Novelists* (*Women)* (London: Leonard Parsons, 1920), pp. xiv, xxv.
[46] D. H. Lawrence, 'The Future of the Novel', in *Study of Thomas Hardy and Other Essays*, ed. by Bruce Steele (Cambridge: Cambridge University Press, 1985), pp. 149–55 (pp. 153, 151).
[47] Ibid., p. 151.
[48] Ibid., p. 151.

Novel, Part VIII' (1916), describing a 'hectic, feverish, high-tension manner that is not really unhealthy; it is more the overflowing of pent-up passion'.[49]

E. M. Forster's assessment of *The Voyage Out* in 'A New Novelist' (1915) attends more considerately to gendered inequalities through bodily metaphor: 'Our Queens of the Pen are learned, sensitive, thoughtful even, but they are uneducated, they have never admitted the brain to the heart, much less let it roam over the body.'[50] His words chime with Woolf's testimony in 'Professions for Women' (1942) that she has not 'solved', and 'doubt[s] any woman has solved', the problem of 'telling the truth about my own experiences as a body' because '[t]he obstacles against […] are still immensely powerful'.[51] For Woolf, the 'body' intrudes and disrupts as 'a phantom to be slain, a rock to be dashed against' in the production of art, and yet, reviewing *Pilgrimage's* seventh volume in 'Romance and the Heart' (1923), she describes Richardson's method with recourse to an entangled 'physical' and 'mental' existence.[52] Reducing the work of 'Chaucer, Donne, Dickens' to their depiction of the heart's 'relation to the emotions' around which it 'moves perpetually', she asserts that *Pilgrimage* deals with mundane, embodied specificities: 'Miriam Henderson is pointing to her heart and saying she feels a pain on her right, and not on her left.'[53]

Woolf foregrounds Richardson's interest in the feeling body as well as the internal and inward-looking self, taking up Miriam's heart as a bodily organ with the potential for affliction, rather than as a vessel of romantic feeling. In her earlier 1919 review of *The*

[49] William Lyon Phelps, 'The Advance of the English Novel, Part VIII', *Bookman*, May 1916, pp. 297–308 (p. 306).
[50] E. M. Forster, 'A New Novelist', in *Virginia Woolf: The Critical Heritage*, ed. by Robin Majumdar and Allen McLaurin (London: Routledge & Kegan Paul, 1975), pp. 52–55 (p. 52).
[51] Virginia Woolf, 'Professions for Women', in *'The Death of the Moth' and Other Essays* (New York, NY: Harcourt Brace Jovanovich, 1970), pp. 235–42 (p. 241).
[52] Ibid., p. 241.
[53] Virginia Woolf, 'Romance and the Heart', in *Contemporary Writers*, pref. by Jean Guiguet (New York, NY: Harcourt Brace & World, 1965), pp. 123–25 (p. 125).

Tunnel, Woolf also writes about specificity and, similarly to Deutsch, about writing boiled down to the bones:

> All these things are cast away, and there is left, denuded, unsheltered, unbegun and unfinished, the consciousness of Miriam Henderson, the small sensitive lump of matter, half transparent and half opaque, which endlessly reflects and distorts the variegated procession, and is, we are bidden to believe, the source beneath the surface, the very oyster within the shell.[54]

Excavated from fleshy misrepresentation, Miriam's consciousness here is our central unit of knowledge; a pure adherence to a specific kind of truth. To refer backwards to our previous discussion, this, perhaps, is also what distinguishes *Pilgrimage* and its ilk as fiction: its stylized treatment of Richardson's 'life-material' is more captivating and vital than the 'life-material' itself.[55] The 'source' is privileged above the 'surface'.[56]

'TANGLED MESH': WOMEN, MODERNISM AND EARLY TWENTIETH-CENTURY FICTION

This study focuses on women. It attends to the literary treatment of women by women writers, alert to Margaret Homans's assessment in 'A Response to Mary Poovey's "Recovering Ellen Pickering"' (2000) that 'although "women" remains a useful category of analysis when used to denote a historically specific and highly variable category, it is important to guard against its being misconstrued as an essence or as a transhistorical reality'.[57] It sits, by virtue of its structuring concept (unhealth) and critical framework

[54] Virginia Woolf, 'The Tunnel', in *Contemporary Writers*, pref. by Guiguet, pp. 120–22 (pp. 120–21).
[55] Winning, 'Biography's End in Dorothy Richardson's *Pilgrimage*', in *Writing the Lives of Writers*, ed. by Gould and Staley, pp. 212–23 (p. 217).
[56] Woolf, 'The Tunnel', in *Contemporary Writers*, pref. by Guiguet, pp. 120–22 (p. 121).
[57] Margaret Homans, 'A Response to Mary Poovey's "Recovering Ellen Pickering"', *The Yale Journal of Criticism*, 13.2 (2000), 453–60 (p. 454).

(attachedness), between medical humanities and disability studies, and it is engaged in and with literary criticism. I coordinate the first and last of these identifications within a scholarly landscape characterized in Cassandra Laity's 2018 introduction to the inaugural *Feminist Modernist Studies* as 'wary' about its investment in women: 'Feminism/gender rarely serves as a point of entry into the new modernisms, yet critics continue to do important feminist work.'[58] A turn to women is not in and of itself a feminist enterprise, as Anne E. Fernald observes, for instance, in 'Women's Fiction, New Modernist Studies, and Feminism' (2013) when outlining the pitfalls of 'a kind of compensatory history' that deliberately seeks to elide men and therefore 'runs the risk of reinscribing patriarchal power'.[59] However, I claim my specific focus on the materialization and effects of female characters' attachments to unhealth as feminist in the way that, to quote Sara Ahmed in *The Promise of Happiness* (2010), it '[makes] trouble' for ways of situating gender.[60]

I have leant on concepts of modernism here and elsewhere as a familiar recourse to situate my literary field, and yet, while we find Woolf, Richardson and Sinclair all prominently '[t]angled', for example, in the modernist '[m]esh' of Bonnie Kime Scott's formative anthology, *The Gender of Modernism* (1990), I suggest that the phrase 'early twentieth-century fiction' sits more comfortably with my project.[61] While modernist studies scholarship proves to be invaluable through the course of the present study, my thinking about female characters' attachments to unhealth in Woolf's, Richardson's and Sinclair's

[58] Cassandra Laity, 'Editor's Introduction: Toward Feminist Modernisms', *Feminist Modernist Studies*, 1.1–2 (2018), 1–7 (p. 1). For a formative discussion of the new modernisms, see Douglas Mao and Rebecca L. Walkowitz, 'The New Modernist Studies', *PMLA*, 123.3 (2008), 737–48.
[59] Anne E. Fernald, 'Women's Fiction, New Modernist Studies, and Feminism', *MFS: Modern Fiction Studies*, 59.2 (2013), 229–40 (p. 232).
[60] Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010), p. 60.
[61] Bonnie Kime Scott, 'Introduction', in *The Gender of Modernism: A Critical Anthology*, ed. by Bonnie Kime Scott (Bloomington, IN: Indiana University Press, 1990), pp. 1–18 (p. 10).

works connects with, but is not dependent on, what we might describe as their 'formalistic modernism', borrowing this term from Anne Fernihough's *Freewomen and Supermen* (2013).[62] In this, I diverge from Peter Fifield's *Modernism and Physical Illness* (2020), which makes an argument about how the 'sense of formal experiment' of specifically '[m]odernist writing' shapes its response to 'illness'.[63] Conversely, my attention to these writers' engagements with inherited nineteenth-century notions of womanhood and emerging medical and scientific discourses about gender and health means that this study is deeply interested in how, as Fernald writes, 'women in the first half of the twentieth century lived through the most rapid and significant expansion of their social roles in history'.[64] I am invested in work produced during this period, and specifically the fiction on which the following three chapters focus, for the recurring sense of difficulty it expresses in reconciling these structures of past and present.

Much of the fiction analyzed in this thesis responds to modernity through a backward-looking prism. Jane Eldridge Miller argues in *Rebel Women* (1994) that Sinclair was a literary experimenter — one who laboured alongside H. G. Wells in 'the quintessential Edwardian struggle of trying to put new wine into old bottles', but who singularly 'recognized the inevitable necessity of creating new bottles' — and that *The Three Sisters* was one of her first novels to be 'not only modern in content but modernist in form'.[65] Yet, as Eldridge Miller acknowledges and Rebecca Bowler's 'May Sinclair and Physical Culture'

[62] Anne Fernihough, *Freewomen and Supermen: Edwardian Radicals and Literary Modernism* (Oxford: Oxford University Press, 2013), p. 30.
[63] Peter Fifield, *Modernism and Physical Illness: Sick Books* (Oxford: Oxford University Press, 2020), p. 2.
[64] Fernald, 229–40 (p. 234).
[65] Jane Eldridge Miller, *Rebel Women: Feminism, Modernism and the Edwardian Novel* (Chicago, IL: University of Chicago Press, 1994), pp. 164, 194.

(2017) reinforces, in its presentation of the titular sisters' dissatisfied presence in their father's Yorkshire vicarage, the novel 'loosely' displays the nineteenth-century influence of 'an account of the early life of the Brontë sisters'.[66] Sinclair's *Life and Death of Harriett Frean*, itself a tightly compressed reworking of the themes of *Mary Olivier*, also draws upon ideas and modes of thought in temporal conflict, caught between its publication date and its earlier setting. The first volume of Richardson's *Pilgrimage*, published in 1915, opens with Miriam's last days in her family home in 1893, and the rest of the novel sequence maintains this disjunction; Joanne Winning's *The Pilgrimage of Dorothy Richardson* (2000) undertakes an 'archaeological reading' of Richardson's quasi-autobiographical reconstruction of an intertextual past, posing interesting questions about her method.[67] The protagonist of Woolf's *A Voyage Out*, her 'most obviously colonial novel', as Jed Esty writes in *Unseasonable Youth* (2012), meanwhile 'exemplifies a late Victorian girl's blocked access to elite education', and *Flush* casts an even farther net to centre Barrett Browning's beloved pet dog.[68] Although *Mrs Dalloway* is preoccupied with the future, I will argue that this, too, is a way of remediating the past.

'LITTLE PRONGS, HOOKS, EYELETS': ATTACHMENTS

This study arrives at a literary framework of attachedness to health and unhealth via Sara Ahmed's theorizing of the shapes, movements and rhetorics of objects, bodies and emotions

[66] Rebecca Bowler, 'May Sinclair and Physical Culture: Fit Greeks and Flabby Victorians', in *May Sinclair: Re-Thinking Bodies and Minds*, ed. by Rebecca Bowler and Claire Drewery (Edinburgh: Edinburgh University Press, 2017), pp. 139–55 (p. 149).
[67] Joanne Winning, *The Pilgrimage of Dorothy Richardson* (Madison, WI: University of Wisconsin Press, 2000), p. 66. For further estimates of the *Pilgrimage* volumes' temporal settings, see George H. Thomson, *A Reader's Guide to Dorothy Richardson's 'Pilgrimage'* (Greensboro, NC: ELT Press, 1996), pp. 17–56.
[68] Jed Esty, *Unseasonable Youth: Modernism, Colonialism, and the Fiction of Development* (Oxford: Oxford University Press, 2012), pp. 128, 129.

in *The Cultural Politics of Emotion* (2004) and *Queer Phenomenology* (2006). I unpack both works here to highlight their focus on the ways in which repetition shapes our experiences of the 'nondescript cotton wool' of daily life, to borrow from Woolf's posthumously published 'A Sketch of the Past' (1976).[69] Chapter 1 will engage more granularly with Ahmed's reading of *Mrs Dalloway* in *The Promise of Happiness*, but her work in these two earlier texts provides significant critical context for this project. In *The Cultural Politics of Emotion*, Ahmed traces 'how words for feeling, and objects of feeling, circulate and generate effects' to produce and reveal 'surfaces and boundaries' of 'individual and collective bodies'.[70] For Ahmed, this circulation means that feelings, or emotions, 'do not reside within an object, nor are they caused by an object', but rather operate in terms of stickiness, 'an effect of surfacing, *as an effect of the histories of contact between bodies, objects, and signs*'.[71] I understand stickiness as a cumulative accrual of associations and connections produced by the history of use. We may consider this figuratively through the residue that a repeatedly repositioned adhesive label would leave on a table to indicate its previous positions. Ahmed uses the example of hate speech to illustrate the claim that 'signs become sticky through repetition; if a word is used in a certain way, again and again, then that "use" *becomes* intrinsic'.[72] Repetition binds words to specific meanings such that it also blocks other meanings they might take on.

Ahmed carries forth this critical engagement with repetition into *Queer Phenomenology*, in which she asks what attending to the orientatedness of sexual

[69] Virginia Woolf, 'A Sketch of the Past', in *Moments of Being*, ed. and intro. by Jeanne Schulkind, 2nd edn (San Diego, CA: Harcourt Brace Jovanovich, 1985), pp. 61–159 (p. 70).
[70] Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), pp. 14, 10, 1.
[71] Ibid., pp. 18 (n. 13), 90. Emphasis in the original.
[72] Ibid., p. 91. Emphasis in the original.

orientation and orientalism can tell us about 'how bodies are gendered, sexualized, and raced'.[73] 'To be orientated', Ahmed explains, is 'to be turned toward certain objects, those that help us find our way', where 'objects' include 'physical objects' and 'objects of thought, feeling, and judgment, as well as objects in the sense of aims, aspirations, and objectives'.[74] Using a metaphor of the path that materializes through 'the repetition of the event of the ground "being trodden" upon', she argues that bodies do not acquire orientations by chance.[75] This is the 'paradox of the footprint', whereby '[l]ines are both created by being followed and are followed by being created'.[76] In this way, we realize, repetition produces and propagates: 'The work of repetition is not neutral work; *it orients the body in some ways rather than others*'.[77] Thinking about sexual orientation, for instance, Ahmed poses queerness as a path forged slantwise from the straight, well-trodden family line, which is easier to tread and which treading makes it easier for others to tread because 'the language of love, happiness, and care' continues to push us towards the heterosexual couple that aggregates as both our 'inheritance' and aspiration.[78]

Repetition thus circumscribes modes and effects of use and movement. It also invisibilizes. In *Being and Time* (1962), Martin Heidegger describes how 'ready-to-hand' equipment 'is not *grasped* thematically as an occurring Thing' when it performs the work for

[73] Sara Ahmed, *Queer Phenomenology: Orientations, Objects, Others* (Durham, NC: Duke University Press, 2006), p. 5.
[74] Ibid., pp. 1, 56.
[75] Ibid., p. 16.
[76] Ibid., p. 16.
[77] Ibid., p. 57. Emphasis in the original.
[78] Ibid., p. 90

which it is intended.[79] He proposes that a hammer, for instance, only enters '[t]he modes of conspicuousness, obtrusiveness, and obstinacy' when it fails to perform the work for which it was intended, for example by breaking apart.[80] In *Queer Phenomenology*, Ahmed takes up this idea to suggest that 'the repetition of the act of following makes the line disappear from view', disguising our orientatedness so we do not experience it as orientatedness until we become *dis*orientated.[81]

The notion of orientation and disorientation has been extended in many different ways; Corinne Lajoie's 'Being at Home' (2019) thinks with Ahmed about phenomenological disorientation in illness to suggest that there is an important 'time and place' for experiences that, in Ahmed's terms, 'can shatter one's sense of confidence in the ground or one's belief that the ground on which we reside can support the actions that make a life feel livable'.[82] A growing body of scholarship also brings Ahmed's treatment of orientation into conversation with disability studies. We find ourselves disorientated when we 'inhabit spaces that do not extend their shape, or use objects that do not extend their reach', Ahmed writes.[83] While Lajoie claims this as an experience of illness, Michael Davidson notes in his preface to *Invalid Modernism* (2019) that '[t]his can occur when we become temporarily disabled and must

[79] Martin Heidegger, *Being and Time*, trans. by John Macquarrie and Edward Robinson (New York, NY: Harper Perennial, 2008), p. 98. Emphasis in the original. I cite Heidegger here to trace the inheritance that Ahmed attributes to her thinking, with an acknowledgement that Heidegger's politics were indefensible and a recognition that citations are inherently political. For more on this stance, see Sara Ahmed, *Living a Feminist Life* (Durham, NC: Duke University Press, 2017), pp. 15–16.
[80] Heidegger, p. 104.
[81] *Queer Phenomenology*, p. 15.
[82] Corinne Lajoie, 'Being at Home: A Feminist Phenomenology of Disorientation in Illness', *Hypatia*, 34.3 (2019), 546–69 (p. 562); *Queer Phenomenology*, p. 157.
[83] *Queer Phenomenology*, p. 160.

use crutches or medication'.[84] In 'Being Disoriented' (2016), meanwhile, Ryan C. Parrey uses Georgina Kleege's autobiographical essay 'Blind Faith' (2010) to propose that disability can be understood in more ways than a disorientation from an abled path: 'For Kleege, blindness has been a starting point for the majority of her life and it is this orientation that is disrupted.'[85]

Fiona Kumari Campbell builds on *Queer Phenomenology* in *Contours of Ableism* (2009) when she describes 'a disorientation faced by all disabled people — the lived experience of facing at least two directions: towards a home that has been lost (ableist compulsions), and to a place that is not yet home'.[86] Joshua Kupetz's 'Disability Ecology and the Rematerialization of Literary Disability Studies' (2019), meanwhile, draws attention to 'how disability ecologies orientate disabled people toward (and away from) objects, spaces, and ideas that are typically overlooked by a normative gaze'.[87] Ahmed's orientational theorizing provides a generative tool for disability studies to describe the particular embodied tensions experienced by disabled people as they navigate the world. This is especially true for a field increasingly engaged in critique of what Travis Chi Wing Lau's 'Taking Stock' (2018) calls 'the political purchase of the social model', as signalled by moves such as the late Tobin Siebers's 'theory of complex embodiment', described in his unfinished

[84] Michael Davidson, *Invalid Modernism: Disability and the Missing Body of the Aesthetic* (Oxford: Oxford University Press, 2019), p. ix. For further consideration of disability as disorientation, see: Travis Chi Wing Lau, 'Disorientations: On Disability in Graduate School', *Synapsis: A Health Humanities Journal* (2017) [*unpaginated*] <https://medicalhealthhumanities.com/2017/11/28/disorientations> [accessed 23 November 2020]; and Robin Alex McDonald, 'Comics, Corn, and the Queer Phenomenology of Depression', *Literature and Medicine*, 37 (2019), 96–112.

[85] Ryan C. Parrey, 'Being Disoriented: Uncertain Encounters with Disability', *Disability Studies Quarterly*, 36.2 (2016) [*unpaginated*] <http://dx.doi.org/10.18061/dsq.v36i2.4555>.

[86] Fiona Kumari Campbell, *Contours of Ableism: The Production of Disability and Abledness* (Basingstoke: Palgrave Macmillan, 2009), p. 194.

[87] Joshua Kupetz, 'Disability Ecology and the Rematerialization of Literary Disability Studies', in *The Matter of Disability: Materiality, Biopolitics, Crip Affect*, ed. by David T. Mitchell, Susan Antebi and Sharon L. Snyder (Ann Arbor, MI: University of Michigan Press, 2019), pp. 48–66 (p. 50).

'Returning the Social to the Social Model' (2019) as an approach that 'considers the influence of the environment and the body to be reciprocal'.[88]

Ahmed's treatment of stickiness in *The Cultural Politics of Emotion*, too, has been used by other scholars to articulate ideas about, for example, disability pride and shame, 'inspiration porn', and the rhetorical coherence of 'the Latinx' and 'HIV/AIDS'.[89] The usefulness of Ahmed's theoretical outputs to the projects of both the medical humanities and disability studies is thus well-established. Ahmed's writing excavates the kinds of habituated practices that might seem not to have concrete effects or to be doing social, political and cultural work; her insistence that repetition *does things* is endlessly clarifying when read within a landscape of cultural objects that mythologize the impulse to 'make it new', as Ezra Pound exhorted.[90] There is significance in what happens time and again, as we also see in recent studies of modernism and dailiness, ordinariness, and boredom.[91]

At its simplest, this thesis proposes that its literary archive is united by repeated depictions of women's attachments to unhealth. I stake my claim to 'attachment', which contains the obsolete meaning of '[a]n instance of being affected by a disease', and so is

[88] Travis Chi Wing Lau, 'Taking Stock: Disability Studies and the Medical Humanities', *Synapsis: A Health Humanities Journal* (2018) [*unpaginated*] <https://medicalhealthhumanities.com/2018/03/14/taking-stock-disability-studies-and-the-medical-humanities> [accessed 23 November 2020]; Tobin Siebers, 'Returning the Social to the Social Model', in *The Matter of Disability*, ed. by Mitchell, Antebi and Snyder, pp. 39–47 (pp. 39, 42).

[89] See: Eliza Chandler, 'Interactions of Disability Pride and Shame', in *The Female Face of Shame*, ed. by Erica L. Johnson and Patricia Moran (Bloomington, IN: Indiana University Press, 2013), pp. 74–86; Ashley McAskill, '"Come and see Our Art of Being Real": Disabling Inspirational Porn and Rearticulating Affective Productivities', *Theatre Research in Canada/Recherches théâtrales au Canada*, 37.2 (2016), 201–16; and Victoria Carroll, '"Just Like AIDS": Latinx Identity, HIV/AIDS, and the Problems and Possibilities of Analogy', *Journal of American Studies* (2019), 1–26 (p. 6) <https://doi.org/10.1017/S0021875819001786>.

[90] See George Bornstein, 'Pound and the Making of Modernism', in *The Cambridge Companion to Ezra Pound*, ed. by Ira B. Nadel (Cambridge: Cambridge University Press, 1999), pp. 22–42.

[91] See, for example: Bryony Randall, *Modernism, Daily Time and Everyday Life* (Cambridge: Cambridge University Press, 2007); Liesl Olson, *Modernism and the Ordinary* (Oxford: Oxford University Press, 2009); and Allison Pease, *Modernism, Feminism, and the Culture of Boredom* (Cambridge: Cambridge University Press, 2012).

already primed for use in relation to unhealth, for two related reasons.[92] It expresses both the sense that female characters affix or bond to unhealth — that the two conjoin with '[l]ittle prongs, hooks, eyelets', to quote Charlie Smith's poem 'Attachment' (2003) — and that the idea of 'woman' becomes sympathetically committed to unhealth such that it shapes what 'woman' means.[93] In this way, I use 'attachment' slightly differently to Ahmed, who writes with reference to emotion that attachments are 'about what connects us to this or that […] attachment takes place through movement, through being moved by the proximity of others'.[94] I do not take up Ahmed's stickiness or orientatedness directly because these concepts address shared material worlds; my focus is more closely attentive to the literary.

I also do not adopt stickiness directly because I do not consider unhealth to 'block' other attachments in the way that *The Cultural Politics of Emotion* describes.[95] Likewise, orientatedness in *Queer Phenomenology* is predominantly focused on embodied lives. Its use would become muddied in this present analysis of female characters and the idea of 'woman' in early twentieth-century fiction. In a medical humanities context, attachment also evokes 'attachment theory', a model co-founded by the child psychologist and psychoanalyst John Bowlby and the psychologist Mary Ainsworth which, 'based on evolutionary principles, posits a primary need for interpersonally mediated security', as Jeremy Holmes writes in 'Attachment Theory' (2018).[96] This association between attachment and security brings to

[92] 'attachment, *n.*', *OED Online* <https://www.oed.com> [accessed 1 December 2020].
[93] Charlie Smith, 'Attachment', *Poetry*, 181.3 (2003), p. 202.
[94] *The Cultural Politics of Emotions*, p. 11.
[95] Ibid., p. 91.
[96] Jeremy Holmes, 'Attachment Theory', in *The Wiley Encyclopedia of Social Theory*, ed. by Bryan S. Turner, 5 vols (Chichester: Wiley Blackwell, 2018), I, 86–88 (p. 86).

the fore a guiding question of this study: how do these female characters' attachments to unhealth become secure and stable? As the proceeding three chapters will argue, direct references to experiences of disease, illness or sickness are only one way in which this occurs.

'DUAL CITIZENSHIP': HEALTH AND UNHEALTH

'People demand labels', Collins observes: 'They want to be "told".'[97] The labels we use to describe ourselves and others in what Julia Kristeva et al's 'The Cultural Crossings of Care' (2019) describes as 'the messy temporal space' in which we live are, however, rarely straightforward.[98] In Lee's biography of Woolf, she strikingly describes her subject as 'a sane woman who had an illness'.[99] She continues: '[Woolf] was often a patient, but she was not a victim. She was not weak, or hysterical, or self-deluding, or guilty, or oppressed.'[100] The biography's notes draw attention to Lee's refutation of 'deterministic reading[s]' that position Woolf as 'a lifelong victim of oppression', but in doing so, she leans upon a very particular idea about what it means to not be 'sane'.[101] Lee's circumspect framing of her subject is admirable in its unwillingness to read and reduce — or reproduce — Woolf through a single lens, but it is also politically fraught in a way that Lee does not fully address. There is, for example, a rich archive of activism and scholarship that deconstructs the negative stereotypes attached to those living with mental disabilities, and simultaneously

[97] Collins, p. 113.
[98] Julia Kristeva and others, 'The Cultural Crossings of Care: A Call for Translational Medical Humanities', in *Routledge Handbook of the Medical Humanities*, ed. by Alan Bleakley (Abingdon: Routledge, 2019), pp. 34–40 (p. 36). See also Julia Kristeva and others, 'Cultural Crossings of Care: An Appeal to the Medical Humanities', *Medical Humanities*, 44 (2018), 55–58.
[99] Lee, p. 175.
[100] Ibid., p. 175.
[101] Ibid., pp. 793 (n. 110), 175.

points towards the multifarious lives that can be led with, and as a result of, mental disability.[102] As Jacqueline Rose asks parenthetically in 'Smashing the Teapots' (1997): 'Do mad people have to be one or several or all of these [weak, hysterical, self-deluding, guilty, oppressed]?'[103]

Later, Lee asserts that '[t]o choose a language for Virginia Woolf's illness is at once — from the very moment of calling it an illness — to rewrite and re-present it, perhaps to misrepresent it'.[104] In arguing that language and labelling does a disservice to our experiences, Lee approaches Woolf's own argument in her essay 'On Being Ill' (1926) that the English language is incapable of expressing how it feels to be ill, though she stops short of Elaine Scarry's claim in *The Body in Pain* (1985) that '[p]hysical pain does not simply resist language but actively destroys it'.[105] Lee also highlights how language and labelling, like diagnosis (for that is the concept around which we are circling) are shaped by use. Indeed, we might draw from Eli Clare's *Brilliant Imperfection* (2017) to argue that labelling, like diagnosis, 'is a tool rather than a fact'.[106] Chapter 3 will discuss in more depth the tension between diagnosis as misrepresentative, harmful homogenization, and strategic shorthand for drawing comparisons across individuals, but at present we might agree that there is nothing natural or neutral about labels, diagnostic or otherwise. As Emily Abbey and Jaan

[102] See, for example, Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor, MI: University of Michigan Press, 2011).
[103] Jacqueline Rose, 'Smashing the Teapots', *London Review of Books*, 23 January 1997 [*unpaginated*] <https://www.lrb.co.uk/v19/n02/jacqueline-rose/smashing-the-teapots> [accessed 23 November 2020].
[104] Lee, p. 176.
[105] Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York, NY: Oxford University Press, 1985), p. 4.
[106] Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017), p. 45.

Valsiner write in 'The Making of Somebody Else' (2005), labels '[introduce] value-laden boundaries upon the whole range of inter-individual variability within a social setting'.[107]

And yet, our understanding of the meanings of commonplace labels often feels intuitive. When N. Ann Davis writes about 'able-bodied standards' in 'Invisible Disability' (2005), she notes that she is 'trading on the supposition that people are likely to think they know what they mean when they say that someone is able-bodied'.[108] It is also possible to suppose that people are likely to think they know what they mean when they talk about health; both are often considered to be unmarked, and unremarkable, ways of being. Of course, as Susan Wendell emphasizes in 'Unhealthily Disabled' (2001), health operates differently and often independently from able-bodiedness or non-disabledness, and 'modern movements for the rights of people with disabilities have fought [for this important distinction]', but I draw from Davis's wording specifically because both health and able-bodiedness are tied to an overlapping array of deeply-embedded, value-laden associations and assumptions.[109] I wrote previously of my accord with Metzl's characterization of health as a 'desired state' that 'is also a prescribed state and an ideological position', saturated with colonizing, normativizing, medicalizing and consumerist rhetoric.[110] Here, I want to consider more fully how 'health' not only refers to a cluster of historically situated and contingent ideas about how the human subject should be, but that it also operates as a relative term which generates comparison with less 'desired' or desirable states.[111]

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[107] Emily Abbey and Jaan Valsiner, 'The Making of Somebody Else: Diagnostic Labels, Educational Practices, and Meaning-Making', *European Journal of School Psychology*, 3 (2005), 83–99 (p. 84).
[108] N. Ann Davis, 'Invisible Disability', *Ethics*, 116 (2005), 153–213 (p. 158, n. 10).
[109] Susan Wendell, 'Unhealthy Disabled: Treating Chronic Illnesses as Disabilities', *Hypatia*, 16.4 (2001), 17–33 (p. 17).
[110] Metzl, 'Introduction', in *Against Health*, ed. by Metzl and Kirkland, pp. 1–11 (p. 2).
[111] Ibid., p. 2.

In 'The Self-Generating Language of Wellness and Natural Health' (2018), Colleen Derkatch argues that 'what it means in contemporary Western culture to be "well" is predicated on the entanglement of seemingly opposed logics that together create an essentially closed rhetorical system where wellness is always a moving target'.[112] In other words, wellness is an ever-shifting horizon; we can always do better. The two logics to which Derkatch refers are restoration, 'wherein individuals interested in wellness seek to restore their bodies, perceived as malfunctioning, to prior states of ideal health', and enhancement, which 'captures a person's efforts to optimise their bodily processes […] to become "better than well"'.[113] Drawing from Derkatch's model, and in response to Metzl's claim that the 'ideological work' of health 'is often rendered invisible by the assumption that it is a monolithic, universal good', I suggest that health can become apparent either through its superabundance (the sense that one is 'better than well') or through its absence (the sense that one requires restoration).[114]

Having previously turned to D. H. Lawrence for his criticism of *Pilgrimage*, we might also think about how his landmark early twentieth-century novel *Women in Love* (1920) serves as a familiar illustration of how ideologies of health can be made apparent through a kind of performative profusion. Lawrence's depiction of Rupert Birkin's and Gerald Crich's naked wrestling bout lingers upon the strength, beauty and functionality of Gerald's body and highlights the athleticism and energy of both men's 'physical being[s]'.[115] It is the

[112] Colleen Derkatch, 'The Self-Generating Language of Wellness and Natural Health', *Rhetoric of Health & Medicine*, 1.1–2 (2018), 132–60 (p. 134).
[113] Ibid., p. 134.
[114] Metzl, 'Introduction', in *Against Health*, ed. by Metzl and Kirkland, pp. 1–11 (p. 9); Derkatch, 132–60 (p. 134).
[115] D. H. Lawrence, *Women in Love*, ed. by David Farmer, Lindeth Vasey and John Worthen, intro. by Mark Kinkead-Weekes (London: Penguin, 1995), p. 270.

recognition and celebration of these magnified attributes that, I suggest, move us to read health (and, for that matter, able-bodiedness) into this scene, for we are conditioned to associate such attributes with the deployment of these terms. All Gerald's 'contours' are 'beautifully and fully moulded', and his strength becomes 'sudden and invincible' during the bout; afterwards, he agrees with a pronouncement from Birkin which draws to the surface the inherent healthiness of the scene: 'One ought to wrestle and strive and be physically close. It makes one sane.'[116]

On the other hand, the image of 'the evening […] spread out against the sky | [l]ike a patient etherised upon a table' in another early twentieth-century touchstone, T. S. Eliot's 'The Love Song of J. Alfred Prufrock' (1915), signals something quite different.[117] Health becomes apparent in this passage through significant indications of its absence: the evening as human subject in turn reinscribed as immobile patient, 'a body whose dulled awareness remains but who cannot move to protect itself', as Anthony Cuda writes in 'T. S. Eliot's Etherized Patient' (2004).[118] They have, we might presume, consented to this vulnerable state because they perceived the threat of not doing so to be somehow worse. The invocation of ether, an anaesthetic medical technology, solidifies our sense that something other than, or opposed to, health animates this scene; medicine is doing something here which is beyond our knowledge, but for which it is intimated there is due cause.

[116] Ibid., pp. 269, 272.
[117] T. S. Eliot, 'The Love Song of J. Alfred Prufrock', in *Collected Poems, 1909–1962* (New York, NY: Harcourt, Brace & World, 1963), pp. 3–7 (p. 3).
[118] Anthony Cuda, 'T. S. Eliot's Etherized Patient', *Twentieth Century Literature*, 50.4 (2004), 394–420 (p. 398). For another interesting reading of these lines, see Molly Volanth Hall and Kara Watts, 'Into the Ether: An Invitation to Bodily Reorientations', in *Affective Materialities: Reorienting the Body in Modernist Literature*, ed. by Kara Watts, Molly Volanth Hall and Robin Hackett (Gainesville, FL: University Press of Florida, 2019), pp. 1–32 (pp. 4–7).

In making the claim that health is ideological and value-laden, I gesture towards a normativist perspective, moving away from the naturalistic argument that health is, as Elselijn Kingma writes in 'Health and Disease' (2013), essentially an 'objective, empirical, value-free [notion]'.[119] Both normativism and naturalism are subject to critique. Marc Ereshefsky's 'Defining "Health" and "Disease"' (2009) explains that naturalism 'does not satisfy its own desideratum of providing naturalistic definitions of "health" and "disease"', while normativism 'attempts but fails to capture how the terms "health" and "disease" are used by lay people and medical practitioners' by tying them so closely to value.[120] Given this, Kingma proposes that social constructionism might work to unite these two perspectives:

> Let us assume, then, that health and disease are socially constructed; that is, that the concepts 'health' and 'disease' that we have and employ are not inevitable or dictated to us by the structure or the world, but are both the contingent result of our actions, choices, intentions, and so on, and are embedded in a matrix of other concepts and social structures, practices and attitudes.[121]

In 'The Social Construction of Medical Knowledge' (1995), Ludmilla Jordanova suggests that '[i]t may be fruitful to think of social constructionism as delineating a space which the social history of medicine can occupy', and indeed, the contingency of health becomes exceedingly apparent when we engage with social history.[122] When Patricia Marks argues in *Bicycles,*

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[119] Elselijn Kingma, 'Health and Disease: Social Constructivism as a Combination of Naturalism and Normativism', in *Health, Illness and Disease*: *Philosophical Essays*, ed. by Havi Carel and Rachel Cooper (Durham: Acumen, 2013), pp. 37–56 (p. 38). For discussion of other sociological models of health and illness, see Deborah Lupton, *Medicine as Culture: Illness, Disease and the Body*, 3rd edn (London: Sage, 2012), pp. 1–19.

[120] Marc Ereshefsky, 'Defining "Health" and "Disease"', *Studies in History and Philosophy of Biological and Biomedical Sciences*, 40.3 (2009), 221–27 (p. 221).

[121] Kingma, 'Health and Disease', in *Health, Illness and Disease*, ed. by Carel and Cooper, pp. 37–56 (p. 50).

[122] Ludmilla Jordanova, 'The Social Construction of Medical Knowledge', *Social History of Medicine*, 8.3 (1995), 361–81 (p. 362).

Bangs, and Bloomers (1990), for instance, that the bicycling New Woman of the late nineteenth century 'gained not only independence but also a measure of health and a sense of well-being that her neurasthenic sister of earlier decades might have envied', her use of health pulls upon our twenty-first century interpretation of the concept.[123] Marks later observes that, at this time, 'both mental and physical exertion were believed to detract from womanly functions', and thus we can infer that many considered bicycling to actually steer women away from health as it was then understood.[124] A few decades later, meanwhile, according to Ina Zweiniger-Bargielowska in *Managing the Body* (2010), the idea of 'positive health', an understanding of health as something 'more than the mere absence of disease', had gathered force to become a significant point of reference during the late 1930s.[125] As Abigail Beach explains in 'Potential for Participation' (2000), positive health 'signified both the need for greater consideration of the "normal" and attendance to health before the visible onset of disease', and 'appears to owe much to the "national efficiency" movement of the early twentieth century' which will be discussed in Chapter 2.[126]

If, as we have seen, '*health* is a mire', then thinking about how we might describe one who has been *steered away* from health is even more so.[127] There are many words commonly used to describe the 'conceptual opposite' of health, but unfortunately, as Wendell reminds us, 'ordinary use does not make precise distinctions'.[128] Although a

[123] Patricia Marks, *Bicycles, Bangs, and Bloomers: The New Woman in the Popular Press* (Lexington, KY: University Press of Kentucky, 1990), p. 174.
[124] Ibid., p. 181.
[125] Ina Zweiniger-Bargielowska, *Managing the Body: Beauty, Health, and Fitness in Britain 1880–1939* (Oxford: Oxford University Press, 2010), p. 5.
[126] Abigail Beach, 'Potential for Participation: Health Centres and the Idea of Citizenship, *c*. 1920–1940', in *Regenerating England: Science, Medicine and Culture in Inter-War Britain*, ed. by Christopher Lawrence and Anna-K. Mayer (Amsterdam: Rodopi, 2000), pp. 203–30 (p. 204).
[127] Clare, p. 14. Emphasis in the original.
[128] *Extraordinary Bodies*, p. 6; Wendell, 17–33 (p. 32, n. 1).

measure of imprecision can be advantageous — Stacey Fox's 'The Idea of Madness in Dorothy Richardson, Leonora Carrington and Anaïs Nin' (2008) uses 'madness' specifically because its 'indistinct colloquial and clinical significances' are useful in a study about contextually-dependent discourses — it can also lead to frustration.[129] Some sociologists address this by using multiple terms. In his foundational medical humanities text, *The Illness Narratives* (1988), Arthur Kleinman explains that he uses illness 'to conjure up the innately human experience of symptoms and suffering', while he uses disease to mean 'what the practitioner creates in the recasting of illness in terms of theories of disorder'.[130] These definitions gesture towards an acknowledgement that people of varying positions in relation to a health event can have different investments and make different value judgements.

Such a distinction is also present in philosophy. As Rachel Cooper and Havi Carel observe in their introduction to *Health, Illness and Disease* (2013), there exists a recently developed 'body of philosophical work that focuses on the experience of illness', which draws a contrast 'between disease, referring to biological processes taking place in a diseased organism (the ill person's body), and illness, which refers to a person's first-hand experience of the disease'.[131] They further note that some philosophers 'have added also the notion of "sickness" to disease and illness, using the term "sickness" to denote the social attitudes and perceptions of a disease'.[132] Carel extends this idea of sickness in 'Living in the Present' (2017) when she describes 'the experience of receiving health-care, encountering

[129] Stacey Fox, 'The Idea of Madness in Dorothy Richardson, Leonora Carrington and Anaïs Nin' (unpublished doctoral thesis, University of Western Australia, 2008), p. 8, n. 4.
[130] Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York, NY: Basic Books, 1988), pp. 3, 5.
[131] Rachel Cooper and Havi Carel, 'Introduction', in *Health, Illness and Disease*, ed. by Cooper and Carel, pp. 1–20 (p. 8).
[132] Ibid., p. 8.

social attitudes towards illness, pain, grappling with one's mortality and negotiating what may become a hostile world'.[133] Sickness, therefore, takes on a spatial, relational — as well as political and cultural — aspect; it is about how we are situated in, and interact with, the wider world. This understanding of sickness partially recalls Talcott Parsons's functionalist conceptualization of sickness as a social role with associated rights and obligations in *The Social System* (1951).[134] 'Everyone who is born', Susan Sontag writes in *Illness as Metaphor* (1978), 'holds dual citizenship, in the kingdom of the well and in the kingdom of the sick [...] sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place'.[135] We are diagnosed with disease; we feel ill; we can identify with sickness.

Throughout this study, I write, sometimes all at once, about disease, illness and sickness. Often, following the binary thinking that results from an ideology of health, I simply want to convey a sense of health's 'conceptual opposite'.[136] To accomplish this, and thus encompass what Charles E. Rosenberg in 'Framing Disease' (1992) calls the 'perceived gap between the "is" and the "ought to be", between the real and the ideal', I employ the term unhealth.[137] I adopt this from Marshall Marinker's 'three modes of unhealth' in 'Why Make People Patients' (1975), a model which distinguishes between disease as 'a pathological process', illness as 'a feeling, an experience of unhealth which is entirely personal' and sickness as 'the external and public mode of unhealth [...] a social role, a status, a negotiated

[133] Havi Carel, 'Living in the Present: Illness, Phenomenology, and Well-Being', in *The Routledge History of Disease*, ed. by Mark Jackson (Abingdon: Routledge, 2017), pp. 581–99 (p. 587).
[134] See Talcott Parsons, *The Social System* (Glencoe, IL: The Free Press, 1951).
[135] Susan Sontag, *Illness as Metaphor* (New York, NY: Farrar, Straus and Giroux, 1978), p. 3.
[136] *Extraordinary Bodies*, p. 6.
[137] Charles E. Rosenberg, 'Introduction: Framing Disease: Illness, Society, and History', in *Framing Disease: Studies in Cultural History*, ed. by Charles E. Rosenberg and Janet Golden (New Brunswick, NJ: Rutgers University Press, 1992), pp. xiii–xxvi (p. xxii).

position in the world'.[138] Marinker's is not the only use of unhealth — in 'Regarding the End of Medicine and the Pursuit of Health' (1975), for instance, Leon R. Kass describes '[h]ealth and *unhealth*' as 'true contraries', and it is also used by Ezra Pound in 'Patria Mia—II' (1912) to describe London crowds — but it is through Marinker that I come to it.[139] I am drawn to unhealth as a useful term because it is flexible but not without bounds, and because it is sufficiently conversationally unfamiliar to escape a certain amount of socio-cultural baggage. It unites disease, illness and sickness, while also, returning to Metzl's language, gesturing to states that are *un*desirable and *un*prescribed in their historical context. I seek to detach unhealth from its corollary, the unhealthy, due to the latter's didactic ties to harm and contagion. I want to pose unhealth as a description rather than a condemnation.

For the purposes of this study, unhealth is applied as a specifically literary concept that allows me to consider not only how female characters are circumscribed within Woolf's, Richardson's and Sinclair's early twentieth-century fiction as experiencing disease, illness or sickness, but also how the ideas and values encapsulated by disease, illness and sickness leech into and shape depictions of female characters and the concept of 'woman' in early twentieth-century fiction more broadly. As such, I do not treat attachments to unhealth as 'a concrete notion […] fixed materially in bodies', to borrow from Diane Price Herndl in 'Disease versus Disability' (2005), nor as a relation easily applicable to living human subjects, but rather as an overarching representational pattern which becomes apparent when these

[138] Marshall Marinker, 'Why Make People Patients?', *Journal of Medical Ethics*, 1.2 (1975), 81–84 (pp. 82, 83).
[139] Leon R. Kass, 'Regarding the End of Medicine and the Pursuit of Health', *Public Interest*, 40 (1975), 11–42 (p. 21); Ezra Pound, 'Patria Mia—II', *The New Age*, 12 September 1912, p. 466. Emphasis in the original. For a more recent discussion of Marinker's model, see Kenneth M. Boyd, 'Disease, Illness, Sickness, Health, Healing and Wholeness: Exploring Some Elusive Concepts', *Medical Humanities*, 26 (2000), 9–17.

texts are read in conversation with one another.[140] Price Herndl's disease-disability matrix, in which the body is contained within parentheses, becomes useful here:

> This isn't to deny the materiality of disease and disability, but to foreground the ways that our interpretations of that materiality matter and to highlight the way that the body is central but not an object that is itself defining.[141]

In this thesis, I am interested in how, without recourse to arguments about '*symptom[s] of the organism*' or '*symptom[s] of the subject*', we can make sense of a gendered oppositional position to health put forth by Woolf, Richardson and Sinclair.[142] I follow Martha Stoddard Holmes's 'body studies' approach in 'Embodied Storytellers' (2015) in arguing that 'the meanings of […] materiality are […] continually created and renegotiated through social and cultural agents'.[143] This is a project that attends to how the 'stories of the [female] body' — or the bodymind, as becomes clear below — are created and renegotiated through the thematic, symbolic and structural apparatuses of these texts.[144]

While unhealth is the organizing concept of this study, the 'bodymind', pulled from Margaret Price's 'The Bodymind Problem and the Possibilities of Pain' (2015), is a complimentary critical touchstone. Acknowledging alongside Charles E. Rosenberg in 'Body and Mind in Nineteenth-Century Medicine' (1989) that '[t]he conjunction of the words body and mind suggests a millennia-old philosophical debate', and without attempting to solve what Elizabeth Grosz describes in *Volatile Bodies* (1994) as the 'irresolvable philosophical

[140] Diane Price Herndl, 'Disease versus Disability: The Medical Humanities and Disability Studies', *PMLA*, 120.2 (2005), 593–98 (p. 594).
[141] Ibid., p. 594.
[142] *Hatred and Forgiveness*, p. 153. Emphasis in the original.
[143] Martha Stoddard Holmes, 'Embodied Storytellers: Disability Studies and Medical Humanities', *Hastings Center Report*, 45.2 (2015), 11–15 (p. 11).
[144] Ibid., p. 11.

problems' posed by the Cartesian model of mind-body dualism, I follow Price in using 'bodymind' as a theoretical tool to signal an inextricability of the 'mind' and 'body':

> [B]ecause mental and physical processes not only affect each other but also give rise to each other—that is, because they tend to act as one, even though they are conventionally understood as two—it makes more sense to refer to them together, in a single term.[145]

While Woolf evocatively describes a 'human frame' constituted by 'heart, body and brain all mixed together' in *A Room of One's Own*, the practical use of the bodymind is illustrated by Emma Sheppard's account of chronic pain in 'Performing Normal But Becoming Crip' (2020) as something which 'can be increased by stress—and periods of high pain can increase experiences of cognitive dysfunction ("brain fog") or feelings of depression, which increase stress'.[146] Thinking in terms of the bodymind in this study reinforces the inutility of a taxonomical approach to the experiences of the human subject, leading us to instead contemplate a complex 'sociopolitically constituted and material entity that emerges through both structural (power- and violence-laden) contexts and also individual (specific) experience'.[147]

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[145] Charles E. Rosenberg, 'Body and Mind in Nineteenth-Century Medicine: Some Clinical Origins of the Neurosis Construct', *Bulletin of the History of Medicine*, 63.2 (1989), 185–97 (p. 185); Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington, IN: Indiana University Press, 1994), p. 7; Margaret Price, 'The Bodymind Problem and the Possibilities of Pain', *Hypatia*, 30 (2015), 268–84 (p. 269). For a useful overview of dualism, see: Craig Irvine and Danielle Spencer, 'Dualism and Its Discontents I: Philosophy, Literature, and Medicine', in Rita Charon and others, *The Principles and Practice of Narrative Medicine* (Oxford: Oxford University Press, 2017), pp. 63–86; and Craig Irvine and Danielle Spencer, 'Dualism and Its Discontents II: Philosophical Tinctures', in Charon and others, *The Principles and Practice of Narrative Medicine*, pp. 87–109. For a useful examination of (phenomenological) disability studies critiques of dualism, see Thomas Abrams, 'Cartesian Dualism and Disabled Phenomenology', *Scandinavian Journal of Disability Research*, 18.2 (2016), 118–28.

[146] Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Shiach, pp. 1–149 (p. 23); Emma Sheppard, 'Performing Normal But Becoming Crip: Living with Chronic Pain', *Scandinavian Journal of Disability Research*, 22 (2020), 39–47 (p. 39, n. 1).

[147] 'The Bodymind Problem and the Possibilities of Pain', 268–84 (p. 271).

'EQUIPMENT FOR SURVIVING': THE MEDICAL HUMANITIES AND DISABILITY STUDIES

Price Herndl asserts that 'disease' is 'almost always understood as located in the body itself', while disability studies tends to position 'disability' as 'something one encounters' external to the body.[148] While I will proceed to complicate this distinction, I would argue that although my focus on unhealth fits more intuitively with the medical humanities, my framework of attachedness resonates more strongly with disability studies. Both fields have recently undergone 'critical turns', and indeed, Anne Whitehead and Angela Woods claim in their introduction to *The Edinburgh Companion to the Critical Medical Humanities* (2016) that the critical medical humanities intersects with other '"critical" turns in contemporary scholarship', especially with critical disability studies, because both attend to 'the politicisation and theorisation of the body' and 'the politics and ethics of care'.[149] But what are the (critical) medical humanities and (critical) disability studies? What can literature offer them, and what might they bring to the fiction on which I focus?

Whitehead and Woods conceptualize the medical humanities as a succession of waves. The scene of a doctor communicating a cancer diagnosis to a patient is, they write, 'symptomatic of the imaginary of first-wave or mainstream medical humanities', which historically positioned 'the humanities […] looking at medicine looking at the patient'.[150] This latter formulation echoes the phrasing of a 2009 online manifesto for the Centre for Medical Humanities at Durham University (now the Institute for Medical Humanities), quoted in Alan Bleakley's *Medical Humanities and Medical Education* (2015) but no longer accessible online

[148] 'Disease versus Disability', 593–98 (p. 593).
[149] Anne Whitehead and Angela Woods, 'Introduction', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Anne Whitehead and others (Edinburgh: Edinburgh University Press, 2016), pp. 1–31 (p. 12).
[150] Ibid., pp. 1, 2.

by 2016.[151] We might therefore date the shift from first-wave to second-wave medical humanities, as Whitehead and Woods conceptualize it, between 2009 and 2016. Within this kind of first-wave medical humanities schema, the passage in Lee's biography of Woolf which invites us to bear witness to Dr Wright's and Dr Head's attempts to 'persuade her that she was seriously ill, and that her condition was not her own fault' might find itself pressed into use.[152] The use of 'persuade', and the way we are led towards two doctors working to challenge and correct what they considered to be erroneous self-perception, is certainly interesting in this context.[153] The only agency for Woolf here is her capacity for self-blame; firmly located as a patient, she is a cipher to be interpreted by an authority that only flows one way.

By contrast, Whitehead and Woods argue that the recent work they locate within a second wave of *critical* medical humanities seeks to move beyond looking at the biomedical sciences and towards transforming them. This is not the first 'self-conscious "foundational" moment', to borrow Des Fitzgerald's and Felicity Callard's phrase in 'Entangling the Medical Humanities' (2016), that the field has experienced — another occurs in Charles R. Perakis's 1989 note as new editor of the *Journal of Medical Humanities* — but it is striking.[154] One way in which Whitehead and Woods parse 'critical' involves 'a sense of urgency and imperative'.[155] They capaciously assert that the field to which they attend 'names a series of

[151] See Alan Bleakley, *Medical Humanities and Medical Education: How the Medical Humanities Can Shape Better Doctors* (Abingdon: Routledge, 2015), p. 48.
[152] Lee, p. 329.
[153] Ibid., p. 329.
[154] Des Fitzgerald and Felicity Callard, 'Entangling the Medical Humanities', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, pp. 35–49 (p. 37). See Charles R. Perakis, 'A Note from the New Editor', *Journal of Medical Humanities*, 10 (1989), 4.
[155] Whitehead and Woods, 'Introduction', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, pp. 1–31 (p. 14).

intersections, exchanges and entanglements between the biomedical sciences, the arts and humanities, and the social sciences', and is marked by an increased interest in how 'the bodies of doctors and patients' are 'marked in terms of race, class, gender, ability and disability', in 'non-medical' and non-Western 'notions of health, illness and wellbeing', and in 'scenes and sites' beyond the clinic.[156] There are abundant routes into thinking about these critical medical humanities enquiries in Woolf's, Richardson's and Sinclair's early twentieth-century fiction. My focal texts provide, for example, a profusion of alternative 'scenes and sites' animated by the 'conceptual opposite' of health.[157] In particular, my focus in Chapter 1 on Woolf's treatment of the domestic arena makes note of the *Euphrosyne* and Rachel's deathbed in *The Voyage Out*, Clarissa's attic bedroom in *Mrs Dalloway*, and Barrett Browning's London sick-room and Italian home in *Flush*.

Unlike, perhaps, the above passage in Lee's biography, Richardson's short story 'Death' (1924) provides fertile scope for critical medical humanities analysis in the spirit of interest that Whitehead and Woods describe. Its protagonist is, as Claire Drewery writes in *Modernist Short Fiction by Women* (2011), 'engaged in the act of dying' privately at home while reflecting on the nature of life and death.[158] The narrative is largely unmedicalized — '[w]hen the doctor had gone she knew she was left to do it alone' — and indeed, the protagonist's sense that '[t]his was death this time, no mistake' is precipitated by a 'feeling rolling up within, telling her in words' rather than any external, institutional diagnosis.[159]

[156] Ibid., pp. 1, 2.
[157] Ibid., p. 2; *Extraordinary Bodies*, p. 6.
[158] Claire Drewery, *Modernist Short Fiction by Women: The Liminal in Katherine Mansfield, Dorothy Richardson, May Sinclair and Virginia Woolf* (Farnham: Ashgate, 2011), p. 54.
[159] Dorothy Richardson, 'Death', in *Journey to Paradise: Short Stories and Autobiographical Sketches*, ed. by Trudi Tate (London: Virago, 1989), pp. 104–07 (pp. 107, 104).

Characteristically, the logic of the story is grounded in subjective, affective experience: the 'pain' which we might expect to coexist with '[s]corn', irritation and regret, and death comes in a rapid slide '[b]ack and back into her own young body, alone' until she finds 'all as it was before she began, but brighter'.[160] Drewery notes that 'memories of a life of hard work as well as the speaker's discourse illustrate her social class and also her feminine roles', but Richardson also marks her protagonist's bodymind with additional recollections of 'ailing, tramping all weathers up to the field, toiling and aching'.[161]

Responding to ideas advanced by those including Whitehead and Woods, Alan Bleakley cautions in his introduction to another medical humanities collection, the *Routledge Handbook of the Medical Humanities* (2019), that '[t]he narrative of the development of a more theoretically sophisticated "second wave" medical humanities that eschews translation into clinical applications and has outstripped the "first wave" should […] be questioned'.[162] Bleakley argues that this narrative is 'too neat' because it overlooks that the field in the United Kingdom has its 'origins in post-WWII Art Therapy, and then medical ethics' rather than medical education, and overstates 'the absence of critical reflexivity' in its first wave.[163] Noting that, with more widespread technology use and increased patient choice, '[t]he "primal scene" of the clinical encounter is no longer sharply defined' and is thus ripe for attention, he calls for a 'reflexive' medical humanities which '[advertises] some humility' by scrutinizing its 'own claims and practices'.[164] Bleakley's concern that 'the

[160] Ibid., pp. 105, 107.
[161] Drewery, p. 55; Richardson, 'Death', in *Journey to Paradise*, ed. by Tate, pp. 104–07 (p. 105).
[162] Alan Bleakley, 'The Medical Humanities: A Mixed Weather Front on a Global Scale', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 1–28 (p. 14).
[163] Ibid., p. 14.
[164] Ibid., p. 13.

inflations of hyper-intellectualism' mean 'losing touch with practical applications to healthcare' is crucial here in underlining his belief in the importance of a materially productive, reciprocal relationship between 'medicine' and 'the humanities'.[165]

Even within the field that Whitehead and Woods describe as first-wave medical humanities, there has been continuing dialogue regarding its definition, methodology and scope. In a 2000 editorial marking the evolution of the *Journal of Medical Ethics* into *Medical Humanities*, David Greaves and Martyn Evans highlight 'two main formulations of medical humanities', although they note that there is 'a wide spectrum of literature emerging which lies on a continuum between [them]'.[166] They describe the first formulation as 'additive' because it involves medicine and the humanities complementing each other 'without either side impinging on the other', and the second as 'integrated' because it involves medicine and the humanities reciprocally acting upon and shaping each other.[167] There are, of course, other understandings of the medical humanities. Howard Brody, in 'Defining the Medical Humanities' (2011), describes three necessarily 'complementary' conceptions: the disjointed 'list of disciplines', the somewhat traditional 'program of moral development', and the 'supportive friend'.[168]

Although Greaves and Evans do not mention multidisciplinarity or interdisciplinarity, working from Evans's and Jane Macnaughton's definition of multidisciplinarity in 'Should Medical Humanities be a Multidisciplinary or an Interdisciplinary Study?' (2004) as 'involving relatively disconnected contributions from different disciplines—contributions which, taken

[165] Ibid., p. 13.
[166] David Greaves and Martyn Evans, 'Medical Humanities', *Medical Humanities*, 26 (2000), 1–2 (p. 1).
[167] Ibid., p. 1.
[168] Howard Brody, 'Defining the Medical Humanities: Three Conceptions and Three Narratives', *Journal of Medical Humanities*, 32 (2011), 1–7 (pp. 6, 2).

in isolation, exhibit no real trace of contact with any other discipline beyond their own', I suggest that an additive formulation approximates a multidisciplinary approach.[169] By contrast, Evans and Macnaughton define interdisciplinarity, which they assert is 'crucial' for the medical humanities, as '[concerning] the engagement of disciplines one with another, and more particularly with subject matter that somehow both straddles the disciplines and falls between them'.[170] Both Woolf and Richardson often produced work imbued with a generative commingling of ideas and experiences that functioned sympathetically to an integrative or interdisciplinary approach. We might think here of the stated necessity of 'collaboration' and fertilization 'between the woman and the man before the act of creation can be accomplished' in *A Room of One's Own*, and the evocative summary of Richardson's London years in her biographical sketch 'Beginnings' (1933): 'Love, all sorts, art, all sorts, religion, all sorts, all saying in chorus, "Lo here, and Lo there".'[171] We also find significant reciprocal engagement between Sinclair's multifarious interests in her extensive oeuvre. Chapter 3 notes, for instance, an intersection of her philosophical metaphysics of Absolute idealism and her awareness of neurological advances.

However, in a later article on this topic, 'Stranger at the Gate, or Long-Lost Friend?' (2007), Evans notes that 'interdisciplinarity is a very ambitious goal', reflecting somewhat sceptically upon how 'routinely' this is 'claimed'.[172] Brian Dolan similarly notes in 'History, Medical Humanities and Medical Education' (2010) that 'interdisciplinary collaboration has

[169] H. M. Evans and J. Macnaughton, 'Should Medical Humanities be a Multidisciplinary or an Interdisciplinary Study?', *Medical Humanities*, 30 (2004), 1–4 (p. 1).
[170] Ibid., pp. 3, 2.
[171] Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Shiach, pp. 1–149 (p. 136); Dorothy Richardson, 'Beginnings: A Brief Sketch', in *Journey to Paradise*, ed. by Tate, pp. 110–13 (p. 112).
[172] H. M. Evans, 'Medical Humanities: Stranger at the Gate, or Long-Lost Friend?', *Medicine, Health Care and Philosophy*, 10 (2007), 363–72 (pp. 368, 369).

historically proved to be [difficult]'.[173] An important term here is 'collaboration', for not only is 'build[ing] a perspective that is unique to the discipline called ''medical humanities''' difficult, and indeed 'risky', on a number of levels, it can be particularly fraught as an individual endeavour.[174] An alternate position is expressed by Bradley E. Lewis, writing before the advance of the critical medical humanities in 'Reading Cultural Studies of Medicine' (1998), about cultural studies as a '*postdisciplinary* approach' which 'combines the social sciences and recent continental philosophy with the more traditional humanities to analyze questions and concerns which are difficult to approach from a single humanities discipline alone.'[175] A cultural studies of medicine, he argues, which 'hold[s] in tension that medical discourses are real, have real effects on the world, and simultaneously are social, cultural, and political', finds its 'ideal home' in the medical humanities.[176] My analysis in Chapter 3 of Sinclair's *The Three Sisters*, a novel in which Alice Cartaret's doctor and her strict vicar father struggle for dominance in their pronouncement of what ails her, speaks most directly to this notion. We are led to understand Dr Steven Rowcliffe's claim that '[t]he trouble is not that she starves herself—but that she's been starved', and his subsequent private dismissal of Alice as 'a poor parson's hysterical daughter', not only as *real* medical diagnoses, but also as products of his modern training and attunement to new institutional

[173] Brian Dolan, 'History, Medical Humanities and Medical Education', *Social History of Medicine*, 23.2 (2010), 393–405 (p. 403).
[174] Evans and Macnaughton, 1–4 (p. 3).
[175] Bradley E. Lewis, 'Reading Cultural Studies of Medicine', *Journal of Medical Humanities*, 19 (1998), 9–24 (p. 9). Emphasis in the original. For recent engagement with Lewis's approach, see Catherine Oakley, 'Towards Cultural Materialism in the Medical Humanities: The Case of Blood Rejuvenation', *Medical Humanities*, 44 (2018), 5–14.
[176] Lewis, 5–14 (pp. 11, 21).

discourses in contrast to Mr Cartaret's nineteenth-century desire to place his daughter 'under restraint'.[177]

Another key term for the critical medical humanities, which in many ways works against questions of multidisciplinarity or interdisciplinarity, is *entanglement*. Those taking up the concept of entanglement argue that the medical humanities is often framed unhelpfully in relation to biomedicine: it is thought of in terms of 'servility or antagonism', write William Viney, Felicity Callard and Angela Woods in 'Critical Medical Humanities' (2015); and appears 'as the domain of pleasant (but more or less inconsequential) helpmeets', argue Fitzgerald and Callard.[178] On the contrary, Fitzgerald and Callard assert, 'the figures and preoccupations of the medical humanities are, in fact, deeply and irretrievably *entangled* in the vital, corporeal and physiological commitments of biomedicine'.[179] Influenced in particular by the work of Karen Barad, Fitzgerald and Callard critique the presupposition of boundaries and division behind the rhetoric of interdisciplinarity and integration, and propose that the medical humanities are in fact, to pull a phrase from Diane Price Herndl's 'Critical Condition' (1998), 'always already' bound up with the biomedical.[180]

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[177] May Sinclair, *The Three Sisters*, intro. by Jean Radford (Garden City, NY: Dial Press, 1985), pp. 77, 80, 181.
[178] William Viney, Felicity Callard and Angela Woods, 'Critical Medical Humanities: Embracing Entanglement, Taking Risks', *Medical Humanities*, 41 (2015), 2–7 (p. 7); Fitzgerald and Callard, 'Entangling the Medical Humanities', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, pp. 35–49 (p. 35).
[179] Fitzgerald and Callard, 'Entangling the Medical Humanities', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, pp. 35–49 (pp. 35–36). Emphasis in the original.
[180] Diane Price Herndl, 'Critical Condition: Writing about Illness, Bodies, Culture', *American Literary History*, 10.4 (1998), 771-85 (p. 783). Fitzgerald and Callard are influenced especially by Karen Barad, 'Living in a Posthumanist Material World: Lessons from Schrödinger's Cat', in *Bits of Life: Feminism at the Intersections of Media, Bioscience, and Technology*, ed. by Anneke Smelik and Nina Lykke (Seattle, WA: University of Washington Press, 2008), pp. 165–76.

These ideas are taken up by Kristeva et al when they claim that biomedicine and 'cultural dimensions' are mutually constitutive, and that the latter 'should no longer be construed as mere subjective aspects of medical care, but as being constituent of, and "hard" factors behind, sickness and healing'.[181] In this way, they argue, 'both the humanities and medicine [should be considered] as bio-cultural practices', because 'biomedicine is not only culturally produced, but […] the humanities are also materially productive; they create bodies and physical conditions'.[182] In *Mrs Dalloway*, we can see a combination of 'hard' and 'soft' approaches at work when Dr Holmes recommends that Septimus Warren Smith consume 'two tabloids of bromide' while sharing his own pleasure in taking 'a day off with his wife' and '[playing] golf'.[183] Here, Woolf presents a bedside consultation wherein routinized prescription and dismissal of alternative modes of experience share space with personal disclosures and cultural recommendations. Kristeva et al consider their approach to relate to second-wave or critical medical humanities, and declare their interest in entanglement, but see themselves as going further:

> [T]he medical humanities should be seen as a cross-disciplinary and cross-cultural space for translation and bidirectional critical interrogation of both biomedicine (simplistic reductions of life to biology) and the humanities (simplistic reductions of suffering and health injustice to cultural relativism).[184]

[181] Kristeva and others, 'The Cultural Crossings of Care', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 34–40 (p. 34).
[182] Ibid., p. 37.
[183] Ibid., p. 36; Virginia Woolf, *Mrs Dalloway*, ed. and intro. by David Bradshaw (Oxford: Oxford World's Classics, 2009), p. 77. Further references to this edition of *Mrs Dalloway* are given after quotations in the text.
[184] Kristeva and others, 'The Cultural Crossings of Care', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 34–40 (p. 39).

In Bleakley's words, rather than 'a bundle of disciplines', this translational conceptualization of the field is 'the space in which interdisciplinary work is made possible'.[185]

Stephanie M. Hilger's introduction to *New Directions in Literature and Medicine Studies* (2017) suggests that the medical humanities became an increasingly frequent recourse as 'the designation "literature and medicine" became limiting in view of other humanistic approaches to medicine […] whose main focus was not necessarily medicine's narrative dimension'.[186] In this present study, I follow Hilger in engaging with literature and medicine as a vibrant 'present-day subset of the medical and health humanities', but ultimately align my work with medical humanities as a broader descriptor.[187] The field of medical humanities contributes to this project a critical language and attitude not only towards 'medicine' as an essential site of disease, diagnosis and cure — a practice that is, to pull from Sayantani DasGupta's 'The Politics of Pedagogy' (2017), 'predicated on the relationship of someone called a "patient" to the health provider and healthcare industry' — but also, crucially, towards 'the medical', or 'medicine as culture'.[188] This phrase is used by Deborah Lupton in *Medicine as Culture* (2012) to '[highlight] that western scientific medicine is just as much a product of social and cultural processes as are the medical knowledge and practices that have developed in nonwestern societies'.[189] I adopt it to signal that the medical humanities — of which, again, literature and medicine is a part — can provide a

[185] Bleakley, 'A Mixed Weather Front on a Global Scale', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 1–28 (p. 15).
[186] Stephanie M. Hilger, 'Introduction: Bridging the Divide Between Literature and Medicine', in *New Directions in Literature and Medicine Studies*, ed. by Stephanie M. Hilger (London: Palgrave Macmillan, 2017), pp. 1–12 (p. 3).
[187] Ibid., p. 3.
[188] Sayantani DasGupta, 'The Politics of Pedagogy: Cripping, Queering and Un-Homing Health Humanities', in Charon and others, *The Principles and Practice of Narrative Medicine*, pp. 137–53 (p. 141); Lupton, p. viii.
[189] Lupton, p. viii.

forum for effectively synthesizing, around a central literary concern, diverse perspectives on 'the conglomeration of meanings, discourses, technologies and practices that accumulate around medicine' both in, amidst and beyond the clinic.[190] In 'Being a Good Story' (2014), Arthur W. Frank claims that the humanities 'offer *equipment* for surviving illness'.[191] For this study, the medical humanities offer equipment for negotiating unhealth — thematically, symbolically, structurally — in Woolf's, Richardson's and Sinclair's early twentieth-century fiction by modelling how 'medicine as culture' can be brought to the fore.[192]

The *humanities* in the medical humanities, on the other hand, are often framed as a '[h]umanising' intervention into what Bleakley admits is 'an often patently dehumanising medicine'.[193] Too often, medicine is 'an abstraction', its concerns at a remove from those of its patients, as Sinclair humorously underlines in her short story 'The Cosmopolitan' (1901):

> 'If I've got cholera I want to be told what'll cure me. I don't care a hang whether I'm killed by a comma bacillus or——'
>
> 'A full-stop bacillus,' suggested Mrs Fazakerly.[194]

In 'The Medical Humanities in Medical Education' (2014), Bleakley proposes that a 'medical/health humanities curriculum can provide the platform for development of sensibilities (diagnostic acumen) and sensitivities (ethical personal and interpersonal behavior)' amongst medical practitioners, while Paul Ulhas Macneill explains in 'The Arts and

[190] Ibid., p. viii.
[191] Arthur W. Frank, 'Being a Good Story: The Humanities as Therapeutic Practice', in *Health Humanities Reader*, ed. by Therese Jones, Delese Wear and Lester D. Friedman, assist. by Kathleen Pachucki (New Brunswick, NJ: Rutgers University Press, 2014), pp. 13–25 (p. 18). Emphasis in the original.
[192] Lupton, p. viii.
[193] Bleakley, 'A Mixed Weather Front on a Global Scale', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 1–28 (p. 8).
[194] May Sinclair, 'The Cosmopolitan', in *Two Sides of a Question* (New York, NY: Taylor, 1901), pp. 1–199 (p. 20).

Medicine' (2011) that currently '[t]wo of the major rationales for including the humanities in medical, nursing and other health professional courses are that they provide instrumental benefits to students, and they are enriching for individual health professionals'.[195] This instrumental position extends to the practice of narrative medicine, which began, as Rita Charon and Sayantani DasGupta recall in 'Narrative Medicine, or a Sense of Story' (2011), amongst 'a multi-disciplinary group of scholars and clinicians' who were primarily 'committed […] to the harnessing of narrative theories and practices to improve the care of the sick'.[196] In *Narrative Medicine* (2006), Charon defines her topic as 'medicine practiced with narrative competence', that is, competence in 'narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness'.[197]

Narrative medicine has been subject to critique; Seamus O'Mahony, for instance, derides it as 'spiritually arrogant and potentially harmful' in 'Against Narrative Medicine' (2013), and argues that it compels an 'intrusive' relation between patient and doctor in pursuit of a potentially inauthentic display of 'empathy'.[198] As Catherine Dhavernas summarizes in 'Re-Thinking the Narrative in Narrative Medicine' (2020): 'By forcibly putting the patient's experience into words, the physician or trained healthcare professional […]

[195] Alan Bleakley, 'The Medical Humanities in Medical Education: Toward a Medical Aesthetics of Resistance', in *Health Humanities Reader*, ed. by Jones, Wear and Friedman, assist. by Pachucki, pp. 501–10 (p. 508); Paul Ulhas Macneill, 'The Arts and Medicine: A Challenging Relationship', *Medical Humanities*, 37.2 (2011), 85–90 (p. 85).

[196] Rita Charon and Sayantani DasGupta, 'Editors' Preface: Narrative Medicine, or a Sense of Story', *Literature and Medicine*, 29.2 (2011), vii–xiii (p. viii).

[197] Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006), pp. vii, 4.

[198] Seamus O'Mahony, 'Against Narrative Medicine', P*erspectives in Biology and Medicine*, 56.4 (2013), 611–19 (p. 614, 615). For discussion of medical students' critiques of the medical humanities, see Johanna Shapiro and others, 'Humanities and Their Discontents: Definitions, Critiques, and Implications', *Academic Medicine*, 84.2 (2009), 192–98.

risks making sense of someone else's situation.'[199] This discussion resonates with the critiques of diagnosis explored in Chapter 3 against the backdrop of Rowcliffe's treatment practices in *The Three Sisters*, as well as with Mrs Frean's passionate avowal in Sinclair's *Life and Death of Harriett Frean* that she is better acquainted with her health than anybody else: 'They *think*; they think. But I *know*. I know better than all the doctors.'[200] In response to narrative medicine and its pitfalls, DasGupta developed the stance of 'narrative humility' which, as she explains in 'Narrative Humility' (2008), means accepting that 'we cannot ever claim to comprehend the totality of another's story, which is only ever an approximation for the totality of another's self'.[201]

Illness narratives are not only a key tool in narrative medicine but also, Angela Woods writes in 'Rethinking "Patient Testimony" in the Medical Humanities' (2013), 'the object *par excellence* of classical medical humanities enquiry' more broadly.[202] Although 'characterised by multiplicity', as Stella Bolaki asserts at the very beginning of *Illness as Many Narratives* (2016), they tend to 'combine an auto/biographical narrative about living with an illness with reflections upon the wider implications of a particular disease, treatment, recovery and interactions with medical professionals', thus providing insight into personal and affective modes of health experience alongside and beyond an overlapping

[199] Catherine Dhavernas, 'Re-Thinking the Narrative in Narrative Medicine: The Example of Post-War French Literature', *Journal of Medical Humanities* (2020) [*unpaginated*] <https://doi.org/10.1007/s10912-020-09611-z>.
[200] May Sinclair, *Life and Death of Harriett Frean*, intro. by Jean Radford (London: Virago, 1980), p. 102. Emphasis in the original.
[201] Sayantani DasGupta, 'Narrative Humility', *Lancet*, 371.9617 (2008), 980–81 (p. 980).
[202] Angela Woods, 'Rethinking "Patient Testimony" in the Medical Humanities: The Case of *Schizophrenia Bulletin*'s First Person Accounts', *Journal of Literature and Science*, 6 (2013), 38–54 (p. 38). Emphasis in the original.

array of social, cultural, political and clinical perspectives.[203] Of course, narrative is not a direct conduit to experience — Paul Atkinson anticipates DasGupta in 'Narrative Turn or Blind Alley?' (1997) when he argues against the assumption that illness narratives can 'provide a hyperauthentic version of actors' experiences or selves' — and we are also faced with the limitations of language itself.[204] As Woolf writes in 'On Being Ill', linguistic expression can only skim the surface of our health experiences: '"I am in bed with influenza"—but what does that convey of the great experience; how the world has changed its shape.'[205] Others question the emphasis on narrative in medical humanities work. In 'The Limits of Narrative' (2011), Woods cautions against an understanding of narrative 'as not merely expressive but as transformative and even therapeutic'.[206] She draws on Galen Strawson's polemic 'Against Narrativity' (2004), in which he rejects the idea 'that human beings typically see or live or experience their lives as a narrative or story of some sort, or at least as a collection of stories' as well as the idea that experiencing life as a narrative is 'a good thing', to suggest:

> [T]hat scholars in the medical humanities can do more to denaturalise narrative, to acknowledge not only that different cultures (including familial, institutional and professional cultures) will tell and find meaningful different kinds of stories, but also,

[203] Stella Bolaki, *Illness as Many Narratives: Arts, Medicine and Culture* (Edinburgh: Edinburgh University Press, 2016), pp. 1, 4.
[204] Paul Atkinson, 'Narrative Turn or Blind Alley?', *Qualitative Health Research,* 7.3 (1997), 325–44 (p. 343). See also Paul Atkinson, 'Illness Narratives Revisited: The Failure of Narrative Reductionism', *Sociological Research Online*, 14.5 (2009), 196–205.
[205] Virginia Woolf, 'On Being Ill', in *The Essays of Virginia Woolf*, ed. by Andrew McNeillie and Stuart N. Clarke, 6 vols (Orlando, FL: Harcourt, 1986–2011), IV (1994), 317–29 (p. 319).
[206] Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities', *Medical Humanities*, 37.2 (2011), 73–78 (p. 73).

> more fundamentally, that the attachment to and valorisation of narrativity is not universally shared.[207]

For my own part, I fall in line with Claire Charlotte McKechnie, who contends in 'Anxieties of Communication' (2014) that, despite the flaws inherent to illness narratives, 'it is the way in which we engage with them—the stories around stories that we form—that enable us to shape the world in the way that we do'.[208]

By making Woolf's, Richardson's and Sinclair's early twentieth-century *fiction* the lynchpin of this thesis, I move even further from the construction or misapprehension of authentic experience and thus also from the illness narrative as 'transformative and even therapeutic'.[209] In this way, I also turn away from the 'educational concerns' for which purpose, as Bolaki writes, literature in the medical humanities often finds itself instrumentalized.[210] Geoffrey Rees observes in 'The Ethical Imperative of Medical Humanities' (2010) that the medical humanities is often asked to 'justify itself' in terms of the difference it might make to medicine 'in practice', such that 'writers in medical humanities often almost reflexively assert an ethical imperative for their work'.[211] Contrarily, I locate the value of this thesis in the conceptual shift it offers the medical humanities as a discipline that frequently encounters literary texts. It justifies itself by providing a way to capture and discuss how a text expresses disease, illness and sickness on a thematic,

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[207] Gale Strawson, 'Against Narrative', *Ratio*, 17 (2004), 428–52 (pp. 428, 429); 'The Limits of Narrative', 73–78 (p. 76). See also Angela Woods, 'Beyond the Wounded Storyteller: Rethinking Narrativity, Illness and Embodied Self-Experience', in *Health, Illness and Disease*, ed. by Carel and Cooper, pp. 113–28.
[208] Claire Charlotte McKechnie, 'Anxieties of Communication: The Limits of Narrative in the Medical Humanities', *Medical Humanities*, 40.2 (2014), 119–24 (p. 122).
[209] 'The Limits of Narrative', 73–78 (p. 73).
[210] Bolaki, p. 8.
[211] Geoffrey Rees, 'The Ethical Imperative of Medical Humanities', *Journal of Medical Humanities*, 31.4 (2010), 267–77 (pp. 267, 267–68).

symbolic and structural level, without straightforwardly attributing these concepts to the biological or ontological properties of its characters. The proceeding three chapters demonstrate the utility of unhealth as a tool in accomplishing this work, while the framework of attachedness brings closer together the medical humanities and disability studies in a way that pushes against the former's tendency to locate health within the body.

While the medical humanities Whitehead and Woods apprehend is 'expanding and reorienting itself', others are cultivating and advancing another field.[212] Paul Crawford et al argue in 'The Future of Medical Humanities?' (2010) that the medical humanities is too narrowly dominated by the biomedical sciences to the exclusion of other healthcare disciplines; by contrast, they argue, the field of health humanities is expansive and inclusive.[213] In their introduction to the *Health Humanities Reader* (2014), Therese Jones, Delese Wear and Lester D. Friedman agree: 'But by its very disciplinary descriptor, *medical*, it retains a narrow frame, largely concerned with the value of history, literature, philosophy, art, and media to medical education and medical practice.'[214] Crawford goes further in a later *Guardian* article, 'We Are Here To Collaborate, Not To Compete' (2015), claiming that those advancing the critical medical humanities are responding to 'the challenge they plainly feel health humanities represents' by attempting to assimilate the health humanities.[215]

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[212] Whitehead and Woods, 'Introduction', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, pp. 1–31 (p. 1).
[213] See Paul Crawford and others, 'Health Humanities: The Future of Medical Humanities?', *Mental Health Review Journal*, 15.8 (2010), 4–10.
[214] Therese Jones, Delese Wear and Lester D. Friedman, 'Introduction: The Why, the What, and the How of the Medical/Health Humanities', in *Health Humanities Reader*, ed. by Jones, Wear and Friedman, assist. by Pachucki, pp. 1–11 (p. 6). Emphasis in the original.
[215] Paul Crawford, 'Health Humanities: We Are Here To Collaborate, Not To Compete', *Guardian*, 30 March 2015 [*unpaginated*] <https://www.theguardian.com/higher-education-network/2015/mar/30/health-humanities-here-to-collaborate-not-compete> [accessed 24 November 2020].

Continuing in this advocacy, he and Brian Brown describe their chosen field, in 'Health Humanities' (2019), as 'a superordinate evolution' of the medical humanities.[216]

On the one hand, Crawford et al's position in *Health Humanities* (2015) that 'not everyone aligns with medical visions of healthcare', and indeed that 'the majority of healthcare as it is practised is non-medical', is persuasive.[217] In *Pilgrimage*, we see Miriam taking on such a paramedical professional role while employed as a dental secretary, undertaking arduous preparatory work — '[p]ain ran glowing up her arms from her burden of nauseating relics of the needs of some complacent patient' — to assist in the care of patients (II: 207). On the other hand, Crawford's outline of the scope of health humanities covers much of what Whitehead and Woods desire the critical medical humanities to work towards, for example incorporating a wide range of humanities disciplines and 'working with diverse contributors in settings beyond those deemed under a medical gaze'.[218] Crawford et al's claim in *Health Humanities* that their field 'seeks to see the arts and humanities as a core constituent and enabler of health and well-being' especially resonates with Kristeva et al's 'The Cultural Crossings of Care'.[219]

Moreover, some of the claims that Crawford makes about the medical humanities contradict the work of many of the people who do medical humanities research. His assertion that '[m]edical humanities is a familiar discipline for those interested in the way doctors are educated through philosophy, literature, history and so on' speaks to a pedagogical, additive conceptualization of the medical humanities that was being pushed

[216] Paul Crawford and Brian Brown, 'Health Humanities: A Democratising Future Beyond Medical Humanities', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 401–09 (p. 401).
[217] Paul Crawford and others, *Health Humanities* (London: Palgrave Macmillan, 2015), pp. 2, 13.
[218] 'We Are Here To Collaborate, Not To Compete' [*unpaginated*].
[219] *Health Humanities*, p. 19.

against even before the emergence of the critical medical humanities.[220] In '"The Medical" and "Health" in a Critical Medical Humanities' (2015), Sarah Atkinson et al concur, asserting that this argument 'is premised on a misleadingly narrow view of the field's existing scope and depth' and 'completely bypasses a critical engagement with different understandings of what is meant by the key concepts of "the medical" and of "health"'.[221] Whitehead and Woods also oppose Crawford's characterization of their emerging field:

> The critical medical humanities […] does not represent a rebranding exercise, but rather an attempt to pose more critical questions; to re-envisage the scene, perhaps with a critique of the way in which it has been addressed so far by medical humanities scholarship.[222]

In this present study, while aware that not all, notably Bleakley, would agree with my reasoning — 'continued use of the term *medical humanities* is exclusive and undemocratic in an era of collaborative, patient-centered, interprofessional teamwork' — I follow Bolaki's approach to the divide between (critical) medical humanities and health humanities.[223] She states:

> I see the critical medical humanities and the health humanities as having certain common goals, and my use of the former term […] is not meant to reproduce the exclusivity that some critics have associated with the medical humanities.[224]

[220] 'We Are Here To Collaborate, Not To Compete' [*unpaginated*].
[221] Sarah Atkinson and others, '"The Medical" and "Health" in a Critical Medical Humanities', *Journal of Medical Humanities*, 36 (2015), 71–81 (pp. 72, 73).
[222] Whitehead and Woods, 'Introduction', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, pp. 1–31 (p. 2).
[223] Bleakley, 'The Medical Humanities in Medical Education', in *Health Humanities Reader*, ed. by Jones, Wear and Friedman, assist. by Pachucki, pp. 501–10 (p. 504). Emphasis in the original.
[224] Bolaki, p. 24, n. 4.

While Bleakley asserts that medical humanities in the United Kingdom has its roots in 'post-WWII Art Therapy, and then medical ethics', in 'What's So "Critical" About Critical Disability Studies?' (2009), Helen Meekosha and Russell Shuttleworth trace the 'emergence' of disability studies to the 1970s 'as part of the disability rights movement'.[225] It is important to note, as Clare Barker and Stuart Murray do in their introduction to *The Cambridge Companion to Literature and Disability* (2017), that this was a 'sociological disability studies', and also that, as Colin Barnes details in 'Understanding the Social Model of Disability' (2020), there were and continue to be differences between the 'disability studies agenda[s]' in the United Kingdom and, for example, the United States.[226] Paul K. Longmore and Lauri Umansky similarly concur in their introduction to *The New Disability History* (2001):

> As with disability rights legislation and activism, the new academic field of disability studies has arisen in response to the medical model's deficiencies in explaining or addressing the social marginalization and economic deprivation of many people with disabilities.[227]

The difference between the medical model and the British, or 'strong', social model of disability can be broadly delineated by contrasting ideas of individualized problem and cure with those, to pull from Tom Shakespeare's 'The Social Model of Disability' (2017), of 'social

[225] Bleakley, 'A Mixed Weather Front on a Global Scale', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 1–28 (p. 14); Helen Meekosha and Russell Shuttleworth, 'What's So "Critical" About Critical Disability Studies?', *Australian Journal of Human Rights*, 15 (2009), 47–75 (p. 48).
[226] Clare Barker and Stuart Murray, 'Introduction: On Reading Disability in Literature', in *The Cambridge Companion to Literature and Disability*, ed. by Clare Barker and Stuart Murray (Cambridge: Cambridge University Press, 2017), pp. 1–13 (p. 3); Colin Barnes, 'Understanding the Social Model of Disability: Past, Present and Future', in *Routledge Handbook of Disability Studies*, ed. by Nick Watson and Simo Vehmas, 2nd edn (Abingdon: Routledge, 2020), pp. 14–31 (p. 23). For an earlier account of the development of disability studies as an academic field, see David Pfeiffer and Gary Kiger, 'Disability Studies and the Study of Disability', *Journal of Health and Human Services Administration*, 17.4 (1995), 381–90.
[227] Paul K. Longmore and Lauri Umansky, 'Introduction: Disability History: From the Margins to the Mainstream', in *The New Disability History: American Perspectives*, ed. by Paul K. Longmore and Lauri Umansky (New York, NY: New York University Press, 2001), pp. 1–29 (p. 12).

oppression, cultural discourse, and environmental barriers'.[228] The social model, Shakespeare writes, has enabled substantial political, instrumental and psychological progress for disabled people; it differentiates impairment as 'individual and private' from disability as 'structural and public'.[229] My use of 'disabled people' rather than 'people with disabilities' follows this social model, as well as the preferred terminology of critical disability studies, sometimes abbreviated to CDS, discussed below.[230]

Nonetheless, as Nick Watson and Simo Vehmas explain in their introduction to the *Routledge Handbook of Disability Studies* (2020), the social model 'has a very well-developed and evidenced critique, but it is not always able to provide an alternative arrangement, or solution, to the problems that it identifies'.[231] It is increasingly being understood, in Shakespeare's words, as a rather 'blunt instrument', and its differentiation between impairment and disability in particular as deceptively straightforward with, Barker and Murray write, 'little room for thinking about the body itself', or indeed the presence of pain.[232] We can perceive some of the tension between these two positions in Richardson's short story 'Visitor' (1945), wherein the 'cripple' Aunt Bertha struggles to enter the home

[228] Tom Shakespeare, 'The Social Model of Disability', in *The Disability Studies Reader*, ed. by Lennard J. Davis, 5th edn (New York, NY: Routledge, 2017), pp. 195–203 (p. 196).
[229] Ibid., p. 197.
[230] For further discussion of language use in disability studies, see: Tom Shakespeare, *Disability Rights and Wrongs Revisited*, 2nd edn (Abingdon: Routledge, 2014), p. 19; and Margrit Shildrick, 'Critical Disability Studies: Rethinking the Conventions for the Age of Postmodernity', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 32–44 (pp. 42–43, n. 1).
[231] Nick Watson and Simo Vehmas, 'Disability Studies: Into the Multidisciplinary Future', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 3–13 (p. 4).
[232] Shakespeare, 'The Social Model of Disability', in *The Disability Studies Reader*, ed. by Davis, pp. 195–203 (p. 202); Barker and Murray, 'Introduction', in *The Cambridge Companion to Literature and Disability*, ed. by Barker and Murray, pp. 1–13 (p. 6). For further discussion of pain and disability studies, see: Tobin Siebers, 'Disability in Theory: From Social Constructionism to the New Realism of the Body', *American Literary History*, 13.4 (2001), 737–54; Tobin Siebers, 'In the Name of Pain', in *Against Health*, ed. by Metzl and Kirkland, pp. 183–94; and Alyson Patsavas, 'Recovering a Cripistemology of Pain: Leaky Bodies, Connective Tissue, and Feeling Discourse, *Journal of Literary & Cultural Disability Studies*, 8.2 (2014), 203–18.

she is calling upon.[233] Although '[t]he letter-cage half of the front door is bolted back as well as the other' to accommodate the width of her Bath chair, Aunt Bertha still finds herself 'jerking from side to side […] not looking at anybody, staring in front of her with her mouth open and her chin jutted out; feeling pain' as she makes her way inside.[234] The removal of this structural barrier does not, or at least not entirely, relieve what the story frames rather voyeuristically as Aunt Bertha's individual suffering. While being assisted by 'Ann and the bath-chairman', she is seen to press her lips together 'so hard that it makes two lines, pains, one on each side of her mouth'.[235]

The British social model is not the only oppositional approach to the medical model; there is, Shakespeare writes in *Disability Rights and Wrongs Revisited* (2014), 'a family of social approaches to disability' which also includes 'the North American minority group approach, the social constructionist approach, the Nordic relational model'.[236] In brief, the minority group approach holds, as Robert McRuer asserts in 'Critical Investments' (2002), 'that disability should be understood as a minority identity […] forged through the common experience of able-bodied oppression'; the social constructionist approach, as described by Garland-Thomson, '[understands] the body as a cultural text that is interpreted, inscribed with meaning—indeed, *made*—within social relations'; and the Nordic relational model considers, write Anders Gustavsson, Jan Tøssebro and Rannveig Traustadóttir in the introduction to *Resistance, Reflection and Change* (2005), 'that the social construction of disability takes place both in the relationship between the individual and the environment

[233] Dorothy Richardson, 'Visitor', in *Journey to Paradise*, ed. by Tate, pp. 2–9 (p. 3).
[234] Ibid., pp. 3, 3–4.
[235] Ibid., p. 4.
[236] *Disability Rights and Wrongs Revisited*, p. 2. The Nordic model is also known as the relative definition of disability, or the environmentalist model.

and in the relations between different individuals'.[237] Nonetheless, it seems to be the British model that is invoked most frequently in arguments for the advancement or reconfiguration of disability studies as a field.

As is the case in the medical humanities, many of these arguments for a new kind of disability studies can be broadly recognized as, or are organized under the designation of, *critical* disability studies, although Shakespeare notably treats critical disability studies as a type of 'cultural disability studies' which is in turn part of 'the "family" of social approaches'.[238] Viney, Callard and Woods reflect that critical turns tend to be 'marked by explicit attempts to reflect upon the underlying suppositions that ground the knowledge [the field] produces', and in this vein, Meekosha and Shuttleworth claim that '[u]sing the term "CDS" is a move away from the preoccupation with binary understandings', for example between the social and medical models, or between disability and impairment.[239] Dan Goodley's consideration of five 'emerging analytical insights' within critical disability studies in 'Dis/entangling Critical Disability Studies' (2013) provides a useful outline of how its different strands seek to '[theorize] through materialism'; reconstitute the 'sever[ed]' relationship between disability and the body; engage intersectionally 'across socio-cultural categories and forms of interpellation'; theorize globally; and negotiate the self and the

[237] Robert McRuer, 'Critical Investments: AIDS, Christopher Reeve, and Queer/Disability Studies', *Journal of Medical Humanities*, 23.3–4 (2002), 221–237 (pp. 223–24); *Extraordinary Bodies*, p. 22; Anders Gustavsson and Jan Tøssebro with Rannveig Traustadóttir, 'Introduction: Approaches and Perspectives in Nordic Disability Research', in *Resistance, Reflection and Change: Nordic Disability Research*, ed. by Anders Gustavsson and others (Lund: Studentlitteratur, 2005), pp. 23–44 (p. 33). Emphasis in the original.
[238] *Disability Rights and Wrongs Revisited*, p. 47. For a specific advancement of a cultural model of disability, see Sharon L. Snyder and David T. Mitchell, *Cultural Locations of Disability* (Chicago, IL: University of Chicago Press, 2006).
[239] Viney, Callard and Woods, 2–7 (p. 3); Meekosha and Shuttleworth, 47–75 (p. 50).

Other.[240] This is not an exhaustive summary of the critical disability studies agenda, but it is indicative of the lacunae that its practitioners see in existing disability studies. In his later *Disability Studies* (2017), Goodley describes 'four emerging approaches of this field': crip theory, or crip studies, which somewhat controversially reclaims 'cripple' as an adjective and verb to '[celebrate] the anarchic potential of disability to destabilise the normative centres of society and culture'; critical studies of ableism, which shifts focus to interrogate 'all elements of ableist normativity'; Global South disability studies, which 'decentre[s] Western European and North American dominance and seek[s] to insert knowledge production that is always locally and historically situated'; and dis/ability studies, which emphasizes how disability and ability are 'dependent upon each other for reproduction'.[241]

Focusing on the first of these approaches for a brief example of what critical disability studies can *do* — drawing from Julie Avril Minich's description of 'an approach […] that emphasizes its mode of analysis rather than its objects of study' in 'Enabling Whom?' (2016) — we might turn once more to Richardson's treatment of Aunt Bertha in 'Visitor', this time alongside the corresponding short story 'Visit' (1945).[242] Even before Aunt Bertha arrives in 'Visitor', Richardson establishes disability as a social breach, or disruption to what Tobin Siebers's *Disability Theory* (2008) terms 'the ideology of ability'.[243] From the story's opening, the focal character, Berry, reflects on how the feeling of the home is altered by the promise of Aunt Bertha's presence-as-'cripple': 'Because Aunt Bertha is coming, something has come

[240] Dan Goodley, 'Dis/entangling Critical Disability Studies', *Disability and Society*, 28.5 (2013), 631–44 (pp. 632, 634, 636).
[241] Dan Goodley, *Disability Studies: An Interdisciplinary Introduction*, 2nd edn (London: Sage, 2017), pp. 191, 194, 195, 197, 200.
[242] Julie Avril Minich, 'Enabling Whom? Critical Disability Studies Now', *Lateral*, 5 (2016) [*unpaginated*] <https://doi.org/10.25158/L5.1.9>.
[243] Tobin Siebers, *Disability Theory* (Ann Arbor, MI: University of Michigan Press, 2008), p. 8.

into the room. Making it different.'[244] Later, sitting in the dining-room, the family '[talks] louder than usual' in a discomforted response to their visitor, but she gradually becomes understood as a pleasant addition, and even a figure of jealousy for Berry, who 'almost wishes she were a cripple so as to sit all day'.[245] 'Visit', however, advances a '[q]uite different' Aunt Bertha, who is found '[a]ngry like a little girl' and 'frowning and being cross'.[246] Crip theory or crip studies shares, as Carrie Sandahl writes in 'Queering the Crip or Cripping the Queer?' (2003), a 'productive reciprocity' with queer theory; Victoria Ann Lewis explains in 'Crip' (2015) that '[b]oth "cripping" and "queering", as interpretive strategies, spin mainstream representations or practices to reveal dominant assumptions and exclusionary effects'.[247] We can find in these stories assumptions made not only about the materiality of disability — Berry warns her sister that 'blind Great-aunt Stone' will not 'be wearing a cardboard label' — but also about its socialness.[248] I venture that the tension between the two stories might be understood as a cripping of the exclusionary 'good' disabled subject, or what Courtney W. Bailey describes in 'On the Impossible' (2019) as the 'dominant culture's super-crip'.[249]

[244] Richardson, 'Visitor', in *Journey to Paradise*, ed. by Tate, pp. 2–9 (pp. 3, 2).
[245] Ibid., pp. 4, 7.
[246] Dorothy Richardson, 'Visit', in *Journey to Paradise*, ed. by Tate, pp. 10–20 (pp. 15, 14).
[247] Carrie Sandahl, 'Queering the Crip or Cripping the Queer?: Intersections of Queer and Crip Identities in Solo Autobiographical Performance', *GLQ: A Journal of Lesbian and Gay Studies*, 9.1–2 (2003), 25–56 (p. 25); Victoria Ann Lewis, 'Crip', in *Keywords for Disability Studies*, ed. by Rachel Adams, Benjamin Reiss and David Serlin (New York, NY: New York University Press, 2015), pp. 140–45 (p. 144). For an extended discussion of the relationship between queer and crip identities, see Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York, NY: New York University Press, 2006).
[248] Richardson, 'Visit', in *Journey to Paradise*, ed. by Tate, pp. 10–20 (p. 11).
[249] Courtney W. Bailey, 'On the Impossible: Disability Studies, Queer Theory, and the Surviving Crip', *Disability Studies Quarterly*, 39.4 (2019) [*unpaginated*] <http://dx.doi.org/10.18061/dsq.v39i4.6580>. For a critique of crip theory, see Kirstin Marie Bone, 'Trapped Behind the Glass: Crip Theory and Disability Identity', *Disability & Society*, 32.9 (2017), 1297–314.

The characterization of the social model as something to stretch and look beyond through such approaches is, however, a contested move within the field. Barnes, for instance, strongly counters 'postmodern' critiques of the 'pragmatic' impairment-disablement distinction because such 'abstract and obscure theorizing' suggests 'that the division between the biological and the social is false', a position that he considers to offer 'little, if any, meaningful or practical value in terms of research, policy and practice'.[250] Barnes urges disability studies to concentrate on improving the material conditions of disabled people's lives and to maintain an overtly politicized focus. Like Barnes, Shakespeare argues in *Disability Rights and Wrongs Revisited* that critical disability studies 'is over-theoretical and does not offer much in the way of practical help in understanding the lives of disabled people, let alone changing them for the better', but he also '[rejects] the "strong" social model of disability' and affirms the very possibility that Barnes dismisses: 'There are several straightforward reasons why impairment and disability cannot be easily extricated, or to put it another way, why the social and the biological are always entwined'.[251] Shakespeare favours a 'critical realist perspective', which balances 'individual and structural factors', to suggest that 'while different cultures have different views or beliefs or attitudes to disability, impairment has always existed and has its own experiential reality'.[252]

Along these same lines, Vehmas and Watson conclude in 'Moral Wrongs, Disadvantages, and Disability' (2014) that 'CDS and its principles of deconstructing differences are ethically and politically unhelpful', but some scholars nonetheless continue

[250] Barnes, 'Understanding the Social Model of Disability', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 14–31 (pp. 25, 26, 24).
[251] *Disability Rights and Wrongs Revisited*, pp. 3, 1, 22.
[252] Ibid., pp. 74, 73.

to 'turn' to critical disability studies.[253] In 'Critical Disability Studies' (2020), Margrit Shildrick views this turn not as a dismissal of the priorities that Barnes outlines, but rather as invigorated by the same possibilities that concern Vehmas and Watson: 'CDS challenges each one of us to rethink the relations between disabled and non-disabled designations — not just ethically as has long been the demand, but ontologically'.[254] A similar call to arms is made by Alison Kafer and Eunjung Kim in 'Disability and the Edges of Intersectionality' (2017) as regards literary disability studies, of which more below: 'In other words, intersectional disability studies scholarship requires us to look not only at disabled characters or figurations of disability, but also, and especially, at ideologies of ability and health.'[255] Intersectional disability studies scholarship follows a number of key interventions within disability studies, including the 'broad feminist critique' that Meekosha and Shuttleworth describe emerging in the 1980s to question, for example, notions of care, dependency and chronic illness; the challenge to the '[entrenched] whiteness' of the field posed by work such as Chris Bell's 'Introducing White Disability Studies' (2006); and the call to 'interrogate the universal approach to disability naturalized within the social model of disability in particular' from postcolonial scholarship such as Barker's and Murray's 'Disabling Postcolonialism' (2010).[256] In advocating for intersectionality, Kafer and Kim turn away from additive models, focusing

[253] Simo Vehmas and Nick Watson, 'Moral Wrongs, Disadvantages, and Disability: A Critique of Critical Disability Studies', *Disability & Society*, 29.4 (2014), 638–50 (p. 649).
[254] Shildrick, 'Critical Disability Studies', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 32–44 (p. 32).
[255] Alison Kafer and Eunjung Kim, 'Disability and the Edges of Intersectionality', in *The Cambridge Companion to Literature and Disability*, ed. by Barker and Murray, pp. 123–38 (p. 129).
[256] Meekosha and Shuttleworth, 47–75 (p. 58); Chris Bell, 'Introducing White Disability Studies: A Modest Proposal', in *The Disability Studies Reader*, ed. by Lennard J. Davis, 2nd edn (New York, NY: Routledge, 2006), pp. 275–82 (p. 275); Clare Barker and Stuart Murray, 'Disabling Postcolonialism: Global Disability Cultures and Democratic Criticism', *Journal of Literary & Cultural Disability Studies*, 4.3 (2010), 219–36 (p. 227). For extended discussion of feminism, disability and feminist disability studies, see: Rosemarie Garland-Thomson, 'Feminist Disability Studies', *Signs*, 30.2 (2005), 1157–87; and Ana Bê, 'Feminism and Disability; A Cartography of Multiplicity', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 421–35.

instead 'on transformative, critically reflective, and affective investments that emphasize relationality while acknowledging the inevitable incompleteness of intersectionality'.[257] This positioning of the field as an entangled multiplicity, to return to Fitzgerald's and Callard's characterization of the critical medical humanities, is typical of disability studies, described by Shildrick, for instance, as 'an approach marked by a true transdisciplinarity and an openness to a plethora of resources'.[258]

Alternative theorizations of impairment and disability include the previously referenced 'theory of complex embodiment'.[259] Siebers explains in *Disability Theory* that this theory:

> [R]aises awareness of the effects of disabling environments on people's lived experience of the body, but […] emphasizes as well that some factors affecting disability, such as chronic pain, secondary health effects, and aging, derive from the body.[260]

Complex embodiment unites aspects of the medical and social models, recalling the Nordic relational model as it asks us to recognize the 'mutually transformative' nature of 'the economy between social representations and the body'.[261] Another example is found in Alison Kafer's *Feminist, Queer, Crip* (2013), which thinks through 'the political/relational

[257] Kafer and Kim, 'Disability and the Edges of Intersectionality', in *The Cambridge Companion to Literature and Disability*, ed. by Barker and Murray, pp. 123–38 (p. 124). For a landmark explanation of intersectionality, see Kimberlé Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', *University of Chicago Legal Forum*, 1 (1989), 139–67.
[258] Shildrick, 'Critical Disability Studies', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 32–44 (p. 39).
[259] *Disability Theory*, p. 25.
[260] Ibid., p. 25.
[261] Ibid., p. 25.

model of disability'.[262] Again building on existing frameworks, Kafer's model holds that 'the problem of disability no longer resides in the minds or bodies of individuals but in built environments and social patterns that exclude or stigmatize particular kinds of bodies, minds, and ways of being'.[263] Kafer also argues 'that *both* impairment and disability are social', a position that is becoming increasingly central; we saw a similar argument from Shakespeare, and Lennard J. Davis agrees in *Bending over Backwards* (2002) that impairment, like disability, is 'an unstable category' and 'not a neutral and easily understood term'.[264] Michael Rembis addresses this in detail in 'Challenging the Impairment/Disability Divide' (2020), demonstrating how it enables us 'to consider pain, suffering, and madness from a more complex and nuanced standpoint'.[265]

We might process these mixed embodied-social-environmental approaches through the treatment of 'mad' Aunt Charlotte in Sinclair's *Mary Olivier*, who is 'shut up' in the family home and later dragged away by her brother and doctor, 'holding her up by her arm-pits, half leading, half pushing her before them'.[266] Charlotte's madness is characterized by '[falling] in love with every man she [meets]', which members of her generation pathologize and blame on her being a 'spoiled' and 'vain' individual, but which younger relatives consider to be precipitated and exacerbated by gendered cultural constraints: 'If she'd had her own way she'd have been married, and then perhaps she wouldn't have gone mad.'[267] As I discuss in Chapter 3, Mary and her brother Mark dwell particularly critically upon the

[262] Alison Kafer, *Feminist, Queer, Crip* (Bloomington, IN: Indiana University Press, 2013), p. 11.
[263] Ibid., p. 6.
[264] Ibid., p. 7; Lennard J. Davis, *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions* (New York, NY: New York University Press, 2002), p. 23. Emphasis in the original.
[265] Michael Rembis, 'Challenging the Impairment/Disability Divide: Disability History and the Social Model of Disability', in *Routledge Handbook of Disability Studies*, ed. by Watson and Vehmas, pp. 377–90 (p. 385).
[266] May Sinclair, *Mary Olivier: A Life*, intro. by Jean Radford (London: Virago, 1980), pp. 250, 153.
[267] Ibid., pp. 237, 228, 229.

culturally situated and contingent labelling of her experiences, but Mary and her family also express significant anxieties about heredity, locating Aunt Charlotte's madness within an inheritable bodymind. Once 'shut up' in the old nursery, Aunt Charlotte is shown to more closely resemble the paradigmatic 'madwoman in the attic', at one point trying to escape with screams that went '[u]p and up, tearing your brain', and attacking one of her captors.[268] Sinclair explicitly suggests that this is a response to her environment. Aunt Lavvy reflects that '[s]he never did that before', while the novel parenthetically lists the environmental changes to which she has been subjected: 'The doors and the partitions, the nursery and its bars, the big cupboard across the window, to keep her from getting away.'[269]

As I indicated earlier, the corner of the field most relevant to this present study is literary disability studies, which Barker and Murray describe '[rising] as a critical discipline in the 1990s' partially in response to the 'complexities' of literary disability metaphors and 'the prejudices of the representations that often accompanied them'.[270] 'Disability is everywhere in literature', they write, and yet so often not 'understood as its own mode of being'.[271] David T. Mitchell and Sharon L. Snyder uncover in *Narrative Prosthesis* (2000), for instance, how 'disability has been used throughout history as a crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytical insight'.[272] Ato Quayson's *Aesthetic Nervousness* (2007) tackles this 'representational power' head-on with a titular concept that addresses what happens 'when the dominant protocols of

[268] Ibid., pp. 250, 152.
[269] Ibid., p. 151.
[270] Barker and Murray, 'Introduction', in *The Cambridge Companion to Literature and Disability*, ed. by Barker and Murray, pp. 1–13 (p. 3).
[271] Ibid., pp. 1, 4.
[272] David T. Mitchell and Sharon L. Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor, MI: University of Michigan Press, 2000), p. 49.

representation within the literary text are short-circuited in relation to disability'.[273] Today, as Maren Linett writes in 'Cripping Modernism' (2019), '[l]iterary disability studies […] serves as the catchall term for critical approaches that explore the cultural constructions of bodies, minds, and behaviors and the norms that apply to them'.[274] Literary disability studies not only engages with representations of disabled characters or tropes, but also considers, as Alice Hall articulates in her introduction to the *Routledge Companion to Literature and Disability* (2020), 'disability as a critical methodology' by attending to places 'where disability structures the logic of the narrative or ways of seeing and knowing in the text'.[275] As such, write Barker and Murray, this scholarship moves between 'general theoretical terms', as we see with Mitchell and Snyder and Quayson, and more specific cases.[276] A particular challenge, which Jonathan Hsy takes up in 'Disability' (2015), is to explore disability 'on its own terms', rather than in furtherance of communicating 'something else'.[277] We might connect this to Sontag's work 'toward an elucidation of these [illness] metaphors, and a liberation from them'.[278]

The influence of disability studies on this thesis manifests above all through the structuring concept of unhealth and critical framework of attachedness. These move my work away from the common medical humanities (and health humanities) focus on disease-

[273] Ato Quayson, *Aesthetic Nervousness: Disability and the Crisis of Representation* (New York, NY: Columbia University Press, 2007), p. 15.
[274] Maren Linett, 'Cripping Modernism: An Introduction', *MFS: Modern Fiction Studies*, 65 (2019), 1–11 (p. 3). See also Maren Tova Linett, *Bodies of Modernism: Physical Disability in Transatlantic Modernist Literature* (Ann Arbor, MI: University of Michigan Press, 2017).
[275] Alice Hall, 'Introduction', in *Routledge Companion to Literature and Disability*, ed. by Alice Hall (Abingdon: Routledge, 2020), pp. 1–5 (p. 2).
[276] Barker and Murray, 'Introduction', in *The Cambridge Companion to Literature and Disability*, ed. by Barker and Murray, pp. 1–13 (p. 7).
[277] Jonathan Hsy, 'Disability', in *The Cambridge Companion to the Body in Literature*, ed. by David Hillman and Ulrika Maude (Cambridge: Cambridge University Press, 2015), pp. 24–40 (p. 38).
[278] Sontag, p. 4.

in-bodies or 'individual experiences of illness', the latter of which as Rebecca Garden notes in 'Critical Healing' (2019) does 'not always or consistently [explore] the differences and variations related to […] social categories'.[279] Instead, I am influenced by critical approaches that evaluate disability as, in Garland-Thomson's words, 'not so much a property of bodies as a product of cultural rules about what bodies should be or do', although this 'not so much' is, as we have seen, important and contested ground.[280] I use unhealth to develop a strategy for reading health and its 'conceptual opposite' that accounts not only for the impacts of more straightforward representations of gendered disease, illness and sickness, but also those diffuse and indirect cultural ideas and 'rules' that can be found consistently occupying the same space as depictions of women and 'woman' as a social category.[281] As such, this project works to circumvent a 'mimetic approach' to representations of disease, illness and sickness, which Susan Merrill Squier's 'Beyond Nescience' (2007) characterizes as 'implicitly accepting—and thus endorsing—the medical frame'.[282]

As we have already seen, despite their different projects and the distinction between their central concerns, there has been insightful work undertaken on the benefits of bringing medical humanities and disability studies together in conversations which, to draw from G. Thomas Couser in 'Illness' (2015), 'acknowledge the kinship and the overlap' between 'the ill and the disabled'.[283] In 'What Disability Studies Has to Offer Medical Education' (2011), for instance, Couser describes disability studies helping medical education with its 'tendency to

[279] Rebecca Garden, 'Critical Healing: Queering Diagnosis and Public Health through the Health Humanities', *Journal of Medical Humanities*, 40 (2019), 1–5 (p. 2).
[280] *Extraordinary Bodies*, p. 6.
[281] Ibid., p. 6.
[282] Susan Merrill Squier, 'Beyond Nescience: The Intersectional Insights of Health Humanities', *Perspectives in Biology and Medicine*, 50.3 (2007), 334–47 (pp. 335, 338).
[283] G. Thomas Couser, 'Illness', in *Keywords for Disability Studies*, ed. by Adams, Reiss and Serlin, pp. 300–04 (p. 304).

turn away from that which can't be corrected, that which frustrates, or embarrasses, medicine'.[284] Beth Linker's 'On the Borderland of Medical and Disability History' (2013), meanwhile, offers examples of disability histories which use 'biography to serve as a narrative anchor' and '[uncover] the past lives of the disabled', to illustrate how medical history might better approach the social, cultural and political lives of disease.[285] I suggest also that respectfully listening to and working with disability studies is one way in which we might move towards the kind of 'critical medical humanities [that] prioritizes a rhetoric of discomfort and disruption, reinforces the idea that the study and practice of medicine are inherently political, and catalyzes deeper and actionable change' that Zoe Adams and Anna Reisman call for in 'Beyond Sparking Joy' (2019).[286] As Quayson argues, encounters with disability frequently summon 'forms of anxiety, dissonance, and disorder', and crip theory or studies in particular embraces this, while we have seen elsewhere that the field as a whole undertakes radical critiques of medicine and its pose of neutrality.[287] One aim of this thesis is to incorporate these attributes into a literary approach positioned between medical humanities and disability studies, showing not only what literary studies can offer these fields, but also what their combined languages, concepts, methods, and critical attitudes can bring to literary studies in turn.

[284] G. Thomas Couser, 'What Disability Studies Has to Offer Medical Education', *Journal of Medical Humanities*, 32 (2011), 21–30 (p. 28).
[285] Beth Linker, 'On the Borderland of Medical and Disability History: A Survey of the Fields', *Bulletin of the History of Medicine*, 87.4 (2013), 499–535 (pp. 522, 523).
[286] Zoe Adams and Anna Reisman, 'Beyond Sparking Joy: A Call for a Critical Medical Humanities', *Academic Medicine*, 94.10 (2019), 1404.
[287] Quayson, p. 17.

'HOW IT OPERATES': CHAPTER OUTLINE

The three chapters of this study progress as three stages in an accretive argument, the project gathering force as its case studies expand from the domestic arena with Woolf in Chapter 1, to the domestic and professional with Richardson in Chapter 2, to the institutional with Sinclair in Chapter 3. At the same time, we move along a canonical trajectory: Woolf is by far the most securely canonically placed, and Sinclair the least, although the new editions of Richardson and Sinclair's bodies of work under production by the Dorothy Richardson Scholarly Editions Project and the May Sinclair Critical Editions Project respectively seek to redress this.[288] In *Modernism and the Ordinary* (2009), Liesl Olson argues that 'modernist writers do not always "affirm" the ordinary […] but they are always interested in how it operates'.[289] This project, as I have explained, is similarly uninvested in affirming the collocation of 'woman' and 'unhealth' in early twentieth-century fiction, but is rather driven by a persistent interest in how the attachments that it identifies between these two concepts come to materialize, operate and endure.

I begin Chapter 1 by questioning how Lauren Berlant's notion of life-building might enliven analyses of women's attachments to unhealth in a cross-section of Woolf's fiction: Rachel Vinrace's fatally constricted *Bildung* in *The Voyage Out* serves as an effective introduction to her work and the themes of effort, movement and future promise around which the chapter pivots. *Mrs Dalloway* then allows me to uncover how Clarissa is shown experiencing attachments to unhealth even 'after her illness', her party working as a

[288] See: 'Dorothy Richardson Scholarly Editions Project' <dorothyrichardson.org/drsep.htm> [accessed 8 December 2020]; and 'The Edinburgh Critical Editions of the Works of May Sinclair: Individual Volume Editors Announced' <https://maysinclairsociety.com/2017/08/22/the-edinburgh-critical-editions-of-the-works-of-may-sinclair-individual-volume-editors-announced> [accessed 8 December 2020].
[289] Olson, p. 5.

belaboured emblem of recovery (*MD* 23). Finally, *Flush: A Biography* demonstrates the persistence of these attachments not only at a remove from the sick-room as a site of domestic invalidism, but also across Woolf's oeuvre.

My focus in Chapter 2 is more wide-ranging, surveying the entirety of Richardson's *Pilgrimage* in order to provide a perspective on its scale and many shifts and contradictions. The analysis here is anchored by a focus on the ordinary. I trace how women's attachments to unhealth are made ordinary through their emergence from two interlocking sites of professional and domestic ordinariness: work and care. I draw together these strands of activity in a concluding discussion of the ideas of the individual future advanced in *Pilgrimage*, considering how Miriam's possibilities are shaped by the sociocultural implications of her particularly situated bodymind.

Chapter 3 takes a narrower approach, reading women's attachments to unhealth in Sinclair's *The Three Sisters* and *Life and Death of Harriett Frean* from multiple angles. I reflect on the impact of institutionalized medicine on the former through the notion of legibility — in terms of physiognomy and phrenology, diagnosis, and heredity and history — with a particular emphasis on *The Three Sisters* and blood. I take up the latter text to demonstrate the different ways that *Harriett Frean* is concerned with medicalized renunciation and diagnostic imperatives from which invariably spring women's attachments to unhealth. Finally, in the Afterword, I look to other ways of interlinking and extending the arguments and investments of the three chapters, and, guided by the thread of shame coursing through this thesis, consider where we might find emotion in all of this.

Clare Barker concludes 'Intoxicated Method, Thinking in Difference' (2015) by asking: 'How might medical humanities scholarship be altered if "health" is defamiliarised? If states

of putative *un*health are taken as a basis for our critical practice?'[290] Although these questions did not guide my initial research for this project, they do speak to what follows. In working from a disability studies inflected starting point of unhealth, mobilized by the notion of attachedness via Ahmed's concepts of stickiness and orientation, this thesis models a way of delineating a literary text's enmeshedness with health's *defamiliarized* 'conceptual opposite'.[291] Rather than describing an individual female character in relation to (metaphoricalized or non-metaphoricalized) disease, illness or sickness — relying on or replicating notions of these as '*symptom[s] of the organism*' or '*symptom[s] of the subject*' — it captures the contours of the condition of women more broadly in a body of early twentieth-century fiction that engages with a gendered culture of unhealth.[292]

[290] Clare Barker, 'Intoxicated Method, Thinking in Difference: A Response to Mel Chen', *Medical Humanities*, 41 (2015), 30–31 (p. 30). Emphasis in the original.
[291] *Extraordinary Bodies*, p. 6.
[292] *Hatred and Forgiveness*, p. 153. Emphasis in the original.

CHAPTER 1: LIFE-BUILDING WITH VIRGINIA WOOLF

Virginia Woolf died by suicide at the age of fifty-nine. In a study focused on women and unhealth, the elision of this fact, and the experiences that led up to it, would seem somehow dishonest. 'I guess I'm talking about it because it happened', Leslie Jamison writes in 'Grand Unified Theory of Female Pain' (2014): 'How do we talk about these wounds without glamorizing them?'[1] I am writing about Woolf's suicide because it happened; neither unremarkably nor inconceivably, the author of the works I discuss here died in this way. As I suggested in the Introduction, and as Madelyn Detloff concludes in 'Woolf and Crip Theory' (2016), 'there is not much to be gained from spilling more ink over the ontological or moral truth of Woolf's mental illness', or 'neuro/affective atypicality' as Detloff prefers, and there is similarly little left to be found in extruding analyses of her work through this single lens.[2] Her life and death inevitably impacted her writing, but I argue that they cannot function as a straightforward means of accessing it. Woolf produced intricate, lifeful novels, and I want to track some of the connections that they make between women and unhealth.

In this chapter, I think about the female protagonists of *The Voyage Out* (1915), *Mrs Dalloway* (1925) and *Flush: A Biography* (1933) in relation to unhealth and life-building. As the first of three interlinked investigations of women's attachments to unhealth, this chapter centres on those that emerge from the affective and, to borrow from Woolf in *A Room of*

[1] Leslie Jamison, 'Grand Unified Theory of Female Pain', *Virginia Quarterly Review*, 90.2 (2014) [*unpaginated*] <https://www.vqronline.org/essays-articles/2014/04/grand-unified-theory-female-pain> [accessed 25 November 2020].
[2] Madelyn Detloff, 'Woolf and Crip Theory', in *A Companion to Virginia Woolf*, ed. by Jessica Berman (New York, NY: Wiley-Blackwell, 2016), pp. 277–89 (p. 287).

One's Own (1929), 'grossly material' life-building activities that women carry out in these texts.[3] I take up the notion of life-building from Lauren Berlant's *Cruel Optimism* (2011), which is engaged in conversation with affect studies. Before explicating life-building itself, it is necessary to survey the landscape from which it springs. Affect is slippery — Gregory J. Seigworth and Melissa Gregg write somewhat obliquely in their introduction to *The Affect Theory Reader* (2010) that it 'is born in *in-between-ness* and resides as accumulative *beside-ness*' — and grappling with the field of its study is no less difficult, not least because '[t]here is no single, generalizable theory of affect'.[4] Indeed, while I recognize the importance of texts such as Eve Kosofsky Sedgwick's and Adam Frank's *Shame and Its Sisters: A Silvan Tomkins Reader* (1995) and Brian Massumi's *Parables for the Virtual* (2002) in the development of a plurality of theories of affect, I here acknowledge the constraints of focus and dip only briefly into more applied and grounded literary work on the theme, so as to reach the shores of *Cruel Optimism* and the generative notion of life-building that is most relevant to my reading of Woolf's works.[5]

We might venture to consider affect in broad strokes as '[emerging] out of muddy, unmediated relatedness' and concerning shifts and changes relating to our being in the world.[6] It tends to be discussed along the same charged, intangible yet palpable lines as emotion; some scholars work with the two interchangeably, while others enforce a firmer

[3] Virginia Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Morag Shiach (Oxford: Oxford University Press, 2008), pp. 1–149 (p. 54).
[4] Gregory J. Seigworth and Melissa Gregg, 'An Inventory of Shimmers', in *The Affect Theory Reader*, ed. by Melissa Gregg and Gregory J. Seigworth (Durham, NC: Duke University Press, 2010), pp. 1–25 (pp. 2, 3). Emphasis in the original.
[5] See: *Shame and Its Sisters: A Silvan Tomkins Reader*, ed. by Eve Kosofsky Sedgwick and Adam Frank (Durham, NC: Duke University Press, 1995); and Brian Massumi, *Parables for the Virtual: Movement, Affect, Sensation* (Durham, NC: Duke University Press, 2002).
[6] Seigworth and Gregg, 'An Inventory of Shimmers', in *The Affect Theory Reader*, ed. by Gregg and Seigworth, pp. 1–25 (p. 4).

distinction based upon ideas of origin and intentionality, and location and containment.[7] Jonathan Flatley summarizes the 'significant connotative differences' between affect and emotion maintained by 'everyday usage' in *Affective Mapping* (2008) in terms of relationality: 'Where *emotion* suggests something that happens inside and tends toward outward expression, *affect* indicates something relational and transformative.'[8] Another distinction is outlined by Megan Watkins in 'Desiring Recognition, Accumulating Affect' (2010): 'Affect, as a bodily phenomenon, is typically conceived as fleeting, whereas emotion, with its cognitive dimension, is viewed as long-lasting, triggered on an ongoing basis throughout one's life.'[9] Generally, affects are not considered to be controlled by or held within ourselves — we cannot *have* an affect — but are rather figured as 'forces' that emerge as we encounter other objects, impacting us, to draw from Seigworth and Gregg, such that we are driven 'toward movement, toward thought and extension', or perhaps 'suspend[ed]' or 'overwhelmed'.[10] Donovan Schaefer's discussion of affect theory, power and performance in 'It's Not What You Think' (2016) is useful here: 'Affects make us what we are, but they are neither under our "conscious" control nor even necessarily within the register of our awareness […].'[11]

[7] See Julie Taylor, 'Introduction: Modernism and Affect', in *Modernism and Affect*, ed. by Julie Taylor (Edinburgh: Edinburgh University Press, 2015), pp. 1–19.
[8] Jonathan Flatley, *Affective Mapping: Melancholia and the Politics of Modernism* (Cambridge, MA: Harvard University Press, 2008), p. 12. Emphasis in the original.
[9] Megan Watkins, 'Desiring Recognition, Accumulating Affect', in *The Affect Theory Reader*, ed. by Gregg and Seigworth, pp. 269–85 (p. 278).
[10] Seigworth and Gregg, 'An Inventory of Shimmers', in *The Affect Theory Reader*, ed. by Gregg and Seigworth, pp. 1–25 (p. 1).
[11] Donovan Schaefer, 'It's Not What You Think: Affect Theory and Power Take to the Stage' <https://dukeupress.wordpress.com/2016/02/15/its-not-what-you-think-affect-theory-and-power-take-to-the-stage> [accessed 25 November 2020].

Returning specifically to *Cruel Optimism*, Schaefer writes in a 2013 review that Berlant is interested in 'how systems of forces circulating within bodies—forces not necessarily subsumable or describable by language—interface with histories […] how discourses form ligatures with pulsing flesh-and-blood creatures'.[12] There are similarities between Schaefer's characterization of Berlant's engagement with affect and my own approach in this thesis. I am working to trace how a certain subject identity — woman — comes to interface with a discursive concept — unhealth — at a specific point in time, carving out space to reflect on the connections between bodyminds and ideas. Berlant describes *Cruel Optimism*'s titular concept as a 'relation' that 'exists when something you desire is actually an obstacle to your flourishing'.[13] It is 'a relation of attachment to compromised conditions of possibility whose realization is discovered either to be *im*possible, sheer fantasy, or *too* possible, and toxic'.[14] We might, for example, form an optimistic attachment to a particular career path because we imagine that a dream job will bring us both wealth and happiness, but discover that following along this path involves accumulating wealth with no time to spend it on that which makes us happy. In other words, we can see cruel optimism manifest when we invest in ouroboric possibilities which consume us along with their own promising tails. The 'moral-intimate-economic thing called "the good life"', Berlant writes, is key to cruel optimism; we form 'optimistic attachment[s]' to a set of 'fantasies' about the good life, for example 'upward mobility, job security, political

[12] Donovan Schaefer, 'The Promise of Affect: The Politics of the Event in Ahmed's *The Promise of Happiness* and Berlant's *Cruel Optimism*', *Theory & Event*, 16.2 (2013) [*unpaginated*] <https://muse.jhu.edu/article/509908> [accessed 25 November 2020].
[13] Lauren Berlant, *Cruel Optimism* (Durham, NC: Duke University Press, 2011), p. 1.
[14] Ibid., p. 24. Emphasis in the original.

and social equality, and lively, durable intimacy', on which we develop certain 'expectations about having and building a life'.[15]

This is not a chapter entirely about cruel optimism, but I am nonetheless struck by Berlant's latter formulation: in what ways do we *build* our lives? Berlant subsequently distinguishes between *life-making* as a 'pragmatic' activity and *life-building* as an 'accretive' activity.[16] Although both life-making and life-building seek to describe our 'ongoingness' in the world in terms of effort, I suggest that the pragmatism of life-making is suggestive of short-term continuation, while the accretive nature of life-building gestures towards the potential for life to acquire meaningfulness.[17] If life-building involves gradual growth and cohesion, then we can also understand it as an activity tied to more developed and definitive feelings about the future than life-making. Indeed, for Berlant, life-building seems to be particularly orientated towards fantasies of the good life, and therefore particularly implicated in the relational structures of cruel optimism. *The Voyage Out*, *Mrs Dalloway* and *Flush* are all about movement towards something more sustainable. Although not necessarily concerned with dreams of the good life as articulated by Berlant's contemporary examples, they nonetheless depict their protagonists' desires for lives that can be endured, maintained and defended. Using life-building to frame the actions of these financially privileged, mid-nineteenth- to early twentieth-century female protagonists enables me to think more clearly about their lives as both the processes and products of deliberate effort taking place within these fictional worlds. Lives do not just *happen*; they are built. I argue in

[15] Ibid., pp. 2, 3, 6.
[16] Ibid., p. 98.
[17] Ibid., p. 99.

this chapter that, in each of the three works I discuss, it is through representations of such life-building efforts that women's attachments to unhealth emerge.

I begin my analysis with an examination of *The Voyage Out*, which centres on Rachel Vinrace's 'thrusting desire to be understood' and to 'understand'.[18] I argue that Rachel becomes attached to unhealth through her musicianship, and consider how we might read her death in this context. I then turn to *Mrs Dalloway* and its focus on the party, which I argue is an example of cruelly optimistic life-building activity that directs attention towards Clarissa Dalloway's attachment to unhealth. By integrating the constellation of Woolf's short fiction that surrounds *Mrs Dalloway* into my understanding of the novel, I establish the primacy of Clarissa's attachment to unhealth in relation to that experienced by the First World War veteran Septimus Warren Smith. My subsequent discussion of *Flush*, Woolf's 'parody of Victorian literary biography' as described by Claire Battershill in *Modernist Lives* (2018), and its portrayal of Elizabeth Barrett Browning, centres on its staging of the durational strength of such attachments and serves to demonstrate Woolf's own sustained preoccupation with these themes.[19] The chapter concludes by drawing all three texts together through a reading of space and environment in Woolf's essay 'On Being Ill' (1926).

'A FANATIC': MUSIC AND UNHEALTH IN *THE VOYAGE OUT*

At twenty-four years old, bound for South America aboard her father's ship and surrounded by talk of disease, illness, sickness and death, Rachel Vinrace sits 'in her room doing

[18] Virginia Woolf, *The Voyage Out*, ed. and intro. by Jane Wheare (London: Penguin, 1992), pp. 58, 56. Further references to this edition are given after quotations in the text.
[19] Claire Battershill, *Modernist Lives: Biography and Autobiography at Leonard and Virginia Woolf's Hogarth Press* (London: Bloomsbury Academic, 2018), p. 100.

absolutely nothing' (*VO* 25). *The Voyage Out* begins in London as Helen and Ridley Ambrose board the *Euphrosyne*, named both for the Greek goddess of grace and beauty and, Colleen Lamos notes in 'Virginia Woolf's Greek Lessons' (2006), for 'the title of a volume of pseudoclassical verse written by [Woolf's older brother] Thoby and his Cambridge friends, which Woolf privately ridiculed'.[20] The Ambroses board with comments upon the potentially deadly danger of the ship's stairs, before greeting an acquaintance, Mr Pepper, by inquiring about his rheumatism: '"One does not die of it, at any rate," said Helen.' (*VO* 8) Woolf thus sets the scene for subsequent shipboard complaints — including gout, a heart that *goes*, 'rheumatism and pneumonia', extensive seasickness and 'a disease [that] had broken out in the East' — while simultaneously establishing an ambivalence towards environmental attribution via Mr Pepper's equivocal assertion that his rheumatism '[t]o some extent […] depends on the weather, though not so much as people are apt to think' (*VO* 23, 31, 8). This opening additionally generates a sense of anticipation for a point in the future when Rachel will be doing *something*: she is presented by her father as 'a young woman' of whom 'we expect great things', by which we are led to infer a great marriage (*VO* 14). Her prospects are also raised by a warning from Helen that Rachel's Aunt Bessie is 'afraid' that she will 'spoil' her arms, and again in the conditional by Helen herself: 'If ever Miss Rachel marries […].' (*VO* 13, 23) Woolf likens the *Euphrosyne* to 'a bride going forth to her husband, a virgin unknown of men' in words that, James Naremore writes in 'A World Without a Self' (1972), 'make as

[20] Colleen Lamos, 'Virginia Woolf's Greek Lessons', in *Sapphic Modernities: Sexuality, Women and National Culture*, ed. by Laura Doan and Jane Garrity (New York, NY: Palgrave Macmillan, 2006), pp. 149–64 (p. 154). For further discussion of the *Euphrosyne* volume of verse, see S. P. Rosenbaum, 'The First Book of Bloomsbury', *Twentieth Century Literature*, 30.4 (1984), 388–403.

much or more sense if they are regarded as the thoughts of the young protagonist […] about herself—or perhaps as the author's observations about Rachel' (*VO* 25).[21]

'It's humiliating to find what a slave one is to one's body in this world', declares a seasick Richard Dalloway, who later joins the ship with his wife Clarissa, a sharper, and yet more communicative and tactile, variation upon the *Mrs Dalloway* protagonist (*VO* 64). His 'slave' metaphor has disturbing racialized implications, particularly in a novel wherein a journey to a 'small colony' in South America serves as the crucible for a white Englishwoman's 'deferred or blocked' *Bildung*, as Jed Etsy describes in 'Virginia Woolf's Colony and the Adolescence of Modernist Fiction' (2007), but the phrasing here is significant for another reason as well (*VO* 64, 80).[22] Richard advances a division of the 'mind' and the 'body', an avowal that he is not his physical responses, and yet seasickness (also known as motion sickness) is thought to be 'based on some form of sensory conflict or sensory mismatch' whereby the brain — where we might think to locate the 'mind' — is disorientated by 'actual versus expected' inputs.[23] In other words, we become seasick when our entangled 'minds' and 'bodies', each operating upon the signals of the other, misrelate to one another and produce specific responses to our environments. Rather than accepting Richard's description of seasickness as a product of the 'body', then, we might perhaps more accurately describe it as a product of the bodymind.

[21] James Naremore, 'A World Without a Self: The Novels of Virginia Woolf', *NOVEL*, 5.2 (1972), 122–34 (p. 127).
[22] Jed Esty, 'Virginia Woolf's Colony and the Adolescence of Modernist Fiction', in *Modernism and Colonialism: British and Irish Literature, 1899–1939*, ed. by Richard Begam and Michael Valdez Moses (Durham, NC: Duke University Press, 2007), pp. 70–90 (p. 73).
[23] John F. Golding, 'Motion Sickness Susceptibility', *Autonomic Neuroscience: Basic and Clinical*, 129.1–2 (2006), 67–76 (p. 68).

The bodymind, referenced previously in the Introduction, is described by Sami Schalk in *Bodyminds Reimagined* (2018) as 'a materialist feminist disability studies concept'.[24] Like Schalk, I pull it from the work of Margaret Price, who explains in 'The Bodymind Problem and the Possibilities of Pain' (2015) that she 'picked [it] up' from trauma studies.[25] Price argues that 'because mental and physical processes not only affect each other but also give rise to each other […] it makes more sense to refer to them together, in a single term', but cautions that use of the concept should involve acknowledgment of 'the imbrication (not just the combination) of the entities usually called "body" and "mind"'.[26] The bodymind meshes well with the concept of unhealth, which crucially does not distinguish between 'mental' and 'physical' disease, illness and sickness, because both discourage taxonomical approaches to the experiences of the human subject. Put to work simultaneously in this study of early twentieth-century fiction, it becomes easier to grapple with Rachel, for example, as the product of many different elements that have combined, and continue to combine, to form what we might call the self or being.

I suggest that the bodymind is a useful tool for analysis of *The Voyage Out* because Rachel's life-building efforts to satisfy her 'thrusting desire to be understood' and to 'understand' are enacted through interlocking, mutually contingent 'mental' and 'physical' processes (*VO* 58, 56). Specifically, I propose that these processes are epitomized by what Emma Sutton, in *Virginia Woolf and Classical Music* (2013), calls Rachel's 'amateur domestic [piano] playing', and that this in turn generates for her character an attachment to unhealth

[24] Sami Schalk, *Bodyminds Reimagined*: *(Dis)ability, Race, and Gender in Black Women's Speculative Fiction* (Durham, NC: Duke University Press, 2018), p. 5.
[25] Margaret Price, 'The Bodymind Problem and the Possibilities of Pain', *Hypatia*, 30 (2015), 268–84 (p. 269).
[26] Ibid., pp. 269, 270.

far in advance of the headache from which spirals her eventual death.[27] I do not mean to suggest that Rachel *succeeds* in building an endurable, maintainable, defendable life for herself — Allison Pease argues persuasively in *Modernism, Feminism, and the Culture of Boredom* (2012) that 'where *The Voyage Out* appears to promise Rachel's quest to become an individual, near the end it […] turns instead to an independence that is connected to impersonality' — but I am interested in the results of the attempt.[28] In drawing together Rachel's musicianship with unhealth, I follow Joyce E. Kelley's work on *The Voyage Out* and illness, and on the piano, in *Excursions into Modernism* (2015), but note that although Kelley references the 'hazardous' nature of women's musicianship, she does not draw out the same connections between these themes that I develop here.[29]

My use of the bodymind is also complicated by the end of the novel when, as Pease notes, Rachel experiences on her deathbed 'a literal Cartesian split':

> But for long spaces of time she would merely lie conscious of her body floating on top of the bed and her mind driven to some remote corner of her body, or escaped and gone flitting around the room. All sights were something of an effort, but the sight of Terence was the greatest effort because he forced her to join mind to body in the desire to remember something.[30] (*VO* 327–28)

Rather than posing a contradiction, however, I suggest that this passage speaks to the previous imbrication of Rachel's 'body' and 'mind'. The split occurs amid the distorted impressions of her illness, feeling like 'a drift of melting snow', but even in the midst of this,

[27] Emma Sutton, *Virginia Woolf and Classical Music: Politics, Aesthetics, Form* (Edinburgh: Edinburgh University Press, 2013), p. 64.
[28] Allison Pease, *Modernism, Feminism, and the Culture of Boredom* (Cambridge: Cambridge University Press, 2012), p. 117.
[29] Joyce E. Kelley, *Excursions into Modernism: Women Writers, Travel, and the Body* (Farnham: Ashgate, 2015), p. 249.
[30] Pease, p. 118.

when she is prompted by 'the sight of Terence' to 'desire' a memory of her past — to engage however marginally with the living, in an *act* of living — her 'body' and 'mind' are 'forced' to come together once more (*VO* 327, 328). In other words, the fragmentation of Rachel's bodymind is set out as a product of her fever, the novel's account of which, as Peter Fifield writes in *Modernism and Physical Illness* (2020), is 'a striking, phenomenological analysis of illness […] as an event that modifies the very texture of […] experience'.[31] This passage forms part of an ongoing conversation within the novel about the relationship between the 'body' and 'mind', regarding which this section engages in relation to Rachel's musicianship.

At the beginning of the novel, when not in her room doing 'nothing', Rachel 'sit[s] for hours playing very difficult music, reading a little German, or a little English', because although there is 'no subject in the world' that she knows 'accurately', she is 'a fanatic about music' (*VO* 26). Building on Kimberly Engdahl Coates's observation in 'Phantoms, Fancy (And) Symptoms' (2012) that 'it is clear from the beginning that her way of being in and seeing the world contrast starkly with that of the other characters', I suggest that the associations of frenzied possession and 'excessive and mistaken enthusiasm' contained by the term 'fanatic' do significant work for Rachel's portrayal (*VO* 26).[32] In a novel that begins with the spatial containment of its characters onboard the *Euphrosyne*, and in which exposure to movement and newness fatally constricts its protagonist's *Bildung*, music is presented as a disturbing and disturbed mechanism of release. James Kennaway explains in 'The Piano Plague' (2011) that, building on a blended nineteenth-century understanding of music as both 'sensual

[31] Peter Fifield, *Modernism and Physical Illness: Sick Books* (Oxford: Oxford University Press, 2020), p. 92.
[32] Kimberly Engdahl Coates, 'Phantoms, Fancy (And) Symptoms: Virginia Woolf and the Art of Being Ill', *Woolf Studies Annual*, 18 (2012), 1–28 (p. 15); 'fanatic, *adj*. and *n*.', in *OED Online* <www.oed.com> [accessed 1 December 2020].

stimulant' and potential cause of neurasthenia, 'music was essentially portrayed as a source of fatigue, an additional intellectual strain for which girls were supposedly ill equipped' in early twentieth-century medical discourses.[33] *The Voyage Out* explicitly engages with these discourses when Helen and Clarissa ponder, in front of Rachel and prompted by discussion of her talent, whether music is 'altogether good for people', or if it is perhaps '[t]oo great a strain' or '[t]oo emotional, somehow' (*VO* 39). Clarissa assumes a mocking 'look of intensity' to claim that 'the kind of attitudes people go into over Wagner' must be exaggerated because '[t]he people who really care about an art are always the least affected' (*VO* 39). There is a distaste here for those who experience what Clarissa deems to be excessively visible pleasure in music — those who are moved too intensely become too much for others to bear — and this is intertextually pathologized by her supporting reference to Sir William Broadley, whose name resembles that of Sir William Bradshaw, the sinister proponent of the rest cure in *Mrs Dalloway*.

The invocation of Wagner, too, heightens the intensity of Helen's and Clarissa's critique, for Kennaway notes in *Bad Vibrations* (2012) that the German composer's music was a major repository for nineteenth-century 'anxieties about music and nervous modernity', animated by its perceived associations with eroticism and sensuality, homosexuality and degeneration.[34] Physicians and critics alike, among them Max Nordau in *Degeneration* (1895), deemed Wagner morally inappropriate, and his 'weak' rhythms dangerous.[35] My argument here is that Rachel's musical fanaticism shifts our focus away

[33] James Kennaway, 'The Piano Plague: The Nineteenth-Century Medical Critique of Female Music Education', *Gesnerus*, 68 (2011), 26–40 (pp. 29, 32).
[34] James Kennaway, *Bad Vibrations: The History of the Idea of Music as a Cause of Disease* (Farnham: Ashgate, 2012), p. 63.
[35] Ibid., p. 70.

from the miasmic climate of disease, illness, sickness and death aboard the *Euphrosyne* to which I previously drew attention, and generates for the character a particular attachment to unhealth. As Kelley points out, the 'fears of foreign illness' established at sea continue to manifest on Santa Marina, but they are largely 'swept into the background', while Rachel continues to play the piano with a determined focus.[36] Rachel's fledgling desire to undertake life-building work also arises as a result of her fanaticism, alongside a creeping discomfort with the way she indulges her love of music as a kind of somnambulism: a way to 'forget all the rest', '[accept] her lot very complacently' and distance herself 'in dreamy confusion' from the concerns of 'these odd men and women' (*VO* 29). It is not music or her fanaticism with which I suggest she grows discomforted, but rather this placid mode of engagement. As Emma Sutton puts it in 'Music, Writing, and the Modern in Virginia Woolf's *The Voyage Out*' (2006), the novel's first account of Rachel's piano-playing 'is represented as a moment of solipsistic isolation', the 'passionate aestheticism' of her approach also '[dividing] her from contemporary concerns' by recalling an earlier, 'ninetyish' mode of appreciation.[37]

When, later in the novel, the musicians playing during a dance at the Santa Marina hotel retire their instruments and Rachel takes up the piano, she boldly insists her fellow guests '[i]nvent the steps' to a Mozart sonata until '[b]y degrees every person in the room was tripping and turning in pairs or alone' in a Dionysian spectacle (*VO* 152). Sutton writes of Rachel's performance that it 'brings her into closer contact with her peers and also serves a beneficial purpose for the community', and I suggest in addition that there is an element of

[36] Kelley, p. 146.
[37] Emma Sutton, "'Within a Space of Tears": Music, Writing, and the Modern in Virginia Woolf's *The Voyage Out*', in *Music and Literary Modernism: Critical Essays and Comparative Studies*, ed. by Robert P. McParland, 2nd edn (Newcastle: Cambridge Scholars Press, 2009) pp. 50–65 (pp. 58, 59, 51).

contagious or contaminative abandon to the dance, which '[s]ome people were heard to criticise […] as a romp', as though there is some particularly — potentially dangerously — stimulating quality to Rachel's playing (*VO* 152).[38] This episode thus exaggerates the ties with unhealth that Rachel's musical fanaticism accrued earlier in the novel, but there is a tension between what we might call the musical epidemic and Rachel as a self-absorbed disease-vector. After the Mozart sonata, she '[passes] without stopping to old English hunting songs, carols, and hymn tunes' before concluding with Bach, 'at this time the subject of her intense interest', after the last dancers have left the floor (*VO* 152, 153). This playing of Bach 'to herself' attracts 'some of the younger dancers', who find their 'nerves […] quieted' by the music and afterwards '[desire] nothing but sleep' (*VO* 153). During the 'romp', the group amplifies and transforms how Rachel harnesses her fanaticism, but in the aftermath, she influences these 'younger dancers' such that they adopt her earlier dreamy disposition (*VO* 152, 153). Rachel is in the process of reconstructing her approach to music and life itself, but unhealth is ever-present.

The specific reference to Bach is, again, significant: Sutton notes that Bach is 'associated with a genial family life, in contrast to Beethoven and Wagner', which works in concordance with the generous communal atmosphere of the dance, and that Bach's '[association] with formal perfection' stands against 'the emotive, high Romantic music and subjects of Wagner's dramatic works'.[39] Sutton also crucially observes that this 'concentration on form is depicted in architectural imagery […] the temporal sequence of the performances imagined as processes of construction', and suggests more expansively in

[38] Ibid., p. 64.
[39] Ibid., pp. 64, 63.

Virginia Woolf and Classical Music that this imagery, also found in E. M. Forster's *A Room with a View* (1908), conveys how '[p]laying allows these women immersion in their own experiences, pleasure and corporeality, and thus offers a means of recuperating the value of amateur domestic playing'.[40] Kelley similarly considers this moment to '[champion] Rachel as a builder and explorer of new musical worlds', and I draw from these readings to propose that Woolf also uses this imagery to align Rachel's playing with notions of progress and advancement that we can map onto her life-building efforts.[41] Listening quietly after the end of the dance, Rachel's younger audience 'sat very still as if they saw a building with spaces and columns succeeding each other rising in the empty space' while she creates something new and spectacular for them; they 'began to see themselves and their lives, and the whole of human life advancing very nobly under the direction of the music', the experience generating the purpose and drive that Rachel herself seems initially to lack (*VO* 153).

It is in this way, I argue, that music in *The Voyage Out* becomes tied simultaneously to life-building and unhealth, with the novel triangulating these two conceptual coordinates for its readers through the bodymind: Rachel's playing evidences a reciprocity between 'physical' endeavour and 'mental' stimulation, and her life-building is enacted through a tangle of 'physical' action and 'mental' rumination. Reading in her private room on Santa Marina, inspired to wonder aloud about the meaning of life — 'What is the truth? What's the truth of it all?' — we learn that 'it could be seen that her whole body was constrained by the working of her mind' (*VO* 112). This kind of imbrication perhaps leads to some of the disjunction she experiences with her eventual fiancé, Terence Hewet, who understands

[40] Ibid., p. 62; *Virginia Woolf and Classical Music*, pp. 63–64.
[41] Kelley, p. 247.

himself through a more divided framework. After spending time with Rachel, Terence contemplates whether love tends to 'begin in this way, with the wish to go on talking', that is, in the 'mind' or alternatively 'with definite physical sensations', that is, in the 'body' (*VO* 169). More specifically, he is perplexed because the former is present in his interactions with Rachel, which he acknowledges that his friend St. John Hirst would attribute to love, while the latter 'sensations' to which he is more accustomed are starkly absent (*VO* 169).

In Woolf's essay 'Three Guineas' (1938), she explains that for the 'educated man's daughter' of the nineteenth century, 'the thought of marriage influenced what she said, what she thought, what she did', and that these constraints restricted women's musicianship amongst other modes of occupation: 'It was with a view to marriage that she tinkled on the piano, but was not allowed to join an orchestra […].'[42] We see here a distinction between domestic diversion and public performance, which shifts and becomes more pronounced on a larger scale according to Lucy Green in *Music, Gender, Education* (1997), who describes 'an abundance of women singers, pianists and some string players in the performance classes of the conservatoires' in the late nineteenth-century, despite women being 'virtually unknown in the composition class' in the same period.[43] Green attributes this division to the 'tension […] between music's cerebral and its bodily traits', demonstrating how dominant musical discourses believed that 'a metaphorical display of the power of mind' inherent to composition '[conflicted] with patriarchal constructions of femininity' in a way that performance as a predominantly 'bodily' activity did not.[44] Returning to *The Voyage Out*, I

[42] Virginia Woolf, *Three Guineas*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Shiach, pp. 151–367 (pp. 163, 206).
[43] Lucy Green, *Music, Gender, Education* (Cambridge: Cambridge University Press, 1997), p. 96.
[44] Ibid., pp. 86, 88, 86.

want to argue that this mind-body split which Green identifies being 'reproduced in the discourse on music' finds itself complicated by Rachel's playing during the hotel dance.[45] While she might not compose new music for this dance, she does improvise for the sake of her audience, adapting her playing and moving between different genres with ease.

Mark A. Wollaeger describes this process in 'The Woolfs in the Jungle' (2003) as a 'rescripting of traditional English tools' in a transformative 'species of quodlibet, or musical collage'.[46] Rachel is able to '[mark] the rhythm boldly so as to simplify the way' for the hotel dancers because she is so '[s]ure of her melody', and she goes even further in private the following day:

> Her ears hummed with the tunes she had played the night before; she sang, and the singing made her walk faster and faster. […] Faces of people she had seen last night came before her; she heard their voices; she stopped singing, and began saying things over or saying things differently, or inventing things that might have been said. (*VO* 152, 159)

Woolf shows us a definite process of artistic creation; from everything 'surging round in her head', Rachel composes — *invents* — something completely new, developing what Kelley calls 'a curious kind of improvisation on a set structure, similar to jazz' (*VO* 159).[47] Drawing from what we might describe as these moments of compositionality, I suggest that in her ability to inhabit the parts of both performer and composer, Rachel poses a challenge to the musical mind-body split that Green describes. On another walk later in the novel, she

[45] Ibid., p. 85.
[46] Mark A. Wollaeger, 'The Woolfs in the Jungle: Intertextuality, Sexuality, and the Emergence of Female Modernism in *The Voyage Out*, *The Village in the Jungle*, and *Heart of Darkness*', *MLQ: Modern Language Quarterly*, 64 (2003), 33–69 (p. 40).
[47] Kelley, p. 252.

explains to Terence that '[m]usic is different' in response to the suggestion that what he 'want[s] to do in writing novels is very much what you want to do when you play the piano' — he describes 'combining' things and making 'figures' — but allows that she can 'see' what he 'mean[s]' (*VO* 207, 206–07, 207). Rachel's compositional insights speak to the imbrication of her bodymind. Her 'cerebral' and 'bodily' musicality work in accord.[48]

Rachel's musicality is often framed as a negative addendum to her personality, especially by her father: 'She's a nice quiet girl, devoted to her music — a little less of *that* would do no harm.' (*VO* 77, emphasis in the original) Through Willoughby Vinrace's selfish desire she be '[made] a woman', specifically one capable of 'entertaining' to support his political ambitions, we return to perhaps more tangible anxieties about Rachel's fanaticism, of which she is herself aware (*VO* 77). When Helen warns her, as we saw previously, that Aunt Bessie is 'afraid' she will 'spoil' her arms if she 'insist[s] upon so much practising', Rachel immediately understands the implication: 'The muscles of the forearm — and then one won't marry?' (*VO* 13) Woolf ensures that we do, too; through Mrs Elliot's and Mrs Thornbury's later discussion of the plight of early twentieth-century spinsters ('[u]nmarried women — earning their livings — it's the hardest life of all') and health experiences ('a miscarriage is so much worse than a confinement') over breakfast on Santa Marina, she creates a malleable discursive boundary between the two topics with ominous implications for our protagonist (*VO* 104, 105). In the end, despite her own vow that she 'shall never marry', Rachel does become engaged, albeit to a man who privately notes that she is 'less desirable' when she discusses her passion (*VO* 51, 195). In fact, as Rachel sits playing

[48] Green, p. 86.

alongside Terence, 'quite forgetful of him' while he attempts to write his book, Woolf returns to the figurative domain of architectural advancement:

> Up and up the steep spiral of a very late Beethoven sonata she climbed, like a person ascending a ruined staircase, energetically at first, then more laboriously advancing her feet with effort until she could go no higher and returned with a run to begin at the very bottom again. (*VO* 275)

Rachel's playing, which Terence condescendingly complains distracts from his own creative practice in a way that 'nice simple tunes' would not, is again understood in terms of a determined — successful, measurable — development, or, in Nathan Waddell's words in *Moonlighting* (2019), a sort of utopian 'way out and through' (*VO* 276).[49] She returns to the bottom, yet is undeterred; Woolf describes her '[a]ttacking her staircase once more' while neglecting to counter Terence's diagnostically inflected 'notes of interrogation […] under the heading Women', because she has 'advanced so far in the pursuit of wisdom' that she is no longer invested in 'revealing the secrets of her sex' or indeed in him at all (*VO* 275).

This sense of transcendence stands in stark relief to the dream that haunts her after she is kissed by Richard Dalloway on the *Euphrosyne*, in which she is walking 'down a long tunnel, which grew so narrow by degrees that she could touch the damp bricks on either side', only to become 'trapped […] alone with a little deformed man' (*VO* 68). Here, again, is an image of an unfolding built environment, but rather than growing up and out, Rachel moves laterally along an obstructed 'internalized cityscape evocative of an underpass or the Underground', as Mark A. Wollaeger writes in 'Woolf, Postcards, and the Elision of Race'

[49] Nathan Waddell, *Moonlighting: Beethoven and Literary Modernism* (Oxford: Oxford University Press, 2019), p. 131.

(2001), which confines and terrifies her.[50] What I frame as Rachel's life-building sits in loose accordance with what Pease describes as 'Rachel's quest to become an individual'.[51] For Pease, the treatment of this quest is a feminist issue: individualism 'means knowing and expressing one's own desire' in a way that 'went against one's training as a woman' in the early twentieth century.[52] I suggest that the desire contained within the scene with Richard goes against this 'training' in a way for which Rachel is not prepared, for while she feels 'her small world becoming wonderfully enlarged' during their paternalistic interlocution, she is ultimately left feeling trapped (*VO* 73).[53] On the other hand, in playing 'a very late Beethoven' as an amateur female musician, which Waddell explains poses a 'challenge [to] the association between Beethoven's late music and manliness', Rachel expresses her desire for a 'way out and through' in a manner over which she has mastery, confidently identifying herself to Terence, when finally he attracts her attention, as 'the best musician in South America, not to speak of Europe and Asia' (*VO* 275, 276).[54]

An 'unlicked girl' who finds that the 'smooth unmarked outline' of her face is 'not the face she wanted, and in all probability never would be', Woolf insistently reminds us in the early chapters of *The Voyage Out* not only that Rachel has been remarkably sheltered from that with which others expect the world will soon confront her, but that her 'large enquiring eyes' are eager to expand their horizons (*VO* 16, 18, 33, 13). She has been 'brought up with excessive care, which as a child was for her health' but now is 'for what it seems almost

[50] Mark A. Wollaeger, 'Woolf, Postcards, and the Elision of Race: Colonizing Women in *The Voyage Out*', *Modernism/modernity*, 8 (2001), 43–75 (p. 53).
[51] Pease, p. 117.
[52] Ibid., p. 106, 107.
[53] Ibid., p. 107.
[54] Waddell, p. 117, 131.

crude to call her morals' (*VO* 27). Although the novel here articulates a transfer of concern for her 'body' to her 'mind', it becomes quickly apparent that her guardians' moral instruction has revolved around a more expansive control of her entangled bodymind; she not only does not 'walk alone', for instance, but does not even realize 'why' this is the case until her encounter with Richard, following which she experiences a simultaneous 'chill of mind and body' (*VO* 72, 67). '[T]his new light' changes everything:

> [S]he saw her life for the first time a creeping hedged-in thing, driven cautiously between high walls, here turned aside, there plunged in darkness, made dull and crippled for ever — her life that was the only chance she had — a thousand words and actions became plain to her. (*VO* 72)

In this passage, Rachel's 'ongoingness' is figured very explicitly through a halting and hesitant movement, constrained by what she will later describe as 'the fine, closely woven substance of their life at home', in a way that sits in opposition to the energy and vitalism figured within her piano playing (*VO* 201).[55]

Rachel thus understands her life prior to the voyage in terms of disablement, walking alone coming to stand metonymically for a more general sense of independent living. This is a novel about movement; Rachel 'seems an *object* of travel' to Suzana Zink in *Virginia Woolf's Rooms and the Spaces* of *Modernity* (2018), being as she is '[denied] the central position in the departure scene, a powerful trope in women's narratives of travel', but through the figuration of her musical fanaticism in particular, I suggest that Rachel can also stand for advancement, though her trajectory is not a linear one.[56] Certainly, Esty's

[55] Berlant, p. 99.
[56] Suzana Zink, *Virginia Woolf's Rooms and the Spaces of Modernity* (London: Palgrave Macmillan, 2018), p. 56. Emphasis in the original.

assessment of her as 'a bundle of crisscrossing libidinal vectors, a human nebula, poised between becoming and unbecoming herself' holds true through the stuttering realization — 'I can be m-m-myself' — that she articulates aboard the *Euphrosyne*, suddenly 'profoundly excited at the thought of living' (*VO* 75).[57] We see this again when Woolf gently ironizes her inexperience and desire to *know* through the aside that she and Helen term their habit of 'strolling through the town after dark' on Santa Marina as '[s]eeing life' (*VO* 88). It is, after all, Clarissa professes effusively, '*living*, not dying, that counts', as Rachel seems increasingly to realize as the group prepare to travel up a local river; at one point, 'no longer able to see the world as a town laid out beneath her', she perceives it 'covered instead by a haze of feverish red mist', unknowable and vaguely threatening (*VO* 50, 245, emphasis in the original). For Kelley, this mist 'seems to come from her own newly altered perception; it is not the world that is "feverish" but Rachel herself, though she has not yet caught any physical illness', and in this way, we might consider that her life-building efforts come to produce an attachment to unhealth even in the absence of the framework of her musicianship.[58]

Up to this point, I have focused on the gendered attachments to unhealth that arise in the novel prior to the group 'expedition' to intrude voyeuristically upon a 'native' village: I have uncovered a textual presence of unhealth well before Rachel succumbs to the 'physical illness' to which Kelley alludes above (*VO* 250).[59] Fifield, who reads *The Voyage Out* as an engagement with 'the genre of the exotic adventure novel', suggests that '[c]ritical efforts to

[57] Esty, 'Virginia Woolf's Colony and the Adolescence of Modernist Fiction', in *Modernism and Colonialism*, ed. by Begam and Moses, pp. 70–90 (p. 80).
[58] Kelley, p. 149.
[59] Ibid., p. 149.

absorb Rachel's death into the thematic fabric of the novel, reading there a judicious gesture of an embryonic feminist politics, often feel unconvincing'.[60] By largely bracketing her death to dwell on the conceptual intersection of life-building, female musicianship and the bodymind that disrupts our understanding of the 'thematic fabric' of the novel, I have taken a different path.[61] And yet, Woolf's representation of Rachel's fatal 'headache' cannot be ignored (*VO* 309). Fifield positions 'the fever set piece' as a specifically modernist 'reorientation of the novel form towards rendering singular experience rather than its utility for a well-turned tale', and it is true that the 1915 Duckworth edition heightens and expands its focus on the subjective, affective experience of illness in comparison to earlier drafts.[62] These drafts have been reconstructed by Louise A. DeSalvo as *Melymbrosia* (1982), named for Woolf's working title. Hermione Lee notes in *The Novels of Virginia Woolf* (1977) that *Melymbrosia* 'romantically evokes the ethics of a pastoral Greek antiquity' in an allusion that is 'retained' in the name of the *Euphrosyne*.[63] In *The Voyage Out*, Woolf juxtaposes Terence's and St. John's sober discussions of 'every symptom and its meaning' and their tightly controlled planning sessions, staged '[a]s if they were starting out on a difficult expedition together', against the sights that Rachel sees in the midst of her own expedition away from 'the ordinary world', on 'some adventure, some escape' regarding which meaning is just beyond 'grasp' (*VO* 314, 315, 311, 322). In a corresponding passage in *Melymbrosia*, the same idea is expressed slightly differently, so as to recall her improvisational walk following the hotel dance: 'She herself was adventuring among strange sights with people whom she

[60] Fifield, pp. 80, 86.
[61] Ibid., p. 86.
[62] Ibid., pp. 84, 87. The Duckworth edition provides the copy-text for the edition read in this thesis.
[63] Hermione Lee, *The Novels of Virginia Woolf* (New York, NY: Holms and Meier, 1977), pp. 31, 32.

came to recognise; some she hated, some she thought ridiculous.'[64] The prescription of 'medicine and milk' pales in insignificance to both imaginative journeys (*VO* 316).

Rachel becomes the patient of an imposing nurse and two successive doctors — the first 'uneasily' insists that '[t]here is no reason for anxiety' in her loved ones; the second considers it self-evident that she is 'very ill' — but as in 'On Being Ill', to which I turn in the concluding section of this chapter, the emphasis is on an 'illness' rather than 'disease', and specifically one which, as Teresa Louro writes in 'Virginia Woolf and the Art of Pain' (2012), 'is both firmly grounded on [*sic*] the body and explodes inside her mind' (*VO* 319, 323).[65] In a moment of continuity with the novel's earlier description, we can see the notion of the imbricated bodymind particularly clearly when Rachel 'shut her eyes, and the pulse in her head beat so strongly that each thump seemed to tread upon a nerve, piercing her forehead with a little stab of pain' (*VO* 310).[66] This reference to 'the whitish, cord-like structures that connect the central nervous system (brain and spinal cord) with sensory receptors and effector organs (chiefly muscles and glands) in the rest of the body' gestures us towards the mutually dependant 'mind' and 'body'.[67] Also mutually dependant, Terence muses to himself as he holds his dying fiancée's hand, were he and Rachel. Despite her yearnings for understanding and advancement throughout the novel captured by the tension between her musicianship as figurative life-building and as pathological fanaticism, we are left with some scepticism as to whether she ever achieved the 'happiness' which she and Terence self-

[64] Virginia Woolf, *Melymbrosia: An Early Version of 'The Voyage Out'*, ed. and intro. by Louise A. DeSalvo (New York, NY: New York Public Library, 1982), p. 226.
[65] Teresa Louro, 'Virginia Woolf and the Art of Pain', in *Relational Designs in Literature and the Arts: Page and Stage, Canvas and Screen*, ed. by Rui Carvalho Homem (Amsterdam: Rodopi, 2012), pp. 303–12 (p. 309).
[66] For further work on pain in *The Voyage Out*, see Lorraine Sim, *Virginia Woolf: The Patterns of Ordinary Experience* (Farnham: Ashgate, 2010), pp. 81–106.
[67] 'nerve, *n*.', *OED Online* <http://www.oed.com> [accessed 1 December 2020].

consciously professed following their engagement (*VO* 267). 'I sometimes think that happiness is the only thing that counts', Clarissa speculates early in the novel, but it is only through Terence's grief-stricken assessment that we can access the meaning that Rachel has made: 'It was happiness, it was perfect happiness. They had now what they had always wanted to have, the union which had been impossible while they lived.' (*VO* 50, 334)

Although, as Coates concludes, '[a]esthetically speaking, illness proves to be far more interesting and liberating than love' for Rachel, I suggest that compared to the obsessive, generative musicianship through which Rachel becomes attached to unhealth, this depiction of her death seems somehow unsatisfying.[68] Its critical emphasis is shifted by Terence from, with reference to Pease, a more individualistic expedition to 'their complete union and happiness' (*VO* 334). Moving onwards to *Mrs Dalloway*, I return to Berlant's concept of cruel optimism to think about unhealth through the lens of its famous party, which is also bound up with hopes of happiness, albeit in different ways. Informed by archival research, Bryony Randall argues in 'Virginia Woolf's Idea of a Party' (2013) that it was 'the *idea* of a party' that 'excited' Woolf in her lifetime, for 'her feelings about actually attending parties were highly ambivalent'.[69] It is this kind of anticipatory energy that animates the material considered in the proceeding discussion.

'REMEMBER MY PARTY': UNHEALTH AND THE PARTY IN *MRS DALLOWAY*

Clarissa Dalloway holds parties, despite others' incomprehension of her actions, because she feels she has '[n]othing else […] of the slightest importance' to offer except the 'gift' of

[68] Coates, 1–28 (p. 16).
[69] Bryony Randall, 'Virginia Woolf's Idea of a Party', in *The Modernist Party*, ed. by Kate McLoughlin (Edinburgh: Edinburgh University Press, 2013), pp. 95–111 (pp. 97, 98). Emphasis in the original.

bringing people together.[70] '[O]f all Woolf's hostesses', Randall writes, 'it is Mrs Dalloway who is most deeply implicated in, and potentially fulfilled by, her own creative act'.[71] Randall further reminds us that 'women of her class and education were often deprived of the opportunity to express their creativity in fields with greater social capital', and indeed, the generational disparity between Clarissa and her daughter Elizabeth, for whom in inter-war Britain 'every profession is open', is evident throughout the novel (*MD* 115).[72] Clarissa has 'grown very white since her illness', while Elizabeth 'might be a doctor' because she likes tending to those who are 'ill' (*MD* 3, 115). Clarissa feels 'invisible; unseen; unknown' when shopping on Bond Street, while the public attention Elizabeth draws from people '[comparing] her to poplar trees, early dawn, hyacinths, fawns, running water, and garden lilies' makes 'her life a burden to her' (*MD* 9, 114). Nonetheless, *Mrs Dalloway* submits that parties are not just about creativity and artistic fulfilment for Clarissa, or at least, that they are about creativity and fulfilment as life-blood: 'But could any man understand what she meant either? about life? She could not imagine Peter [her former lover] or Richard [her husband] taking the trouble to give a party for no reason whatever.' (*MD* 103) When Clarissa thinks about life, she thinks about parties; they are a way of forming and shaping her existence, a way to create and firmly plant herself inside social circles.

Although Clarissa claims that the party in *Mrs Dalloway* is occasioned by 'no reason whatever', I suggest that, as an undertaking of life-building work rooted in a specific intersection of early twentieth-century gender and class, it has a very palpable result (*MD*

[70] Virginia Woolf, *Mrs Dalloway*, ed. and intro. by David Bradshaw (Oxford: Oxford World's Classics, 2009), p. 103. Further references to this edition are given after quotations in the text.
[71] Randall, 'Virginia Woolf's Idea of a Party', in *The Modernist Party*, ed. by McLoughlin, pp. 95–111 (p. 107).
[72] Ibid., p. 107.

103). By bringing together 'So-and-so in South Kensington; some one up in Bayswater; and somebody else, say, in Mayfair', Clarissa demonstrates her social competency; she is not simply the woman who sleeps 'badly' and alone on a narrow attic bed 'after her illness', but also a society hostess (*MD* 103, 27). She persists in this bringing-together despite Richard's reservations that it is 'foolish of her to like [the] excitement [of parties] when she knew it was bad for her heart' (*MD* 103). Clarissa knows and values what is expected and prized in her circles, and so she continues to host. Lady Bruton '[detests] illness in the wives of politicians', and so Clarissa behaves such that Lady Bruton may contemplate her 'wonderful energy' (*MD* 152, 94). As Clarissa reflects during her party, having sequestered herself away: 'She had schemed; she had pilfered. […] She had wanted success. Lady Bexborough and the rest of it.' (*MD* 157) Jane Elizabeth Fisher argues in *Envisioning Disease, Gender, and War* (2012) that '[t]he aftereffects of her illness erase her socially respectable role as wife', but I want to nuance this by proposing that here, as elsewhere in the novel, a focus on the party reinscribes Clarissa as socially respectable, thus underlining her previous social erasure and, ultimately, strengthening her attachment to unhealth.[73] *Mrs Dalloway* thus renders a kind of textual cruel optimism: Clarissa's party is a hopeful statement about energy and recovery, a complicated projection of a particular self, which is contingent upon implicit acknowledgement that there was something from which she had needed to recover. The novel foregrounds the party as an escape from unhealth, but it is through the party that its readers are confronted with the very same concept.

[73] Jane Elizabeth Fisher, *Envisioning Disease, Gender, and War: Women's Narratives of the 1918 Influenza Pandemic* (New York, NY: Palgrave Macmillan, 2012), p. 86.

In this reading, I join in conversation with recent work on *Mrs Dalloway* as a novel 'centered […] on influenza', framed by the 1918 influenza pandemic (also known as the Spanish flu) as much as the First World War.[74] Elizabeth Outka describes *Mrs Dalloway* in *Viral Modernism* (2020) as a move towards the 'vision' of a 'new paradigm' for '[s]eeing illness' that Woolf articulates in 'On Being Ill'.[75] Significantly, Outka proposes that Woolf uncovers 'the way it hides in plain sight', later writing that the novel suggests '[t]he culture […] had to set aside pandemic illness in order to continue'.[76] In a way, my argument in this section traces the failure of this logic on a personal scale, focusing specifically on how Clarissa's efforts to 'set aside' her influenza through the party are doomed on a narrative level.[77] Fifield also approaches Clarissa 'as a convalescent of influenza' and, in argumentative accord with Outka, he asserts that her 'white hair is, in some sense, a symptomological fantasy for a disease with a paradoxical visual profile […] of hyper-visibility and obscurity'.[78] Fifield argues that Woolf's treatment of 'illness' more broadly shifts between being 'sometimes all there is to speak about' and 'sometimes too serious a concern to address fully', and again, my contention here is that the two are connected in *Mrs Dalloway* such that unhealth becomes an inescapable presence through its ostensibly indirect treatment.[79] My work further diverges from that of Outka and Fifield through my focus on Clarissa's relation to a shifting background of unhealth, broadly conceived, rather than following the line of a specific disease. While Outka argues that '[s]eeing illness' calls for one to

[74] Elizabeth Outka, *Viral Modernism: The Influenza Pandemic and Interwar Literature* (New York, NY: Columbia University Press, 2020), p. 104.
[75] Ibid., p. 109.
[76] Ibid., pp. 104, 111.
[77] Ibid., p. 111.
[78] Fifield, pp. 101, 103.
[79] Ibid., p. 76.

'[acknowledge] that the mind's perceptions are inextricably tangled with [the] body', I use the concept of the bodymind throughout this study on the grounds that this entanglement works both ways.[80]

At the beginning of the novel, the moment of vitality that crystalizes for Clarissa 'what she loved; life; London; this moment of June' is parenthetically mediated by unhealth: '[O]ne feels […] Clarissa was positive, a particular hush, or solemnity; an indescribable pause; a suspense (but that might be her heart, affected, they said, by influenza) before Big Ben strikes.' (*MD* 4, 3–4) Clarissa allows for the possibility of the 'indescribable pause' originating with her heart — 'implying both her sensibility and the physical organ', writes Fisher — but she is more sceptical still about its relationship to her influenza; there is a mistrust here of *their* diagnostic flattening of the heart's affective potential, which is reflected in Woolf's subsequent scathing treatment of Dr Holmes and Sir William Bradshaw (*MD* 4).[81] Nonetheless, we might consider this passage to evoke a disjunction between Clarissa's beating heart and the striking clock, the tolling of which held, as Outka writes, 'special resonance in the post-pandemic moment' as it recalled 'the constant sound of tolling bells that rang for the victims'.[82] It is as though Clarissa is jolted out of pace with the city itself, the 'nondescript cotton wool' of her life disrupted by something akin to the 'moments of being' that Woolf describes in 'A Sketch of the Past' (1976), as a delayed result of 'her illness' and her continuing attachment to unhealth (*MD* 3).[83] After Peter Walsh has met with Clarissa, he hears a different clock strike. With Clarissa's appeal to *remember her party* fresh in his mind,

[80] Outka, p. 109.
[81] Fisher, p. 80.
[82] Outka, pp. 117, 16.
[83] Virginia Woolf, 'A Sketch of the Past', in *Moments of Being*, ed. and intro. by Jeanne Schulkind, 2nd edn (San Diego, CA: Harcourt Brace Jovanovich, 1985), pp. 61–159 (p. 70).

he conceptualizes St Margaret's as 'a hostess', soon articulating the implicit comparison with 'Clarissa herself' (*MD* 42). However, the same sound that underlines Clarissa's ability as hostess also prompts Peter to recall her influenza; her party-planning works to restate an attachment to unhealth:

> Then, as the sound of St Margaret's languished, he thought, she has been ill, and the sound expressed languor and suffering. It was her heart, he remembered; and the sudden loudness of the final stroke tolled for death that surprised in the midst of life, Clarissa falling where she stood, in her drawing-room. (*MD* 43)

Peter's response to St Margaret's is more integrated into his life and thought processes than Clarissa's reaction to Big Ben. In contrast to Clarissa's hypersensitivity to her environment, which approaches what 'A Sketch of the Past' calls 'shock-receiving capacity', and free from attachments to unhealth, Peter seems desensitized to its sound.[84]

From his limited contact with Clarissa, Peter considers her parties and related activities to be 'a real drain on her strength', but believes that she does the work 'genuinely, from a natural instinct' despite it being 'all for him [Richard], or for her idea of him' (*MD* 66, 65). This line of thinking, which suggests that her 'strength' is depleted by her acting upon 'a natural instinct', again draws attention to Clarissa's attachment to unhealth, implying that her bodymind is working against itself and that her work is in any case unnecessary (*MD* 66). Peter, like all the novel's characters, is an unreliable reader of people, but his assessment is made particularly interesting through its relation to Clarissa's earlier judgement that 'half the time she did things not simply, not for themselves; but to make people think this or that' (*MD* 9). Peter believes that Clarissa does things 'genuinely' and transparently, while Clarissa

[84] Ibid., p. 72.

believes that her motivations are murkier and more socially entangled than they might appear (*MD* 66). I am less interested here in thinking about the *genuineness* of Clarissa's behaviour than in her potential for propulsive self-centeredness.

I propose that Clarissa's search for a gift for Evelyn Whitbread, driven by the feeling of '[h]ow much she [Clarissa] wanted it—that people should look pleased as she came in', is rooted in the same desire for a regained feeling of inclusion as her party (*MD* 8). Although Jacob Littleton, in 'Portrait of the Artist as a Middle-Aged Woman' (1995), argues that 'Clarissa worries not about the status-success her party brings, but about its mere physical success in the terms of her world view [as a woman artist]', I suggest that 'status-success' differs from a feeling of inclusion in terms of power: the former is about being thought to be somebody important, while the latter is about feeling embedded in a social network.[85] Clarissa does not necessarily require substantiation from the life that she is working to build as much as she requires feeling, suggestion, atmosphere. Ultimately, Clarissa wants other people, as well as herself, to 'think' that she has lived a worthwhile life and made something good, which involves distancing herself from 'her illness' (*MD* 9, 3). In a potently fertile image, she envisions walking towards her parents cradling her life like a child, showing them how it grows 'larger and larger in her arms' until it becomes 'a whole life, a complete life' (*MD* 36). A middle-aged woman with a daughter who is now 'grown up', as both Richard Dalloway and Ellie Henderson note during her party, we might consider that tending to her own life is now Clarissa's only outlet for creating newness (*MD* 143). Jesse Wolfe, building on the character's 'sense that her life is not merely a given, but something to be "made"' in this

[85] Jacob Littleton, '*Mrs Dalloway*: Portrait of the Artist as a Middle-Aged Woman', *Twentieth Century Literature*, 41 (1995), 36–53 (p. 52).

passage, describes her praxis as 'life-artistry' in *Bloomsbury, Modernism, and the Reinvention of Intimacy* (2011).[86] I prefer the term life-building, however, for its stronger association with cumulative and effortful work. Clarissa intends for her party-planning, for example, to facilitate a new sustained and sustainable status quo, and so the focus is not only on the event in question, but on the prospective future and, inevitably, the past as well.

Mrs Dalloway is, of course, about nostalgia for lives real and unlived; Clarissa's party reunites her with former love interests Peter and Sally, and facilitates a seductive backwards gaze. Anticipating what Peter might think when he first sees her, Clarissa acknowledges that she has 'grown older', explicitly echoing Scrope Purvis's previous assessment by connecting her altered self to her influenza: 'Since her illness she had turned almost white.' (*MD* 31) Here, whiteness is suggestive of emptiness and depletion, but also of newness, harking back to Clarissa's recollection of the 'image of white dawn in the country' inspired by lines from Shakespeare's *Cymbeline* (1623) (*MD* 8). 'Fear no more the heat o' the sun, | [n]or the furious winter's rages', Clarissa remembers when looking 'into Hatchards' shop window', perhaps inspecting her own reflection before thinking about the 'perfectly upright and stoical bearing' that '[t]his late age of the world's experience had bred in them all' (*MD* 8). She thus contemplates death and endings, before bearing witness to her own, and others', battered resilience. Back in her room, she experiences a 'sudden spasm' and protests to herself that she has not changed so much, for she is 'not old yet' (*MD* 31). An examination of the dressing-table mirror reinforces this shift in perspective; she sees 'the delicate pink face of the woman who was that very night to give a party; of Clarissa Dalloway; of herself' (*MD*

[86] Jesse Wolfe, *Bloomsbury, Modernism, and the Reinvention of Intimacy* (Cambridge: Cambridge University Press, 2011), p. 156.

31). As this passage concludes, Clarissa is first and foremost an anticipatory hostess, inhabiting a role that counteracts her uneasiness and surpasses her role as invalid, but that also necessarily responds to and encompasses the self that is '[l]ike a nun withdrawing, or a child exploring' (*MD* 26). The sense of the hostess cannot be reached in this introspective progression without the recollection of disease, illness and sickness.

Clarissa's reassociation with her reflection is a sinking-back into the self: first she is a 'woman', then a named public-facing subject, and then, finally, 'herself' (*MD* 31). The sequence resonates contrarily with Clarissa's earlier feeling of 'being herself invisible; unseen; unknown' whilst shopping on Bond Street, acutely sensitive to 'this being Mrs Dalloway; not even Clarissa any more; this being Mrs Richard Dalloway' (*MD* 9). We can draw a distinction here between Clarissa's movement through the crowds of London and her careful choreographing of society in terms of domain. The 'swing, tramp, and trudge' of the city works to render its citizens simultaneously anonymous and easily legible as *types*, but the party she contemplates in her bedroom is arranged about her as she desires to be seen, in concentric circles of complimentary acquaintances (*MD* 4). Sara Ahmed writes in *The Promise of Happiness* (2010) that in this latter passage Woolf describes 'a form of disappearance' into normative pathways, and we might infer that this, too, is connected to the lingering after-effects of Clarissa's influenza: 'But often now this body she wore (she stopped to look at a Dutch picture), this body, with all its capacities, seemed nothing—nothing at all.'[87] (*MD* 9) The question of her body(mind)'s 'capacities' is particularly fraught because, following her influenza, Clarissa has been treated as less able than she was previously; there is a sense that she feels disconnected from it, that she is becoming a

[87] Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010), p. 71.

ghostly figure (*MD* 9). The invocation of nothingness also echoes the novel's previous links between whiteness and 'her illness' (*MD* 3). Both these readings draw us towards the intersection of gendered aging and attachments to unhealth in *Mrs Dalloway*, which I will subsequently examine in more detail.

Ahmed connects this passage to her broader work on happiness, which she describes as 'a politics that demands that others live according to a wish' and a 'promise' that requires us to invest in its logic; to be directed along certain pathways; to live by its 'conditions'.[88] In *Mrs Dalloway*, Clarissa's articulations of fulfilment are overwhelmingly related to her queer memories of Sally in their youth, but in the present, we might consider that she nonetheless buys into the promise of happiness through the pursuit of her party as 'an endpoint' as well as an example of cruel optimism.[89] Ahmed writes that, through Sir William's invocation of Septimus, 'the party is also the event in which unhappiness comes to life' for Clarissa, and I would add that it also relatedly works as a kind of zenith of focus on unhealth.[90] Following Sir William's discussion of the 'young man who had killed himself', Clarissa retreats to a 'little room' akin to her tomb-like attic bedroom to process the 'talk of death at her party' (*MD* 158, 156). Initially uncomprehending — 'But why had he done it?' — she quickly begins to justify, and even applaud, his actions, reading them in relation to her own life while she watches the 'old woman' in the house opposite prepare for bed: 'Death was defiance. […] She felt glad that he had done it; thrown it away while they went on living.' (*MD* 156, 158, 156–58) This idea of 'defiance' is one of a series of thoughts that Clarissa works through in

[88] Ibid., pp. 2, 30.
[89] Ibid., p. 26.
[90] Ibid., p. 73.

response to Septimus's death; returning to the novel's earlier image of cradling life in one's arms awaiting parental judgement, she also recalls a different kind of exchange:

> Then (she had felt it only this morning) there was the terror; the overwhelming incapacity, one's parents giving it into one's hands, this life, to be lived to the end, to be walked with serenely; there was in the depths of her heart an awful fear. (*MD* 156, 157)

Through this passage's culminating emphasis on the aging heart, we are reminded that Clarissa's heart is 'affected, they said, by influenza', and so this confrontation with death at the long-awaited party again reiterates her own attachment to unhealth (*MD* 4).

If Septimus's suicide leads readers back to the 'affected' heart of a society hostess, then Woolf effectively displaces an experience of unhealth produced by the First World War onto an experience produced, we might infer, by the influenza pandemic (*MD* 4). As Outka notes with specific reference to *Mrs Dalloway*, 'any reference to influenza in 1925—especially one with continued serious side effects—would have evoked the pandemic'.[91] Although both crises have, in Fisher's words, a 'lingering impact' on *Mrs Dalloway*, this displacement has uncomfortable resonances: Matt Franks argues in 'Crip/Queer Aesthetics in the Great War' (2019) that the use of 'the deferred effects of shell shock' as a 'vehicle […] for Clarissa's modernist epiphany about death' produces a situation whereby Septimus is 'aesthetically valuable' to a novel that '[denies] value to crip/queer bodyminds on their own terms' (*MD* 155).[92] Franks speaks to the novel's presentation of Septimus's marginalized identities as inseparable — it is their entanglement that is shown to culminate in his failure

[91] Outka, p. 113.
[92] Fisher, p. 81; Matt Franks, 'Crip/Queer Aesthetics in the Great War', *MFS: Modern Fiction Studies*, 65 (2019), 60–88 (pp. 63, 82, 81).

to reintegrate into society — and its simultaneous failure to imagine how these identities might fold into a resolution that does not involve death. This reading is particularly persuasive when placed alongside the 'few scraps, of little importance or none perhaps' that Woolf offers in her introduction to the 1928 Modern Library edition of the novel.[93] In what Lise Jaillant's *Modernism, Middlebrow and the Literary Canon* (2014) observes 'is the only commentary of its sort that she wrote for any of her works', Woolf informs us that Clarissa 'was originally to kill herself, or perhaps merely to die at the end of the party' and Septimus 'is intended to be her double'.[94] By attempting to align their experiences — or, as Janet Lyon writes in 'On the Asylum Road with Woolf and Mew' (2012), by preserving 'Septimus's throbbing interiority' as a 'space' for Clarissa to 'sympathetically [inhabit]' — I suggest that *Mrs Dalloway* burdens Septimus with the negative effects of an attachment to unhealth, while using the same material to facilitate an affirming encounter for Clarissa.[95]

Indeed, although Clarissa 'quite often' feels 'in the depths of her heart an awful fear', she is able to 'crouch like a bird and gradually revive' when she catches sight of Richard 'reading *The Times*' (*MD* 157). The newspaper is an emblem of the financial luxury of time and space within her grasp: Clarissa can outlast 'the terror' and reach the other side (*MD* 157). It is significant that she is aware of this and considers it 'her punishment to see sink and disappear here a man, there a woman, in this profound darkness, and she forced to stand here in her evening dress', because we might consider that it is, in fact, her potential

[93] Virginia Woolf, 'An Introduction to *Mrs Dalloway*', in *The Mrs Dalloway Reader*, ed. by Francine Prose (Orlando, FL: Harcourt, 2004), pp. 10–12 (p. 11).
[94] Lise Jaillant, *Modernism, Middlebrow and the Literary Canon: The Modern Library Series, 1917–1955* (London: Pickering & Chatto, 2014), p. 83; Woolf, 'An Introduction to *Mrs Dalloway*', in *The Mrs Dalloway Reader*, ed. by Prose, pp. 10–12 (p. 11).
[95] Janet Lyon, 'On the Asylum Road with Woolf and Mew', *Modernism/modernity*, 18.3 (2012), 551–74 (p. 569).

to become a woman wearing a dress at a party that saves her (*MD* 157). Although the novel's shifting perspective may encourage us to dispute Miss Kilman's lament that 'other women, like Clarissa Dalloway' do not suffer, it is evident that her suffering is lived out very differently to that which Septimus experiences (*MD* 110). Her gender and social connectivity within an upper-class sphere tie her to the world, and legitimize her shifts between influenza patient and once and future society hostess. We might further question for whom the novel suggests death is 'defiance', and who or what it defies (*MD* 156). Although Septimus's final words before flinging himself 'vigorously, violently' out of the window express defiance towards the onlooking Holmes — 'I'll give it you!' — up until this point, his relationship with Holmes and Sir William has been defined by fear (*MD* 127). Septimus figures himself and his wife Lucrezia as stalked prey; after his first few visits from Holmes, he believes that '[t]heir only chance was to escape, without letting Holmes know; to Italy — anywhere, anywhere, away from Dr Holmes', and persists in this framing even in the moments before his death: 'Holmes and Bradshaw were on him! The brute with the red nostrils was snuffing into every secret place! […] Holmes was coming upstairs. […] Holmes would get him.' (*MD* 78, 125–26) More than anything, Septimus is afraid; it is Clarissa who imposes a reading of defiance upon what she understands of his situation, overlaying her negative feelings about doctors and, following Detloff's Foucauldian argument, 'the form of biopower Dr Bradshaw wields', onto his actions.[96]

Although Woolf's critique of the medical establishment within *Mrs Dalloway* is primarily centred around Lucrezia's and Septimus's experiences seeking a 'cure' for Septimus's 'shell shock', it extends towards Clarissa through the previously discussed

[96] Detloff, 'Woolf and Crip Theory', in *A Companion to Virginia Woolf*, ed. by Berman, pp. 277–89 (p. 284).

reference to *their* diagnosis of her heart, as well as through Sir William's appearance at her party (*MD* 71, 155). Clarissa's response to the doctor is one of confused discomfort:

> Why did the sight of him, talking to Richard, curl her up? He looked what he was, a great doctor. A man absolutely at the head of his profession, very powerful, rather worn. […] He had to decide questions of appalling difficulty. Yet—what she felt was, one wouldn't like Sir William to see one unhappy. (*MD* 155)

Clarissa is confronted here by the impulse to 'curl' her body inwards like a wounded animal, an impulse recalling the kind of pain, the feeling of being 'scraped, hurt in her spine', that she notes at the beginning of the novel accompanies 'hatred […] especially since her illness' (*MD* 155, 11, 10). For Clarissa, emotion is a profoundly embodied experience. To be *curled up* is a protective pose; a way of hiding, perhaps, from the issues that a doctor would require to be confronted. Her observation that the man looks like nothing other than 'what' he is directs us to consider that her great anxiety, and even hatred, is caused by the very fact of him being 'a great doctor' (*MD* 155). Sir William is a 'what' rather than a *who* for Clarissa, a representative of 'cases' and solemn arbitration from which she is repelled not only by his association with unhealth and specifically disease, but also by his power (*MD* 155). What course of action, Woolf asks through this encounter, might Sir William impose upon someone who appears 'unhappy' (*MD* 155)? What sort of things might he require to be revealed, and what might he 'decide' (*MD* 155)? Woolf intimates that we, alongside Clarissa, might not care to know the answer. The presence of Sir William at the party forms a link between Clarissa and Septimus, a fact of which the former is aware. Clarissa envisions how Septimus might have 'gone to' Sir William, 'a great doctor yet to her obscurely evil, without sex or lust, extremely polite to women, but capable of some indescribable outrage—forcing

your soul, that was it', to seek help, and that Sir William might have 'impressed him […] with his power' into thinking that '[l]ife is made intolerable' (*MD* 157). For Clarissa, Sir William possesses power to compel existential reappraisal, to elide the joy of life. To *impress* can be to 'apply with', or 'produce by', pressure, and it is a forceful encounter which Clarissa imagines between Septimus and Sir William.[97] As she notes of the latter, 'they make life intolerable, men like that' (*MD* 157).

As Randall writes, Woolf 'originally conceived what was to become *Mrs Dalloway* as "a short book consisting of six or seven short stories", called *At Home: or The Party*', and although this vision was not fully realized, a constellation of short fiction surrounds the novel; Stella McNichol, the editor of seven such sketches by Woolf under the title *Mrs Dalloway's Party* (1973), describes Clarissa's party 'spill[ing] over and beyond the actual novel itself'.[98] Published in the *Dial* two years before *Mrs Dalloway*, 'Mrs Dalloway in Bond Street' (1923) also begins with a woman declaring her intention to undertake an errand: 'Mrs Dalloway said she would buy the gloves herself.'[99] This Clarissa is judged 'strangely white-haired for her pink cheeks', rather than 'grown very white since her illness', and while the story makes no mention of a prior experience of influenza, it is more direct in articulating Clarissa's thoughts about Milly Whitbread's menopausal trip to London 'to see doctors' than she is regarding that of *Mrs Dalloway*'s Evelyn Whitbread: 'Of course, she thought, walking

[97] 'impress, *v.*', in *OED Online* <www.oed.com> [accessed 1 December 2020].
[98] Randall, 'Virginia Woolf's Idea of a Party', in *The Modernist Party*, ed. by McLoughlin, pp. 95–111 (p. 98); Stella McNichol, 'Introduction', in Virginia Woolf, *Mrs Dalloway's Party: A Short Story Sequence*, ed. and intro. by Stella McNichol (London: Vintage, 2010), pp. 9–17 (p. 9). The seven sketches collected in *Mrs Dalloway's Party* are, in order of appearance: 'Mrs Dalloway in Bond Street' (1923); 'The Man Who Loved His Kind' (1944); 'The Introduction' (1973); 'Ancestors' (1973); 'Together and Apart' (1944); 'The New Dress' (1927); and 'A Summing Up' (1944).
[99] Virginia Woolf, 'Mrs Dalloway in Bond Street', in *Mrs Dalloway's Party*, ed. and intro. by McNichol, pp. 19–28 (p. 19).

on, Milly is about my age—fifty—fifty two. So it is probably *that*.'[100] (*MD* 3, 5) In *Mrs Dalloway*, Clarissa responds appropriately to Hugh Whitbread's intimation 'that his wife had some internal ailment, nothing serious, which, as an old friend, Clarissa Dalloway would quite understand without requiring him to specify' (*MD* 5). However, although this Clarissa, too, has 'broken into her fifty-second year', she is not attached to a specifically menopausal unhealth — the 'established paradigm of menopausal women as sick', Julie-Marie Strange writes in 'Researching and Rethinking Menopause in Early Twentieth-Century England and Scotland' (2012), persisted into the inter-war years — in the same way as her counterpart in 'Mrs Dalloway in Bond Street' (*MD* 31).[101] The vehemence of the short story's '*that*' is transformed by the novel into a 'sisterly' feeling tempered by an 'oddly conscious' awareness of her hat, as Woolf distances Clarissa from unhealth (*MD* 5).[102]

However, as I have already explored, Clarissa becomes attached to unhealth elsewhere in *Mrs Dalloway* through the novel's focus on the party. Indeed, with the image of her lying in her attic bed, unable to 'dispel a virginity preserved through childbirth which clung to her like a sheet', Woolf indicates that Clarissa is also experiencing what Strange, drawing from the late nineteenth- and early twentieth-century alienist George Savage in 'Fairy Tales of Fertility' (2013), calls the 'crisis' of 'biological retirement from women's work' (*MD* 27).[103] Elizabeth Hirsh, reading menopause as an 'inscription/encryption' in 'Mrs

[100] Ibid., pp. 19, 20. Emphasis in the original.
[101] Julie-Marie Strange, 'In Full Possession of Her Powers: Researching and Rethinking Menopause in Early Twentieth-Century England and Scotland', *Social History of Medicine*, 25.3 (2012), 685–700 (p. 699).
[102] Woolf, 'Mrs Dalloway in Bond Street', in *Mrs Dalloway's Party Sequence*, ed. and intro. by McNichol, pp. 19–28 (p. 20). Emphasis in the original.
[103] Julie-Marie Strange, 'Fairy Tales of Fertility: Bodies, Sex and the Life Cycle, *c*. 1750–2000', in *The Routledge History of Sex and the Body: 1500 to the Present*, ed. by Sarah Toulalan and Kate Fisher (Abingdon: Routledge, 2013), pp. 296–309 (p. 305). For discussion of Savage's treatment of Woolf as a patient, see Hermione Lee, *Virginia Woolf* (London: Vintage, 1997), pp. 175–200.

Dalloway's Menopause' (2005), describes Clarissa's party as 'a rite of passage from one *stage of life* to another' that establishes her 'as a specifically feminine subject-in-process'.[104] My argument leans towards defining the 'process' of Clarissa-as-subject as movement towards a more sustainable existence, for this is a novel that centres on Clarissa's party as a life-building activity.[105] Her party, an example of 'women's work', is something that Clarissa feels marks 'a stage' in her life, pulling her towards her future; at a time of biological infertility, this is work she can do to create new life 'in her arms' (*MD* 145, 36).[106]

'Happiness' (1985) is a *Mrs Dalloway*-adjacent sketch first published in *The Complete Shorter Fiction of Virginia Woolf* (1985) which also stages discussion of 'illness' during a conversation between two friends, Mrs Sutton and Stuart Elton.[107] It is absent from *Mrs Dalloway's Party*, but included in the list of 'eight short stories which centre on the Dalloways' party' that David Bradshaw provides in his introduction to the novel.[108] In Mrs Sutton's attempt to pinpoint the difference between herself and Stuart Elton, whom she considers to possess the 'it' of happiness, she draws attention to their relative histories, noting that 'she had never been ill in all her life and he was a positive martyr, he said, to some internal complaint'.[109] It is through such light treatment of his martyrdom — '[e]ven

[104] Elizabeth Hirsh, 'Mrs Dalloway's Menopause: Encrypting the Female Life Course', in *Woolf in the Real World: Selected Papers from the Thirteenth International Conference on Virginia Woolf*, ed. by Karen V. Kukil (Clemson, SC: Clemson University, 2005), pp. 76–81 (pp. 76, 79). Emphasis in the original.
[105] Ibid., p. 79.
[106] Strange, 'Fairy Tales of Fertility', in *The Routledge History of Sex and the Body*, ed. by Toulalan and Fisher, pp. 296–309 (p. 305).
[107] Virginia Woolf, 'Happiness', in *The Complete Shorter Fiction of Virginia Woolf*, ed. by Susan Dick (San Diego, CA: Harcourt Brace Jovanovich, 1985), pp. 172–74 (p. 172). Although Mrs Sutton does not feature in *Mrs Dalloway* or in any other related sketches, Stuart Elton reappears in 'A Simple Melody' (1985) along with Mabel Waring of 'The New Dress' (1927) and an unnamed Prickett Ellis of 'The Man Who Loved His Kind' (1944). See Susan Dick, 'Notes', in Virginia Woolf, *The Complete Shorter Fiction of Virginia Woolf*, ed. by Dick, pp. 289–306.
[108] David Bradshaw, 'Introduction', in Virginia Woolf, *Mrs Dalloway*, ed. and intro. by David Bradshaw (Oxford: Oxford World's Classics, 2009), pp. xi–xlv (p. xliii).
[109] Woolf, 'Happiness', in *The Complete Shorter Fiction of Virginia Woolf*, ed. by Dick, pp. 172–74 (pp. 173, 172).

his illness was a joke to him' — that Mrs Sutton believes Elton can claim 'this very valuable possession, this sense of being'.[110] Elton, meanwhile, disregards 'health' as a contributor to happiness altogether, which the story avows 'is not high spirits; not rapture; nor praise, fame or health (he could not walk two miles without feeling done up) it is a mystic state, a trance, an ecstasy'.[111] This description powerfully summons the final moment of *Mrs Dalloway*, in which Clarissa brings such 'terror' and 'ecstasy' and 'extraordinary excitement' to Peter; we might consider that the life-building project of the novel is in part a quest for this feeling, albeit one in which unhealth is very much implicated (*MD* 165).

In 'Together and Apart' (1944), collected in *Mrs Dalloway's Party* following its first appearance in *A Haunted House and Other Short Stories* (1944), Miss Anning and Mr Serle talk and think about the city of Canterbury after being introduced to one another during the party by Clarissa. The self-absorbed but publicly convivial Mr Serle, we learn, will the following morning become 'quite different, grumpy, unpleasant at breakfast to his wife, who was an invalid and never went out'.[112] This invocation of Mrs Serle focuses our attention on the characters populating this world who cannot attend the party: the 'invalid' foils to those like Mr Serle, who 'went out sometimes almost every night in the season', and, inevitably, the Septimus Warren Smiths who bring 'death' into 'the middle' of it (*MD* 156).[113] It seems that there can be no party for Clarissa without an undercurrent of unhealth flowing beneath the surface. Luckily, Mrs Serle has 'old friends to see her sometimes', but her husband is scornful of their interest 'in Indian philosophy and different cures and different doctors'.[114]

[110] Ibid., pp. 172, 173.
[111] Ibid., p. 174.
[112] Virginia Woolf, 'Together and Apart', in *Mrs Dalloway's Party*, ed. and intro. by McNichol, pp. 48–55 (p. 51).
[113] Ibid., p. 51.
[114] Ibid., p. 51.

Woolf thus puts forth a different kind of patient than the one she explores through Septimus's tragic encounters with Dr Holmes and Sir William: Mrs Serle is a wealthy, and thus more autonomous, seeker of 'cures', which are positioned as contiguous, but not synonymous, with 'doctors'.[115] In lightly-sketched circumstances, reflecting the determination in Sally Wilde's 'The Elephants in the Doctor-Patient Relationship' (2007) that 'in both Britain and America many patients continued to exercise considerable autonomy until well into the early-twentieth century', the power in these suggested 'clinical interactions' is thus diverted away from the doctor.[116]

As I have explored, the world of *Mrs Dalloway* and its associated short fiction functions to generate an attachment between unhealth and its female characters. We find Clarissa in particular repeatedly returned to her experience as a survivor of influenza through the narrative instrument of the party, as Woolf insists on a circular 'withness' of 'woman' and 'unhealth'.[117] I now turn to *Flush* and to sickness that endures beyond the bounds of the sick-room, to demonstrate how this text becomes about the durational strength of connections between these two conceptual vertices.

'YEARS HAD PASSED': PERSISTENT ATTACHMENT IN *FLUSH: A BIOGRAPHY*

In Woolf's version of what Julia Novak describes in 'The Notable Woman in Fiction' (2016) as the 'well-loved cultural myth' of the Victorian poet Elizabeth Barrett Browning, the sofa is

[115] Ibid., p. 51.
[116] Sally Wilde, 'The Elephants in the Doctor-Patient Relationship: Patients' Clinical Interactions and the Changing Surgical Landscape of the 1890s', *Health and History*, 9 (2007), 2–27 (pp. 6, 5).
[117] Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), p. 91.

omnipresent.[118] Overwhelmed by the smell of eau de cologne, a 'popular Victorian restorative' as Catherine Maxwell's *Scents and Sensibility* (2017) explains, Flush first encounters Barrett Browning as a creeping suspicion of another presence.[119] He perceives 'the outlines of several articles of furniture' before the woman herself: 'He had thought himself alone. He turned. Was there something alive in the room with him? Was there something on the sofa?'[120] This 'lady lying on the sofa', Flush realizes, is his new mistress, and after a mutual inspection, he springs 'onto the sofa' and lays down 'where he was to lie ever after—on the rug at Miss Barrett's feet' (*F* 22, 23). From this point onwards, Flush remains at 'his station on the sofa at Miss Barrett's feet' (*F* 33). His limbs become 'cramped with lying on the sofa', and he makes it 'halfway to the door' before going 'back to the sofa' (*F* 35). He grows into 'a dog in the full prime of life', and 'still' remains 'on the sofa at her feet' (*F* 49). Such attention to the placement of bodies works to situate Flush in relation to Barrett Browning and the world of the novel; as Harold Hannyngton Child notes in his review, 'Brown Beauty' (1933): 'It is not from above that these people and places are seen but from below, from the ground, the floor, or at highest the foot of Miss Barrett's couch.'[121] Pauline Macadré also argues in '"Solving the Problem of Reality" in Virginia Woolf's *Flush*' (2018) that 'the invading presence of domestic objects and furniture' translates the 'overwhelming patriarchal power' of the Victorian everyday into Flush's perspective.[122]

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[118] Julia Novak, 'The Notable Woman in Fiction: The Afterlives of Elizabeth Barrett Browning', *Auto/Biography Studies*, 31 (2016), 83–107 (p. 94). Although *Flush*'s female protagonist is named within the text as either Miss Barrett or Mrs Browning, I refer to her as Barrett Browning throughout for the sake of clarity and consistency.
[119] Catherine Maxwell, *Scents and Sensibility: Perfume in Victorian Literary Culture* (Oxford: Oxford University Press, 2017), p. 291.
[120] Virginia Woolf, *Flush: A Biography*, intro. by Trekkie Ritchie (San Diego, CA: Harcourt Brace Jovanovich, 1983), pp. 20, 22. Further references to this edition are given after quotations in the text.
[121] Harold Hannyngton Child, 'Brown Beauty', *Times Literary Supplement*, 5 October 1933, p. 667.
[122] Pauline Macadré, '"Solving the Problem of Reality" in Virginia Woolf's *Flush*', *Cahiers victoriens et édouardiens*, 88 (2018) [*unpaginated*] <http://dx.doi.org/10.4000/cve.3853> (para. 18 of 28).

However, I suggest that the cumulative prominence of these physical arrangements in *Flush*'s early chapters additionally reinforces a reading of Barrett Browning as 'an invalid' who is 'chained to the sofa' in London, and consequently underlines what is often read as her transformation into 'a different person altogether' in Italy (*F* 23, 35, 114).[123]

Addressing the hostess and patron Ottoline Morrell in February 1933, Woolf described *Flush* as having been written 'only by way of a joke', although, as Pamela L. Caughie's '*Flush* and the Literary Canon' (1991) asserts, there are also indications that she '[took] it seriously as a literary exercise and as a profit-making enterprise'.[124] In any case, to discuss *Flush* alongside *The Voyage Out* and *Mrs Dalloway* is to take seriously a text that, Battershill writes, 'was, for a long time, excluded from studies of Woolf's works' for its perceived frivolity, the strangeness of its cocker spaniel subjectivity and its popularity.[125] It is, of course, all the more interesting for those qualities which produce such readerly 'hesitation', as Caughie argues, and in particular there has been valuable work undertaken on Woolf's focalization of Flush's perspective, which we might consider to approach the kind of 'resonant and porous' androgyny that she describes in *A Room of One's Own*.[126] Gillian Beer notes in 'The Victorians in Virginia Woolf' (1988) that *Flush* is a highly sensory text, 'its description made strange through hearing, touch, but particularly through smells', and more

[123] For discussion of the nineteenth-century use of 'invalid', see Kylee-Anne Hingston, *Articulating Bodies: The Narrative Form of Disability and Illness in Victorian Fiction* (Oxford University Press, 2019), p. 13.
[124] *The Letters of Virginia Woolf*, ed. by Nigel Nicolson, assist. by Joanne Trautmann Banks, 6 vols (London: Hogarth Press, 1975–80), V (1979), 161–62 (p. 162) (23 February 1933); Pamela L. Caughie, '*Flush* and the Literary Canon: Oh Where Oh Where Has That Little Dog Gone?', *Tulsa Studies in Women's Literature*, 10 (1991), 47–66 (p. 53).
[125] Battershill, p. 99.
[126] Caughie, 47–66 (p. 62); Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Shiach, pp. 1–149 (p. 128).

recent work has built on this notion; Alison Booth, for example, tracks its 'olfactory narration' in 'The Scent of a Narrative' (2000).[127]

Other research engages more explicitly with animal studies. Craig Smith reminds us in 'Nonhuman Subjectivity in Virginia Woolf's *Flush*' (2002) that the text is not, as our 'anthropocentric bias' might lead us to believe, 'simply a secondary biography' of Barrett Browning, but rather an 'attempt to exercise modernist literary techniques in the mapping of a canine subjectivity'.[128] While Jutta Ittner contends in 'Part Spaniel, Part Canine Puzzle' (2006) that this attempt fails because Flush's 'animal existence is diminished to an anthropomorphized caricature—animal alterity turned into a literary device', Karalyn Kendall-Morwick claims on the contrary in 'Mongrel Fiction' (2014) that *Flush* 'eschews […] sentimental anthropomorphism'.[129] Smith, meanwhile, disputes the very 'equation of anthropomorphism with sentimentality', and Dan Wylie works along the same lines when he proposes in 'The Anthropomorphic Ethic' (2002) that Woolf's 'anthropomorphic imagining is necessarily an ethical act', and 'in some respects' resembles the 'predictive simulation' required in our interactions with other humans.[130] In many ways, my focus on Barrett Browning flows against the tide of this scholarship. However, while I do not want to obscure

[127] Gillian Beer, 'The Victorians in Virginia Woolf: 1832–1941', in *Dickens and Other Victorians*, ed. by Joanne Shattock (London: Macmillan, 1988), pp. 214–35 (p. 225); Alison Booth, 'The Scent of a Narrative: Rank Discourse in *Flush* and *Written on the Body*', *Narrative*, 8 (2000), 3–22 (p. 3).
[128] Craig Smith, 'Across the Widest Gulf: Nonhuman Subjectivity in Virginia Woolf's *Flush*', *Twentieth-Century Literature*, 48.3 (2002), 348–61 (pp. 349, 357, 349).
[129] Jutta Ittner, 'Part Spaniel, Part Canine Puzzle: Anthropomorphism in Woolf's *Flush* and Auster's *Timbuktu*', *Mosaic: An Interdisciplinary Critical Journal*, 39.4 (2006), 181–96 (p. 189); Karalyn Kendall-Morwick, 'Mongrel Fiction: Canine *Bildung* and the Feminist Critique of Anthropocentrism in Woolf's *Flush*', *MFS: Modern Fiction Studies*, 60.3 (2014), 506–26 (p. 514).
[130] Smith, 348–61 (p. 351); Dan Wylie, 'The Anthropomorphic Ethic: Fiction and the Animal Mind in Virginia Woolf's *Flush* and Barbara Gowdy's *The White Bone*', *Isle: Interdisciplinary Studies in Literature and Environment*, 9.2 (2002), 115–31 (p. 128). For an alternative perspective on *Flush* and encounters with other consciousnesses, see David Herman, 'Modernist Life Writing and Nonhuman Lives: Ecologies of Experience in Virginia Woolf's *Flush*', *MFS: Modern Fiction Studies*, 59.3 (2013), 547–68.

Flush's centrality to the text, I do suggest that Woolf's characterization of his mistress, at a representational remove from some of the human investments and preconceptions that make thinking through unhealth so difficult, bears significantly on the themes of this present study. In claiming that Barrett Browning's invalidism 'plays a central role' in *Flush*, I align myself with Sebastian Williams, who draws on disability theory in 'Anthropocentric Ableism and Virginia Woolf's *Flush*' (2020) to argue that Woolf links Flush and Barrett Browning as 'transgressive' figures to '[challenge] early twentieth-century bodily hierarchies'.[131] On the other hand, while Williams draws together 'speciesism and ableism' in *Flush*, I pay particular attention to its geographical courses between London and Pisa and Florence to demonstrate how the text orchestrates an attachedness between women and unhealth.[132]

Flush is about subjectivity and relationships: everything we glean about Barrett Browning is mediated through Flush and his dog's-eye view of her central position within a network of spaces, objects and people. I have previously discussed sickness in terms of relationality, interaction and publicness, and in this way, the novel is also specifically about sickness: the tenderly maintained, 'cushioned and fire-lit' sick-room; the 'chicken and rice pudding soaked in cream' fed to the dog; the sofa and the bed 'carefully disguised as a sofa' for the stream of concerned visitors; the brief and infrequent outings (*F* 33–34, 70, 40). *Flush* has little concern for doctors or disease and is seldom stylistically able to express Barrett Browning's personal experiences of illness, so sickness becomes our only way to approach the invalidism we might expect as readers acquainted with the nonfictional Barrett Browning's biography. Through her move to Pisa and later Florence — 'established as the

[131] Sebastian Williams, 'Anthropocentric Ableism and Virginia Woolf's *Flush*', *Mosaic: An Interdisciplinary Critical Journal*, 53 (2020), 107–23 (pp. 107, 111, 108).
[132] Ibid., p. 111.

antithesis of London because of its democratic social and cultural structures', writes Melissa Sullivan in 'The Bestseller and the City' (2010) — with her new husband, Barrett Browning leaves her blood relatives and especially her father, that 'most formidable of elderly men' who so terrifies Flush, behind (*F* 43).[133] In the process, we might argue, she casts off invalidism.

A reading from this critical angle would highlight that while her 'back-bedroom in Wimpole Street' is filled with 'disguised' furniture, 'everything' pretending to be 'something else', in Casa Guidi, the couple's home in Florence, we are told that '[a]ll those draped objects' have 'vanished' (*F* 15, 20, 120). Only in Italy, Woolf submits, can things be perceived as they are; when Barrett Browning transforms into 'a different person altogether' in this environment, we are thus similarly led to believe that she is coming into being as she was always meant to, as the 'Greek nymph in some dim grove in Arcady' that she had imagined in London (*F* 114, 38). *Flush* may therefore be read as a narrative of movement towards newness and betterness, or even a fulfilment of the promise in *The Voyage Out*. Her life in Italy is, we might argue, the culmination of Barrett Browning's life-building work. This reading of *Flush* works in accord with Susan Merrill Squier's formative line of feminist argument in *Virginia Woolf and London* (1985) that 'Flush operates as a stand-in for the woman writer', and that the text stages an escape for both from 'the prison of London' and 'patriarchal authority' to 'the transforming freedom of Pisa and Florence'.[134]

[133] Melissa Sullivan, 'The Bestseller and the City: *Flush*, *The Barretts of Wimpole Street*, and Cultural Hierarchies', in *Woolf and the City*, ed. by Elizabeth F. Evans and Sarah E. Cornish (Liverpool: Liverpool University Press, 2010), pp. 112–19 (p. 118).
[134] Susan Merrill Squier, *Virginia Woolf and London: The Sexual Politics of the City* (Chapel Hill, NC: University of North Carolina Press, 1985), pp. 124, 123.

On the other hand, the forebodingly titled final chapter of *Flush* not only marks 'The End' of the titular spaniel's life, but also Barrett Browning's uncomplicated enjoyment of Italy's 'freedom and life and the joy that the sun breeds' (*F* 115). Having temporarily returned to London, she arrives back in Florence to find that 'the spirits had preceded her' and spiritual communication has become highly fashionable (*F* 151). Flush soon becomes worried by 'the look on Mrs Browning's face when she [gazes] out of the window as if she were seeing something that was wonderful when there was nothing', and while we are assured that '[y]ears had passed; now she was happy', the text's abrupt, inauspicious conclusion suggests that something continues to dog Barrett Browning (*F* 155–56, 161). Although *Flush* concludes with its namesake's death, continuing to align Flush and Barrett Browning to the end — '[s]he was growing old now and so was Flush' — as though to indicate a parallel drawing together of Barrett Browning's narrative, there remains a sense of irresolution (*F* 161). Max Saunders's characterization of *Flush* in *Self-Impression* (2010) as a '*jeu d'esprit*' that 'returns attention' to Barrett Browning as an actor in 'one of the great Victorian biographical stories', while simultaneously '[wrenching] the point of view away from the human participants', perhaps signposts an explanation.[135] '[T]his preoccupation of Mrs Browning's with the invisible', we might consider, is set to continue beyond Flush's death, but without her faithful companion as witness, its significance trails away (*F* 154). In *Invalidism and Identity in Nineteenth-Century Britain* (2004), Maria H. Frawley describes invalidism as a 'cultural mentality, a mode of thought that shaped and a posture that expressed the way [nineteenth-century] men and women conceptualized, experienced, and

[135] Max Saunders, *Self Impression: Life-Writing, Autobiografiction, and the Forms of Modern Literature* (Oxford: Oxford University Press, 2010), p. 442. Emphasis in the original.

represented a wide range of afflictions'.[136] By establishing a clear trajectory from Barrett Browning's time in the sick-room to her 'preoccupation' in Italy, I want to demonstrate how *Flush* becomes about the endurance of Barrett Browning's invalidism as an identity category and embodied experience, and ultimately about the durational strength of the character's attachment to unhealth (*F* 154).

We can access Barrett Browning's subjective, affective experiences in *Flush* only through Woolf's inclusion of excerpts from her published letters, including one written in March 1845 to her future husband, Robert Browning: 'You are Paracelsus, and I am a recluse, with nerves that have been broken on the rack, and now hang loosely, quivering at a step and breath.'[137] (*F* 54) We are assured that Flush comprehends, 'just as well as if he could read every word', Barrett Browning's spiralling thoughts 'that April might come; that April might not come; that she might see this unknown man at once, that she might never see him at all', but the specific allusion in this letter is left unexplored (*F* 54). As J. Hillis Miller's 'Robert Browning' (2011) explains, Paracelsus was a 'sixteenth-century physicist and alchemist', and the figure that Browning had ten years before taken as the titular protagonist of the five-part epic poem of 'disguised autobiography' that 'gained him the attention of London literati'.[138] Browning's protagonist in *Paracelsus* (1835), Stefan Hawlin writes in *The Complete Critical Guide to Robert Browning* (2002), 'sets off on a quest for total

[136] Maria H. Frawley, *Invalidism and Identity in Nineteenth-Century Britain* (Chicago, IL: University of Chicago Press, 2004), p. 3.
[137] See *The Letters of Robert Browning and Elizabeth Barrett Barrett, 1854–1846*, ed. by Robert Browning, 2 vols (New York, NY: Harper, 1899), I, 42–46 (p. 42) (20 March 1845).
[138] J. Hillis Miller, 'Robert Browning', in *The Cambridge Companion to English Poets*, ed. by Claude Rawson (Cambridge: Cambridge University Press, 2011), pp. 392–407 (p. 394).

knowledge, a superhuman understanding of the world', in which '[i]nitially he is moderately successful, but not successful enough to satisfy his own overwhelming ambition'.[139]

Given this assessment, we can see especially clearly that Barrett Browning positions herself as a weak, spent figure in contrast to the vigour of her lover. Her specificity in describing what distinguishes her from Browning — her reclusiveness attributed to her 'nerves' being 'broken' — allows us to pinpoint how she perceives her own bodymind, and recalls Rachel's painful nerves in *The Voyage Out* (*F* 54). This exactitude is particularly significant in the context of Barrett Browning's nonfictional diagnostic history, regarding which Rebecca Stott and Simon Avery write in *Elizabeth Barrett Browning* (2003) that although 'as late as 1825' her mother Mary 'was still referring to the undiagnosed situation as "*the mystery*"', most subsequent understandings of the writer's experience 'centred upon Barrett's lungs'.[140] Woolf's decision to highlight an expression of nervous agony, rather than pulmonary distress, erects a different associative scaffolding around the character, gesturing towards the aforementioned mysteriousness by foregrounding what is, to draw from Susan Walsh in 'Speaking of Illness' (1998), arguably a more 'imitative, protean, migratory' complaint.[141] This emphasis also goes some way in condensing the gap between Barrett Browning and *Flush*'s early twentieth-century readers. As Emily James observes in 'A Lexicon for the Sick Room' (2019), 'Woolf's modernity saw a sharp uptick in discussions of nerves and the nervous system, a trend that widened the medical lexicon during her lifetime'.[142]

[139] Stefan Hawlin, *The Complete Critical Guide to Robert Browning* (London: Routledge, 2002), p. 50.
[140] Simon Avery and Rebecca Stott, *Elizabeth Barrett Browning* (Abingdon Routledge, 2014), p. 41. Emphasis in the original.
[141] Susan Walsh, 'Speaking of Illness: Nerves, Narratives, and Nineteenth-Century Psychology', *Victorian Literature and Culture*, 26 (1998), 185–96 (p. 187).
[142] Emily James, 'A Lexicon for the Sick Room: Virginia Woolf's Narrative Medicine', *Literature and Medicine*, 37 (2019), 1–25 (p. 15).

Before making the Paracelsus reference, Barrett Browning predicts in her letter that although she shall initially 'be afraid' when she meets her future husband in person, she is not 'in writing thus', and it is true that there is a mastery of language displayed in this powerful confrontation with a tortured, fragmentary sense of self.[143] Woolf incorporates the excerpt in question at a moment in *Flush* when the couple are feverishly exchanging secret letters with one another — Barrett Browning receives 'envelopes […] more and more regularly, night after night' — and it is to this new routine that Flush attributes 'signs of change' (*F* 52). She is '[f]or the first time […] irritable and restless', he observes, as well as prone to coughing and complaining 'of feeling ill—but not so ill as she usually felt when the wind was in the east' (*F* 52–53, 53). We might ask here whether readers are invited to connect Flush's testimony of this 'change' with Barrett Browning's written claim to 'quivering' nerves through the idea of lovesickness, and so infer that her complaints are not only from her prior experience 'on the rack' of nervous experience, but also from her current separation from her future husband (*F* 52, 54). This is not to suggest that Barrett Browning's 'feeling ill' is not *real*, insofar as any 'feeling ill' is *real*, but rather that Woolf's narrative highlights the effect of material circumstances upon one's 'feeling ill' (*F* 53).

In any case, as the couple speak to one another during Browning's covert night-time visit to the sick-room, Barrett Browning changes in another way: 'Flush had never heard that sound in Miss Barrett's voice before—that vigour, that excitement.' (*F* 56) Browning's visit is presented as a significant tonic, for the next day Barrett Browning 'sat upright; her eyes still burnt; her cheeks still glowed' and 'ate her chicken to the bone', and as the weeks pass and he continues to visit, her family are shocked by her ability to go 'down to sit in the drawing-

[143] *The Letters of Robert Browning and Elizabeth Barrett Barrett, 1854–1846*, ed. by Browning, I, 42–46 (p. 42).

room' and walk 'on her own feet as far as the gate at Devonshire Palace' (*F* 57, 58). This chapter of *Flush* thus seems to suggest that Barrett Browning's invalidism is to some extent a product of the sick-room itself, its relative isolation and stasis creating a feedback loop broken only by Browning's visits, which build a different momentum; Flush notices that although her voice was initially 'forced and unnaturally lively', it soon gains its own 'warmth' and 'ease' (*F* 60). We can connect this stasis to the very language that describes the space. Although its initial designation as an 'invalid's bedroom' emphasizes Barrett Browning's ownership of the space, there is also no sense of movement or progress; a sick-room might see many patients convalesce within its walls, but an invalid's bedroom is suggestive of continuousness and consistency within, defined by a specific occupant (*F* 20). This line of thought taps into Frawley's argument that those who identified as invalids in this historical moment 'became ensconced within a more stationary, nonlinear space, inhabiting a secluded sickroom and embodying stasis in a culture celebrating mobility and obsessed with flux'.[144] It also dovetails with my broader claim that Barrett Browning's attachment to unhealth endures through the text's shift in setting, her invalidism proving to be a less mutable orientation than it first appeared.

The treatment of Browning's 'invalid's bedroom' also bears consideration in relation to the history of the middle-class home in this period (*F* 20). If, as Mike Hepworth writes in 'Privacy, Security and Respectability' (1999), the Victorians believed 'in the home as a private retreat within which a personal life can be enjoyed in peace and security', then the bedroom was the apotheosis of this belief: Tom Crook's 'Norms, Forms, and Beds' (2008) argues that 'what is peculiar' to this period 'is the place it [the bedroom] assumed within a

[144] Frawley, p. 5.

sequestration, at once spatial and conceptual, of the home as a place for the moral, mental and physical regeneration of the family'.[145] We can clearly see this orientation in *Flush* when we first locate Barrett Browning through 'a closed door at the back of the house' (*F* 19). However, as Hepworth also observes with respect to the sick-room, 'the relationship between the imagined ideal and the lived experience of home is complex and influenced by a number of social variables'.[146] In Victorian patriarchy, for example, women's experiences of the home and bedroom were marked by the need 'to carry out the emotional and moral labour necessary to create and maintain the ideal home' for their male relatives to inhabit.[147] This was a dynamic established in youth; according to Sonya Sawyer Fritz in 'Privacy and Leisure in the Victorian Girl's Bedroom' (2015), even 'the girl's bedroom could not truly belong to her'.[148]

The middle-class Victorian woman's sick-room thus sat untidily within the home, for while on the one hand it was a 'consoling' sanctuary space held to even more 'scrupulous standards' than the bedroom, on the other hand — by virtue of its inhabitant's family role — there was always the possibility of disruption and intrusion.[149] This dynamic is particularly visible in *Flush* when Mr Barrett desires to see his daughter and judge whether 'his commands [have] been obeyed', and Flush observes that 'a knock sounded that was no tap

[145] Mike Hepworth, 'Privacy, Security and Respectability: The Ideal Victorian Home', in *Ideal Homes? Social Change and Domestic Life*, ed. by Tony Chapman and Jenny Hockey (London: Routledge, 1999), pp. 17–29 (p. 17); Tom Crook, 'Norms, Forms, and Beds: Spatializing Sleep in Victorian Britain', *Body & Society*, 14.4 (2008), 15–35 (p. 21).
[146] Hepworth, 'Privacy, Security and Respectability', in *Ideal Homes?*, ed. by Chapman and Hockey, pp. 17–29 (p. 19).
[147] Ibid., p. 23.
[148] Sonya Sawyer Fritz, '"A Room of Her Very Own": Privacy and Leisure in the Victorian Girl's Bedroom', *Girlhood Studies*, 8.2 (2015), 38–53 (p. 51).
[149] Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994), p. 5; Crook, 15–35 (p. 25).

of enquiry but a demand for admittance' (*F* 43). Barrett Browning has no guarantee of peace or privacy in her most intimate space. Miriam Bailin writes that in the texts she addresses in *The Sickroom in Victorian Fiction* (1994), the sick-room 'is a haven of comfort, order, and natural affection' which typically 'serves as a kind of forcing ground of the self — a conventional rite of passage issuing in personal, moral, or social recuperation'.[150] And yet, it is important to remember that *Flush* is not Victorian fiction; it is, as Macadré asserts, 'a modernist reconstruction of Victorian society'.[151] Consequently, Barrett Browning's 'invalid's bedroom' is a space of artifice rather than comfort, and the narrator compares Flush's first entrance to a descent 'step by step into a mausoleum' wherein lies 'a crypt, crusted with fungus, slimy with mould, exuding sour smells of decay and antiquity' (*F* 20, 19).

In the words of Layla Colón Vale's '*Flush*, the Sickroom, and the Heroine' (2016), this initial depiction of Barrett Browning's bedroom summons 'horror and abjection'.[152] Drawing on Julia Kristeva's *Powers of Horror* (1982), we might consider that the distinction between living and dead breaks down in this gloomy space; all that survives is oozing decay which disassembles and 'does not respect borders, positions, rules' of the living that we rely upon to construct our selves.[153] This produces a sort of sensorial attachment to unhealth that seems to be ushering Barrett Browning towards death, as Flush — by means of what Booth calls 'synaesthetic olfaction' — considers the smell of eau de cologne to be entirely antithetical to restoration.[154] Although in the abstract we understand this 'mausoleum' as a

[150] Bailin, p. 5.
[151] Macadré, para. 2 of 28.
[152] Layla Colón Vale, '*Flush*, the Sickroom, and the Heroine', *Virginia Woolf Miscellany*, 89–90 (2016), 59–61 (p. 60).
[153] Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. by Leon S. Roudiez (New York, NY: Columbia University Press, 1982), p. 4.
[154] Booth, 3–22 (p. 12).

relatively large space, the repetitious descriptive clauses produce a feeling of claustrophobic oppression (*F* 19). Woolf draws clear contrasts between the London sick-room, 'cut off from air, light, freedom', and the Italian home, where the absence of heavy Victorian furnishings provokes Flush to observe that he has 'never been in a room—if this were indeed a room—that was so hard, so bright, so big, so empty' (*F* 23, 110). This absence, in a text so attentive to spatial arrangements, induces a reassessment of Barrett Browning herself: 'Miss Barrett looked smaller than ever sitting on a chair by a table in the midst.' (*F* 110)

The restriction of the sick-room stretches even beyond its physical walls. Although the first time she ventures into London to 'take the air', Barrett Browning sits in a carriage 'veiled and muffed', she soon becomes more 'daring' and is 'drawn up Wimpole Street in a bath-chair' (*F* 27, 28, 29). A 'somewhat more egalitarian version of the sedan chair', Elizabeth Guffey writes in *Designing Disability* (2018), the Bath chair was a 'cab placed on three wheels, with a single person pushing it from behind'.[155] It was sturdier than its precursor, the Merlin chair, and was 'designed specifically for outdoor use'.[156] However, although Guffey argues that the Bath chair's 'appearance and purpose hint at a connection between disability, access, and the environment in a way that today seems utterly modern', it is predominantly depicted in *Flush* as a technology of confinement.[157] In a Bath chair, Barrett Browning has limited control over her movement through London's streets, and the distance she may travel, both physically and phenomenologically, is similarly curtailed. As *Flush*'s narrator explains, 'if you were—and many people were—active and able-bodied and fond of walking, then you might see sights and hear language and smell smells' that 'an

[155] Elizabeth Guffey, *Designing Disability: Symbols, Space, and Society* (London: Bloomsbury, 2018), p. 27.
[156] Ibid., p. 27.
[157] Ibid., p. 27.

invalid', able to walk or 'trundle' in a Bath chair only a short distance, would be unable to experience (*F* 78, 77). The comparison that Woolf sets up between woman and dog is unmistakable; shortly after Flush learns that 'in Regent's Park dogs must be led on chains', he resigns himself to abstaining from 'air and exercise' to remain with Barrett Browning, who is 'chained to the sofa' (*F* 31, 35). It is only when Barrett Browning forgets to chain Flush, and he is kidnapped according to 'the law of Wimpole Street', that circumstances change (*F* 77).

Flush's early life with Miss Mitford, another woman 'much confined' by her father, prefigures his time with Barrett Browning (*F* 11). Miss Mitford is energized by 'longed-for' time spent outdoors, 'the lines on her huge brow' disappearing as she '[snuffs] the fresh air at last' (*F* 11, 12, 11). When Barrett Browning tries to save Flush from his kidnappers, it is not 'fresh air' that she smells, but the 'filth' of 'a world that Miss Barrett had never seen, had never guessed at' (*F* 11, 80, 94). She is, however, nonetheless altered and inspired, and the text makes a rare reference to her published literary work: 'Her mind teemed with thoughts, her eyes were full of pictures. […] They were branded on her eyeballs. […] They were to inspire the most vivid passages in *Aurora Leigh*.' (*F* 96–97) Barrett Browning sees in Shoreditch another way of living, displayed to her by 'women like herself', but she also finds that she can be more than she thought possible (*F* 96). 'How easy it would have been to yield', *Flush*'s narrator exclaims, but despite Browning's urgings not to '[give] way to tyranny', Barrett Browning takes a cab with her ever-faithful servant, Wilson, to seek out Flush's captors (*F* 92, 90). After this attempt to ransom him is thwarted by her family, she tries once more to leave the house, but is met with increased resistance: 'Her family came running to prevent her. It was getting dark. She was exhausted already. The adventure was risky enough for a man in health. For her it was madness. So they told her.' (*F* 99) All these

seemingly sensible reasons to abandon Flush are cast into doubt by the arch 'they' in this passage, which witheringly undermines those who meet Barrett Browning with threatening accusations of 'madness' (*F* 99). Woolf suggests here that between the kidnappers and her family, Barrett Browning faces a double measure of 'tyranny', but also that it might be possible for her to reinvigorate herself away from the sick-room (*F* 90).

Flush's 'modernist reconstruction of Victorian society' extends to its presentation of Barrett Browning's efforts to leave the sick-room behind after her secret marriage.[158] On the one hand, Flush's wonder at her new lease of life in Pisa, and later Florence — on seeing 'the most astonishing sight conceivable' of Barrett Browning 'perched […] upon a stone in the middle of Petrarch's fountain', he rushes to save her from 'peril' — underlines her move as a straightforwardly nineteenth-century strategy (*F* 109, 110). Frawley explains that although 'the medical community never reached complete consensus in its understanding of the medical value of travel or change of scenery and the benefits of various climates', climatotherapy was very 'influential' for those journeying abroad.[159] Specifically, John Pemble writes in *The Mediterranean Passion* (1987), Pisa was considered to offer a 'relaxing' climate, and even though Vladimir Janković's *Confronting the Climate* (2010) exposes how, from the mid-nineteenth century onwards, 'the critical approach to medical travel continued to sharpen its criteria', Pemble notes that it was in the context of climatotherapy that the non-fictional Barrett Browning was recommended to winter in Pisa in 1845.[160] We might therefore consider *Flush*'s Barrett Browning as a period-typical nineteenth-century

[158] Macadré, para. 2 of 28.
[159] Frawley, pp. 115, 125.
[160] John Pemble, *The Mediterranean Passion: Victorians and Edwardians in the South* (Oxford: Clarendon, 1987), p. 93; Vladimir Janković, *Confronting the Climate: British Airs and the Making of Environmental Medicine* (Basingstoke: Palgrave Macmillan, 2010), p. 140.

'expatriate invalid'.[161] She sleeps 'the sounder' in Pisa and energetically embraces the outdoors, scrambling over rocks and admiring mountains (*F* 114).

On the other hand, Woolf also foregrounds both Flush's and Barrett Browning's responses to the Italian sunlight in such strong terms that I suggest she invokes heliotherapy. In Casa Guidi in Florence, we are told, 'light poured over [Flush]' in 'a vast bare room flooded with sunshine' (*F* 110). As we previously learned, Flush has 'never been in a room […] so bright', and '[t]he light, infinitely sharp and clear, dazzled his eyes' (*F* 110). A significant component of Barrett Browning's apparent change in Italy is her '[delight] in the sun' and 'the joy that the sun breeds' (*F* 114, 115). '[O]ur poor English', she exclaims, 'want refining not in the fire but in the sunshine' (*F* 115). Simon Carter argues in 'The Medicalization of Sunlight in the Early Twentieth Century' (2012) that although sunlight emerged as a 'clinical therapy' between the late-nineteenth and mid-twentieth centuries, it was 'from the turn of the twentieth century' that the use of heliotherapy expanded and came to represent 'an important branch of medicine in Britain, Europe and North America'.[162] Barrett Browning's self-aware response to the Italian sunlight — 'Mrs Browning every day, as she tossed off her Chianti and broke another orange from the branch, praised Italy and lamented poor, dull, damp, sunless, joyless, expensive, conventional England' — thus enables us to see how *Flush* engages with specifically early twentieth-century health discourses (*F* 115). In this way, not only may we locate Woolf's text alongside Kirsty Martin's archive of 'literary explorations of sunlight' in 'Modernism and the Medicalization of Sunlight' (2016), but we can also point towards a clear instance of an early twentieth-century medico-cultural consciousness

[161] Frawley, p. 143.
[162] Simon Carter, 'The Medicalization of Sunlight in the Early Twentieth Century', *Journal of Historical Sociology*, 25 (2012), 83–105 (pp. 84, 92).

overlaying *Flush*'s nineteenth-century setting.[163] As in the works to which I attend in Chapter 3, ideas from *Flush*'s compositional moment seep into its depiction of the near past; Williams argues that the 'twentieth-century understanding of the body' and disability that Woolf brings to bear on the way she 'represents and describes Barrett Browning's body' forms another example of this.[164]

As previously stated, my argument here is that Barrett Browning's move to Italy is not a narrative of recovery — not the kind of 'restitution narrative' that Arthur W. Frank identifies in *The Wounded Storyteller* (1995) — but rather that it works to extend and secure her attachment to unhealth.[165] Just as *Mrs Dalloway*'s emphasis on the party as evidence of Clarissa's recovery serves to remind readers that there was something from which she had needed to recover, *Flush*'s preoccupation with the differences between Barrett Browning in London and in Pisa and Florence ultimately prolongs and strengthens the character's attachment to unhealth. Each time we are reminded of Barrett Browning's transformation, the sick-room becomes harder to forget; there is no disjunction between the two, but rather 'long tunnels of gloom' connecting them (*F* 109). The latter iteration of Barrett Browning only comes into being through the crucible of the former. The drawing-together of pet and mistress also reaches its apex in Italy, when Barrett Browning and her husband 'anxiously' seek a 'remedy' for Flush after he finds himself 'morose, thin and feverish', being 'scourged by fleas' (*F* 133). Without suggesting that Woolf commits, as Jane Goldman writes in 'Speaking, Reading, and Writing with the Companion Species' (2016), 'the violence of

[163] Kirsty Martin, 'Modernism and the Medicalization of Sunlight: D.H. Lawrence, Katherine Mansfield, and the Sun Cure', *Modernism/modernity*, 23.2 (2016), 423–41 (p. 425).
[164] Williams, 107–23 (p. 116).
[165] See Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago, IL: University of Chicago Press, 1995), pp. 75–96.

allegory' by 'appropriating' Flush as a 'signifier' of Barrett Browning, her treatment of this episode does work to strengthen her attachment to unhealth through echoes of invalid experience across species.[166] While Flush *recovers* in a way that I argue Barrett Browning does not, her anxious 'despair' at his flea infestation recalls the empathy he extended towards her in the sick-room (*F* 134).

If previously Barrett Browning was posed as a domesticated pet, helplessly tethered to the London sick-room, then in Italy we see Flush become human in his suffering; it is during his infestation that Ittner's assertion that he is 'conceived less as an anthropomorphized dog than a zoomorphized human' holds most true.[167] Despite his inability to commit the 'myriad sensations' he experiences in Florence to a human language, Flush's 'flesh was veined with human passions; he knew all grades of jealousy, anger and despair' and so, when he is shorn so completely that the very 'insignia of a cocker spaniel fell to the floor', he feels 'emasculated, diminished, ashamed' (*F* 132, 133, 135). Looking at his reflection, Flush sees the absent indicators of his pedigree, adrift in a way that recalls Barrett Browning's previous self-positioning in relation to her future husband: 'He was nobody. Certainly he was no longer a cocker spaniel.' (*F* 135) Just as Barrett Browning's identity was erased in the sick-room, living 'the life of "a bird in its cage"', Flush is here a blank canvas (*F* 49). However, *Flush* does not explicitly compare Flush's predicament with Barrett Browning's own experience of invalidism in London, drawing instead on a more abstract comparison to capture the experience of his restitution:

[166] Jane Goldman, '*Flush: A Biography*: Speaking, Reading, and Writing with the Companion Species', in *A Companion to Virginia Woolf*, ed. by Berman, pp. 163–75 (p. 171).
[167] Ittner, 181–96 (p. 187).

> His spirits rose. So might a great beauty, rising from a bed of sickness and finding her face eternally disfigured, make a bonfire of clothes and cosmetics, and laugh with joy to think that she need never look in the glass again or dread a lover's coolness or a rival's beauty. (*F* 135)

In this way, Flush finds the burden of his *greatness* — those 'signs of rank' which, however 'democratic' and 'careless' he acted about them, still shaped his experience of self and world — lifted from his shoulders (*F* 134).

Reading Flush as an allegorical figure for the woman writer, Squier argues that the moment of his shearing marks the completion of his 'liberation' from Victorian patriarchy, but it also matters in relation to the text's opening meditation on descent, pedigree and 'the laws of the Spaniel Club' under which Flush is enshrined as 'a gentleman by birth' (*F* 6, 134).[168] Woolf's approach to the Spaniel Club — and to '[t]he Heralds College' as 'the nearest [human] approach we have to the Spaniel Club' — focuses, as Linden Peach shows in 'Woolf and Eugenics' (2012), 'as much on how its principles are enshrined in law as on the concept of selective breeding itself, [and] anticipates the interweaving of eugenics, racialized nationalism, and the concept of a pure race in Nazi Germany' (*F* 7).[169] Anna Snaith's 'Of Fanciers, Footnotes, and Fascism' (2002) claims *Flush* as a 'political text' in part for this reason, arguing that its 'use of politically charged locations' (Wimpole Street, Whitechapel, Italy) and 'repeated references to breeding, purity, mongrels, and hierarchies of species' is 'given new meaning in the fascist context' of the early 1930s.[170] This is another way in which the context of *Flush*'s publication comes to bear on the context of its narrative, and its

[168] Squier, p. 123.
[169] Linden Peach, 'Woolf and Eugenics', in *Virginia Woolf in Context*, ed. by Bryony Randall and Jane Goldman (Cambridge: Cambridge University Press, 2012), pp. 439–48 (p. 444).
[170] Anna Snaith, 'Of Fanciers, Footnotes, and Fascism: Virginia Woolf's *Flush*', *MFS: Modern Fiction Studies*, 48.3 (2002), 614–36 (pp. 615, 629, 630).

advancement of a textual atmosphere attentive to medico-scientific discourses is also a mechanism through which Barrett Browning's attachment to unhealth is bolstered.

Atmosphere becomes an important term indeed when Barrett Browning briefly returns to London with Flush and her husband in 'the summer of 1852', and the former is 'closely confined to a lodging-house sitting room':

> The cholera had come, and it is true that the cholera had done something to improve the condition of the Rookeries; but not enough, for still dogs were stolen and the dogs of Wimpole Street had still to be led on chains. (*F* 136, 138)

Accustomed to more freedom in Italy, this 'wrought on his temper and strained his nerves', the latter complaint echoing the assessment of health we previously saw Barrett Browning provide in a love letter for her future husband (*F* 139). However, I am more interested in the text's casual reference to cholera, the 'root' of which was still attributed in the mid-nineteenth century, considers Peter Baldwin in *Contagion and the State in Europe, 1830–1930* (1999), to '[s]ome sort of widespread atmospheric cause'.[171] More specifically, Mark Harrison writes in 'From Medical Astrology to Medical Astronomy' (2000) that, 'despite medical opinion turning away from purely atmospheric theories of causation during the 1830s', the notion of the *cholera cloud* 'proved remarkably durable'.[172] The cholera cloud lacked 'a fixed form, color, or essence', Projit Bihari Mukharji explains in 'The "Cholera Cloud" in the Nineteenth-Century "British World"' (2012).[173] Mukharji continues:

[171] Peter Baldwin, *Contagion and the State in Europe, 1830–1930* (Cambridge: Cambridge University Press, 1999), p. 147.
[172] Mark Harrison, 'From Medical Astrology to Medical Astronomy: Sol-Lunar and Planetary Theories of Disease in British Medicine, *c*. 1700–1850', *The British Journal for the History of Science*, 33 (2000), 25–48 (p. 44, n. 110).
[173] Projit Bihari Mukharji, 'The "Cholera Cloud" in the Nineteenth-Century "British World": History of an Object-Without-an-Essence', *Bulletin of the History of Medicine*, 86.3 (2012), 303–32 (p. 332).

> In many ways objects-without-essences such as the cholera cloud foreshadow the tensions of the emergent global culture: pulled between deterritorialized uniformity and obstinate local specificity, between the lure of the exotic and the fear of the unknown, between the impossibility of the supernatural and the spiritual depletion of the natural.[174]

In concluding this section, I want to suggest that as a miasmic, uncanny object, the cholera cloud also works as a kind of latent framework through which to read Barrett Browning's subsequent attempts to communicate with the 'spiritual world', which in turn speaks to the persistence of her attachment to unhealth (*F* 153).

Woolf does not point specifically to any cholera clouds over London upon Barrett Browning's visit, but the city is overshadowed in suggestively funereal terms: 'A pall of sound, a cloud of interwoven humming, fell over the city in one confluent growl.' (*F* 137) Although the 'season was at its height', and despite professions of the city's 'splendour' and 'magnificence', Flush detects 'a certain morbidity […] among the dogs' (*F* 137, 138, 139). One of his canine acquaintances is known to have 'leapt from the top-story window with the intention of committing suicide' under 'intolerable' conditions of 'confinement' (*F* 139). He is therefore pleased to return to Florence, only to be woken one day from slumber by the drawing-room table 'swaying violently from side to side' (*F* 149). Woolf sets out Barrett Browning's spiritualism as inevitable, if potentially hazardous; it is a consequence of her inherent adventurousness, evidenced by Flush's rescue, that she 'would take the risk', as well as an effect of her social circle (*F* 152). In fact, her 'preoccupation […] with the invisible' is described in the language of disease: the 'spirits', figured as vectors of contagion, 'took up

[174] Ibid., p. 332.

their residence in the legs of tables' until 'the tables of Florence were almost universally infected' and Barrett Browning is incapable of 'keep[ing] her hands off the table' (*F* 154, 150, 151, 153).

Flush 'exceedingly' dislikes this development, for when she stares 'with her great eyes wide open […] as if she saw something marvellous outside', there is 'something in her look now that frightened him' unlike anything he has seen before (*F* 154). We are reminded, here, of the earlier promise that the 'faces' Barrett Browning saw in Shoreditch 'were to come before her again years later when she was sitting on a sunny balcony in Italy', and can also recall Barrett Browning's anxious excavation of her old life during her earlier visit to London — the process by which '[v]ery quietly, opening the doors as if she were afraid of what she might see there, Mrs Browning went from room to room' — anticipating these possessed gazes (*F* 97, 141). Indeed, I suggest, when Flush notes that Barrett Browning's new 'form of prayer […] required the presence of evil-smelling, seedy looking men', we are led to olfactorily recall Mr Barrett and his overbearing authority (*F* 155). In the end, Flush dies as he lived, resting with Barrett Browning 'on the sofa' having startled awake in the local marketplace and 'made off' home 'as if he were flying to safety' (*F* 160, 159). Among the possibilities the text offers for his flight is that 'one of the American rapping spirits, one of the spirits that live in table legs, [had] got possession of him at last' and although, upon his death, '[t]he drawing room table, strangely enough, stood perfectly still', it is my contention that the text's connections between London and the sick-room, and Italy and the 'spiritual world', suggest that Barrett Browning's attachment to unhealth continues beyond her life-building efforts and the bounds of Flush's watchful eye (*F* 160, 161, 153).

'THE WHOLE LANDSCAPE OF LIFE': WOOLFIAN HEALTH ENVIRONMENTS

Early in my discussion of *The Voyage Out*, I used Mr Pepper's assessment of his rheumatism to evidence the atmosphere of disease, illness, sickness and death aboard the *Euphrosyne*: '"Once rheumatic, always rheumatic, I fear," he replied. "To some extent it depends on the weather, though not so much as people are apt to think."' (*VO* 8) To conclude this chapter, in which I have demonstrated how attachments to unhealth emerge and persist in relation to female characters' life-building efforts, I turn again to Mr Pepper's ambivalence about the impact of the environment on his health, this time as a means of drawing together *The Voyage Out*, *Mrs Dalloway* and *Flush* with perhaps the foremost early twentieth-century medical humanities touchstone, 'On Being Ill'. The first version of 'On Being Ill', to which I refer here, was published in T. S. Eliot's January 1926 *New Criterion*; a shorter, revised version, titled 'Illness – An Unexploited Mine', greeted an American readership in the April 1926 *Forum*, and it was first published as an individual volume by the Hogarth Press in July 1930.[175] Consistent across these versions is what Fifield describes as the essay's initial 'woozy, winding sentence' which questions why illness, as a 'common' experience, 'has not taken its place with love, battle, and jealousy among the prime themes of literature', thereby mounting a critique, Sarah Pett argues in 'Rash Reading' (2019), not against 'the literal absence of illness from Western literature, but the occlusion of its actuality by its symbolic currency'.[176] 'On Being Ill' discusses the 'poverty of the language' available to articulate

[175] For more detail, see Hermione Lee, 'Introduction', in Virginia Woolf and Julia Stephen, *On Being Ill with Notes from Sick Rooms*, intro. by Hermione Lee and Mark Hussey, afterword by Rita Charon (Ashfield, MA: Paris Press, 2012), pp. xiii–xxxvi.

[176] Fifield, p. 4; Virginia Woolf, 'On Being Ill', in *The Essays of Virginia Woolf*, ed. by Andrew McNeillie and Stuart N. Clarke, 6 vols (Orlando, FL: Harcourt, 1986–2011), IV (1994), 317–29 (p. 317); Sarah Pett, 'Rash Reading: Rethinking Virginia Woolf's *On Being Ill*', *Literature and Medicine*, 37 (2019), 26–66 (p. 37). Further references to this edition of 'On Being Ill' are given after quotations in the text.

'illness', and considers the 'perspectival shift' experienced by 'the invalid' ('OBI' 318, 319). This shift is framed, Detloff suggests, 'as a resource rather than a deficit' in what might be Woolf's 'most direct expression of crip sensibility'.[177] Woolf proposes that illness is characterized by 'rashness', and describes, in Pett's words, how 'rashness spreads from one's engagement with the world to one's engagement with literature' through a 'rash' reading of Augustus Hare's *The Story of Two Noble Lives* (1893) ('OBI' 325).[178]

Mr Pepper's belief that *one* experience of rheumatism heralds a new state of 'always' being 'rheumatic' speaks to a similar 'perspectival shift' of the self to that seen in 'On Being Ill', but his gesture towards what Janković terms 'environmental hazard', the notion of which 'derives from a separation between the realms we usually denote as the *inside* and the *outside*', is my main point of departure here (*VO* 8).[179] Janković traces environmental hazard, '[o]ne of the formative characteristics of modern life', through eighteenth-century Britain and beyond, processing an understanding of 'health and disease as a matter of how the body was placed vis-à-vis its surroundings', and I suggest that his explication of the concept can be loosely, yet usefully, brought to bear on Woolf's early twentieth-century fiction.[180] Rachel's deadly fever in *The Voyage Out*, a novel marked by indoor containment, follows a significant expedition into the outdoors; the first doctor engaged on her behalf attributes the severity of her condition to her environment: 'In this climate you must expect a high temperature.' (*VO* 315) Outka explains that the 'danger' of influenza, meanwhile, was 'rightly perceived' during the 1918 pandemic 'to be airborne', and that the public were

[177] Detloff, 'Woolf and Crip Theory', in *A Companion to Virginia Woolf*, ed. by Berman, pp. 277–89 (p. 286).
[178] Pett, 26–66 (p. 44).
[179] Detloff, 'Woolf and Crip Theory', in *A Companion to Virginia Woolf*, ed. by Berman, pp. 277–89 (p. 286); Janković, p. 1. Emphasis in the original.
[180] Janković, pp. 1, 3.

aware of the potential transmission risks of 'breathing in germs' and 'contact with others'.[181] The references to the continuing effects of Clarissa's influenza in *Mrs Dalloway* can therefore be understood in the context of 'a lingering, free-floating anxiety' about 'a deadly presence [that] infected the very atmosphere'.[182] Finally, when *Flush* alludes to the 1853–54 British cholera epidemic, it draws upon a disease that was at this point in the nineteenth century also popularly associated with the atmosphere; as we have seen, and as Amanda Sciampacone reiterates in 'Medical Climatology and Cholera in Victorian Visual Culture' (2020), the cholera cloud in particular 'became a marker of cholera's presence and a sign that England's air was actually being transformed, made sickly, through the existence of a foreign disease'.[183] In many ways, unhealth suffuses these texts on an environmental level as well as through their female protagonists' life-building work.

Just as I drew attention above to *The Voyage Out*'s containment of characters, *Flush*, too, is a novel strikingly about *insideness*, and specifically about the protection of the sick-room. During Barrett Browning's journey 'into the jaws of Whitechapel to fetch [Flush]', she is shocked to see the boundaries of inside and outside blur 'in a world where cows are herded under the bedroom floor; where whole families sleep in rooms with broken windows' (*F* 93, 94). This is not a common view from the bed or sofa of the middle-class nineteenth-century invalid, nor the early twentieth-century 'recumbent' described in 'On Being Ill' ('OBI' 322). 'Woolf makes clear', Louise Hornby writes in 'Downwrong' (2019) that 'horizontality turns practices of seeing upward and sideways as the invalid […] stares out the

[181] Outka, p. 13.
[182] Ibid., p. 13.
[183] Amanda Sciampacone, '"Epidemics in a Mist": Medical Climatology and Cholera in Victorian Visual Culture', *Journal of Victorian Culture*, 20.20 (2020), 1–20 (p. 5).

window at the sky from the sickbed'.[184] 'On Being Ill' proposes that illness offers the chance to '[stare] straight up' at 'this gigantic cinema' without impediment ('OBI' 321). The sight, when compared to the 'snatches' available as a pedestrian, is 'discovered to be something so different from this that really it is a little shocking' ('OBI' 321). And yet, a view of the outside from inside the sick-room is not the only kind of impactful environment described in 'On Being Ill'; it discusses, as Lorraine Sim notes in 'Ailing Dualisms' (2005), both 'internal and external topographies'.[185] Much of the essay is devoted to one's ability to turn inward 'when the lights of health go down', as Woolf sits with the possibilities of 'the undiscovered countries that are then disclosed', the 'wastes and deserts of the soul a slight attack of influenza brings to light', and the 'precipices and lawns sprinkled with bright flowers a little rise of temperature reveals' ('OBI' 317). Here, 'illness' is not so much induced by the conditions of one's surroundings, but rather precipitates a new experiential environment which can be connected both to *The Voyage Out* through the sense of 'solitary colonial expedition', as Kelley writes with particular reference to the 'virgin forest, tangled, pathless' and the 'snow field where even the print of birds' feet is unknown', and to *Mrs Dalloway* and the First World War through its 'apocalyptic tone', as Outka suggests ('OBI' 320).[186]

For a study that adopts the generative concept of the bodymind, 'On Being Ill' is interesting because, as Sim explains elsewhere in *Virginia Woolf: The Patterns of Ordinary Experience* (2010), it 'retains the Platonic, and later Christian, dichotomy of the soul and

[184] Louise Hornby, 'Downwrong: The Pose of Tiredness', *MFS: Modern Fiction Studies*, 65 (2019), 207–27 (p. 210).
[185] Lorraine Sim, 'Ailing Dualisms: Woolf's Revolt Against Rationalism in the "Real World" of Influenza', in *Woolf in the Real World*, ed. by Kukil, pp. 88–93 (p. 88).
[186] Kelley, p. 135; Outka, p. 107.

body but Woolf does not present them as always in conflict'.[187] Woolf writes in opposition to what she perceives as the widespread literary fantasy 'that the body is a sheet of plain glass through which the soul looks straight and clear', arguing instead that '[a]ll day, all night the body intervenes' on this outlook: 'The creature within can only gaze through the pane—smudged or rosy; it cannot separate off from the body like the sheath of a knife or the pod of a pea for a single instant […].' ('OBI' 317, 318) Woolf does not describe an imbricated 'body' and 'mind', but there is also, as Laura Salisbury writes in 'Aphasic Modernism' (2016), 'no clean detachment of mind from suffering matter here'.[188] Each is important to the other and to human experience; to draw again from Sim, 'the Platonic view of the body as an ethically corrupt creature that must be ruled over by sovereign mind is reversed', and we are led to focus counterintuitively, as Daniel T. O'Hara writes in 'The Revolutionary Muse in Virginia Woolf's *On Being Ill*' (2014), on 'the holistic state of body-in-mind'.[189]

'On Being Ill' further acknowledges that this 'body-in-mind' is situated *in* a specific environment.[190] The generative landscapes discovered through windows and inward wanderings into 'undiscovered countries' are made possible by the topography of the sick-room that permits a rebellious — *rash* — abandonment of homogeneity:

> Directly the bed is called for, or, sunk deep among pillows in one chair, we raise our feet even an inch above the ground on another, we cease to be soldiers in the army of the upright; we become deserters. ('OBI' 321)

[187] *The Patterns of Ordinary Experience*, p. 97.
[188] Laura Salisbury, 'Aphasic Modernism: Language for Illness from a Confusion of Tongues', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Anne Whitehead and others (Edinburgh: Edinburgh University Press, 2016), pp. 444–62 (p. 448).
[189] *The Patterns of Ordinary Experience*, p. 92; Daniel T. O'Hara, 'The Revolutionary Muse in Virginia Woolf's *On Being Ill*: On Literary Politics, Modernist-Style', *symplokē*, 22.1–2 (2014), 293–302 (p. 295).
[190] O'Hara, 293–302 (p. 295).

We see here again an emphasis on spatial arrangements — the transformative topographical potential of a health environment — as we are led into another kind of existence, the idea of which works as a keystone for this chapter: in each of the three texts discussed, the female protagonists' life-building efforts from which attachments to unhealth emerge have been shown to be in pursuit of something new.

CHAPTER 2: SITES OF ORDINARINESS IN *PILGRIMAGE*

On 29 December 1934, Dorothy Richardson was, as she wrote to her friend Peggy Kirkaldy, 'supposed to be resting, having had a kind of a sort of breakdown'.[1] Her husband, Alan Odle, Richardson recounts, had 'got the wind up & telephoned for the doctor', who diagnosed her with '[p]rolonged overstrain plus eyestrain, producing trouble in the upper story & putting everything out of gear in the basement'.[2] In the cluster of letters from this time, Richardson narrativizes her condition in several different ways, but this description for Kirkaldy is perhaps the most evocative, translating the specific contours of her experience from the doctor's language of disease into an idiosyncratic image of illness. The way in which Richardson inhabits sickness — that which Marshall Marinker's 'Why Make People Patients?' (1975) terms one's 'negotiated position in the world' — in her letter to Kirkaldy is thus infused with a playful forthrightness that emphasizes the essential ordinariness of unhealth: the bodymind, like the home, has the capacity for disrepair.[3] We can see Richardson applying the same metaphor to her quasi-autobiographical protagonist Miriam Henderson in *Clear Horizon* (1935), the eleventh volume of *Pilgrimage* (1915–67), published the year after she wrote to Kirkaldy:

> Miriam remembered having told Sarah […] that Densley had said her nervous machinery was out of gear and that therefore she supposed she had what they called a nervous breakdown; for which there was never anything to show. […] Relieved to see their faces grow sympathetically grave and interested, she decided that whatever

[1] *Windows on Modernism: Selected Letters of Dorothy Richardson*, ed. by Gloria G. Fromm (Athens, GA: University of Georgia Press, 1995), p. 283 (29 December 1934).
[2] Ibid., p. 283.
[3] Marshall Marinker, 'Why Make People Patients?', *Journal of Medical Ethics*, 1.2 (1975), 81–84 (p. 83).

> a nervous breakdown might or might not be, it would henceforth serve as a useful answer to demands for specific information.[4]

Here is the same gently humorous reassurance of a loved one and the same ambivalent claiming of 'breakdown' as in Richardson's correspondence, but also an explicitly pragmatic approach to the utility of invoking doctors and diagnosis in dissipating the *extra*ordinariness of one's 'flight' to Switzerland, for instance (IV: 391). Richardson not only presents unhealth as ordinary in this passage, but she also shows this ordinariness stretching to encompass Miriam's forthcoming six-month sojourn, such that 'the Babingtons, well versed in every kind of illness' accept her 'reasons' with little pause (IV: 391).

In Chapter 1, I made the case that Virginia Woolf's female protagonists become attached to unhealth through their efforts to build more endurable, maintainable and defendable lives; that in their domestic pursuits for something *more*, Rachel Vinrace in *The Voyage Out* (1915), Clarissa Dalloway in *Mrs Dalloway* (1925) and Elizabeth Barrett Browning in *Flush: A Biography* (1933) respectively develop a 'withness' with unhealth.[5] Richardson's *Pilgrimage*, as its title implies, is also about a journey of becoming, but at the same time, as Rebecca Bowler writes in 'Hospitality, Nostalgia, and the Itinerant Hero(ine)' (2016), 'Miriam's movements are determined by economic necessity as much as a desire for independence'.[6] *Pilgrimage* thus differs from the fiction to which I attended in Chapter 1 through its organization around far more pragmatic, short-term action in continuance of the

[4] Dorothy Richardson, *Pilgrimage*, intro. by Gill Hanscombe, 4 vols (London: Virago, 1979), IV, 391. Further references to these volumes are given after quotations in the text.
[5] Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), p. 91.
[6] Rebecca Bowler, 'Hospitality, Nostalgia, and the Itinerant Hero(ine) in Dorothy Richardson's *Pilgrimage* and Ford Madox Ford's *Parade's End*', in *Security and Hospitality in Literature and Culture: Modern and Contemporary Perspectives*, ed. by Jeffrey Clapp and Emily Ridge (New York, NY: Routledge, 2016), pp. 35–49 (p. 35).

project of living. Miriam becomes so accustomed to treading water that it is only in the eighth volume, *The Trap* (1925), that she realizes there is no 'life she was one day to lead', but rather '[t]his scene that she persisted in seeing as a background, stationary, not moving on, *was* her life' (III: 484, emphasis in the original). This moment forms, perhaps counterintuitively, an epiphany about ordinariness: Mrs Cameron's smiling pronouncement that '[i]t's your *life* you are living here, lassie' provides the impetus for Miriam to recognize that life does not have to be transcendent to be lived (III: 484, emphasis in the original). In the language of Woolf's 'A Sketch of the Past' (1976), it is a moment of 'being' about 'moments of non-being'.[7]

There is a branch of recent modernist studies scholarship that looks to the ordinary and everyday to '[reappraise] the long-standing view that modernism privileges epiphanic experience, the exceptional and the new at the expense of the quotidian', as Lorraine Sim writes in *Ordinary Matters* (2016).[8] *Pilgrimage* has been an important touchstone for this work: *Ordinary Matters* looks to the 'central existential value' that Miriam sees in the streets of London; Tara S. Thomson's 'Everyday Life and the Gendered Experience of Modernity in Modernist Women's Fiction' (2014) argues that 'everyday practices' in *The Tunnel* (1919) 'reveal a re-encoding of Victorian femininity within the New Woman figure'; and Bryony Randall's *Modernism, Daily Time and Everyday Life* (2007) examines *Pilgrimage*'s spatialized temporality to open up the 'social and economic structures' that affect Miriam's experience

[7] Virginia Woolf, 'A Sketch of the Past', in *Moments of Being*, ed. and intro. by Jeanne Schulkind, 2nd edn (San Diego, CA: Harcourt Brace Jovanovich, 1985), pp. 61–159 (p. 70).
[8] Lorraine Sim, *Ordinary Matters: Modernist Women's Literature and Photography* (London: Bloomsbury, 2016), p. 3.

of dailiness.[9] While the ordinary and everyday mean different things to different scholars, Sim's work is particularly clarifying; her earlier study, *Virginia Woolf: The Patterns of Ordinary Experience* (2010) favours the ordinary because it conveys an 'interest in things' as well as 'daily experiences and behaviours', and because 'the everyday implies a degree of repetition and, potentially, monotony which is not an implicit aspect of the ordinary'.[10]

Later, in *Ordinary Matters*, while reiterating her debt to everyday life studies, Sim suggests that 'the everyday gestures more to the realm of individual experience', whereas 'the "ordinary" and "common" also gesture to shared material, social and experiential worlds'.[11] For Sim, therefore, the ordinary refers to that which might be understood by many as familiar but not boring, or perhaps expected but not prescriptive: '[I]llness, celebrations and falling in love are a part of ordinary experience and life but are not typically a part of everybody's everyday life.'[12] By contrast, Liesl Olson copes with the capaciousness of her central concept in *Modernism and the Ordinary* (2009) by identifying its 'three specific manifestations' in modernist literature: as 'an affective experience of the world characterized by inattention or absentmindedness'; as a '*genre*' of 'activities and things that are most frequently characterized by our inattention to them'; and as a '*style*' that is 'best represented by the routine, and aesthetic forms such as the list, or linguistic repetition'.[13]

[9] Ibid., p. 25; Tara S. Thomson, '"Behind the Cotton Wool": Everyday Life and the Gendered Experience of Modernity in Modernist Women's Fiction' (unpublished doctoral dissertation, University of Victoria, 2014), p. 58; Bryony Randall, *Modernism, Daily Time and Everyday Life* (Cambridge: Cambridge University Press, 2007), p. 63.
[10] Lorraine Sim, *Virginia Woolf: The Patterns of Ordinary Experience* (Farnham: Ashgate, 2010), p. 2.
[11] *Ordinary Matters*, p. 7.
[12] *The Patterns of Ordinary Experience*, p. 2.
[13] Liesl Olson, *Modernism and the Ordinary* (Oxford: Oxford University Press, 2009), pp. 5, 6. Emphasis in the original.

The ordinary here pivots around how we treat what we have become used to; Olson locates the ordinary in repetition in a way that Sim does not.

Sim's earlier study of Woolf positions 'illness and pain' as 'integral parts of ordinary life' rather than 'simply a threat to it'.[14] On the other hand, Olson claims in *Modernism and the Ordinary* that '[o]rdinariness had an allure for Woolf at times, as it represented health and stability in her own life in contrast to the terrifying bouts of illness that threatened to take over her ability to write and function'.[15] The disjunction between these scholars' understandings of 'illness' and 'the ordinary' can be attributed to their distinct approaches. To borrow a phrase from Benjamin Madden's 2012 review of Olson's study, we might consider that Sim uses the ordinary to describe 'those phenomena that cluster around the mean', and so 'illness' is included within her outlined limits, while Olson's ordinary takes more of a subjective approach in which 'health' forms the unattended-to state.[16]

In the letter with which I began, Richardson's attachment to unhealth becomes ordinary through a metaphor invoking the home. This is possible, I argue after Olson, because the home is a site of generic ordinariness: it tends to be so familiar to us — both as a material space and a more abstract concept — that our experiences of it are 'characterized by inattention or absentmindedness'.[17] The metaphorical home as a site of ordinariness thus acts transitively to make ordinary the attachment to unhealth expressed through its walls. In this chapter, I argue similarly that women's attachments to unhealth in *Pilgrimage* are made ordinary through their emergence from two interlocking sites of ordinariness: work and care.

[14] *The Patterns of Ordinary Experience*, p. 82.
[15] *Modernism and the Ordinary*, pp. 86–87.
[16] Benjamin Madden, 'Modernism and the Ordinary', *Modernism/modernity*, 19.2 (2012), 387–89 (p. 388).
[17] *Modernism and the Ordinary*, p. 6.

These are thematic sites, though they are associated with material spaces, which Richardson tends to treat 'as a background, stationary' (III: 484). Although it is not the case that she does not address work and care directly in *Pilgrimage*, they are most often treated unexceptionally and without 'heightened attention' within the world of the novel sequence.[18] They are vital to the narrative, but their urgent resonances tend to be minimised. The extraordinary detail that *The Tunnel* provides about Miriam's work as a dental secretary and the ways in which it facilitates attachments to unhealth, for instance, is in its lengthiness and routinization both affectively and stylistically ordinary in the way that Olson describes.[19] Throughout *Pilgrimage*, care is similarly such a part of the warp and weft of Miriam's experiences that it rarely evokes a moment of 'being'.[20] These sites of ordinariness provide the fertile ground out of which develop women's attachments to unhealth in *Pilgrimage* and as such, these attachments, too, become ordinary.

The underpinnings of this chapter are found in the notions of ordinariness already discussed, rather than theories of everyday life advanced by scholars such as Henri Lefebvre and Michel de Certeau.[21] The difference I conceive here is that everyday life tends to be thought of as a concept or mode of being — Rita Felski suggests in 'The Invention of Everyday Life' (1999) that it 'is the process of becoming acclimatised to assumptions, behaviours and practices which come to be seen as self-evident and taken for granted' —

[18] Ibid., p. 163, n 2.
[19] For a related account of Miriam's working day, see Bryony Randall, '"Telling the Day" in Beatrice Potter Webb and Dorothy Richardson: The Temporality of the Working Woman', *Modernist Cultures*, 5.2 (2010), 243–66.
[20] Woolf, 'A Sketch of the Past', in *Moments of Being*, ed. and intro. by Schulkind, pp. 61–159 (p. 70).
[21] See, for example: Henri Lefebvre, *Critique of Everyday Life: The Three-Volume Text*, trans. by John Moore (London: Verso, 2014); and Michel de Certeau, *The Practice of Everyday Life*, trans. by Steven Rendall, 3rd edn (Berkeley, CA: University of California Press, 2011).

whereas ordinariness is more an effect or characteristic, in this case of representation.[22] To return to Sim, ordinariness points to an 'interest in things'.[23] In this way, we can escape the 'insistent paradox' that Olson describes in 'Everyday Life Studies' (2011), whereby 'to say *this is ordinary* is to give specific significance to what is insignificant'.[24] To think about work and care as thematic sites of ordinariness in *Pilgrimage* is to give significance to Richardson's representational approach so as to examine the attachments to unhealth that emerge from them through the course of the narrative.

Following these intertwined concerns in *Pilgrimage* itself, this chapter takes up the discussion of the domestic in Chapter 1 and contributes an additional focus on the professional arena. Building upon Kristin Bluemel's argument in *Experimenting on the Borders of Modernism* (1997) that 'it is through Miriam's associations with medicine, science and its practitioners that *Pilgrimage* most clearly constructs feminine subjectivity as a specifically classed subjectivity', this chapter begins by thinking about work in order to argue that the first three volumes, *Pointed Roofs* (1915), *Backwater* (1916) and *Honeycomb* (1917) form a triptych about Miriam's entangled financial and medical genealogy.[25] These three volumes, published in quick succession by Duckworth, are often read together; they were collected together by Dent and Cresset in 1938, and later republished in the same form by Virago in 1979. The following two sections of this chapter are more comprehensive in their scope, attending to the remaining ten volumes of the novel sequence. In *Deadlock* (1921),

[22] Rita Felski, 'The Invention of Everyday Life', *New Formations: A Journal of Culture/Theory/Politics*, 39 (1999), 15–31 (p. 31).
[23] *The Patterns of Ordinary Experience*, p. 2.
[24] Liesl Olson, 'Everyday Life Studies: A Review', *Modernism/modernity*, 18 (2011), 175–80 (pp. 175, 176). Emphasis in the original.
[25] Kristin Bluemel, *Experimenting on the Borders of Modernism: Dorothy Richardson's 'Pilgrimage'* (Athens, GA: University of Georgia Press, 1997), p. 84.

Miriam describes her situation at Mrs Bailey's house on Tansley Street as something between a lodger and a boarder: 'You see she lets me be amphibious.' (III: 81) Drawing from Terri Mullholland's reading of this moment in 'On the Periphery of the Domestic in Dorothy Richardson's *Pilgrimage*' (2013–14) as a 'deliberate malapropism of amorphous', the second section of this chapter draws out the multiple 'amphibious' attitudes that Miriam adopts in relation to care in these volumes, and discusses how they generate attachments to unhealth (III: 81).[26] The final section unites these two thematic sites of ordinariness to consider Richardson's presentation of Miriam's future in *Pilgrimage*. How does a text that is so much about, to quote Joseph Collins in *A Doctor Looks at Literature* (1923), 'uneventful, one might say drab, commonplace, and restricted' life, negotiate Miriam's attachments to unhealth away from the present moment?[27] I consider how Miriam's approach to the future shapes her attachment to unhealth, and how her attachment to unhealth shapes the futures that are possible for her.

'SHE MUST MANAGE': HEALTH, WEALTH AND WORK IN *POINTED ROOFS*, *BACKWATER* AND *HONEYCOMB*

In 'The *Dental Record*, Miscellany and the Mediator as Crank' (2018–19), Rebecca Bowler and Peter Fifield assert that '*Pilgrimage* stands as one of the central modernist descriptions of work as something that structures and occupies the interior and exterior of the modern

[26] Terri Mullholland, '"Neither Quite Sheltered, Nor Quite Free": On the Periphery of the Domestic in Dorothy Richardson's *Pilgrimage*', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 6 (2013–14), 25–45 (p. 37).
[27] Joseph Collins, *The Doctor Looks at Literature: Psychological Studies of Life and Letters* (New York, NY: Doran, 1923), p. 96.

subject'.[28] For *Pilgrimage*'s first three volumes, *Pointed Roofs*, *Backwater* and *Honeycomb*, it is also a particularly useful differentiating theme; Miriam moves from pupil-teacher in a German school, to teacher in a London school, to governess for the wealthy Corrie family within the pages of their respective covers. Stretching from her final days of childhood to her tragic, last-ditch efforts to parent her own mother, these volumes trace lines of descent; they explore what it is for Miriam to move through the world as her parents', and particularly her mother's, daughter. This is a narrative about loss within a novel sequence about growth. In these early volumes, even before she moves to London 'nearly mad with sorrow', Miriam finds herself shedding identities and reworking her conceptualization of who she is and who she can be (II: 20). Nicky Marsh writes in 'The Cosmopolitan Coin' (2017) that 'many modernists' saw money as both 'capital's abstract symbol of exchange' and 'a repository of social and symbolic meanings'.[29] In these first three volumes especially, money and work function as ordinary repositories of feelings about health.

I discuss 'work' advisedly, conscious that in *Modernism, Labour and Selfhood in British Literature and Culture, 1890–1930* (2004), for example, Morag Shiach explicitly uses 'labour' to '[turn] our attention to productive activity that is paid and that takes place outside of the home, since it seeks to capture human activity in terms of wages and employment'.[30] 'Labour' serves Shiach's purposes because it provides a way of approaching 'human work as an abstraction, as "labour power" rather than as the activity of a concrete

[28] Rebecca Bowler and Peter Fifield, 'The *Dental Record*, Miscellany and the Mediator as Crank', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 10 (2018–19), 51–70 (p. 52).
[29] Nicky Marsh, 'The Cosmopolitan Coin: What Modernists Make of Money', *Modernism/modernity*, 24.3 (2017), 485–505 (p. 488).
[30] Morag Shiach, *Modernism, Labour and Selfhood in British Literature and Culture, 1890–1930* (Cambridge: Cambridge University Press, 2004), p. 1.

individual', but in *Pilgrimage*, focalized entirely through Miriam's 'concrete' individuality, the ordinariness of work — its familiarity and expectedness, the lack of heightened attention with which it is treated, its sense of backgroundness — is found in its granular particularity.[31] I am further guided by how *Pilgrimage* frames the activities under discussion, in contrast to her later literary undertakings which Bryony Randall's 'Work, Writing, Vocation and Quakers in Dorothy Richardson's *Pilgrimage*' (2009) reads in terms of 'vocation', and by the language of the text.[32] Miriam understands what she does at the Wimpole Street dental surgery, for instance, as work, and she critiques it as such, though Richardson reflects in a December 1935 letter to Bryher that she does not extend this to recognition of 'herself as "a worker"'.[33] Despite occasionally veering into consideration of workers as a collective, at one point noting that 'there must be, everywhere, women doing this work for people who were not nice […] [i]t was wrong to work unto man', she is predominantly focused on its effects on her own bodymind, which she describes as 'the strain of work' (II: 40, 405). As we move through this chapter into a related consideration of care, it becomes even more useful to embrace the slippery inclusiveness of 'work', because the practices of care and caring that Miriam undertakes in *Pilgrimage* often comprise unpaid 'human productive activity' within domestic spaces.[34] I want to discuss all of these, and thinking about 'work' enables comparison across experiences.

Feeling apprehensive about taking up her teaching post in Germany at the beginning of *Pointed Roofs*, Miriam reflects upon the necessity of securing financial independence from

[31] Ibid., p. 1.
[32] See Bryony Randall, 'Work, Writing, Vocation and Quakers in Dorothy Richardson's *Pilgrimage*', *Pilgrimages: The Journal of Dorothy Richardson Studies*, 2 (2009), 39–60.
[33] *Windows on Modernism*, ed. by Fromm, pp. 303–04 (p. 304) (December 1935).
[34] Shiach, p. 1.

her father: 'It must be the end of taking money from him. She was grown up. She was the strong-minded one. She must manage.' (I: 30) Richardson's use of 'manage' here summons a strong sense of resigned pragmatism; Miriam does not resolve to thrive, but rather to get by and make do (I: 30). This kind of managing is about living, as Miriam later spiritedly expresses to a friend in *Dawn's Left Hand* (1931), 'without security or prospects, dancing at the edge of an abyss', but never quite falling in (IV: 184). It is about having no choice but to relentlessly push against the parameters of what was thought endurable. The undercurrent of tension in this passage springs from the realization that Miriam's ability to manage is predicated upon her health. We might therefore view the last two pronouncements of the above quotation as an articulation of a miserable circular argument: Miriam is strong-minded and so has got to be able to manage; Miriam must manage and so has got to be strong-minded. Such logic breaks down, of course, when the very practice of managing takes such a comprehensive, cumulative toll upon Miriam that she becomes unable to manage; when she is 'reduced to the barest minimum on which it is possible to support the life of the senses and the emotions at all', as May Sinclair writes in 'The Novels of Dorothy Richardson' (1918).[35] Bluemel observes that during her London years, Miriam is 'too poor to afford adequate medical attention and too overworked to avoid illness'.[36] I argue that the mutually constitutive relationship between health and money to which Bluemel gestures is rooted in these first three volumes, and that this relationship forms the basis of *Pilgrimage*'s sustained interest in gendered and generational attachments to unhealth.

[35] May Sinclair, 'The Novels of Dorothy Richardson', *Egoist*, April 1918, pp. 57–59 (p. 59).
[36] *Experimenting on the Borders of Modernism*, p. 92.

The notion that one's bodymind is shaped by one's family history is not unusual within the cultural and literary context that Richardson inherited as an early twentieth-century writer. The extent to which biological ties influence character and characteristics were long a source of fascination. Staffan Müller-Wille's and Hans-Jörg Rheinberger's *A Cultural History of Heredity* (2012) describes an 'intense' public interest in heredity emerging 'around 1900'.[37] In literature, as Angelique Richardson writes in 'The Eugenization of Love' (1999–2000), the Victorian novel 'had always been interested in the successive generations of families', and for New Woman novels, heredity provided 'ontological structure'.[38] We will see in Chapter 3 that Sinclair, too, is concerned with family history, and specifically with blood as a unit of heredity that connects women across generations and complicates our understanding of the present. By contrast, as will become apparent in this chapter, *Pilgrimage*'s distinct preoccupation with heredity leads to the subsequent appearance of efficiency and eugenics discourses, which shape Miriam's thoughts of the future. As John C. Waller argues in 'Ideas of Heredity, Reproduction and Eugenics in Britain, 1800–1875' (2001), the British eugenics movement was anxiously forward-looking, 'characterised and in part driven by fears of national biological deterioration'.[39]

Before Miriam leaves home in *Pointed Roofs* to take up a student teaching position in Germany, she makes a 'treacherously outspoken' confession to her sisters: 'It's never knowing that's so awful. Perhaps he'll get some more money presently and things'll go on

[37] Staffan Müller-Wille and Hans-Jörg Rheinberger, *A Cultural History of Heredity* (Chicago, IL: University of Chicago Press, 2012), p. 96.
[38] Angelique Richardson, 'The Eugenization of Love: Sarah Grand and the Morality of Genealogy', *Victorian Studies*, 42.2 (1999–2000), 227–55 (p. 246).
[39] John C. Waller, 'Ideas of Heredity, Reproduction and Eugenics in Britain, 1800–1875', *Studies in History and Philosophy of Biological and Biomedical Sciences*, 32.3 (2001), 457–89 (p. 460).

again. Fancy mother having it always, ever since we were babies.' (I: 17, 17–18) This is a defining moment; it quickly becomes apparent that what Mrs Henderson has 'always' had could be either the burden of her husband's repeated financial failures, or that of her own 'illness', each of which exacerbates the other (I: 18, 32). As Carol Watts writes in *Dorothy Richardson* (1995), 'this double loss is always intertwined in Miriam's thoughts', and indeed, Richardson often explicitly textually aligns difficulties with money and unhealth.[40] Remembering her youth in *Pointed Roofs*, Miriam thinks of 'her mother's illness, money troubles—their two years at the sea to retrieve', whilst in *Backwater*, she contemplates the current 'maddening helpless worry about mother and all the money for that' (I: 32, 305). In *Honeycomb*, meanwhile, Miriam reflects that the homoeopathist treating her mother 'seemed to know exactly the way in which she [Mrs Henderson] had been taxed', Richardson dryly exploiting the final word's dual financial and corporeal meanings (I: 488).

Although the precise diagnostic contours of Mrs Henderson's 'illness' remain uncircumscribed in *Pilgrimage*, Miriam refers to 'attacks of hysteria', describing how her mother will 'laugh and cry and say dreadful things and then be utterly exhausted' (I: 32, 470). The unsympathetic family doctor, Dr Ryman, however, insists that '[t]here *is* nothing wrong but nerves' (I: 475, emphasis in the original). We see in *Pointed Roofs* an antagonistic misalignment of diagnoses, another example of which surfaces in *March Moonlight* (1967) with Richardson's depiction of Miriam's and Charles Ducorroy's respective 'nervous breakdown[s]', as will be later discussed (IV: 653). I want to reiterate my preference for unhealth as a term that both encapsulates diagnoses like 'hysteria' and 'nerves', or nervous disorder, while also simultaneously conveying experiences and expressions that emerge

[40] Carol Watts, *Dorothy Richardson* (Liverpool: Liverpool University Press, 1955), p. 32.

alongside and beyond the bounds of the medical. The salient question for my argument here and elsewhere is not *what* Mrs Henderson experiences, but *how* the text generates a significant relationship between her character and, to pull from Rosemarie Garland-Thomson's *Extraordinary Bodies* (1997), the 'conceptual opposite' of health.[41] Richardson's treatment of work and finance is a significant part of this.

Miriam privately and scathingly disputes Dr Ryman's diagnosis of 'nerves', drawing attention to aspects of her mother's attachment to unhealth that she feels he ignores, highlighting '[t]hat fevered frame, the burning hands and burning eyes looking at everything in the wrong way, the brain seeking about, thinking first this and then that' (I: 475). Questions of finance never stray far from promised treatment: Dr Ryman brings Mrs Henderson 'awful little bottles of bromide [...] bottles of bromide, visits, bills' (I: 475). Miriam becomes agitated about the conspicuous symbols of wealth that distance him from her family, questioning how he is qualified to speak to and for Mrs Henderson's experiences: 'A large square house, a square garden, high walls, [...] how did he know, going about in a brougham—and he had gout . . . how did he know more than anyone else?' (I: 475) This critique of Dr Ryman resonates with Woolf's more well-known critiques of medical practitioners, as discussed in Chapter 1. In *Mrs Dalloway*, the wife of Harley Street doctor Sir William Bradshaw thinks 'sometimes of the patient, sometimes, excusably, of the wall of gold, mounting minute by minute while she waited; the wall of gold that was mounting between them and all shifts and anxieties'.[42] This 'wall of gold' distances Sir William from his

[41] Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York, NY: Columbia University Press, 1997), p. 6.
[42] Virginia Woolf, *Mrs Dalloway*, ed. and intro. by David Bradshaw (Oxford: Oxford World's Classics, 2009), p. 80.

own 'shifts and anxieties', but also from those of his patients, just as Miriam considers Dr Ryman's wealth to distance him from Mrs Henderson's concerns.[43]

Richardson positions Mrs Henderson through Miriam's eyes as a kind of tragic domestic figure after Coventry Patmore's ideal in his narrative poem 'The Angel in the House' (1854), kneeling 'on the carpet, praying and trying' with the local vicar to no avail (I: 475). Mr Henderson is significantly absent from much of this narrative; readers hear only snatches of argument between him and his wife, their voices 'sounding in the next room' and 'he laying down the law . . . no end to it', for which Mrs Henderson 'blame[s] herself' (I: 460, 475–76). Such inclination towards self-reproach is rooted in what Marylu Hill describes in *Mothering Modernity* (1999) as Mrs Henderson's 'internalization of her worthlessness after years of guilt from both her husband and her religion', and there is a sense that she has become particularly vulnerable to 'illness' through this treatment (I: 32).[44] Ultimately, however, Richardson positions Mrs Henderson's failure to thrive as a financial tragedy. Her last hope is the homoeopathist she sees as part of her desperate, improvised seaside rest cure, but when, '[v]aguely, burning with shame', Miriam explains that his prescription of a 'trained attendant' is impossible, he simply replies that it is 'absolutely necessary' (I: 488). It is 'with clear quiet bitterness' that Mrs Henderson admits shortly before her suicide that the homoeopathist 'is right; but it is too late' (I: 489).

The young Miriam shapes her identity in defensive opposition to her mother's unhealth. She has been, as Diane Price Herndl's *Invalid Women* (1993) argues we all are, 'taught by familial and social norms what kinds and amounts of pain count as being sick', and

[43] Ibid., p. 80.
[44] Marylu Hill, *Mothering Modernity: Feminism, Modernism, and the Maternal Muse* (New York, NY: Garland, 1999), p. 76.

is deeply invested in the narrative that her '[d]elicate little mother' is far less 'strong' than herself, frequently and anxiously dwelling upon the state of Mrs Henderson's health (I: 169).[45] During a conversation in German between Fräulein Pfaff and Miriam at the end of *Pointed Roofs*, Richardson stages a rupture that springs directly from a question about Mrs Henderson; Miriam is only able to reply 'shortly' in English that she 'can't talk about her' (I: 184). Although Miriam eventually manages to speak of Mrs Henderson as 'such a little thing [...] smaller than any of us', the conversational flow is shattered (I: 184). Indeed, Fräulein Pfaff's subsequent friendly offering that '[m]uch will have happened in England whilst you have been here' becomes foreboding in its ignorance of Miriam's concerns, obliquely foreshadowing subsequent events (I: 184). Once returned to England, travelling through London on an omnibus with her mother, Miriam is continually poised to address Mrs Henderson's concerns: '"Well chickie?" "What's the matter?"' (I: 197)

Richardson explicates Miriam's own relationship to health perhaps most clearly in *Pointed Roofs* when, away from her mother, she is 'surprised and disturbed' by advice to '[lay] down in the day-time' during a German heatwave (I: 137). Miriam considers such behaviour to be suggestive of 'illness and weakness', the two objectionable states always connected in her mind (I: 137). Thinking back to life in England, she remembers 'that fortnight in the old room at home with Harriett . . . chicken-pox and new books coming, and games' but cannot recall 'feeling ill' even then (I: 137). Then, suddenly, a memory returns:

> She remembered with triumph a group of days of pain two years ago. […] Bewilderment and pain . . . her mother's constant presence . . . everything, the light everywhere, the leaves standing out along the tops of hedgerows as she drove with

[45] Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840–1940* (Chapel Hill, NC: University of North Carolina Press, 1993), p. 10.

> her mother, telling her of pain and she alone in the midst of it . . . for always . . . pride, long moments of deep pride. . . . Eve and Sarah congratulating her, Eve stupid and laughing . . . the new bearing of the servants . . . Lily Belton's horrible talks fading away to nothing. (I: 137)

In this passage, Miriam realizes that she has indeed 'felt ill' before, recalling the pain that accompanied her first menstrual period; Julie-Marie Strange explains in 'Menstrual Fictions' (2000) that 'gynaecological narratives' from the mid-nineteenth to early-twentieth centuries tended to define menstruation 'as a recurrent illness', and that '[o]ne of the most common euphemisms for menstruation [was] "unwell"' (I: 137).[46] It is important to note, however, that Richardson is not especially concerned here with states of being, but rather foregrounds states of feeling. The passage does not express that Miriam considers herself to have previously *been* 'ill', but only that she considers herself to have 'felt ill' (I: 137). Miriam also makes a crucial affective distinction between her experiences of chickenpox and menstruation, because although the former might initially seem more medically significant, her memories of 'that fortnight in the old room at home with Harriett' evoke leisurely indulgence, whereas those of her first menstrual period centre on '[b]ewilderment and pain' and a sense of 'pride' and clarity in suffering through a rite of passage (I: 137). Richardson destabilizes the normative connotations of chickenpox and menstruation to highlight Miriam's specifically situated responses.

It is this combination of financial and medical worries that results in Miriam's grateful acceptance of a position at a London girls' school in *Backwater*; she is anxious that her mother 'saying those things' might have disadvantaged her during the interview, and

[46] Julie-Marie Strange, 'Menstrual Fictions: Languages of Medicine and Menstruation, *c*. 1850–1930', *Women's History Review*, 9.3 (2000), 607–28 (pp. 607, 616).

afterwards is thrilled to have secured 'such a big salary' (I: 192, 193). Miriam begins the volume ostensibly full of vitality, secretly smoking a cigarette while marvelling that 'any one should feel sick from smoking' and pausing at a dance to pity '[h]ow battered and ordinary everyone [...] looked, frail and sick, stamped with a pallor of sickness' (I: 210, 221). Such dismissal of others who behave or think differently to herself is common in these earlier volumes, and yet, as Peter Fifield indicates in *Modernism and Physical Illness* (2020), Miriam's smoking produces, through its contemporary association with 'the sort of sexually immoral woman who, purposely intoxicated […] is tempted to "sick" behaviour', an attachment to unhealth that will twist and change as *Backwater* progresses.[47] Soon enough, when Miriam begins teaching, she is soon forced to acclimatize to 'mornings and afternoons and evenings, dragging you along further and further and changing you' and 'the pain, the pain all the time, mysterious black pain' (I: 270, 271). The suffering that teaching inflicts upon Miriam's bodymind is not unusual; Heather Julien observes in 'School Novels, Women's Work, and Maternal Vocationalism' (2007) that the 'picture of the all-girls' school as a place of exhaustion, overwork, and physical and mental degeneration' was common in many girls' school novels by former teachers in this period.[48] Nonetheless, as Clara E. Collet affirms in 'The Economic Position of Educated Working Women' (1902), teaching was often the best option for middle-class women seeking employment at this time, for it was 'the only brain-work offered them' and 'better paid than any other work done by women'.[49] Teaching

[47] Peter Fifield, *Modernism and Physical Illness: Sick Books* (Oxford: Oxford University Press, 2020), p. 156.
[48] Heather Julien, 'School Novels, Women's Work, and Maternal Vocationalism', *NWSA Journal*, 19.2 (2007), 118–37 (p. 126).
[49] Clara E. Collet, 'The Economic Position of Educated Working Women', in *Educated Working Women: Essays on the Economic Position of Women Workers in the Middle Classes* (London: King, 1902), pp. 1–26 (p. 13).

also accommodates what Pease describes as Miriam's 'class prejudices', which manifest in a dismissal of the 'trained and certified' Poole sisters as 'sharp' and 'knowing' (I: 31, 32).[50]

Unfortunately, Leonard Schwarz explains in 'Professions, Elites, and Universities in England, 1870–1970' (2004), teaching in this period was undergoing a process of professional growth and standardization which would leave non-graduates with 'few defences'.[51] He notes that '[t]he schools of the Girls' Public Day Schools Trust were by the 1890s demanding a degree from their teachers as a matter of course; other girls' schools were moving in that direction'.[52] Miriam, as a girls' school teacher without a university education, is 'absently' told by one of her employers that she had 'better' read an article about a future in which 'all teachers were to be "qualified"' (I: 234, 244). In front of the open newspaper, Miriam despairs and thinks abstractly of suicide:

> Every one would be trained and efficient but herself. She was not strong enough to earn a living and qualify as a teacher at the same time. The day's work tired her to death. She must hide somewhere. . . . She would not be wanted. . . . If you were not wanted. . . . If you knew you were not wanted—you ought to get out of the way. Chloroform. Someone had drunk a bottle of carbolic acid. (I: 244–45)

In the wider context of these early volumes' preoccupation with attachments to unhealth, especially those which may pass through generations, Miriam's fear that she is 'not strong enough' can be read as a fear about the endurance of her existing capabilities, rather than just a reference to her degree of determination (I: 244). She realizes that, although she is currently able to navigate the intersections of her health and finances enough to tread

[50] Pease, p. 94.
[51] Leonard Schwarz, 'Professions, Elites, and Universities in England, 1870–1970', *The Historical Journal*, 47.4 (2004), 941–62 (p. 947).
[52] Ibid., p. 949.

water, these factors curtail the futures she can envision for herself. On the other hand, there is also a sense here that Miriam is struggling to reconcile the life she finds herself leading with her relatively comfortable middle-class upbringing. Her thoughts of suicide, which resonate differently after her mother's death, read as slightly sensational at this point.

This passage's investment in efficiency, a notion to which I will return later in this chapter, further directs readers back towards what Emma Liggins describes in *Odd Women?* (2014), as the pervasive Victorian conception of the inefficient, 'unnatural, anomalous, "superfluous" and "redundant"' single middle-class woman.[53] As Kathrin Levitan writes in 'Redundancy, the "Surplus Woman" Problem, and the British Census, 1851–1861' (2008), the 'surplus woman' problem 'began during the 1850s and lasted through the rest of the nineteenth century and into the twentieth', pivoting around ideas of productivity, nation and empire: what use to the 'social body' was a single woman?[54] As Chapter 3 discusses in more depth, spinsters as well as childless women were subject to continued stigmatization through the turn of the twentieth century and into the inter-war years. In this way, a gendered sense of redundancy, unproductivity and unfulfillment was a structural problem, but it was also deeply personal. Miriam considers in *Backwater* that the best she might hope for is an implicitly unmarried middle-age ingrained with poverty and unhealth:

> If she were to work very hard and also develop her character, when she was fifty she would be like Miss Cramp; good enough to be a special visiting teacher, giving just a few lectures a week at several schools, talking in a sad voice, feeling ill and sad, having a yellow face and faded hair and not enough saved to live on when she was

[53] Emma Liggins, *Odd Women?: Spinsters, Lesbians and Widows in British Women's Fiction, 1850s–1930s* (Manchester: Manchester University Press, 2014), p. 29.
[54] Kathrin Levitan, 'Redundancy, the "Surplus Woman" Problem, and the British Census, 1851–1861', *Women's History Review*, 17.3 (2008), 359–76 (p. 360).

> too old to work. Prospect, said the noisy train. That was it, there was no prospect in it. There was no prospect in teaching. (I: 274)

The reference to developing 'character' in Miriam's lament also summons what Stefan Collini describes in 'The Idea of "Character" in Victorian Political Thought' (1985) as an 'ideal which coloured political discussion' in the Victorian period that 'was used to refer to the possession of certain highly-valued moral qualities' (I: 274).[55] Miriam often reflects upon her perceived shortcomings in these volumes, and here, I suggest, Richardson reflects the slippage between personal and political discourses of improvement and worthiness. Richardson later uses Miriam's family's struggle with the 'small black cloud of disgrace hanging over her father' and his debts to highlight the lack of well-paid employment opportunities for women like Miriam, who realizes that '[e]ven if she went on the stage she could not make enough to pay off one of his creditors' (I: 424).

Kate McLoughlin argues through Walter Benjamin in 'Moments of Insight in Long Novels by Henry James and Dorothy Richardson' (2015) that often in *Pilgrimage* 'lengthiness is being used to construct, illuminate and inculcate *Erfahrung*', which she defines as 'experience that is accrued over time'.[56] She writes that this 'lengthiness' is 'indispensable' in 'constructing moments of insight' for readers.[57] I suggest that Richardson stages one such delayed revelatory moment in *Backwater* during a conversation between Miriam and Miss Haddie, in which the severity of Miriam's aches and pains first truly becomes apparent:

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[55] Stefan Collini, 'The Idea of "Character" in Victorian Political Thought', *Transactions of the Royal Historical Society*, 35 (1985), 29–50 (pp. 43, 33).
[56] Kate McLoughlin, 'Moments of Insight in Long Novels by Henry James and Dorothy Richardson', *Modernist Cultures*, 10.3 (2015), 299–315 (pp. 303, 301). Emphasis in the original.
[57] Ibid., p. 300.

> 'I suppose I shall have to go on teaching all my life, and I can't think how on earth I'm going to do it. I don't see how I can work in the evenings, my eyes get so tired. If you don't get certificates there's no prospect. And even if I did my throat is simply agonies at the end of each morning.'
>
> 'Eh! my dear child! I'm sorry to hear that. Why have ye taken to that? Is it something fresh?'
>
> 'Oh, no, my throat always used to get tired. Mother's is the same. We can't either of us talk for ten minutes without feeling it. It's perfectly awful.'
>
> 'But, my dear, oughtn't ye to see a someone—have some advice? I mean ye ought to see a doctor.'
>
> Miriam glanced at Miss Haddie's concerned face and glanced away with a flash of hatred. 'Oh, no. I s'pose I shall manage.'
>
> 'D'ye think yer wise—letting it go on?'
>
> Miriam made no reply. (I: 276)

In this passage, Miriam articulates the combination of structural and corporeal barriers that she anticipates hampering her teaching in the future. These are barriers that Miss Haddie is alarmed to become aware of, but to which Miriam has apparently resigned herself, although there is again a sense that she has not entirely let go of her expectations of a certain level of comfort. The distaste for doctors displayed here builds upon a wariness touched upon in *Pointed Roofs*, wherein Miriam recalls 'the local doctor at Barnes, whose effect […] was so impermanent that the very sound of his name exasperated her' and crystalized in *Honeycomb* as previously discussed (I: 87). Her 'flash of hatred' combines both her financial difficulties and her lack of faith in the doctor's art (I: 276). This passage is also a rare example of Miriam readily aligning herself with her mother, seemingly at peace with her inheritance. Richardson implies through Miriam's silence at the end of this passage that she does not think she is being 'wise' in failing to 'see a someone' about her symptoms, but rather that she sees no other choice (I: 276).

Reviewing her sometime lover H. G. Wells's novel *In the Days of the Comet* (1906) for the *Crank*, Richardson describes 'an old mother who haunts the pages like a tender

melody'.[58] In *Pilgrimage*, it is Miriam's mother's potential hysterical legacy that haunts the novel. At the boarding house where Miriam and her mother stay during the improvised rest cure in *Honeycomb*, they encounter an incredibly talkative, 'big old [woman]' with a 'deep voice', who Miriam quickly decides is 'mad' (I: 478, 479). Miriam's response to this woman recalls the 'dreadful deep trembling voice' that she believes her mother uses when 'feeling hysterical', which she intuits signals Mrs Henderson's desire 'to scream, to bellow' (I: 471, 470, 471). Richardson's textual juxtaposition indicates that this voice of her mother's itself recalls for Miriam 'that huge, tall woman striding about on the common at Worthing . . . bellowing . . . mad—madness' (I: 471). It is significant that all the women whose behaviour Miriam deems mad in this associative chain evoke masculine tropes of largeness and loudness, particularly given that Miriam experiences what Juliet Yates describes in 'Feminine Fluidity' (2009) as an 'uncomfortable relationship with her femininity'.[59] Indeed, when her mother first uses the 'dreadful deep trembling voice' in *Honeycomb*, Miriam detachedly finds '[h]er hands' playing the piano in 'a new way' that evokes 'a clear conviction of manhood . . . that strange hard feeling that was always twining between her and the things people wanted her to do and to be' (I: 471). For Miriam, this feeling is not quite comfortable, and yet it is familiar; for better or worse, she often senses it between her and the demands of normative womanhood, only '[t]his time it was welcome' (I: 471).

Nonetheless, Richardson renders the scene soberly, Miriam 'sadly feeling it [the sense of manhood] mould the lines of her face' (I: 471). This is, I argue, not only because

[58] D. M. Richardson, 'In the Crank's Library: *In the Days of the Comet*', *Crank*, November 1906, pp. 372–76 (p. 375).
[59] Juliet Yates, 'Feminine Fluidity: Mind versus Body in *Pilgrimage*', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 2 (2009), 61–75 (p. 69).

acting upon feelings of manhood was frequently made difficult for women like Miriam — 'female masculinity […] undercut expectations of women' in the late nineteenth century, writes Deborah Cohler in *Citizen, Invert, Queer* (2010) — and not only because her feelings in this specific moment are prompted by her mother's 'feeling hysterical', but also because in acknowledging an affinity with a kind of manhood, Miriam potentially aligns herself with her mother and with 'feeling hysterical' (I: 470).[60] Elaine Showalter writes in 'Hysteria, Feminism, and Gender' (1993) that 'hysteria has always been constructed as [...] a feminine disorder, or a disturbance of femininity', and it is this latter conceptualization that I suggest Richardson leans on in this passage.[61] '[T]he question of [Miriam's] masculinity', Joanne Winning argues in *The Pilgrimage of Dorothy Richardson* (2000), further reinforces the 'portrayal of Miriam's complex coming to a sexuality which is codedly lesbian' and which was widely understood in scientific and medical terms by the mid-twentieth century.[62] Richardson wrote *Pilgrimage* during the rise of what Cohler calls 'the dominant model of the masculine lesbian', which emerged through the trope of 'the sexological invert' as well as 'discourses of masculine citizenship and racial health'.[63] This is another mode through which the character becomes attached to unhealth. 'If anything', she later tells her suitor, Michael Shatov, in *Deadlock*, 'I am my mother's son' (III: 220).

[60] Deborah Cohler, *Citizen, Invert, Queer: Lesbianism and War in Early Twentieth-Century Britain* (Minneapolis, MN: University of Minnesota Press, 2010), p. xiv.
[61] Elaine Showalter, 'Hysteria, Feminism, and Gender', in Sander L. Gilman and others, *Hysteria Beyond Freud* (Berkeley, CA: University of California Press, 1993), pp. 286–344 (p. 286).
[62] Joanne Winning, *The Pilgrimage of Dorothy Richardson* (Madison, WI: University of Wisconsin Press, 2000), p. 78.
[63] Cohler, pp. xiii, xiv.

'TREATMENT DOES NOT CURE': *PILGRIMAGE* AND CARE

After what we understand to be her mother's suicide in the final pages of *Honeycomb*, Miriam moves to London and becomes employed as a 'secretary to a dentist', working 'in the surgeries and interviewing people in the waiting-room' (II: 101, 161). She finds this position, as Anita Levy observes, 'occasionally lonely, sometimes tedious and always difficult'.[64] It also involves a significant amount of bodily discomfort. In an early passage, Miriam struggles to 'be active' in the 'cold and stuffy' office, '[s]hivering' beside a lamp and radiator because the warmth '[does] not reach her' (II: 60, 59). She is detachedly repulsed by her body's reaction to the low temperature, a sentiment Richardson conveys in a miserable blazon:

> [H]er feet without feeling, on the strip of linoleum; her knees [...] felt as if they were in cold water [...] strips of cold wrist disgusted her, showing beyond her skimpy sleeves and leading to the hopelessness of her purplish red hands swollen and clammy with cold. (II: 59–60)

With this mention of 'skimpy sleeves', Richardson suggests that Miriam struggles to afford more substantial clothing on the 'pound a week' that this position affords, once more connecting the character's health and financial circumstances (II: 60, 101). Although, as Scott McCracken notes in *Masculinities, Modernist Fiction and the Urban Public Sphere* (2007), others survived on less, 'even as a single woman, the margin beyond subsistence is tiny'.[65] *The Tunnel* returns to this theme in a later conversation between Miriam and her friends Jan

[64] Anita Levy, 'Gendered Labor, the Woman Writer and Dorothy Richardson: Middle Class Domestics in Her Novels', *NOVEL: A Forum on Fiction*, 25 (1991), 50–70 (p. 67).
[65] Scott McCracken, *Masculinities, Modernist Fiction and the Urban Public Sphere* (Manchester: Manchester University Press, 2007), p. 135.

and Mag, who justify keeping 'late hours' because their wages only permit them poor living conditions: 'The evening is the only life we have. [...] They have their houses and baths and servants and meals and comforts. We get up in cold rooms untended and tired.' (II: 162)

Such a way of life takes its toll upon Miriam; holidaying away from London with Alma and Hypo Wilson in *Deadlock*, she marvels how '[t]he removal of pressure had relaxed the nerves of her face' (III: 336). Her life negatively impacts her bodymind in a very tangible way, but although she recognizes Jan and Mag have more 'freedom' in their working lives 'compared to her own long day', she believes that she is far more suited to the routine of the dental practice with 'her quiet room [...] the perpetual interest of the patients' (II: 162, 163). Her interest in her work eventually wanes, however — she expresses in *Dawn's Left Hand* that '[t]he personal interest has gone out of it' — and as Allison Pease argues in *Modernism, Feminism, and the Culture of Boredom* (2012), her 'estrangement from the product of her labor is alienation not just from the product of her labor, but from herself' (IV: 236).[66] This secondary estrangement manifests in her health, for which she is admonished by her friend Dr Ashley Densley, despite his apparent overall optimism:

> 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)

The very end of *The Trap*, as Stacey Fox notes in 'Dorothy Richardson and Diagnosis' (2008), is marked by 'a mass of tangled thoughts' and 'chaotic expression', which many critics read as some kind of 'breakdown' and which Miriam subsequently attributes to

[66] Pease, p. 93.

'[o]verwork' (IV: 45).[67] In any case, the volume's last words speak to a break with present conditions — 'Away. Away. . . .' — while the opening pages of its successor, *Oberland* (1927), find Miriam making a fraught journey to the titular Swiss locale (III: 509). She is grateful that 'her tired and fevered body' is clothed in a 'beneficent fur-coat', but at the same time bitter that it attracts such admiration from fellow travellers unaware of 'the cold she had endured in the past, cold that lay ahead to be endured again, in winters set in a row' (IV: 24, 28). Populated by 'kindly people at loose ends', many of whom have also been directed to 'sit about and rest', as she tells an acquaintance, Oberland affords Miriam a space in which to purposefully reflect upon her health (IV: 140, 45). Her perspective here is shown to have shifted significantly from her earlier thinking in *Pointed Roofs*, in which she was so sure about what it means to be 'ill and sad and helpless' (I: 102).

Tobogganing on an Oberland mountainside, informed in her rhetoric by her earlier anxious investigation of medical science in *The Tunnel*, Miriam interrogates herself: 'Fitness, the sense of well-being of the healthy animal? But what *is* health? What *is* the sense of well-being?' (IV: 87, emphasis in the original) These questions are clearly central to the concerns of this study, but I want to specifically hold them up against Miriam's later argument in *Dawn's Left Hand* that dental surgery 'is a revelation where medicine is a blind' because only practitioners of the former are 'in a position to recognize that treatment *does not cure*' (IV: 213, emphasis in the original). On the one hand, we have the perpetual ongoingness of dental work, regarding which Richardson's May 1916 column for the *Dental Record* describes a 'conviction of recurrence that must be endured even while we agonize'.[68] On the other, we

[67] 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 (pp. 84, 85).
[68] Berlant, p. 99; 'Comments by a Layman', *Dental Record*, 1 May 1916, pp. 247–48 (p. 248).

have a critical approach to what we might believe is the ultimate goal of such surgical agonies. Read together, I propose that these two passages lead us towards care.

Eli Clare asserts in *Brilliant Imperfection* (2017) that cure is 'a knot of contradictions' which 'rides on the back of *normal* and *natural*' and fosters a belief in health as 'a single objective standard'.[69] If we deviate from '*normal* and *natural*', as Miriam does, 'cure' presents itself as the mechanism of return to 'the sense of well-being of the healthy animal' (IV: 87).[70] But what is there except cure? How can we think beyond a 'curative imaginary', defined by Alison Kafer in *Feminist, Queer, Crip* (2013) as 'an understanding of disability that not only *expects* and *assumes* intervention but also cannot imagine or comprehend anything other than intervention'?[71] In 'The Cultural Crossings of Care' (2019), Julia Kristeva et al draw attention to the way in which health has been 'objectified into a condition of full being […] outside time', with 'illness' understood as the 'privation' of health:

> In this binary scheme, cure and care, health and healing, medical science and the medical humanities are assigned to different chronotopic zones. On the one side of this binary structure is the transcendent and universal knowledge, the 'gold standard' in the terminology of evidence-based medicine; on the other, the messy temporal space in which humans live, and where sickness and healing actually occur simultaneously.[72]

In other words, our treatment of 'health' and 'illness' has led us to distinguish between 'biomedical evidence' and its ostensibly 'hard', universal truths about the human subject,

[69] Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017), pp. xvi, 14. Emphasis in the original.
[70] Ibid., p. 14. Emphasis in the original.
[71] Alison Kafer, *Feminist, Queer, Crip* (Bloomington, IN: Indiana University Press, 2013), p. 27. Emphasis in the original.
[72] Julia Kristeva and others, 'The Cultural Crossings of Care: A Call for Translational Medical Humanities', in *Routledge Handbook of the Medical Humanities*, ed. by Alan Bleakley (Abingdon: Routledge, 2019), pp. 34–40 (pp. 35, 35–36).

and the 'soft', subjective 'practical art of care' that both exists within and depends upon time.[73] As I explained in the Introduction, Kristeva et al argue more broadly that 'cultural dimensions should no longer be construed as mere subjective aspects of medical care, but as being constituent of, and "hard" factors behind, sickness and healing', while 'biomedicine' is itself a cultural product, but I am interested especially in their conceptualization of care as a complicated, vital work-in-progress.[74]

Hi'ilei Julia Kawehipuaakahaopulani Hobart's and Tamara Kneese's writing in 'Radical Care' (2020) is also illuminating on this theme, their definition reaching expansively beyond the organizing principle of 'health' as Kristeva et al understand it:

> Broadly speaking, *care* refers to a relational set of discourses and practices between people, environments, and objects that approximate what philosophers like Adam Smith and David Hume identify as 'empathy', 'sympathy', or 'fellow feeling'. Theorized as an affective connective tissue between an inner self and an outer world, care constitutes a feeling with, rather than a feeling for, others. When mobilized, it offers visceral, material, and emotional heft to acts of preservation that span a breadth of localities: selves, communities, and social worlds.[75]

Here, Hobart and Kneese present care as an emotional or affective orientation to others as well as a behavioural praxis. Like Kristeva et al, however, they also frame care, and 'mobilized' care in particular, as a durative process that makes possible 'preservation' and endurance.[76] Both Kristeva et al and Hobart and Kneese approach care in positive terms, although it is important to note that feminist disability studies has produced, as Margaret

[73] Ibid., pp. 35, 34.
[74] Ibid., p. 34.
[75] Hi'ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese, 'Radical Care: Survival Strategies for Uncertain Times', *Social Text*, 38 (2020), 1–16 (p. 2). Emphasis in the original.
[76] Ibid., p. 2.

Price writes in 'The Bodymind Problem and the Possibilities of Pain' (2015), 'an enormous and sometimes contentious body of work on care' which demonstrates that this is not always the case.[77] Price frames care as collective, reciprocal work, drawing from scholars including Christine Kelly, who writes in 'Building Bridges with Accessible Care' (2013) about care as an 'unstable tension' that is 'never fully achieved' and which requires vigilance because there is a 'high' potential for care practices to 'veer into pain and oppression'.[78] There are indications of this in Miriam's approach to dental patients in *The Tunnel*.

In 'Who Cares About the Stream of Consciousness?' (2020), Adam Guy usefully indicates that '[a]s a theme, care features in the narrative of *Pilgrimage* in three specific and always interlinked ways: care for the self, care for the other, and caregiving as a social role', which he briefly illustrates to develop an argument about 'the strength of the conceptual confluences between care and the stream of consciousness'.[79] In addition, Fifield's *Modernism and Physical Illness* notably discusses *Pilgrimage* and 'questions of care at individual, social, and political scales', focusing especially on drawing out collectively embedded understandings of care.[80] Richardson, Fifield writes, 'prefers to enmesh [ill health] with professional expertise and extended experience of social networks', resulting in a web of connections that '[mirrors] the contemporaneous political debate'.[81] I suggest, however, that there is more to say about Miriam's own attitude towards care and the medical science that she understands to be the grounding basis of some forms of *health*care,

[77] Margaret Price, 'The Bodymind Problem and the Possibilities of Pain', *Hypatia*, 30 (2015), 268–84 (p. 278–79).
[78] Christine Kelly, 'Building Bridges with Accessible Care: Disability Studies, Feminist Care Scholarship, and Beyond', *Hypatia*, 28.4 (2013), 784–800 (pp. 790, 786).
[79] Adam Guy, 'Who Cares About the Stream of Consciousness? On Dorothy Richardson's *Pilgrimage*', *Literature Compass*, 17.6 (2020), 1–10 (p. 3) <https://doi.org/10.1111/lic3.12573>.
[80] Fifield, p. 146.
[81] Ibid., pp. 148, 182.

which becomes possible to express through analysis of attachments to unhealth. Drawing from Kristeva et al and Hobart and Kneese, I treat care as a series of psychologically and emotionally involved ongoing acts of maintenance through which someone or something is 'held together', arguing that Miriam's engagement with care work makes ordinary her imbrication with structures of health and her attachment to its 'conceptual opposite'.[82]

Despite her misanthropic declarations in *Pointed Roofs* — 'I don't like men and I loathe women' — Miriam does make and maintain caring connections in *Pilgrimage*, but she tends to move on quickly from relationships that she feels have run their course, 'glad to be escaping back into the company of people who moved mostly along the surface levels and left her to herself' (I: 31; IV: 192). Care is often feminized through, in Kelly's words, 'the cultural figure of the "female caregiver"' and such work is particularly fraught for Miriam, who is frequently conflicted about what is required from her to undertake care in relation to others and, as we have already seen, also resists the notion that her own bodymind might require care.[83] We find in Richardson's letters that this is a personal, artistic and political stance; in an unpublished October 1931 missive to the writer and journalist Louise Theis, she names solitude as among the 'ideal conditions' for a writer: 'However provided with service, space, leisure, a woman will not entirely escape permanent preoccupations: with the welfare of her entourage, both animate & inanimate.'[84]

In London, Miriam deals in a professional capacity with 'patients', encountering the public from a perspective approaching that of a medical practitioner; as Bluemel writes, she

[82] Kristeva and others, 'The Cultural Crossings of Care', in *Routledge Handbook of the Medical Humanities*, ed. by Bleakley, pp. 34–40 (p. 35); Garland-Thomson, p. 6.
[83] Kelly, 784–800 (p. 791).
[84] Quoted in Rebecca Bowler, *Literary Impressionism: Vision and Memory in Dorothy Richardson, Ford Madox Ford, H.D. and May Sinclair* (London: Bloomsbury, 2016), p. 145.

'is more closely associated with the men practicing their medical craft than she is with the patients they treat'.[85] She is therefore also more closely associated with the provision of care — ensuring the 'welfare' of others — than with those in receipt of it.[86] Richardson suggests that Miriam's adoption of this perspective produces quite significant effects: in contrast to her painstaking attempts to distract Mrs Henderson from dwelling upon distressing thought patterns in *Honeycomb*, Miriam reflects rather more uncharitably upon those occupying the category of patient. In *The Tunnel*, she privately expresses her appreciation of those who value their time with the dentist, 'leisurely and untroubled as to the mounting up of guineas [...] intelligently appreciative of what was being done [...] clear serene tranquil cheerful people who probably hardly ever went to a doctor' (II: 138). This passage establishes that Miriam almost exclusively approves of patients in possession of wealth and education; those she describes in *Revolving Lights* (1923) as 'the social élite of the Wimpole Street patients' (III: 242). Fifield's analysis of 'a web of shared feeling' in the dental surgery which is crystallized in the blurring of the 'margins' of Miriam's narrative voice with that of a patient, Lady Cazalet, points towards Miriam engaging in 'effortful labour' to develop 'a feeling for people like Lady Cazalet'.[87] I want to emphasize here that this 'feeling for' is limited in its range to a certain kind of person. I also suggest that, through her depiction of Miriam's response to Lady Cazalet's 'limpid fear', Richardson gently ironizes her protagonist: 'What a privilege. How often Captain Cazalet must be beside himself with unworthiness.'[88] (II: 34)

[85] *Experimenting on the Borders of Modernism*, p. 82.
[86] Quoted in *Literary Impressionism*, p. 145.
[87] Fifield, pp. 162, 160, 161, 162.
[88] Ibid., p. 162.

Pilgrimage is equally clear about the kinds of patients of whom Miriam disapproves, providing a revealing list that slips from annoyance with those requiring anaesthetic and thus who call for additional preparatory work, to individually troublesome patients, to a more troubling dread of poor and disabled people:

> [A] rush of gas cases, that man who was sick if an instrument touched the back of his tongue; Mrs Wolff, disputing fees, the deaf-mute, the grubby little man on a newspaper . . . he [Mr Hancock] ought to have no patients but these intelligent ones and really nervous and delicate people and children. (II: 138)

I am particularly interested in Miriam's distaste — her lack of care; her wish to withdraw care — for 'the deaf-mute', excluded here from the favourable patient-categories of 'intelligent' and 'nervous and delicate' into which we might imagine she would place her sisters and late mother (II: 138). This seems in many ways straightforwardly eugenicist; we will see later in this chapter that Miriam, grappling with a conviction that she is 'meant to go mad', is anxious that she is herself an unfit subject within a eugenicist framework, but her relationship to these ideas is not always oppositional (II: 136). In 'Dorothy Richardson and Imperialist Dentistry' (1997), Kristin Bluemel attends to Richardson's shifting 'ideological engagement with the language of empire' in her dental journalism, and we can read this horror of 'the deaf-mute' as another example of this kind of engagement (II: 138).[89] Oralism, which 'holds that signed language is a lesser, foreign, and for many oralists, subhuman language' had in the 'modernist period' its 'underpinnings in nationalism and xenophobia', writes Maren Tova Linett in *Bodies of Modernism* (2017), because the signing subject was

[89] Kristin Bluemel, '"Civilisation is Based upon the Stability of Molars": Dorothy Richardson and Imperialist Dentistry', in *Modernism, Gender, and Culture: A Cultural Studies Approach*, ed. by Lisa Rado (New York, NY: Garland, 1997), pp. 301–18 (p. 315).

understood to be isolated and unassimilated.[90] Linett argues more broadly that 'deafness is portrayed as *precluding* genuine communication and knowledge', which is particularly significant given Miriam's previous uneasy contemplation of language in *The Tunnel*: '*All* that has been said and known in the world is in *language*, in words […] the meaning of words change with people's thoughts. Then no one *knows* anything for certain.'[91] (II: 99, emphasis in the original) A 'deaf-mute' patient, then, would destabilize Miriam's understanding of communication and meaning even further (II: 138).

The durative aspect of care as an orientation and a behaviour presents some difficulty for Miriam. Even her feelings for 'really nervous and delicate people' ebb away when, frustrated by her sister Eve's 'droopy exhaustion' in *Deadlock*, she reassures herself of her own reasonableness: '[S]he was not alone in this; nice good people were secretly impatient with relatives who were always threatening to break down and become problems.' (II: 138; III: 99) Later, at the end of *Revolving Lights*, Miriam lies to Mr Hancock that another sister, Sarah, had experienced 'one of her attacks' when explaining why she had unexpectedly extended her holiday (III: 384). At first, Miriam worries that her lie will lead Sarah to 'have one [an attack], at this moment' and thus '[pay] for her [Miriam's] escapade', but she reassures herself: 'Sarah was always being ill. It was worth a lie to drag her out into the light of his sympathy.'[92] (III: 384, 385) This sentiment suggests firstly that Sarah is so firmly associated with 'being ill' that misrepresenting her as such carries less weight, and secondly that Mr Hancock's sympathy is a particularly meaningful prize (III: 385). Fifield

[90] Maren Tova Linett, *Bodies of Modernism: Physical Disability in Transatlantic Modernist Literature* (Ann Arbor, MI: University of Michigan Press, 2017), pp. 87, 86.
[91] Ibid., p. 91. Emphasis in the original.
[92] For further discussion of Miriam, sympathy and empathy, see Meghan Marie Hammond, *Empathy and the Psychology of Literary Modernism* (Edinburgh: Edinburgh University Press, 2014), pp. 60–89.

writes incisively about how *The Tunnel* in particular dwells on Mr Hancock's 'sincere, sympathetic engagement' with patients, although, as he notes, Miriam is implicated in '[providing] the necessary impetus' for this, prompting his caring verbal gestures regarding, for example, a patient's 'brother—ill' in her work notes (II: 41).[93]

The conclusion that Mr Hancock's sympathy *matters* leads to the acknowledgment that there is a growing respect for certain medical practitioners in *Pilgrimage* bound up with Miriam's increasingly fraught relationship to patients. Her care for Mr Hancock corresponds to a dismissal, as we have seen, of patients whom she imagines are not worthy of his care. This is particularly apparent in *The Tunnel* wherein, as Mullholland notes, her initial strong admiration of Mr Hancock 'means she ministers to his needs almost unconsciously [...] while her clerical work and her work for the other partners is frequently neglected'.[94] Although Levy argues that Richardson 'aestheticizes the figure of the dentist', I suggest that she depicts Miriam more as someone who, as Bluemel writes, 'wants to believe' that Mr Hancock is 'exceptional'.[95] I demonstrated in Chapter 1 that *Mrs Dalloway*'s determined emphasis on Clarissa's party draws focus to her prior experience of influenza and thus produces an attachment to unhealth; I argue here that the way in which *Pilgrimage* aligns Miriam with the figure of one who *cares*, rather than one who is *cared for*, results nonetheless in a similar attachment, and also provides a foundation from which we are led to understand the limitations of disassociating the two positions. As Price, drawing from the

[93] Fifield, p. 163.
[94] Mullholland, 25–45 (p. 40).
[95] Levy, 50–70 (p. 67); *Experimenting on the Borders of Modernism*, p. 108.

work of Robert McRuer, describes queerness and disability, care 'occur[s]' all the time, everywhere—in moments—for everyone'.[96]

Richardson presents Miriam forming a similar relationship with the four Canadian doctors who take rooms at Tansley Street in *Interim* (1919), initially acknowledging their social prestige and observing that Mrs Bailey must be very 'pleased and proud' to have them in the house (II: 362). After speaking with them, and particularly Dr Hurd, however, Miriam determines that they are unlike the English doctors she has previously encountered:

> Being doctors and still students they ought to be the most hateful and awful kind of men in relation to women, thinking and believing all the horrors of medical science; the hundred golden rules of gynaecology; if they had been English-men they would have gone about making one want to murder them; but they did not; Dr Hurd was studying gyn'kahl'jy, but he did not apply its ugly lies to life; to Canadians, women were people . . . but they were all the *same* people to Dr Hurd. (II: 386–87, emphasis in the original)

Miriam makes a distinction in this passage between the 'medical science' that Dr Hurd and his colleagues are being taught, and their medical praxis (II: 386). She is surprised and pleased that even as students, they can detach their training's 'ugly lies' of women's biological inferiority from their personal and, she imagines, professional care orientated towards women (II: 387). I do not mean to argue here that Miriam develops an uncomplicated relationship to the figure of the medical practitioner — indeed, as Bluemel notes, she realizes that for Dr Hurd and Dr von Herber, both of whom are romantically attentive, she is still only a type, 'an accomplished young lady' — only that there is a certain

[96] Price, 268–84 (p. 275). Price draws from Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York, NY: New York University Press, 2006), p. 157.

shift in her thinking in these middle volumes (II: 386).[97] She recalls in *Deadlock*, for example, her terrible treatment after a bicycle accident by 'a small surgeon in Gower Street' who 'stitched up [her] arm with a rusty darning needle' that gave her 'stitch abscesses' (III: 81, 82). When Michael Shatov deems him 'a *criminal*', Miriam replies that it was 'abominable', but calls him a '[p]oor man' and expresses regret that she sent him such a harsh letter afterwards, '[b]ecause he threw himself into Dublin Harbour a year later' (III: 82, 83, emphasis in the original).

Miriam's familiarity and discomfort with more abstracted scientific discourses about women and health — those against which she measures the Canadian doctors' capacity for care — are a key feature of *The Tunnel*, the volume that immediately precedes *Interim*. Until now, we have seen how asking 'questions of care' brings up to the surface a difficult relationship with patients, broadly construed, and a corresponding elevation of certain figures within the medical institution, but I also want to consider what ideas lie beneath Miriam's understanding of the theories of medical science specifically.[98] Readers learn through a retrospective 'trick of narrative' that science was a key touchstone during Miriam's childhood, and she therefore feels betrayed to discover, when Mr Hancock invites her to attend a lecture at the Royal Institution, that despite her father often talking about the lectures he had attended, he had '*never* said that members could take friends or that there were special lectures for children' (II: 100, emphasis in the original).[99] Richardson presents access to these ideas as deeply gendered; Miriam is prevented from attending lectures as a young girl by her father, and eventually becomes initiated into the scientific

[97] See *Experimenting on the Borders of Modernism*, pp. 88–91.
[98] Fifield, p. 146.
[99] *Experimenting on the Borders of Modernism*, p. 86.

sphere by her male employer and potential love interest. Even Miriam's initial investigative foray into scientific constructions of womanhood is prompted by Mr Hancock; in a narrative move that recalls the *Backwater* episode wherein Miss Haddie suggests Miriam read the newspaper article about teaching that causes her to despair, Miriam is gifted a set of encyclopaedias, 'a liberal education in twelve volumes', by her employer (II: 219).[100] Reflecting on different definitions of '[w]oman', anticipating Woolf's appraisal of women's position on the British Museum bookshelves in *A Room of One's Own* (1929), Miriam wonders bitterly how any woman made aware of such discourses could continue on: '*How* could Newnham and Girton women endure it? How could they go on living and laughing and talking?' (II: 219, emphasis in the original) Miriam's bewildered emphasis upon the possibility of positive affect is particularly striking here, as Richardson conveys the emotional charge of 'the scientific facts' (II: 220).

In this way, Richardson permeates Miriam's consciousness with medico-scientific discourses, diffused from the pages of medical texts into her life, and they are framed as eminently ordinary through this familiarity. As she dryly acknowledges, '[t]he wonders of science for women are nothing but gynaecology—all those frightful operations in the *British Medical Journal* and those jokes' (II: 220). This bitter aphorism is part of a pattern of oblique references to women's operations in *Pilgrimage*. After Miriam's sister Sarah haltingly explains in *Backwater* that their mother has seen 'a specialist' and has 'got to have an operation', Miriam feels 'weak-limbed' and ominously views a nearby 'open trunk' as 'exactly like a grave' (I: 304, 305). Later, one of her brothers-in-law, Gerald, reassures her

[100] For an examination of the intertextual relationship between *Pilgrimage* and the ninth edition of the *Encyclopaedia Britannia*, see Winning, pp. 53–59.

that 'when it's all over she'll be better than she's ever been in her life' because 'people always are' better after operations, but Miriam nonetheless anticipates 'uncertainty ahead' (I: 306, 317). Although *Pilgrimage* never explicitly specifies that Mrs Henderson's operation is gynaecological, her extant diagnosis of hysteria and its consistently vague description plausibly lead readers to this conclusion. On the other hand, Miriam is aghast — '*Really*?' — when her *Honeycomb* employer Mrs Corrie offers up specific detail about the 'all *kinds* of operations' that an acquaintance had undergone: 'Deadly awful. In nursing homes. She'll never have any kiddies.' (I: 409, emphasis in the original) Given Miriam promptly reflects that she does not understand why this is 'dreadful', for '[t]here was nothing wonderful in having children', Richardson implies that it is the casual articulation of the unspoken intimate itself, as well as the sudden ordinariness of this detail, that prompts her horror (I: 409, 410).

When Dr von Heber suggests in *Interim* that Miriam 'ought to read' Oliver Wendell Holmes's *Elsie Venner: A Romance of Destiny* (1861), explaining that '[w]e call it his medicated novel over at home', she immediately assumes she will dislike it: 'It must be Holmes's worst book. A book written on purpose, to prove something.' (II: 427) Miriam associates medicine with the '[d]idactic' and is consistently surprised when this is not the case, later sharing with Mrs Bailey her pleasure in meeting a 'London doctor who had […] admitted being beaten in an argument without resentment' (II: 427, 429). At the same time, however, she is powerfully invested in the authority of the diagnostician; as she 'wretchedly' reads an article acquired from the dental surgery, she becomes convinced that it is 'quite clear that she belonged to the lymphatico-nervous class [...] the worst of the four classes of humanity' (II: 325). The concept of these four classes, or temperaments, is grounded in

Greco-Roman medical humourism. Those to which we may assume Miriam refers were comprised of the sanguine, bilious, nervous and lymphatic, but as Alan Gribben explains in 'Mark Twain, Phrenology and the "Temperaments"' (1972), phrenologists such as George Combe, a key figure in phrenology's propagation in Britain, 'were in agreement that they usually encountered mixtures of the temperaments in the people they examined'.[101]

Gribben explains that the four temperaments were integrated into 'phrenological assumptions concerning the human cranium' by Johann Gaspar Spurzheim, who 'effectively promulgated the [late eighteenth-century] theories and research findings of Franz Joseph Gall' in the early nineteenth century and 'declared that a determination of the predominating temperament […] should routinely precede the phrenologist's examination of the skull'.[102] It may seem quite late in the period for Miriam to be taking these modes of thought so seriously, but as Kristine Swenson asserts in 'Phrenology as Neurodiversity' (2020), they retained their 'cultural relevance' even after phrenology was medically dismissed as 'quackery' by the 1840s.[103] Having internalized what Fox terms 'the seemingly relentless logic of diagnosis', Miriam understands her position within the 'lymphatico-nervous class' to mean she has 'the worst of everything' and is 'useless' (II: 325, 326).[104] As is characteristic in these earlier volumes, she becomes despairingly, imaginatively captured by a sense of circular inevitability — '[n]o energy, no initiative, no hopefulness, no resisting power' — without attending to the potential for resisting these pathological limits (IV: 326).

[101] Alan Gribben, 'Mark Twain, Phrenology and the "Temperaments": A Study of Pseudoscientific Influence', *American Quarterly*, 24 (1972), 45–68 (p. 47). See also Peter Wright, 'George Combe — Phrenologist, Philosopher, Psychologist (1788–1858)', *Cortex*, 41.4 (2005), 447–51.
[102] Gribben, 45–68 (pp. 46, 46–47).
[103] Kristine Swenson, 'Phrenology as Neurodiversity: The Fowlers and Modern Brain Disorder', in *Progress and Pathology: Medicine and Culture in the Nineteenth Century,* ed. by Melissa Dickson, Emilie Taylor-Brown and Sally Shuttleworth (Manchester: Manchester University Press, 2020), pp. 99–124 (pp. 108, 99).
[104] Fox, 74–94 (p. 75).

The 'logic of diagnosis', Miriam recognizes, concerns late nineteenth-century patriarchy as it struggles to reconcile science with religion:

> They invent a legend to put the blame for the existence of humanity on woman and, if she wants to stop it, they talk about the wonders of civilisation and the sacred responsibilities of motherhood. They can't have it both ways. [...] They despise women and they want to go on living—to reproduce—themselves. […] There is no pardon possible for man. The only answer to them is suicide; all women ought to agree to commit suicide.[105] (II: 221)

Richardson also draws upon discourses of eugenics and efficiency here, both of which were in circulation during the period in which she locates these early volumes, and popular at the time of writing. '[T]he science of eugenics and the social-policy debates to which it gave rise', Donald J. Child writes in *Modernism and Eugenics* (2001), 'interested everyone in the early years of the twentieth century'.[106] Among these interested parties was the Fabian Society, with which Isobel Maddison notes in 'Dorothy Richardson Among the Fabians' (2010) '[i]t is well-known' that Richardson was 'fascinated', and which she fictionalizes through Lycurgan meetings in *Pilgrimage*.[107] There were many stances taken in relation to eugenics during this period. Child explains, for instance, that 'some feminisms were compatible with eugenics' despite, as Anne Fernihough describes in *Freewomen and Supermen* (2013), 'the way in which eugenics construed women as the "carriers" of the race, turning them into vessels

[105] Ibid., p. 75.
[106] Donald J. Childs, *Modernism and Eugenics: Woolf, Eliot, Yeats, and the Culture of Degeneration* (Cambridge: Cambridge University Press, 2001), p. 9.
[107] Isobel Maddison, '"Trespassers with be Prosecuted": Dorothy Richardson Among the Fabians', *Literature & History*, 19.2 (2010), 52–68 (p. 52).

rather than entities in their own right'.[108] This is the kind of rhetoric to which Miriam refers in the above passage, and which she considers to align clumsily with the biblical creation 'legend' (II: 221). Women are inherently '*inferior*; mentally, morally, intellectually and physically', it states, and yet they must achieve a standard of physical and mental health that will enable them 'to perpetuate the race' (II: 220, emphasis in the original).[109]

As Bowler's and Fifield's article highlights, such 'distrust of eugenics' continues into *Revolving Lights* with a 'miscellany' of ideas relating to her friends Dora and George Taylor.[110] She contemplates the future with increasing panic:

> The human head growing bigger and bigger. […] The idea of having infants scooped out early on, and artificially reared. Insane. Science rushing on, more and more clear and mechanical. . . . 'Life becomes more and more a series of surgical operations.' (III: 379)

For Miriam, I argue, the critical distance between her and the fact of 'life growing more monstrous' condenses sharply with the heralding of more 'surgical operations', echoing as this does the pattern of references to women undergoing implicitly gynaecological surgery in *Pilgrimage* to which I previously drew attention and to which Miriam responds particularly negatively (III: 379). At the same time, Jane Garrity demonstrates in *Step-Daughters of England* (2003) that Miriam, while not 'a rabid eugenicist' — as we have seen, she 'recoils from the view that women are only reproductive conduits' — is not unpersuaded by 'the

[108] Childs, p. 8; Anne Fernihough, *Freewomen and Supermen: Edwardian Radicals and Literary Modernism* (Oxford: Oxford University Press, 2013), p. 113. For further discussion of eugenics, feminism and (new) women, see Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction and the New Woman* (Oxford: Oxford University Press, 2003).
[109] Fernihough, p. 116.
[110] Bowler and Fifield, 51–70 (pp. 69, 68).

eugenicist theory of motherhood which stressed the importance of fertility for the future of the British race'.[111] Garrity argues that Miriam's 'fluid and contradictory' position is very much affected by her anti-Semitism, made perhaps most visible through her relationship with Michael Shatov, but it is undoubtedly also complicated by her acute awareness of the messy diagnostic history of the Henderson women.[112] *Pilgrimage* does not frame Miriam as a suitable vessel of racial perpetuation within a eugenicist framework, nor, as she expresses scathingly in *Revolving Lights*, in terms of contemporary '[b]iology, *Darwin*' (III: 367, emphasis in the original).[113]

In 'The Rhetoric of Efficiency in Early Modernism' (2006), Suzanne Raitt observes that in these early decades of the twentieth century, there was also a related 'explosion of exhortations and recommendations all aimed at increasing the efficiency of British society' in ways that were 'linked in the popular imagination to decadents, the unemployed, the "inferior races," and childless women'.[114] She argues that the rhetoric of the efficiency movement emerges stylistically in early modernist texts like *Pilgrimage* through a 'quest for precision and compression' involving various 'methods aimed at adjusting the economy of the art-work to the economy of the world'.[115] I suggest, however, that in the above passage Richardson also incorporates these concerns into the very fabric of Miriam's consciousness; these are abstract modes of considering the world that affect her on a deeply personal level.

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[111] Jane Garrity, *Step-Daughters of England: British Women Modernists and the National Imaginary* (Manchester: Manchester University Press, 2003), p. 113, 114, 113.
[112] Ibid., p. 114.
[113] For further discussion of *Pilgrimage* and evolutionary theory, see Francesca Frigerio, '"Imperialism wants Imperial Women": The Writing of History and Evolutionary Theories in Dorothy Richardson's *Pilgrimage*', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 3 (2010), 6–25.
[114] Suzanne Raitt, 'The Rhetoric of Efficiency in Early Modernism', *Modernism/modernity*, 13 (2006), 835–51 (p. 836).
[115] Ibid., p. 835.

Her call to suicide as a strategy of resistance, which resonates with *Mrs Dalloway*'s complicated conception of death as 'defiance' as discussed in Chapter 1*,* is not only haunted by Mrs Henderson's death, but also recalls her reflections after reading about prospective teaching reforms in *Backwater*: 'If you knew you were not wanted—you ought to get out of the way. Chloroform. Someone had drunk a bottle of carbolic acid.'[116] (I: 244–45) While we might previously have seen this brutal conclusion as rather sensational, it takes on a greater sense of despair when read in conjunction with this later distress. Miriam is overwhelmed by the unsparing reduction of women to their bodies alone: 'I *must* die.' (II: 220, emphasis in the original) At a point when Miriam is deeply concerned that she is 'meant to go mad' like her mother, it is also significant that her frustrated attempts to work through 'scientific facts' about the menopause lead to images of 'old women with deep voices and hair on their faces' which recall the associative chain of masculinized madwomen in *Pilgrimage*'s first three volumes (II: 136, 220). Richardson highlights the debilitating effects of Miriam's investigation on her bodymind. She reflects on '[s]leeplessness, and every day a worse feeling of illness', and later explicitly undercuts the narrative of progress surrounding these 'everlasting theories' with the simple fact that 'people are just as ill as ever' (II: 221; III: 111).

Up to this point, I have predominantly focused on Miriam's approach to caring for herself, and for others in a professional capacity, as well as the associated ideas through which she comes to understand the kinds of professional care prescribed for women, but Richardson also presents Miriam taking up an attitude of care in her personal life with her attendance to the welfare of Miss Eleanor Dear in *The Tunnel*. Miss Dear is an acquaintance

[116] Virginia Woolf, *Mrs Dalloway*, ed. and intro. by David Bradshaw (Oxford: Oxford World's Classics, 2009), p. 156.

of one of Miriam's sisters who has been diagnosed with 'the first stages of pulmonary tuberculosis', and with whom she forms, as Winning writes, her 'first emotionally intimate relationship with a woman after her mother's death' (II: 272).[117] In an early sequence, watching Miss Dear '[arrange] her skirt neatly about the ankle of the slippered bandaged foot' and draw verbal attention to it, Miriam wonders at her own lack of connection with, or perhaps resistance to, 'mobilized' care:

> Any one else would say, 'What is the matter with your foot?' . . . It stuck out, a dreadfully padded mass, dark in the darkness of the dreadful little enclosure in the dreadful dark hive of women, collected together only by poverty.[118] (II: 245)

Miriam draws close to repulsion not only at the sight of Miss Dear's foot and so many poor women in similar circumstances, but also in response to the social ties that insistently pull upon her to display and enact a supportive affect; she bristles when Mr Taunton calls upon her as an 'intimate woman friend' to continue to 'help', considering '"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 to women' (II: 279). We register a similar sentiment when a guest of Alma and Hypo Wilson begins talking to Miriam about his writing: 'He was demanding *her* approval, *her* sympathy, just on the strength of her being there.' (II: 121, emphasis in the original) Miriam, with her fierce individualism, typically resents the burden of such expectations, but there is an extent to which she savours these infrequent opportunities to act as the calm, experienced authority in a crisis.

[117] Winning, p. 95.
[118] Hobart and Kneese, 1–16 (p. 2).

Winning suggests that *The Tunnel* frames Miss Dear's tuberculosis as 'the somatic equivalent of Mrs Henderson's mental illness', both of which '[entangle] Miriam in the provision of involved and demanding care'.[119] Just as hysteria proliferated as a diagnosis in this period, tuberculosis was also defining of the time, and just as Richardson sometimes implies Mrs Henderson's experiences are rooted in her often fractious marriage, Miriam views Miss Dear's tuberculosis as an occupational hazard, nurses being 'bound to live on illness; to live with illness knowing that they were living on it' (II: 246). However, Debbie Palmer argues in *Who Cared for the Carers?* (2014) that in the late nineteenth and early twentieth centuries, tuberculosis '[posed] little threat to nurses' health' and was consequently 'a risk that was for the most part ignored up until the 1930s'.[120] Sue Hawkins agrees in *Nursing and Women's Labour in the Nineteenth Century* (2010) that at the end of the nineteenth century, '[i]ll health was a constant problem, but not to the extent that the publicity surrounding nursing and women's health suggested', although she notes that nurses' tuberculosis was often likely misdiagnosed, either accidentally or purposefully, because it was 'heavily stigmatized'.[121] In light of all this, Miss Dear's profession might be viewed as *Pilgrimage*'s secondary concern; her identity as a woman resolutely attached to unhealth is more strongly resonant. I am thus persuaded by Bluemel's argument that the character functions as a way for Richardson to '[batter] the mythology of the sick woman as a figure of veneration and sentiment with evidence of the perfectly ordinary quality of her

[119] Winning, p. 96.
[120] Debbie Palmer, *Who Cared for the Carers? A History of the Occupational Health of Nurses, 1880–1948* (Manchester: Manchester University Press, 2014), p. 122.
[121] Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence* (Abingdon: Routledge, 2010), pp. 171, 159.

pain and debasement'.[122] Susan Sontag's *Illness as Metaphor* (1978) notes that tuberculosis was often thought of as 'a decorative, often lyrical death', but the 'grim banality' of Miss Dear's tuberculosis is often darkly comic: 'It's a little too funny sometimes, dear—you know too much about what you're in for.' (II: 254)[123] She is not 'made singular, made more interesting' by her attachment to unhealth, but rather anticipates the same prosaic trajectory as those for whom she has cared.[124]

At one point, Miriam is induced to read to Miss Dear from Charlotte Brontë's *Villette* (1853), which Winning argues recalls 'her reading to her mother [...] the night before her suicide' and thus symbolizes '[t]he mapping of her connection with Eleanor Dear onto the formative relationship with her mother'.[125] By attending to the specific novel being read in this scene, we may consider that Richardson stages an intertextual layering of unhealth discourses; Beth E. Torgerson writes in *Reading the Brontë Body* (2005) that *Villette* presents a 'sustained' examination of 'psychological illness', in which 'the illness functions as the narrative', and I argue that its rendering in this passage generates a particular moment of connection between Miriam and Miss Dear.[126] In other words, reading a novel specifically about the medicalization and romanticization of unhealth bonds two characters in their attachments to unhealth:

> Something was passing to and fro between them, behind the text; a conversation between them that the text, the calm quiet grey that was the outer layer of the

[122] *Experimenting on the Borders of Modernism*, p. 98.
[123] Susan Sontag, *Illness as Metaphor* (New York, NY: Farrar, Straus and Giroux, 1978), p. 20; *Experimenting on the Borders of Modernism*, p. 101.
[124] Sontag, p. 31.
[125] Winning, p. 96.
[126] Beth E. Torgerson, *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture* (New York, NY: Palgrave Macmillan, 2005), p. 61.

> tumult, brought into being. If they should read on, the conversation would deepen. (II: 260–61)

As Miriam reads, she thinks about the relational dynamic of care between herself and Miss Dear, and observes a specific atmosphere in the room: 'She felt that in some way she was like a man reading to a woman, but the reading did not separate them like a man's reading did.' (II: 261) Later, in *Revolving Lights*, Miriam claims that '[t]he art of making atmospheres [...] like air within the air' is a craft to which men are oblivious; again, this anticipates *A Room of One's Own*'s contention that 'women have sat indoors all these millions of years, so that by this time the walls are permeated by their creative force' (III: 257).[127] There is often a sense in *Pilgrimage* that when women are alone together, or, to draw from Woolf, 'behind that red curtain over there the figure of Sir Chartres Biron is not concealed', it becomes more possible for certain thoughts and feelings to come to the fore and fill the space between them.[128] This scene between Miriam and Miss Dear speaks to a generative, caring collaboration; Richardson implies that 'they' are reading the book together (II: 261).

When Miriam broaches the possibility of Miss Dear marrying Densley, and he replies from a perspective centring the physical — '[t]he chance of a tuberculous woman in marriage [...] is a holding up of the disease with the first child; after the second, she usually fails' — she becomes again frustrated by what she perceives as medical science's insistent transformation of women into gynaecological creatures: 'A doctor could see nothing in marriage but children.' (II: 274) Miriam responds to him 'coldly', having been more concerned with marriage as a path to financial and social security; we realize that they are

[127] Virginia Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Morag Shiach (Oxford: Oxford University Press, 2008), pp. 1–149 (p. 114).
[128] Ibid., p. 106.

talking across one another, but the amount of gendered antipathy that the narrative has catalogued stemming from medical science has resulted in Miriam's inability to conceive that Densley is merely speaking to his specialism (II: 274). This exchange recalls an earlier discussion and rejection of 'the sheltered life' in *The Tunnel*, which as Mullholland observes, 'suggests both the protection given by the father or husband and the physical space of the family home that provides a defence against the outside world' (II: 90).[129] Although Miriam declares that she personally 'can't imagine anything more awful than what you call the sheltered life', she finds it 'impossible, terrifying' in *Interim* that her sister Eve has decided to leave a comfortable situation as a paid companion to train as a florist in London, 'penniless, and with her uncertain health' (II: 90, 349). She directs her care towards Eve, who soon returns to her previous position, 'irritably' and with considerable anxiety: '"Hallo, aren't your *feet* wet?" [...] "Won't you catch *cold*?"' (II: 381, emphasis in the original)

Miriam also cares for Mrs Bailey when the landlady has 'one of her headaches' in a brief but significant episode at the beginning of *Deadlock*, pleased that she may be of use in relieving the pain and desirous of the opportunity to take control of the situation:

> Miriam was drawn irresistibly towards Mrs Bailey, prostrate in her room with her headache. She went down the hall feeling herself young and full of eager strength, sinking with every step deeper and deeper into her early self; back again by Eve's bedside at home, able to control the paroxysms of pain by holding her small head grasped in both hands [...]. (III: 32)

Miriam gains a feeling of power through her awareness of her physical capacity for care, nostalgic for a time when she could competently ease her sister's suffering as 'the strong-

[129] Mullholland, 25–45 (p. 28).

minded one' (I: 30). The moment when she enters Mrs Bailey's bedroom is deeply important: 'A sense of release enfolded her as she closed the door of the little room. It was as if she had stepped off the edge of her life, out into the wide spaces of the world.' (III: 32) There is a suggestion in this passage that Miriam is struck by the sight of Mrs Bailey's intimate space, away from the liminal publicness of the rest of the house, as well as the revelation that Mrs Bailey might have an inner life unknown to Miriam. However, what is more pertinent is that Mrs Bailey, as the figure of the older female invalid, invokes memories of Mrs Henderson during Miriam's childhood; having begun this episode feeling capable and strong, she is subsequently taken 'back amongst her earliest recollections' (III: 34). Miriam speaks 'absently' and 'dreamily' when she first enters the bedroom, and later 'launch[es]' into an uncharacteristically 'eager description' of her early experiences being 'brought up homoeopathically', thinking all the while that 'Mrs Bailey [...] with her worn glad patient face seemed to her more than ever like her mother' (III: 32, 33, 34).

Hypo Wilson professes his admiration for Miriam in *Dawn's Left Hand*. '[I]t hasn't bashed you', he exclaims, assuring her that '[m]ost women would have been unthinkingly battered by the life you've led' (IV: 220, 235). There is a sense of irony at work in this passage, for Miriam has only recently returned from recuperating from '[o]verwork' in Oberland and continues to experience its effects; at the dental surgery, she feels a sense of detachment, as though 'it was herself and not quite herself who lifted the receiver and looked down the long staircase up and down which she had run so many thousands of times' (IV: 45, 198). Richardson characterizes Hypo as rather obtuse in his assumptions about Miriam and women in general, but I am most interested here in the use of 'bashed' and 'battered' to convey damage to the bodymind, for the implication of a violent wearing-down

serves as a dramatic counterpoint to Miriam's internal exhortation that '[s]he must manage' in *Pointed Roofs* (IV: 220, 235; I: 30). Both conceptualizations position the subject as weary and diminished: Miriam loses something of herself, whether it is through repeated blows beyond her control, or by stretching herself past her limits. In this way, they are also both suggestive of an absence of care; if we return to Price's definition, wherein this 'means giving more when one has the ability to do so, and accepting help when that is needed', then we might surmise that Miriam is not careful with herself, but rather gives too much and takes too little.[130]

Miriam's friendship with Densley — the doctor who anticipates the 'crash' that she experiences at the end of *The Trap*, following which she travels to Oberland — is one arena in which this tension between providing and accepting reaches a partial resolution (III: 467). In *Clear Horizon*, having rejected his offer of marriage, she ventures to see him 'on a fresh footing, as a relative calling on a physician, impersonally' on behalf of her sister Sarah, who has long been 'sick and suffering and cut off from access to first-class advice and first-class treatment' (IV: 371, 373). When Sarah is 'set suddenly within the full beam of medical enlightenment', Miriam finds herself forced to trust in 'the "medical facts" she had for so long scornfully regarded as misreadings of evidence isolated from the context of reality' (IV: 373, 374). At the crux of this indictment of diagnostic certainty is a 'hope' which is 'drawn from the realm of Sarah's being' that Miriam can let go of some of her anxiety about the future, and this is what Densley offers her for 'one guinea a week' at a 'Florence Nightingale [Home]' under his personal care; sitting on tenterhooks, 'she had no strength to rise', but Densley removes even this quandary by pressing 'gently' on her shoulder, anchoring her in

[130] Price, 268–84 (p. 279).

her chair (IV: 374, 375, 374). As Sarah's representative in this clinical scene, Richardson allows Miriam to take on the mantle of one who 'still unconsciously endowed all specialists with omniscience', and there is a sense of release in the simplicity of presenting oneself as 'sick and suffering' and accepting care in whatever form it is offered which is marked by the 'relaxing [of] the taut network of her nerves' (IV: 374, 373).

It is under these circumstances — '[t]hanks to Sarah's need' — that Densley is able to ask Miriam how she has 'managed to get so pulled down' (IV: 379, 377). His question '[confirms] her intermittent conviction of being vaguely ill and getting, progressively, a little worse' (IV: 378). Although she notes that recently 'life had become more manageable', their exchange underlines the ordinariness and *backgroundness* of Miriam's attachment to unhealth within the world of the novel as well as its textual logic (IV: 379). As Fox writes, although 'Densley proceeds to launch into his usual lecture, […] Miriam is now rather more interested in her own thoughts, which in fact block out Densley's words entirely', and which coalesce around the time she spent in Oberland.[131] '[G]uiltily' and guardedly, Miriam asks him for his clinical advice, and grasps his prescription of 'rest' with both hands, having decided, in Fox's words, 'to exploit both his diagnosis and his complacent, patriarchal attitudes' to obtain 'a prescription that […] would be a passport to freedom' in the form of a recommended six-month holiday (IV: 379, 379–80).[132] 'No one but an invalid could be told to lie up for weeks on end', she considers in conclusion, her 'guilt [vanishing]' as Richardson invokes her youthful conviction during the German heatwave in *Pointed Roofs* (IV: 379). By gesturing to the swathes of time and experience between now and then, Richardson betrays

[131] Fox, 74–94 (pp. 86–87).
[132] Ibid., p. 77.

the hint of irony in Miriam's reflection that 'she had unexpectedly and innocently become a patient provided with a diagnosis' (IV: 379). Given the lack of care with which she has treated it, there is little unexpected about the condition of her bodymind, and although, as Fox writes, she 'find[s] a small strategy of subversion' within the workings of the medical institution in the way she intentionally adopts patienthood, we may infer some truth to Densley's claims after all.[133]

'AN OLD TEACHER AND CANCER COMING': MIRIAM AND THE FUTURE

In her essay 'Women and the Future' (1924), Richardson encourages us to contemplate 'the womanly woman'.[134] 'Apart from the saints', she writes, 'the womanly woman is the only human being free to try to be as good as she wants to be', limited only by her propensity to '[seek] man, while man [...] seeks God'.[135] In this way, although the essay imagines a brighter future for this particular woman, it nevertheless cannot or will not envisage one in which male infringement does not still feel inevitable. When Miriam articulates what her personal future might look like in *Pilgrimage*, her thoughts consistently revolve around the shape and impact of her health; even in her imagination, the endurance of this current stressor feels inevitable. In the previous two sections of this chapter, I have examined how women's attachments to unhealth in *Pilgrimage*, amongst them Mrs Henderson's 'hysteria' and Miriam's own cumulative litany of discomforts and diagnoses, are produced out of sites of ordinariness; how Richardson shows these attachments developing in relation to and in

[133] Ibid., p. 77.
[134] Dorothy Richardson, 'Women and the Future', in *The Gender of Modernism: A Critical Anthology*, ed. by Bonnie Kime Scott (Bloomington, IN: Indiana University Press, 1990), pp. 411–14 (p. 413).
[135] Ibid., pp. 413, 414.

correlation with themes of work and care (I: 470). I have also highlighted the imbrication of work and care, for example through Miriam's shifting attitudes to the figure of the patient as a result of her work as a dental secretary.

In this third and final section, I want to demonstrate that both work and care as sites of ordinariness in *Pilgrimage* are set towards ideas of the individual future. This is a position perhaps most clearly captured by Miriam's 'crushingly' horrified realization in *Clear Horizon* that she has 'forgotten her old aspiration: to make money, and help [her family] right and left' (IV: 377). Not only is paid work here positioned as a means of providing and demonstrating care, but the two are tied together through 'aspiration', the belief or hope that work will propel one forward to a place where a specific form of care is possible (IV: 377). In this way, to look back to Chapter 1 and Lauren Berlant's *Cruel Optimism* (2011), we might retrospectively consider *Pilgrimage* to advance a kind of cruel optimism, casting Miriam's youthful desire to consume herself with helping her family as 'a relation of attachment to compromised conditions of possibility'.[136] After all, to consume oneself with any one thing is to hollow oneself out until there is no core subject left in any condition to continue the work, and the income provided by the kinds of employment available for women like Miriam is shown to be insufficient for her purposes. Reality prompts the realization that her 'aspiration' is '*im*possible, sheer fantasy', and in fact, as we have seen, working at the Wimpole Street dental surgery in particular depletes her energy and inclination in terms of care (IV: 377).[137] In the previous section, Miriam's attitude towards Mrs Bailey revealed that she likes *doing* care by taking action, but she also *feels* care for

[136] Lauren Berlant, *Cruel Optimism* (Durham, NC: Duke University Press, 2011), p. 24.
[137] Ibid., p. 24. Emphasis in the original.

others, evidenced, for instance, by her anxious address of her sister Eve: '"Hallo, aren't your *feet* wet?" [...] "Won't you catch *cold*?"' (II: 381, emphasis in the original) Sara Ahmed, whose work I discussed in the Introduction, writes in *The Promise of Happiness* (2010) that 'to be full of care, to be careful, is to take care of things by becoming anxious about their future, where the future is embodied in the fragility of an object whose persistence matters'.[138] I suggest that this dynamic, present in microcosm in Miriam's care-full exchange with Eve, is one way of understanding Miriam's 'ongoingness' in *Pilgrimage*: Richardson's treatment of Miriam in terms of work and care is full of anxiety about a fragile future.[139]

Richardson published many articles about dentistry following her employment in an analogous dental secretary role to Miriam's, and between 1915 and 1919 wrote a monthly anonymous column, 'Comments by a Layman', for the *Dental Record*. As Bluemel observes, this column was set apart from other contributions by Richardson's 'unusual perspective [...] as a woman working and writing in the margins of the dental profession' and yet, as Bowler and Fifield note, it was crucially a space where Richardson could 'speak in the voice of a man, largely to other men'.[140] In her October 1916 column, Richardson responds to what she describes as a 'sprightly column' in *Pearson's Weekly* 'dealing with the calling of the lady secretary assistant to a dentist'.[141] The July 1916 column to which she refers details Miss P. Doubleyou's experience of briefly stepping into the role of a dental nurse, as part of a humourous investigative series on women workers. Doubleyou frames the work she performs as engaging and well-compensated, although she notes that the duties might

[138] Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010), p. 186.
[139] Berlant, p. 99.
[140] Bluemel, 'Dorothy Richardson and Imperialist Dentistry', in *Modernism, Gender, and Culture*, ed. by Rado, pp. 301–18 (p. 301); Bowler and Fifield, 51–70 (p. 61).
[141] 'Comments by a Layman', *Dental Record*, 2 October 1916, pp. 541–44 (pp. 541).

sound 'formidable' initially; Richardson responds by explicating many of the same anxieties that Miriam processes in *Pilgrimage*.[142]

Richardson argues that although there is a 'wholesomeness of the variety of her work' and the conditions are far superior to those 'in a city office', the position 'does not promise a life work, it leads nowhere, it cannot be pursued after early middle age and is sturdily condemned by the Central Bureau for the Employment of Women as a "blind-alley" profession'.[143] Miriam echoes Richardson's sentiments in *The Tunnel*, observing that one 'could not for ever go on being secretary to a dentist', expanding on this in *Deadlock* to consider how 'running about in a surgery with grey hair […] would make the practice seem dowdy' (II: 163; III: 186). Impassioned, she argues that employees 'live cheap poor lives, in anxiety, all their best years and then are expected to be grateful for a pension, and generally get no pension' (III: 179). After expressing the unfairness of this to Mr Hancock, she briefly finds herself having 'got the sack', but she maintains her sense of righteousness (III: 179).

In 'Subject, Object and the Nature of Reality' (2009), Deborah Longworth characterizes Miriam's intellectual life in *Pilgrimage* as a process of 'embracing and detaching' from 'differing standpoints'.[144] This pattern is drawn from Richardson's own experiences; remembering the 'various islands' of thought with which she engaged during her 'London years', Richardson writes in the autobiographical 'Data for a Spanish Publisher' (1959) that she had 'wished to belong' to them all, 'yet was held back, returning to solitude and to nowhere, where alone I could be everywhere at once, hearing all the voices in

[142] 'I'm a Dentist's Nurse: Miss P. Doubleyou Takes on a New Job', *Pearson's Weekly*, 15 July 1916, p. 86.
[143] 'Comments by a Layman', *Dental Record*, 2 October 1916, pp. 541–44 (pp. 541, 541–42).
[144] Deborah Longworth, 'Subject, Object and the Nature of Reality: Metaphysics in Dorothy Richardson's *Deadlock*', *Pilgrimages: A Journal of Dorothy Richardson Studies*, 2 (2009), 7–38 (p. 38).

chorus'.[145] Such 'embracing and detaching' results in the buds of many potential lives left pressed within the volumes, 'leaving her in narrative culs-de-sac' as Scott McCracken reflects in 'Experience not Consciousness, Backwaters not Streams' (2020).[146] Pease writes that 'Miriam rejects ready-made plotlines for herself', and Richardson furnishes Miriam with some self-awareness about this; she notes in *The Trap*, for instance, that '[f]arewell to Densley [as a romantic prospect] is farewell to my one chance of launching into life as my people have lived it' (III: 495).[147] Nonetheless, Miriam also disputes the notion that the life she leads has been straightforwardly or exclusively shaped by rejection or, as she phrases it, 'refusal' (IV: 316). When Hypo Wilson envies 'you modern young women with your latchkeys and your freedoms' who have 'no *idea* how fortunate you are' in *Clear Horizon*, she becomes privately impassioned:

> Here, if one could tie him down and make him listen, was an outlet into their own world, far away from the formal life of men, yet animating it. Both she and Amabel, as seen by him, had run away from certain kinds of enclosure. But there was no question, there, of good or ill *fortune*. No deliberate calculation, either. Just refusal. (IV: 316, emphasis in the original)

Amabel is the woman with whom, as Winning writes, Miriam engages in a 'passionate liaison [….] against the backdrop of her sexual relationship with Hypo', and just as 'what women offer each other cannot be measured in heterosexual terms', Miriam positions the lives that

[145] Dorothy Richardson, 'Data for a Spanish Publisher', in *Journey to Paradise: Short Stories and Autobiographical Sketches*, ed. by Trudi Tate (London: Virago, 1989), pp. 131–40 (p. 137).
[146] Longworth, 7–38 (p. 38); Scott McCracken, 'Experience not Consciousness, Backwaters not Streams: Dorothy Richardson's "Investigation of Reality"', *Literature Compass*, 17.6 (2020), 1–9 (p. 2) <https://doi.org/10.1111/lic3. 12565>.
[147] Pease, p. 84.

she and Amabel lead as not only detached from men's lives, but also at a certain remove from even the structures — *forms* — that govern them.[148]

Miriam understands Hypo's words as an accusation of double-edged obstinacy; he denies her and Amabel the agency of 'deliberate calculation' with the claim that they simply '[ran] away', and simultaneously purports that they are so single-mindedly independent that '*fortune*' plays no part in their lives (IV: 316, emphasis in the original). This idea of fortune becomes a motif in *March Moonlight*, the thirteenth and final volume of *Pilgrimage*, which was published from an unfinished manuscript ten years after Richardson's death. *March Moonlight* sees Miriam at her most peripatetic, and also marks the start of her life as a writer; having shown the 'middles' she produced at Hypo Wilson's encouragement to an editor, she is told that she 'should be able to write a novel', though she expresses ambivalence about the form (IV: 609, 613). Thinking increasingly of the past, she wonders of Ted, a suitor from the beginning of the novel sequence: '*Was* it our sudden descent in poverty that drew him away?' (IV: 645, emphasis in the original) There is no consideration of the past without this confrontation with the things she could not control, and we might even view her later propensity to dwell, to look backwards, as an attachment to unhealth. In Chapter 1, we saw a disjunction between Clarissa — defined so strongly in *Mrs Dalloway* in terms of her previous experience of influenza — and the chimes of Big Ben, while in Chapter 3, we will encounter a woman whose doctor and romantic interest ominously warns her against dredging up past events and emotions. There is a relation apparent here between health and concepts of time and linearity that is tied up with fallacies of progress and improvement, as I will discuss further in Chapter 3.

[148] Winning, p. 125.

Weighing more heavily than Ted's withdrawal is the regret Miriam feels about her 'passport to freedom' when one of her romantic interests in *March Moonlight* rejects her affections (IV: 380). Miriam does not know how to respond to the reaction of Charles Ducorroy, a former French Catholic monk staying with her Quaker friends at Dimple Hill, when he is informed both of her 'unsuitability for Quakerdom' and that she, too, has experienced 'a nervous breakdown':

> [I]mpossible […] to explain, by way of self-recommendation, her carelessness, on first coming to D. H. to recover from the natural results of overwork plus recklessly late hours, of the technical term 'nervous breakdown' so applicable to his own condition of depression, persistent sleeplessness, inability to consume any but small quantities of carefully selected plain food, or to walk more than short distances. Impossible even to speak. (IV: 653)

Although she and Charles share a diagnosis, Miriam thinks of their respective health experiences very differently; she looks to blame herself for the condition of her own bodymind and condemns her previous strategic use of 'nervous breakdown' as a way of providing 'a useful answer to demands for specific information', as we saw at the opening of this chapter (IV: 653, 391). The nervous breakdown, Janet Oppenheim explains in *'Shattered Nerves'* (1991), 'is an abstract concept, encompassing many symptoms' which range from the 'slightly disordered' to the incapacitating, but Miriam seems shamed by the listed extent of Charles's suffering, to which 'the technical term' seems more appropriately applied (IV: 653).[149] We might consider that her rush to diminish her own experiences is both a mode of expressing care — a private respect, consideration, feeling-with — for Charles, and part of a

[149] Janet Oppenheim, *'Shattered Nerves': Doctors, Patients, and Depression in Victorian England* (Oxford: Oxford University Press, 1991), pp. 3, 7. For specific discussion of men and nervous illness, see Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA: Harvard University Press, 2008).

pattern of minimization that ultimately produces *Pilgrimage*'s rather nineteenth-century presentation of her bodymind as 'an elastic site of stress and overload, transformation and contestation', to draw from Amelia Bonea et al in *Anxious Times* (2019).[150]

Casting backwards, Miriam's disappointment in her failure to form 'a marriage of convenience; a bringing down of expenses that would allow them both to live more comfortably than they would alone' with Miss Selina Holland in *The Trap* is rooted not only in their awkward shared reality, but also in Miriam's 'jealous' vision of what Miss Holland had found when sharing a similar arrangement with another woman, which she imagines as '[a] peaceful association of two workers […] [l]iving as if in a siege; enclosed and conspiratorial and happy' (III: 428–29, 506). A desire for safety and security emanates from this quotidian domestic fantasy, and in fact, fantasy takes on an important role when Miriam strives to understand the kind of future life she hopes to build. As she grows older, she looks back on *Pilgrimage*'s truncated narrative branches — those fledgling modes of living which she could have successfully inhabited — with a sense of nostalgic relief that she left Fräulein Pfaff's school in Germany, the London girls' school, and the Corries when she did:

> And even now, though she could imagine herself […] finding, in any one of these careers, each moment full to the brim; and though yesterday she had been able wistfully to imagine herself, at fifty, a serene, stout Mrs Michael with grown children and a husband equally stout and serene, it was an immense relief to watch Michael move away at last beyond recall. (IV: 424)

Even when Miriam manages to picture herself having forged a future with Michael, she cannot escape a sense of mourning for the impossibility of the life full of expansive comfort

[150] Amelia Bonea and others, *Anxious Times: Medicine and Modernity in Nineteenth-Century Britain* (Pittsburgh, PA: University of Pittsburgh Press, 2019), p. 183.

and care — and *health* — for which an imagined stoutness stands.[151] In recognition of the potential fulfilment that these other futures held, Richardson figures them as 'worlds […] offering a brimming cup her unsteady hands had been unable to hold', physicalizing the factors that led Miriam to retreat, as she expresses, in an image associated with nervousness or infirmity that works to form an attachment to *un*health (IV: 424).

From the beginning of *Pilgrimage*, despite Miriam's antipathy towards marriage, she is clearly attuned to its practicalities. In *Honeycomb*, she reflects that 'either you marry and are never alone or you risk being alone and afraid . . . to marry for safety . . . perhaps some women did', concluding that there is 'no choice' for women (I: 466, 467). Later, speaking in *Dawn's Left Hand*, she expresses this *choice* in terms of the transactional: 'The prices of security, especially for women, are a damned sight too tall.' (IV: 184) Nonetheless, *Dawn's Left Hand* suggests that it will not be possible for Miriam and her friends Jan and Mag to 'for ever […] go on living the lives they then were living' (IV: 205). Richardson dwells on the 'perfection' of 'those Sundays' — previously described in *The Tunnel* as the time when, free from working obligations, one may enjoy the 'pure absolute bliss […] complete well-being and happiness' of smoking 'in your knickers, with your hair down' — in such a way as to prematurely mourn them (IV: 205; II: 91, 90). The New Woman 'wonderyahre' existence is exhilarating, and as Jennifer Cooke shows in 'Dorothy Richardson, Queer Theorist' (2011), Richardson's use of *bliss* signals particularly 'the pleasures to be gained from non-heteronormative arrangements and activities', but as we saw Hypo Wilson indicate above, it

[151] For further discussion of Miriam's rejection of Michael, see: Maren Tova Linett, *Modernism, Feminism and Jewishness* (Cambridge: Cambridge University Press, 2007), pp. 111–39; and Eva Tucker, 'Why Won't Miriam Henderson Marry Michael Shatov?', *Pilgrimages: The Journal of Dorothy Richardson Studies*, 4 (2011), 51–60.

is also risky (II: 92).[152] Like the German *Wanderjahr* to which the friends allude, there is an intimation that one embarks on this sort of life with an understanding of its impermanence. As such, although *Pilgrimage* takes on many of the hallmarks of the *Bildungsroman* or *Künstlerroman*, unlike the 'more popular New Woman texts' that Teresa Mangum identifies in 'The New Woman and Her Ageing Other' (2016), it manages to carve out 'imaginative space for representations of a New Woman's late life'.[153]

Pointed Roofs opens with a fatalistic suggestion that '[t]here was nothing to look forward to now but governessing and old age', which summons the memory of an older, unmarried woman wearing a 'large cameo brooch' (I: 17). The 'demure feminine profiles' of these 'coveted status symbol[s]' of the Victorian period, as described by Lauren Miskin in 'The Victorian "Cameo Craze"' (2016), 'articulated the gendered virtues of passivity, beauty, and modesty' and thus the brooch stands symbolically against Miss Gilkes's radical recommendation: 'Get rid of men and muddles and have things just ordinary and be happy. "Make up your mind to be happy. You can be *perfectly* happy without any one to think about".'[154] (I: 16–17, emphasis in the original) Miss Gilkes's vision of a quietly contented spinster future contains considerably more hope than the 'silly scared nervous old maid' figure that Miriam later conceptualizes; she provides a model in which care for oneself is prioritized above all else, but it is undercut by Miriam's anticipation of a life of hard work (I: 467). Settled into her London life in *The Tunnel*, Miriam quotes from memory:

[152] Jennifer Cooke, 'Dorothy Richardson, Queer Theorist', *Pilgrimages: The Journal of Dorothy Richardson Studies*, 4 (2011), 7–30 (p. 12).
[153] Teresa Mangum, 'The New Woman and Her Ageing Other', *The Oxford Handbook of Victorian Literary Culture*, ed. by Juliet John (Oxford: Oxford University Press, 2016), pp. 178–92 (p. 191).
[154] Lauren Miskin, 'The Victorian "Cameo Craze": Cameos, Femininity, and the Fashioning of Britain's Imperial Identity', *Victorian Review*, 42 (2016), 167–84 (pp. 168, 167, 168).

> '. . . And at fifty, when a woman is beginning to sit down intelligently to life—behold, it is beginning to be time to take leave. . . .'
>
> That woman was an elderly woman of the world; but a dear. She understood. She had spent her life in amongst people, having a life of her own going on all the time; looking out at something through the bars, whenever she was alone and sometimes in the midst of conversations; but no one would see it, but people who *knew*. And now she was free to step out and there was hardly any time left. But there was a little time. Women who *know* are quite brisk at fifty. […] Fifty. Thirty more years. . . . (II: 210–11, emphasis in the original)

Richardson shifts the figure of the menopausal woman, seen previously in this chapter and in Chapter 1, away from 'narratives of decline' which Jeannette King considers to be 'reinforced by prevailing fears of degeneration' in *Discourses of Ageing in Fiction and Feminism* (2013), and towards an idiosyncratic notion of freedom, anticipating Miriam's later argument that 'certain outsiders […] see *all* the game […] [p]eople who have never, in your sense, plunged into life' (IV: 238, emphasis in the original).[155]

To draw from Andrea Charise's *The Aesthetics of Senescence* (2020) and return to ideas of health and time, the above passage celebrates ageing at the *fin de siècle* as a facilitation of women's escape from the heteronormative good life; the way that 'female bodies removed from the reproductive circuit—the spinster, the odd woman, and the New Woman—could be […] understood as subjects who effectively scrambled the reliability of a chronological time stamp'.[156] Miriam has only thirty more years to wait before she is 'free' for the following thirty years, as Richardson mobilizes a pathologized *condition* into an opportunity for anticipatory pleasure (II: 210). Through such moments of recognition shared

[155] Jeannette King, *Discourses of Ageing in Fiction and Feminism: The Invisible Woman* (Basingstoke: Palgrave Macmillan, 2013), p, 11.
[156] Andrea Charise, *The Aesthetics of Senescence: Aging, Population, and the Nineteenth-Century British Novel* (Albany, NY: State University of New York Press, 2020), p. 114.

by Miriam and these older women, Richardson circumvents the 'conditions of horror or hilarity' described by Mangum in other fictional encounters between New Woman and their elders, but *Pilgrimage* does not escape this trope entirely.[157] We find horror bound together with a similar recognition in a night-time street encounter in *Revolving Lights* with 'an old woman bent over the gutter' with her 'bare scalp . . . reddish . . . studded with dull, wartlike knobs' (III: 288). Miriam is caught between attraction and revulsion, simultaneously '[quickening] her steps' to escape and 'gazing' voyeuristically:

> The head turned stealthily as she passed and she met the expected sidelong glance; naked recognition, leering from the awful face above the outstretched bare arm. It was herself, set in her path and waiting through all the years. Her beloved hated secret self, known to this old woman. (III: 288, 288–89)

This is an active encounter: Miriam *meets* the woman's eyes and, rendered 'naked', recognizes the woman recognizing her in turn (III: 288). I suggest alongside Lois Cucullu in 'Over-Eating' (2006) that 'the encounter and the abjection it arouses are likely full of associations of Miriam's lasting horror at discovering her dead mother and her fear of coming to a similar end', and propose that it is these ever-present associations, and in particular her fear of them, that shape in some ways how she becomes attached to unhealth and approaches her future.[158] 'I am meant to go mad', she thinks in *The Tunnel*, helplessly and detachedly drawn to places that remind her of Mrs Henderson (II: 136).

[157] Mangum, 'The New Woman and Her Ageing Other', *The Oxford Handbook of Victorian Literary Culture*, ed. by John, pp. 178–92 (p. 191).
[158] Lois Cucullu, 'Over-Eating: *Pilgrimage*'s Food Mania and the *Flânerie* of Public Foraging', *Modernist Cultures*, 2 (2006), 42–57 (p. 52).

We become aware of Mrs Henderson's suicide through an oblique passage at the very end of *Honeycomb*, in which Miriam cries whilst a 'bony old woman' tells her not to 'blame [herself]' (I: 489). Miriam is detached from her body in this passage, unable to feel her own hands when she clasps them together and moving 'with slow difficulty' (I: 489). Richardson's description of her crying progresses with staccato jerks: 'There were cold tears running into her mouth. They had no salt. Cold water. They stopped.' (I: 489) George H. Thomson writes in his *Notes on 'Pilgrimage'* (1999) that Miriam's tears speak to biblical assertions in Mark 9. 49–50 that sacrifices should be salted for peace: 'But for Miriam, her tears "had no salt", and she had no peace.'[159] Instead, when she looks at a tray of food, Miriam feels overwhelmed:

> Sitting down near it she tried to pull the tray. It would not move. I must eat the food. Go on eating food, till the end of my life. Plates of food like these plates of food. . . . I am in eternity . . . where their worm dieth not and their fire is not quenched. (I: 490)

Richardson draws the last phrase of this passage from another biblical verse, Mark 9. 44, that itself alludes to Isaiah 66. 24. Both verses are about time and retribution; about experiencing an eternity of tortuous pain in response to transgression. Miriam, weakened by the situation, feels gnawing guilt for her mother's death. She is burdened by the weight of caring for herself and the unending task of keeping herself alive. While Cucullu suggests that this passage captures a moment of compulsive overeating, Miriam feeling obligated to 'consume this double serving', we find her in the following volume surviving on meagre

[159] George H. Thomson, *Notes on 'Pilgrimage': Dorothy Richardson Annotated* (Greensboro, NC: ELT Press, 1999), p. 69. Thomson draws here from Susan Gevirtz, *Narrative's Journey: The Fiction and Film Writing of Dorothy Richardson* (New York, NY: Peter Lang, 1995), p. 179.

rations, wandering unmoored around London after her working day until she '[comes] to herself' enough to seek out a 'boiled egg and roll and butter' in one of her favoured, 'blissfully dowdy' ABC teashops (II: 75, 76, 150).[160] Its components listed in their entirety — breaking with 'the novelist's convention not to mention soup and salmon and ducklings, as if soup and salmon and ducklings were of no importance whatsoever', as Woolf remarks in *A Room of One's Own* — this is a meal eaten for its affordability rather than its taste.[161] It is, according to McCracken, 'the cheapest available that allows her to participate in London's public culture' and she consumes it 'gazing into the fire and thinking her own thoughts' (II: 76).[162]

Later, in *Clear Horizon* — after instructing her to '[s]leep' in what she takes as an insulting reference to her being 'booked for maternity' — Hypo Wilson wonders how Miriam has escaped dyspepsia, a gastro-intestinal complaint defined by *Gould's Medical Dictionary* (1935), published in the same year as Richardson's volume, as '[d]isturbed digestion' (IV: 321).[163] 'You *ought* to be dyspeptic', he tells her disbelievingly, 'living as you do, still only just above the poverty line, you know, and feeding casually for years on end' (IV: 330, emphasis in the original). Through this outburst, Richardson aligns Hypo with Densley, for both men position Miriam as an outlier case — '[y]ou queer one's criticisms' — within otherwise pathological categories (IV: 330). In response to Densley's assessment that, 'for a New Woman', Miriam is 'disquietingly sane', Fox asserts that '[h]e suggests that the kind of

[160] Cucullu, 42–57 (p. 46).
[161] Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Shiach, pp. 1–149 (p. 13).
[162] *Masculinities, Modernist Fiction and the Urban Public Sphere*, p. 142.
[163] 'dyspepsia', in George M. Gould, *Gould's Medical Dictionary*, ed. by R. J. E. Scott and C. V. Brownlow, 4th edn (London: Lewis, 1935), p. 441.

independent, active, intellectually engaging and unmarried course that Miriam is pursuing ought to cause madness, that her sanity is an aberration' (III: 467).[164] Hypo's unflattering disbelief also taps into ideas — carried forth from the mid-nineteenth century and, according to Ian Miller in 'The Gut-Brain Axis' (2018), 're-instate[d]' by the 'emergence of new psychological sciences' in the early twentieth century — about dyspepsia as a response to modernity, or as 'a disease of modern life' as Hisao Ishizuka describes it in 'Carlyle's Nervous Dyspepsia' (2010).[165] A reading of dyspepsia in *Pilgrimage* provides a prime example of the ordinary sites of (excessive) work and (lack of) care colliding to produce for Miriam an attachment to unhealth.

There is a long history to what we currently call the gut-brain axis, but '[i]t was during the nineteenth century', Mathias Manon and Alison M. Moore explain in their introduction to *Gut Feeling and Digestive Health in Nineteenth-Century Literature, History and Culture* (2018), 'that the growth of sedentary forms of middle-class labor […] prompted new medical concerns about digestion and constipation, and research into gastrointestinal ailments focused on the links between the stomach and the brain', which Ishizuka emphasizes were considered 'mutually influential'.[166] Indeed, writes Kristine Lillestøl in '"Neurasthenia Gastrica" Revisited' (2018), 'neurasthenia in its heyday in many cases was perceived as a

[164] Fox, 74–94 (p. 84).

[165] Ian Miller, 'The Gut-Brain Axis: Historical Reflections', *Microbial Ecology in Health and Disease*, 29.2 (2018), 1–9 (p. 6) <https://doi.org/10.1080/16512235.2018.1542921>; Hisao Ishizuka, 'Carlyle's Nervous Dyspepsia: Nervousness, Indigestion and the Experience of Modernity in Nineteenth-Century Britain', in *Neurology and Modernity: A Cultural History of Nervous Systems, 1800–1950*, ed. by Laura Salisbury and Andrew Shail (Basingstoke: Palgrave Macmillan, 2010), pp. 81–95 (p. 82). For a brief overview of the body and modern life in this period, see Tim Armstrong, *Modernism, Technology, and the Body: A Cultural Study* (Cambridge: Cambridge University Press, 1998), pp. 1–10.

[166] Mathias Manon and Alison M. Moore, 'The Gut Feelings of Medical Culture', in *Gut Feeling and Digestive Health in Nineteenth-Century Literature, History and Culture*, ed. by Manon Mathias and Alison M. Moore (Basingstoke: Palgrave Macmillan, 2018), pp. 1–14 (pp. 6, 6–7); Ishizuka, 'Carlyle's Nervous Dyspepsia', in *Neurology and Modernity*, ed. by Salisbury and Shail, pp. 81–95 (p. 85). See also Ian Miller, *A Modern History of the Stomach: Gastric Illness, Medicine and British Society, 1800–1950* (London: Pickering & Chatto, 2011).

disorder which was closely associated with the gut', such that 'some […] physicians felt the need to define a sub-entity of the wide [*sic*] neurasthenia diagnosis' known as 'neurasthenia gastrica', which tended to be 'treated more or less as synonymous' with a diagnosis of 'nervous dyspepsia'.[167]

One significant cause attributed to dyspepsia, broadly defined, was the depletion of what Emilie Taylor-Brown calls in 'Being "Hangry"' (2018) 'a finite store of nervous force that supplied the body with energy' — in this sense it was, Ishizuka writes, 'a disease of labour' — but Miller also points to a late Victorian concern about 'excessive tea drinking' at a time when 'many working-class women relied heavily upon tea and white bread'.[168] Both resonate with Miriam's London diet, limited by a quotidian combination of financial constraints and carelessness, and captured in *The Tunnel* by passing mention of 'rapidly' eating two biscuits and '[pouring] in milk and [adding] much sugar to her remaining tea to appease her hunger' (II: 130). Not only does Miriam's wage impact her stomach, but her work, McCracken argues, also '[alienates] Miriam from her own appetites' because the practice's shared meals, 'punctuated by Miriam's refusal of food' as she '[labours] with her jelly' while others indulge, 'dramatise the regulation of social boundaries' (II: 56).[169] Speaking to Woolf's adage in *A Room of One's Own* that '[o]ne cannot think well, love well, sleep well, if one has not dined well', Miriam's 'hunger' at one point leaves her 'faint' in *Interim* and the

[167] Kristine Lillestøl, '"Neurasthenia Gastrica" Revisited: Perceptions of Nerve-Gut Interactions in Nervous Exhaustion, 1880–1920', *Microbial Ecology in Health and Disease*, 29.2 (2018), 1–11 (pp. 1, 2, 3) <https://doi.org/10.1080/16512235.2018.1553438>. For work on women, the brain-gut axis and gastrointestinal distress in the nineteenth century and today, see Amy Vidali, 'Hysterical Again: The Gastrointestinal Woman in Medical Discourse', *Journal of Medical Humanities*, 34 (2013), 33–57.
[168] Emilie Taylor-Brown, 'Being "Hangry": Gastrointestinal Health and Emotional Well-Being in the Long Nineteenth Century', in *Gut Feeling and Digestive Health*, ed. by Mathias and Moore, pp. 109–32 (p. 117); Ishizuka, 'Carlyle's Nervous Dyspepsia', in *Neurology and Modernity*, ed. by Salisbury and Shail, pp. 81–95 (p. 91); 'The Gut-Brain Axis', 1–9 (p. 4).
[169] *Masculinities, Modernist Fiction and the Urban Public Sphere*, p. 136.

narrative devolves into taut anxiety: 'Restaurant. Donizetti Brothers. […] It would be worse at night. Perhaps they would even refuse to serve her. Perhaps it was impossible to go into a restaurant late at night alone.' (II: 358, 359).[170] In this manipulation of appetite as a site of unhealth and control, we anticipate questions of gendered consumption that arise in Chapter 3.

Miriam later comes to incorporate the Donizetti Brothers' restaurant into her ordinary routine, engaging Hypo Wilson in *Dawn's Left Hand* with an anecdote about how '[t]he padrone […] is always suspicious of my man friends' such that Hypo is inspired to pronounce that she has 'got to switch over into journalism' because she is 'wasting herself' (IV: 235). Miriam explains in turn that although '[t]he personal interest' that had previously sustained her dental work 'is largely gone', she cannot bring herself to 'write for the *New Universe*' because 'every other way of living I can think of takes away something essential' (IV: 237). Harking back to notions of efficiency, both sides of this exchange are contingent upon the assumption of an 'essential self' that can become depleted over time: Hypo implies that Miriam is carelessly expending her bodymind on the meaningless, while Miriam considers that taking more of a '[plunge] into life' would take away from her studied individualism which, as Pease writes, she is willing to pursue 'despite costs to her physical and emotional comfort' (IV: 238).[171] Miriam is repeatedly drawn to thinking of her younger self — the person she was before she began to make her own way in the world — as a more ideal or idealized version. In *The Tunnel*, she summons 'the untouched tireless self of her seventeenth year', while in *Clear Horizon*, she is nostalgic for 'feeling strong and tireless and

[170] Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Shiach, pp. 1–149 (p. 23).
[171] Pease, p. 89.

full of the inexhaustible strange joy' of being sixteen (II: 16; IV: 347). Pease describes her 'essential self' as 'the modern site of the holy' which 'exists as an ever-available presence-in-time that that can only be encountered in solitude' through 'moments of shocking discovery'.[172] It is possible, she argues, for Miriam to access 'me, *me*', but it is difficult (II: 16, emphasis in the original).

I suggest that Pease's 'moments of shocking discovery' are loosely conversant with what Bowler describes as 'a kind of vision: a kind of background to life made up of joy […] a steady, sustainable and sustaining appreciation of the "magic" in the background of daily life', and moreover that one of the ways in which these come to pass in *Pilgrimage* is through a strong connection to place.[173] We have seen previously the critical self-reflection made possible by Miriam's sojourns abroad, but her time in Sussex also generates a 'heavenly sense of belonging, of being surrounded and secure' (IV: 506). This sense dovetails with the phenomena described by Pease and Bowler and, I argue, is encapsulated by her wonder over the food she encounters during her stay. Rather than feeling, as she does in *The Tunnel*, that London is 'taking my health, and eating up my youth', in *Dimple Hill* (1938), she eats her own way into a brief realization of happiness (II: 266). As McCracken writes, Richardson's 'lifelong interest' in nutrition 'pervaded all her writings, from her journalism to her correspondence', but I am especially interested in how Miriam's experience of food at Dimple Hill unites the themes of care, work, health, pleasure and the past that I have discussed in this final section.[174] Sitting alone, Miriam '[consults] her plate' with surprise:

[172] Ibid., p. 90.
[173] Ibid., p. 90; *Literary Impressionism*, p. 66.
[174] *Masculinities, Modernist Fiction and the Urban Public Sphere*, p. 68.

> Long ago, before she had learned that food could be a substance indifferently consumed to keep life going, its flavour had had this assaulting power, taken for granted; never bringing this present sense of a beneficent force, impalpably in-flowing, nourishing one's spirit rather than one's body. […] Was it that in all the years since leaving home she had lived on food shop-staled rather than fresh from gardens? […] Was it the gift of those by whom she was not surrounded, existing in the very air of the room where daily they were gathered together? (IV: 452)

We see clearly in this passage the affective impact of Miriam's trajectory from a plentiful childhood — 'the kind of living where the best of everything should be a matter of course' — to a scrappy working adulthood in which '[s]he must manage', framed here as a lesson which culminates in a new sense of health (IV: 455; I: 30). Her meal is, we later learn, 'homely fare', and yet the particularly situated care with which it was grown and prepared (and is often shared) carries through, 'so intimately announcing arrival in the place where one would be', in a description that recalls the 'atmospheres [...] like air within the air' seen in *Revolving Lights* (IV: 455; III: 257). We might also consider the nostalgia in this passage to speak to a form of 'bee-memory', a term used to describe, Watts writes, an 'ur-memory' in Richardson's work of 'a scene that connotes innocence, security, and, above all, home […] the lost garden of her Babington childhood'.[175] Miriam, I suggest, feels cared for in this moment as she did before her father's insolvency; this is the 'gift' that she receives (IV: 542).

As *Pilgrimage* reaches a conclusion of sorts in *March Moonlight*, we find Miriam more confident about the future she desires. Once more 'temporarily stranded' in the 'world' of 'illness' at the beginning of the volume, inhabiting the role of 'convalescent aunt' complete with 'chilblained hands' while staying with her sister Sally, Miriam still lacks permanence (IV: 584, 582, 581). Her 'tiresome insistence on thought' is, she imagines Sally

[175] Watts, p. 20.

chastising her, 'the sort of thing that keeps you without a *home*', though we might consider it also a result of the condition of her health (IV: 591, emphasis in the original). However, Miriam is taking writing seriously, abandoning hopes for 'a job in an office' and considering that '[p]erhaps novels are important' (IV: 613, 614). A temporary stay at the 'Young Women's Bible Association' whets her appetite for 'a place where I can belong', signalling perhaps that she has reached the end of just *managing*, and although she has left for new lodgings by the end of *Pilgrimage*, she discovers in its last lines a 'sense of perfect serenity […] fulfilment' holding Amabel's and Michael's child in her arms (IV: 628, 658). This final scene is, as she reflects, in many ways an ordinary one — 'often I had held babes in my arms' — and yet she feels 'the complete stilling of every one of my competing urgencies' as never before (IV: 658). It is, to once more borrow Woolf's expression in 'A Sketch of the Past', a moment of 'being', and a fortuitous ending for an unfinished novel sequence in which women's attachments to unhealth are shaped by the representation of work and care as sites of ordinariness.[176] It is a gendered expression of care — not only for the child but also for his parents — which quiets the thicket of material concerns and the 'going too deeply into things' that has occupied Miriam's working day-to-day throughout (IV: 591).

[176] Woolf, 'A Sketch of the Past', in *Moments of Being*, ed. and intro. by Schulkind, pp. 61–159 (p. 70).

CHAPTER 3: MAY SINCLAIR AND THE MEDICAL INSTITUTION

In 'A Study of the Old "New Women"' (1913), Edna Kenton argues that the male doctor 'in most novels to-day preserves all the traditions of the Greek Chorus'.[1] This is a significant assessment of the esteem in which the male doctor is held in early twentieth-century fiction; as Virginia Woolf writes in her essay 'On Not Knowing Greek' (1925), 'to grasp the meaning of the play the chorus is of the utmost importance'.[2] The characterization of this figure in relation to these 'old men or women who take no active part in the drama, the undifferentiated voices who sing like birds in the pauses of the wind' is, furthermore, a comment on the resonance of his voice.[3] Without reconstructing contemporaneous classics scholarship, we can follow Luigi Battezzato's 'Lyric' (2005) in noting that, today, the tragic Greek chorus is understood to be 'often marginal to the action of the play' but generally in possession of an authority 'textualized in its namelessness'.[4] The male doctor speaks, we may therefore extrapolate, from a position of authority, as both himself and an embodiment of the medical institution. What Helen H. Bacon characterizes in 'The Chorus in Greek Life and Drama' (1994–95) as this 'one voice, sometimes in the plural, sometimes in the singular' provides, in the words of P. E. Easterling's 'Form and Performance' (1997) 'usually normative

[1] Edna Kenton, 'A Study of the Old "New Women": In Two Parts—Part 1', *Bookman*, April 1913, pp. 154–58 (p. 157).
[2] Virginia Woolf, 'On Not Knowing Greek', in *The Essays of Virginia Woolf*, ed. by Andrew McNeillie and Stuart N. Clarke, 6 vols (Orlando, FL: Harcourt, 1986–2011), IV (1994), 38–53 (p. 43).
[3] Ibid., p. 43.
[4] Luigi Battezzato, 'Lyric', in *A Companion to Greek Tragedy*, ed. by Justina Gregory (Malden, MA: Blackwell, 2005), pp. 149–66 (pp. 154, 155).

responses' to events and offers 'possible models' for our 'emotional responses'.[5] In the early twentieth-century novel, then, the male doctor has a dual purpose: he may be used to 'comment, or sum up' events for other characters within the world of the novel, and also to lead its readers towards what Battezzato calls 'empirical' and 'plausible' interpretations.[6] Put differently, he 'offer[s] a response to part of the text that is itself part of the text'.[7] While, as Woolf indicates, the Greek chorus is not always male, in both roles the male doctor speaks for a medical institution that is insistently and crucially gendered as male.

The two previous chapters of this study have examined how women's attachments to unhealth emerge in domestic and professional spaces. In tracing their formation through life-building work in Woolf's *The Voyage Out* (1915), *Mrs Dalloway* (1925) and *Flush: A Biography* (1933), and sites of ordinariness in Dorothy Richardson's *Pilgrimage* (1915–67), I have combined literary analysis with theories that seek to address how we apprehend the world. This chapter turns to May Sinclair, described in Michele K. Troy's and Andrew J. Kunka's introduction to *May Sinclair: Moving Towards the Modern* (2006) as 'a novelist, poet, essayist, theorist, reviewer, activist, and patron', who was internationally celebrated as the bestselling author of *The Divine Fire* (1904) before either Woolf or Richardson had published their first novel, and a consideration of unhealth through the prism of the medical institution.[8] Like that of Woolf and Richardson, Sinclair's work is framed by an assemblage of significant changes in scientific understanding and medical practice and inherited

[5] Helen H. Bacon, 'The Chorus in Greek Life and Drama', *Arion: A Journal of Humanities and the Classics*, 3 (1994–95), 6–24 (p. 9); P. E. Easterling, 'Form and Performance', in *The Cambridge Comparison to Greek Tragedy*, ed. by P. E. Easterling (Cambridge: Cambridge University Press, 1997), pp. 151–77 (p. 163).
[6] Woolf, 'On Not Knowing Greek', in *The Essays of Virginia Woolf*, ed. by McNeillie and Clarke, IV, 38–53 (p. 43); Battezzato, 'Lyric', in *A Companion to Greek Tragedy*, ed. by Gregory, pp. 149–66 (pp. 154, 155).
[7] Battezzato, 'Lyric', in *A Companion to Greek Tragedy*, ed. by Gregory, pp. 149–66 (p. 154).
[8] Michele K. Troy and Andrew J. Kunka, 'Introduction', in *May Sinclair: Moving Towards the Modern*, ed. by Andrew J. Kunka and Michele K. Troy (Aldershot: Ashgate, 2006), pp. 1–19 (p. 2).

nineteenth-century ideas of gender; like that of Woolf and Richardson, it is animated by a particular interest in women's lives. However, in comparison to the works already examined in this study, Sinclair's *The Three Sisters* (1914) and *Life and Death of Harriett Frean* (1922) put forth a far more overt relationship between women's attachments to unhealth and the medical institution.

By 'the medical institution', I refer to a knot of three interconnected ideas: firstly, the medical institution as infrastructure, such as the doctor's surgery and the hospital; secondly, institutional medical figures, such as the doctor and the surgeon; and finally, institutionalized medicine, or medical discourse and practice that, as Anna K. Swartz writes in 'A Feminist Bioethics Approach to Diagnostic Uncertainty' (2018), 'basks in cognitive and social authority'.[9] I follow Swartz in drawing from Susan Wendell's *The Rejected Body* (1996), which names 'cognitive authority' as 'the authority to have one's descriptions of the world taken seriously, believed, or accepted generally as the truth', and 'social authority' as involving a close relation to powerful professions, institutions and connections.[10] These terms work to make visible the same pathologically inscribed dynamics as the *normate*, described by Rosemarie Garland-Thomson in *Extraordinary Bodies* (1997) as 'the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them'.[11] They seek to particularize implicit assumptions about disability, class, gender, race, sexuality, and so on,

[9] Anna K. Swartz, 'A Feminist Bioethics Approach to Diagnostic Uncertainty', *The American Journal of Bioethics*, 18.5 (2018), 37–39 (p. 38).
[10] Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York, NY: Routledge, 1996), p. 117. Wendell references Kathryn Pyne Addelson, 'The Man of Professional Wisdom', in *Discovering Reality: Feminist Perspectives on Epistemology, Metaphysics, Methodology, and Philosophy of Science*, ed. by Sandra Harding and Merrill B. P. Hintikka (Dordrecht: Reidel, 1983), pp. 165–86.
[11] Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York, NY: Columbia University Press, 1997), p. 8.

taking seriously the subject positions of those who 'shore up the normate's boundaries'.[12] The cognitive and social authority of institutionalized medicine is produced and maintained by power inequalities, and this is communicated in starkly gendered terms in *The Three Sisters* and *Harriett Frean*.

To bring Kenton's characterization of the male doctor as chorus to bear upon Sinclair's work, we might reflect that the translation of Greek tragedy is a 'rite of passage' in Sinclair's *Mary Olivier: A Life* (1919), which Yopie Prins notes in *Ladies' Greek* (2017) 'is not only the story of Mary but of May Sinclair, who taught herself ancient Greek from her brother's books'.[13] Sinclair would therefore have been well-acquainted with the traditions of the Greek chorus, and, if she was not alert to the specific dynamic Kenton outlines, then she was certainly attentive to the presentation of male doctors in more general terms. The vehement criticism of Violet Ransome in Sinclair's *The Combined Maze* (1913), for example, is made possible in large part through the figure of the male doctor, whose authority is reified by Violet's husband Ranny. Realizing that he could 'command the services' of a doctor through his local gymnasium, Ranny imagines a 'communion with that experienced man', amused by 'the sheer fantastic opulence and extravagance of the thing'.[14] When, concerned about Violet's postpartum 'resentment' and 'indifference to the baby', Ranny suggests she has a 'weakness', the doctor brusquely instructs him to overrule her feelings: 'She *must* nurse it. It's better for her. It's better for the child. If I were her husband I'd insist on it—

[12] Ibid., p. 8.
[13] Yopie Prins, *Ladies' Greek: Victorian Translations of Tragedy* (Princeton, NJ: Princeton University Press, 2017), pp. 202, 204. For further discussion of Sinclair, *Mary Olivier* and Greek, see Elise Thornton, 'Learning Greek: The Woman Artist as Autodidact in May Sinclair's *Mary Olivier: A Life*', in *May Sinclair: Re-Thinking Bodies and Minds*, ed. by Rebecca Bowler and Claire Drewery (Edinburgh: Edinburgh University Press, 2017), pp. 39–58.
[14] May Sinclair, *The Combined Maze* (London: Hutchinson, 1913), p. 5. Further references to this edition are given after quotations in the text.

insist. If she tells you she can't do it, don't believe her.' (*CM* 130, 131, emphasis in the original). This male doctor's claim that he knows what is 'better' for his female patient, prescribing an intervention from her husband while 'implying that anything so abstruse as young Mrs Ransome's reasons was beyond him', speaks to the persuasive, patriarchal arrogance of the medical institution (*CM* 131). His insistence on 'better' practice co-opts the language of subjective judgement for his own performance of objective righteousness, while his casual disinterest in Violet's 'reasons' — what we might think of, with reference to *reason*, as the 'mental' component of her behaviour — effectively separates the 'mind' and 'body' as objects of clinical responsibility (*CM* 131). He is wholly uninterested in *why* Violet is failing to nurse, or in approaching her bodymind as a complex, entangled entity; part of his failing is that he is only concerned with her 'body', and the ways that it presents to him as noncompliant.

Questions about the 'mind' and 'body' bear significantly on the philosophical ideas that, Suzanne Raitt's *May Sinclair: A Modern Victorian* (2000) notes, 'animated' Sinclair's work from 'the very beginning of her career as a writer'.[15] It is worth dwelling on and particularizing how she processes these questions philosophically to uncover how her understanding differs from the concept of the bodymind through which I approach her fiction in this chapter. Sinclair's investment in philosophical idealism manifests most explicitly in her two treatises: *A Defence of Idealism: Some Questions and Conclusions* (1917), summarized by W. J. Mander in the *Dictionary of Twentieth-Century British Philosophers* (2005) as 'an attempt on behalf of idealism to deal with the contemporary challenges of vitalism and pragmatism'; and *The New Idealism* (1922), an '[attempt] to formulate an

[15] Suzanne Raitt, *May Sinclair: A Modern Victorian* (Oxford: Clarendon Press, 2000), p. 215.

idealism that could withstand the "new realism" of Russell, Whitehead and Alexander'.[16] After the publication of the former, Sinclair accepted an invitation to join the esteemed Aristotelian Society; both works were, Emily Thomas writes in 'The Idealism and Pantheism of May Sinclair' (2019), 'widely reviewed, although their reception was mixed'.[17] According to Thomas, this ambivalence was partly because 'Sinclair was advocating an idealist metaphysics at a time when idealism was slowly fading away'.[18] Sinclair opens *A Defence of Idealism* with acknowledgement of the 'certain embarrassment in coming forward with an Apology for Idealistic Monism at the present moment'.[19]

In the words of David Boucher's and Andrew Vincent's *British Idealism* (2012), idealism is, broadly speaking, a philosophy that 'refuse[s] to acknowledge that the material process is the ultimate character of reality — to the extent that reality is known or knowable'.[20] Although Jeremy Dunham, Iain Hamilton Grant and Sean Watson caution in *Idealism* (2011) that idealism is not 'anti-realist', we might think about it in relation to realism by turning to Michael Oakeshott, who in his 1950 review of Wilbur Marshall Urban's *Beyond Realism and Idealism* (1949) writes that 'the "driving force" of Idealism is the belief that the known cannot be independent of the knower; and the "resistance" of Realism is the belief that what is known must be an antecedent reality'.[21] Sinclair's work specifically

[16] W. J. Mander, 'Sinclair, May', in *Dictionary of Twentieth-Century British Philosophers*, ed. by Stuart Brown, 2 vols (Bristol: Thoemmes Continuum, 2005), II, 955–56 (p. 955).
[17] Emily Thomas, 'The Idealism and Pantheism of May Sinclair', *Journal of the American Philosophical Society*, 5.2 (2019), 137–57 (p. 140).
[18] Ibid., p. 141.
[19] May Sinclair, *A Defence of Idealism: Some Questions and Conclusions* (London: Macmillan, 1917), p. vii.
[20] David Boucher and Andrew Vincent, *British Idealism: A Guide for the Perplexed* (London: Continuum, 2012), p. 2.
[21] Jeremy Dunham, Iain Hamilton Grant and Sean Watson, *Idealism: The History of a Philosophy* (Durham: Acumen, 2011), p. 4; Michael Oakeshott, 'Beyond Realism and Idealism', in *The Concept of a Philosophical Jurisprudence: Essays and Reviews 1926–51*, ed. by Luke O'Sullivan (Exeter: Imprint Academic, 2007), pp. 351–52 (p. 351).

engages with an Absolute idealism which holds, Thomas explains, 'that the universe is a single Absolute consciousness' and therefore 'in reality, only *one* thing exists'.[22] Her Absolute consciousness is 'identified with God'.[23] Absolute idealism was challenged around the turn of the century both by 'new forms of idealism' such as personal idealism, which holds 'that reality is pluralist: it is composed of *many* minds', and by realism.[24]

Absolute idealism might appear difficult to settle alongside the ideas that have previously arisen in this thesis, and I will address such points of disjunction in due course, but it is also true that Sinclair's philosophical work is crucially involved in questions about how the constituent 'parts' of the human subject interrelate: she establishes in *The New Idealism* that '*the* crux for idealism is the relation between mind and body'.[25] I have found the concept of the bodymind clarifying for this project, but for her part, Sinclair clearly distinguishes between 'mind' and 'body', arguing that 'all objects of perception, together with their spaces and their times, are the content of consciousness and dependent upon it' (*NI* 261). These 'objects of perception' explicitly include the body (*NI* 261). In a 1923 speech delivered to the Aristotelian Society and subsequently published, she reiterates this fundamental belief: '[T]he world arises in consciousness, through consciousness, and is of that stuff, with no independent existence apart from it.'[26] Sinclair characterizes 'primary consciousness' as, Leslie de Bont explains in 'May Sinclair and Psychology', 'being aware of

[22] Thomas, 137–57 (p. 139). Emphasis in the original.
[23] Ibid., p. 152.
[24] Ibid., p. 139. Emphasis in the original.
[25] May Sinclair, *The New Idealism* (London: Macmillan, 1922), p. 261. Emphasis in the original. Further references to this edition are given after quotations in the text.
[26] May Sinclair, 'Primary and Secondary Consciousness', *Proceedings of the Aristotelian Society*, 23 (1922–23), 111–20 (p. 111).

the physical world around you'.[27] Meanwhile, 'secondary consciousness' involves 'self-awareness, distance, intellectual or conceptual perspective', or in other words, as Sinclair explains, 'the awareness of awareness'.[28] Gabriel Sessions, working with disability studies in 'The Disconsolation of Philosophy' (2018), argues that both Sinclair and her work exemplify an 'ethics of scientific reinterpretation' tied to qualities of 'dependency, vulnerability, and hybridity'.[29] He asserts that Sinclair 'reinterprets science's ethical and affective prescriptions from within' in novels like *Mary Olivier*:

> [N]owhere does Sinclair dispute scientific claims to knowledge in and of themselves. She intervenes, rather, in how the subjects of such claims are to feel, how they are to act, and how they are to create bonds with others.[30]

We can find an example of such reinterpretation of scientific knowledge in *The New Idealism* when Sinclair outlines the logic in adapting her metaphysics to account for the results of 'recent experiments made by Dr Head' which proved 'correspondence between our sensations and the neural processes in our bodies' (*NI* 261, 262). Sinclair reasons that this correspondence must not be indicative of a '*causal connection*' between the mind and body, because otherwise the body would be 'the cause of consciousness' (*NI* 262, 263, emphasis in the original). She argues that 'the consciousness we are considering as linked up with bodily processes is a purely finite consciousness', finite consciousness being a human consciousness, made up of secondary and primary consciousness (*NI* 263). She then

[27] Leslie de Bont, 'May Sinclair and Psychology' <https://maysinclairsociety.com/may-sinclair-and-psychology> [accessed 1 December 2020].
[28] Ibid.; 'Primary and Secondary Consciousness', 111–120 (p. 113).
[29] Gabriel Sessions, 'The Disconsolation of Philosophy: May Sinclair, Modernism, and Disability', *Textual Practice*, 34.4 (2018), 563–86 (pp. 569, 567).
[30] Ibid., p. 569.

proposes — as 'a reasonble [*sic*] solution of an otherwise hopeless problem' for both idealist and realist philosophies — that not only is there 'no causal dependence of the body on finite consciousness', but that 'all objects and events that do not exist in finite consciousness exist in ultimate consciousness of which finite consciousness is a part' (*NI* 265, 263, 264). We might, following Thomas, understand ultimate consciousness as 'an infinite Absolute consciousness' which can see objects 'from all possible perspectives except that of motion […] all round, and above and below, and outside and inside at the same time', and on which both secondary and primary consciousness 'are dependent' (*NI* 258, 295).[31] The body therefore remains an object of the mind, as Sinclair concludes:

> If it [finite mind] is to be conscious of its body, its body must be 'in' its consciousness like any other content. But its consciousness and its body are also 'in' ultimate consciousness, as parts within the whole and ultimate consciousness *has* control over its parts, so that they exist in a relation of dependence on the whole. (*NI* 265, emphasis in the original)

I have provided this précis of Sinclair's idealism to demonstrate her close attention to the relationship between '[a]bstract [i]ntellect' and '[a]bject [b]odies', as Rebecca Bowler and Claire Drewery express in their introduction to *May Sinclair: Re-Thinking Bodies and Minds* (2017).[32] On the other hand, these idealist principles seem rather at odds with the notion of the bodymind, which underpins the concept of unhealth in this study and is used to advocate for a mutually constitutive 'correspondence' between its constituent terms (*NI* 261). Although the work of this chapter is not to reconcile Sinclair's idealism with the

[31] Thomas, 137–57 (p. 150).
[32] Rebecca Bowler and Claire Drewery, 'Introduction: May Sinclair's Interdisciplinarity', in *May Sinclair*, ed. by Bowler and Drewery, pp. 1–18 (p. 2).

bodymind, I do want to show that thinking about the bodymind in *The Three Sisters* and *Harriett Frean* can shed useful light on the representation of the medical institution in these novels. My argument here stems from an insistence that, following Margaret Price in 'The Bodymind Problem and the Possibilities of Pain' (2015), 'mental and physical processes not only affect each other but also give rise to each other', alongside a conviction that the medical institution in these novels exerts itself on female characters such that their attachments to unhealth cannot be effectively picked apart into separate 'mental' and 'physical' components.[33] An attachment to unhealth can, of course, exist independently of the medical institution, but in these novels it looms large and contributes to the imbrication of the 'mental' and 'physical'. We might consider the dismissal of the 'poor parson's hysterical daughter' in *The Three Sisters*, whose 'body', to pull from Woolf's 'On Being Ill' (1926), 'intervenes' in and with her given diagnosis such that the male doctor prescribes marriage and children; or the twin agonies of shame and sensory pain provoked by a diagnosis of 'something malignant' in *Harriett Frean*.[34]

In this chapter, I approach Sinclair's exploration of institutionalized medical meaning-making in *The Three Sisters* through the notion of the blush: I attend to its symbolic significance as an imagined 'external' sign of the 'internal' self, as well as our understanding of it as a rush of blood flow to the skin. From these joint considerations springs an examination of how female characters' bodyminds can be processed in the shadow of a

[33] Margaret Price, 'The Bodymind Problem and the Possibilities of Pain', *Hypatia*, 30 (2015), 268–84 (p. 269).
[34] May Sinclair, *The Three Sisters*, intro. by Jean Radford (Garden City, NY: Dial Press, 1985), p. 80; Virginia Woolf, 'On Being Ill', in *The Essays of Virginia Woolf*, ed. by McNeillie and Clarke, IV, 317–29 (p. 318); May Sinclair, *Life and Death of Harriett Frean*, intro. by Jean Radford (London: Virago, 1980), p. 100. Further references to these editions of *The Three Sisters* and *Life and Death of Harriett Frean* are given after quotations in the text.

medical institution, represented rather literally by the male doctor against whom the novel takes a decisive turn, and of Sinclair's use of blood to position her female protagonists in a gendered lineage of unhealth. Both discussions centre ideas of diagnosis, heredity and history. One of the ways in which Raitt's biography introduces Sinclair is by observing that her 'emotional and epistemological roots extended far back into the nineteenth century, and throughout her life she remained preoccupied with issues such as heredity and evolution', and indeed, many of the ideas to which I attend in *The Three Sisters* appear in different guises in *Harriett Frean*.[35] I begin my analysis of this second focal text by exposing the presence of the medical institution and the diagnostic impulse in the logic of renunciation put forth by Harriett and her parents, before turning to Sinclair's treatment of another bodily fluid, breast milk, as a metonym for the motherhood that sits beyond Harriett's reach. I argue that the novel's approach to dietary and romantic and sexual renunciation, and the figure of the unmarried, childless woman produce specifically gendered attachments to unhealth.

The chapter concludes by examining *Harriett Frean*'s treatment of its female characters' hysteria and cancer diagnoses, focusing particularly on their encapsulation of the excessiveness that persists as a touchstone of women's representation in *The Three Sisters* and *Harriett Frean*. In sum, this chapter thinks about Sinclair's fiction through the late nineteenth-century to early twentieth-century medical institution; its internal logics, key narratives, critical practices and guiding principles are shown to illuminate her treatment of female characters and the narratives she shapes around them.

[35] *May Sinclair: A Modern Victorian*, p. 3.

'NO PRETENCE OF READING': *THE THREE SISTERS* AND LEGIBLE BODYMINDS

Hearing the object of her desire complimented, Alice Cartaret's blood '[seems] to rush into her face and flood it' (*TS* 115). Concerned that her secret love will be revealed, she is 'reassured' to see that the face in front of is her 'utterly innocent of divination', as her eventual husband Jim Greatorex fails to make an interpretive leap between her blush and the mention of the local doctor (*TS* 115). '[T]he novel finds in the blush', Mary Ann O'Farrell writes in *Telling Complexions* (1997), 'an implicit promise to render body and character legible'.[36] This promise of legibility seems seductively simple; we seek to 'interpret' reddening skin as a 'response' by 'imagining it as the writing of the body', considering this organ to be, as Steven Connor expresses in *The Book of Skin* (2004), 'the part of the body most likely to register emotions and states […] in which the reasoning subject appears to be, if only momentarily, taken over or set aside'.[37]

However, the idea that we can know minds by reading bodies belongs to a long pseudoscientific and literary tradition, rooted in physiognomy and phrenology, which holds particular resonance for scholars of disability. As David T. Mitchell and Sharon L. Snyder note in *Narrative Prosthesis* (2000), 'the disabled body occupies a crossroads in the age-old literary debate about the relationship of form to content'.[38] Thinking about Charlotte Brontë's *Jane Eyre* (1847), for example, Elizabeth J. Donaldson's 'The Corpus of the Madwoman' (2002) argues that Edward Rochester's eventual 'physical impairment and blindness' make visible a 'madness' that previously haunted the novel through Bertha

[36] Mary Ann O'Farrell, *Telling Complexions: The Nineteenth-Century English Novel and the Blush* (Durham, NC: Duke University Press, 1997), p. 4.
[37] Ibid., p. 3; Steven Connor, *The Book of Skin* (London: Reaktion Books, 2004), p. 99.
[38] David T. Mitchell and Sharon L. Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor, MI: University of Michigan Press, 2000), p. 57.

Mason.[39] Brontë thus uses Rochester's external appearance to '[signify] a far more variegated and sordid series of assumptions and experiences', to draw from Mitchell and Snyder, than was possible when he inhabited a kind of normate identity; the external is held to communicate something about the internal.[40] The system of phrenology was, as explained in Chapter 2, put forth by two German physicians, Franz Joseph Gall and Johann Gaspar Spurzheim in the early nineteenth century. Gall 'converted Spurzheim in 1800' and, writes T. M. Parssinen in 'Popular Science and Society' (1974), the latter proceeded to '[introduce] phrenology to Britain during lecture tours in 1814 and 1815'.[41] As Rhonda Boshears and Harry Whitaker assert in 'Phrenology and Physiognomy in Victorian Literature' (2013), phrenology's claim that 'bumps and depressions of the skull provided evidence of the prominence or lack of some aspect of character or personality' was 'consistent' with the established physiognomic logic that, in Donaldson's words, 'expression and gesture are visually evident on and through the surface of the body and, if read correctly, are accurate manifestations of inner moral character and identity'.[42] Although phrenology was, Boshears and Whitaker observe, 'both praised and vilified in scientific journals and the popular press', Roger Cooter demonstrates in 'Phrenology and British Alienists, *ca*. 1825–1845' (1981) that it 'dominate[d] psychiatric thought' in Britain between the 1820s and 1840s.[43] Furthermore, as

[39] Elizabeth J. Donaldson, 'The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness', *NWSA Journal*, 14.3 (2002), 99–119 (p. 108).
[40] Mitchell and Snyder, p. 57.
[41] T. M. Parssinen, 'Popular Science and Society: The Phrenology Movement in Early Victorian Britain', *Journal of Social History*, 8 (1974), 1–20 (p. 3).
[42] Rhonda Boshears and Harry Whitaker, 'Phrenology and Physiognomy in Victorian Literature', in *Literature, Neurology, and Neuroscience: Historical and Literary Connections*, ed. by Anne Stiles, Stanley Finger and François Boller (Amsterdam: Elsevier, 2013), pp. 87–112 (p. 88); Donaldson, 99–119 (p. 103).
[43] Boshears and Whitaker, 'Phrenology and Physiognomy in Victorian Literature', in *Literature, Neurology, and Neuroscience*, ed. by Stiles, Finger and Boller, pp. 87–112 (p. 88); Roger Cooter, 'Phrenology and British Alienists, *ca*. 1825–1845', in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. by Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1981), pp. 58–104 (p. 58).

Mitchell and Snyder outline, the principles of physiognomy and phrenology were enthusiastically taken up by writers of the period and beyond. They use the term *narrative prosthesis* to refer to the 'representational strategies' by which 'disability pervades literary narrative, first, as a stock feature of characterization and, second, as an opportunistic metaphorical device'.[44]

The Three Sisters, a novel made up of innumerable observations and interpretations of women's external appearances, places enough pressure on this reductive mind-body knowledge mechanism that it cracks apart. This strategy consolidates both Sinclair's philosophical principles — if 'consciousness' is '*the* covering event' as *The New Idealism* claims, then it is not possible to access the 'mind' through the 'body' — and the feminist objections to practices of the medical institution articulated in her suffrage pamphlet *Feminism* (1912) (*NI* viii, emphasis in the original). One of the central questions of the novel concerns the emergence and development of women's attachments to unhealth. How, *The Three Sisters* asks, are connections made between these two concepts? I suggest that Sinclair is interested in a bilateral structure of meaning-making: firstly, in the meanings that women make about their own bodyminds; and secondly, in the meanings that the medical institution makes about women's bodyminds. In relation to the former, we might consider the youngest of the sisters, Alice, to be the novel's central concern, though the others are also implicated in its expanse. The latter formulation finds its epitome in the new local doctor, Steven Rowcliffe, who vacillates between figure of desire and diagnostic authority.

Rowcliffe is the man who prompts Alice to consider becoming 'ill', but he is also the doctor who privately dismisses her as 'a poor parson's hysterical daughter' (*TS* 10, 80). He is

[44] Mitchell and Snyder, pp. 48, 47.

the man whose 'romantic youth' becomes 'fiery and turbulent' under the gaze of Alice's sister Gwenda, but he is also the doctor who thinks to impress Gwenda by declaring his interest in 'gynaecology', 'women's cases' and perhaps also 'nervous diseases' (*TS* 152). He is the man who ultimately marries the eldest sister, Mary, but he is also the doctor who ominously warns Gwenda not to think about their shared past: 'What is the earthly use of going back on things? That's what makes you ill. Put it straight out of your mind. You know I can't help you if you go on like this.' (*TS* 384) In a review of Sinclair's *Anne Severn and the Fieldings* (1922), the writer Rebecca West takes issue with her narrative treatment of institutional medical figures: 'And again, as in *The Romantic*, Miss Sinclair introduces a doctor to tell us what the book really is about. This is not cricket.'[45] I want to suggest that *The Three Sisters* displays significantly less faith in the doctor figure than West describes: Sinclair uses Rowcliffe, and his increasingly foreboding portrayal, to complicate and undercut the ways that the medical institution observes, interprets and treats its patients' bodyminds.

When he instructs Gwenda against 'going back on things', Rowcliffe forsakes an objective scientific posture to exert the cognitive authority of institutionalized medicine in conjunction with the affective force of their shared personal history (*TS* 384). By connecting progress, and a linear experience of time, with health, he frames Gwenda's thoughts of the past as a wilful propagation of an attachment to unhealth. If, as Alison Kafer observes in *Feminist, Queer, Crip* (2013) is so often the case, 'the only appropriate disabled mind/body is one cured or moving toward cure', then to refuse to move forward — to linger, perhaps, in *crip time*, a disability studies concept which Kafer describes in part as a 'reimagining [of] our notions of what can and should happen in time' — is to generate discomfort in others

[45] Rebecca West, 'Notes on Novels', *New Statesman*, 2 December 1922, pp. 270, 272 (pp. 270–72).

through one's perceived inappropriateness.[46] The logic of Rowcliffe's threat against Gwenda operates conversely: Rowcliffe believes the discomfort that he feels about her 'going back on things' permits him to define her behaviour as inappropriate and therefore 'ill' (*TS* 384). Rowcliffe's assessment of Gwenda in this passage connects with the anxiety expressed by other characters towards the end of the novel about the sort of life she leads, spending her time reading metaphysics with '[nobody] but herself to think of' (*TS* 312). As the only unmarried and childless sister by this point, Gwenda is distanced from the heteronormative good life; to pull from Jack Halberstam in 'Theorizing Queer Temporalities' (2007), she has made 'the perverse turn away from the narrative coherence of adolescence—early adulthood—marriage—reproduction—child rearing—retirement—death'.[47] Adherence to this trajectory is, after all, Rowcliffe's ultimate prescription for Alice: '[S]he'd be strong as iron if she was married and had children. I've seen no end of women like that, and I'm not sure they don't make the best wives and mothers.' (*TS* 181)

The Three Sisters itself is a narrative driven by a 'going back on things', for although it is 'loosely based on the lives of the Brontë sisters' — forming part of an early twentieth-century 'revival of interest in the Brontës' to which, Raitt reminds us in 'Literary History as Exorcism' (2003), Sinclair was 'central' — its characters are, as Jean Radford writes in her introduction to the 1985 Dial Press edition of the novel, 'portraits' in a contemporary

[46] Alison Kafer, *Feminist, Queer, Crip* (Bloomington, IN: Indiana University Press, 2013), pp. 28, 27.
[47] Carolyn Dinshaw and others, 'Theorizing Queer Temporalities: A Roundtable Discussion', *GLQ: A Journal of Lesbian and Gay Studies*, 13.2–3 (2007), 177–95 (p. 182).

'retrospective' (*TS* 384).[48] We might consequently locate the imaginary of the novel at the turn of the twentieth century, following the publication of Pierre Janet's *L'état mental des hystériques* (1892), a copy of which Rowcliffe flings 'out of sight as if it had offended him' while discussing Alice's case with Gwenda; towards the end of the novel, Henri Bergson's *L'évolution créatrice* (1907) is also referenced (*TS* 179). The appearance of Janet's text is a vital moment for our understanding of Rowcliffe's role as a nineteenth-century general practitioner with a sensibility increasingly attuned to the psychology that would deeply impact the twentieth century. Driven by his 'romantic youth' to this small parish, Rowcliffe finds himself as 'physician and surgeon and specialist and nurse in one', a role unlike his previous work in 'his big provincial hospital' and 'five years' private practice in Leeds', where he had 'trained nurses under him' and 'specialists with whom he could consult' (*TS* 36). He is now a 'family doctor' of the kind described by Irvine Loudon in 'The Concept of the Family Doctor' (1984), whose unspecialized approach to diagnosis and use of familiar treatments for 'minor and everyday complaints' represents 'a nostalgia for an older, less threatening form of medical care' at this point in 'the new scientific age'.[49] The family doctor, as Sally Wilde writes in 'The Elephants in the Doctor-Patient Relationship' (2007), must necessarily practise bedside care in careful accordance with 'the wishes of the patient and their family' in a way that is inevitably 'influenced by the desire to attract and keep a family's custom'.[50]

[48] Suzanne Raitt, 'Literary History as Exorcism: May Sinclair meets the Brontës', in *Women and Literary History: 'For There She Was'*, ed. by Katherine Binhammer and Jeanne Wood (Newark, DE: University of Delaware Press, 2003), pp. 187–200 (p. 188); Jean Radford, 'Introduction', in May Sinclair, *The Three Sisters*, intro. by Jean Radford (Garden City, NY: Dial Press, 1985), pp. v–x (p. v). For further work on Sinclair and the Brontës, see Rebecca Bowler, 'May Sinclair and the Brontë Myth: Rewilding and Dissocializing Charlotte', *Feminist Modernist Studies* (2020), 1–17 <https://doi.org/10.1080/24692921.2020.1850146>.

[49] Irvine Loudon, 'The Concept of the Family Doctor', *Bulletin of the History of Medicine*, 58.3 (1984), 347–62 (p. 359).

[50] Sally Wilde, 'The Elephants in the Doctor-Patient Relationship: Patients' Clinical Interactions and the Changing Surgical Landscape of the 1890s', *Health and History*, 9 (2007), 2–27 (p. 16).

This tension between the family doctor and the patient and their family can be perceived when Rowcliffe casts aside *L'état mental des hystériques*, lamenting that he 'can't make him [Mr Cartaret] see it' — what Rowcliffe calls 'the truth' about Alice — because the vicar is 'annoyed' with him for disagreeing that she should be put 'under restraint' (*TS* 181). Rowcliffe is angered by Mr Cartaret's 'preposterous' views, scorning his approach as based on a framework of 'sin or crime or something', but he remains frustratingly circumspect in his pronouncements, with speech characterized by frequent pauses: 'I don't say she's *going* to die. But—in the state she's in—she *might* get anything and die of it if something isn't done to make her happy.' (*TS* 181, 180, emphasis in the original) There seems little certainty to be found in the alternative that Rowcliffe presents to religious conviction. Rowcliffe also leans on ideas of willpower, criticising Mr Cartaret for talking about Alice 'controlling herself' when it is clear to Rowcliffe that she cannot 'help it' and is in fact 'no more responsible for being like that than I am for the shape of my nose' (*TS* 181). He absolves Alice of all responsibility, constructing a discourse of perpetual helplessness not unconnected to her gender, strengthened by his reference to the 'shape of my nose' which clearly invokes the physiognomic idea that we each possess certain immutable characteristics with implications for personality and behaviour (*TS* 181).

As readers, however, we bear witness to a far more complicated relationship between Alice, her bodymind and unhealth. At the beginning of the novel, longing to see Rowcliffe and alert to his professional role, Alice thinks to 'make' herself '[s]o ill that they'll *have* to send for him', but Sinclair does not make clear the degree to which Alice is conscious of this thought arising (*TS* 10, emphasis in the original). Nonetheless, Gwenda soon finds her 'sitting by the open window' wearing a 'thin nightgown', and feels compelled to advise that

doing so will not produce the desired effect; Alice instead begins refusing to eat or drink 'her milk' to such an extent that she does 'very well with her anæmia' (*TS* 33, 52, 53). Against their father's wishes, her sisters eventually request the professional presence of the doctor, but the resulting clinical interaction is unsatisfying for Alice because she does not really want to be understood and diagnosed. She is pleased to become 'ill', but she is interested in Rowcliffe's attention rather than the full trappings of the medical institution (*TS* 10). She does not want to be made legible.

Alice's desire to conceal her innermost thoughts and drives ensures that her encounter with Rowcliffe does not reach the romantic heights that she had hoped, but rather is marked by her anticipatory 'anguish' that he might know 'everything' about her and think her 'awful' (*TS* 73). She conceives of a penetrating gaze that is both Foucauldian in its incisive ability to '[burn] things to their furthest truth' and heavy with sexual undertones, for 'nothing [is] veiled' to Rowcliffe (*TS* 72).[51] Pained by his 'brutal abruptness' when she 'bared her breast to the stethescope [*sic*] that sent all her poor secrets flying through the long tubes that attached her heart to his abominable ears', Alice feels exposed and subjugated by what the novel elsewhere calls this 'queer, new-fangled' instrument (*TS* 72, 37). The stethoscope appears to her as a mysterious, intimate technology despite its foundation in part as a way of resolving what Stanley Joel Reiser, in 'The Science of Diagnosis' (1993), calls the 'inhibitions of doctors against physical examination'.[52] While the stethoscope had been in use from the early nineteenth century, long before the novel is set, such reactions were not

[51] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by A. M. Sheridan (Abingdon: Routledge, 2003), p. 147.
[52] Stanley Joel Reiser, 'The Science of Diagnosis: Diagnostic Technology', in *Companion Encyclopedia of the History of Medicine*, ed. by W. F. Bynum and Roy Porter, 2 vols (Abingdon: Routledge, 1993), I, 826–51 (p. 828).

uncommon: 'To many who were first examined with it, the stethoscope was at the same time threatening and magical.'[53] The development of this technology and the practice of mediate auscultation was, as Jonathan Sterne writes in *The Audible Past* (2003), the point at which '[s]peaking patients with mute bodies gave way to speaking patients with sounding bodies'.[54] It uncovered a strange additional layer of information that created a sense of anxious exposure in patients who, Reiser describes in *Medicine and the Reign of Technology* (1978), were 'sometimes embarrassed and frightened by the assault on their bodies' and the capability of the medical institution to lay it — and them — bare.[55]

After the examination, Alice experiences '[a] sense of warmth, of stillness, of soft happiness' in response to a seemingly uncharacteristic smile from Rowcliffe, but this is interrupted by the threat of diagnosis:

> 'It's pretty evident,' he said, 'what's the matter with you.'
> 'Is it?'
> Her eyes were all wide. He had frightened her again.
> 'It is,' he said. 'You've been starved.'
> 'Oh,' said little Ally, 'is *that* all?' (*TS* 74, emphasis in the original)

Sinclair's use of the diminutive 'little Ally' here positions Alice as a helpless figure, and indeed, Rowcliffe treats, and arguably underestimates, her 'as a child who can conceal nothing, from whom most things—all the serious and important things—must be concealed' (*TS* 74, 72). However, her final question in this passage might be understood as a

[53] Ibid., p. 831.
[54] Jonathan Sterne, *The Audible Past: Cultural Origins of Sound Reproduction* (Durham, NC: Duke University Press, 2003), p. 117.
[55] Stanley Joel Reiser, *Medicine and the Reign of Technology* (Cambridge: Cambridge University Press, 1978), p. 36.

disingenuously credulous statement of relief that she has not been accurately diagnosed by Rowcliffe, although the novel still refuses to pinpoint for readers what, if anything, an accurate diagnosis might look like. Later, Rowcliffe explains to Gwenda the findings that he 'concealed' from Alice: '[S]he isn't ill because she's been starving herself. She's been starving herself because she's ill. It's a symptom. The trouble is not that she starves herself—but that she's been starved.' (*TS* 72, 77) Rowcliffe's measured reversal of the family's logic regarding Alice's behaviour shifts the focus to her dissatisfaction with her environment. He also helps to particularize her experience by coaxing Gwenda into admitting that there was a source of shame for Alice in their previous parish, and by uncovering Alice's deep unhappiness in 'this place', despite it being generically 'the sort of place you send anæmic people to to [*sic*] cure them' (*TS* 76). We see here how Sinclair imbricates the 'physical', psychological and emotional; although Alice's anæmia 'ought to have got well up here with this air', the body cannot be treated in isolation and so Alice's 'mind' continues to intrude — or *intervene*, to echo Woolf — because '[s]he isn't happy' in this '[m]uch too lonely' place (*TS* 76).

The language of starvation key to Rowcliffe's diagnosis also raises questions about the female appetite to which I will return in relation to *Harriett Frean*. In 'The New Girl and the Gendered Socialisation of Appetite in Sarah Grand's *The Beth Book*' (2007), Abigail Dennis draws attention to the woman who 'both *eats* and *acts*' as a figure who moves against 'conventionally Victorian notions of romantic reward for feminine self-sacrifice', which, given the continued investment of *The Three Sisters* in nineteenth-century ideas, shares particular resonances with Alice's situation.[56] Alice refuses to eat, Rowcliffe argues,

[56] Abigail Dennis, '"A Study in Starvation": The New Girl and the Gendered Socialisation of Appetite in Sarah Grand's *The Beth Book*', *Australasian Journal of Victorian Studies*, 12 (2007), 19–34 (p. 20). Emphasis in the original.

because she is so hungry and desires so much; she does not sacrifice for the sake of a Victorian 'moral authority' but rather, in a contravention of established behavioural norms, in the hopes of finessing a romantic reward for herself.[57] Her self-starvation is effected so as to make her desire legible to many of those around her, and, of course, women do not deserve to get what they want if they are understood to want it excessively. Indeed, Alice reflects, she does not develop pneumonia precisely because '[s]he had desired it too much' (*TS* 53). Amongst themselves, Gwenda and Mary sympathise with Alice and allude in their silence to her desire: 'If she cared about anything on earth except——' (*TS* 26) Here again arises the notion that she cannot control or 'help it', as they agree that 'it must be awful to be made like that' (*TS* 181, 26).

On the other hand, while Alice cannot bring about pneumonia through will alone, Sinclair does make a feature of the language of drivenness in *The Three Sisters*. Alice 'was driven' to becoming pregnant with Jim Greatorex's baby, Gwenda tells their father during an explosive family confrontation, and in the aftermath of Mr Cartaret's subsequent stroke, Alice believes that she has 'driven him mad' (*TS* 285, 303). There is a preoccupation with the forces that induce forward momentum while also foreclosing individual agency, and it is in this same vein that part of Rowcliffe's emphasis on Alice's environment takes shape as a criticism of her father: 'Rowcliffe had seen women made bitter, made morbid, driven into lunatic asylums by fathers who were as funny as Mr Cartaret.' (*TS* 100) Rowcliffe denies the possibility that Alice might be able to push against her father's mistreatment, or that she might resist or co-opt this narrative. He sees himself as the only one capable of intervening to prevent her institutionalized fate, and so becomes a regular visitor to the vicarage,

[57] Ibid., p. 19.

manufacturing an appearance of sociability to surreptitiously monitor Alice as a patient. Reading Rowcliffe's recollections as a trajectory, from 'bitter' to 'morbid' to an implied madness, is to consider a kind of pathological slippery slope, or an increasingly aggressive siloing of uncomfortable female experience, with diagnoses accumulating in significance until their subject is 'driven' out of sight (*TS* 100).

Charles E. Rosenberg considers in 'The Tyranny of Diagnosis' (2002) that diagnosis can be a means of 'providing culturally agreed-upon meanings for individual experience', framing and narrativizing what might otherwise be difficult to grasp.[58] It can translate significant bodymind happenings into a common language; shorthands are imperfect, but they are often all we have to help us affirm and connect through our experiences. On the other hand, as Annemarie Goldstein Jutel gestures towards through consideration of the notion of the story in *Diagnosis* (2019), the simplification inherent in diagnosis can misrepresent its object: 'It links together a set of phenomena in a usually linear manner; it generates an explanation, a plot line, and a denouement in which a knotted bundle of threads gets untangled.'[59] We can see in this description how diagnosis can be a resolution to a problem ('a knotted bundle of threads') which both describes and stabilizes the problem, placing the subject or patient in a narrative that becomes fixed ('untangled' and rigid).[60] This notion of a problem inviting a resolution or cure that can only be reached through diagnosis is, as disability studies scholars in particular have shown, a critical quandary. In the words of Eli Clare's *Brilliant Imperfection* (2017), diagnosis is not neutral or

[58] Charles E. Rosenberg, 'The Tyranny of Diagnosis: Specific Entities and Individual Experience', *The Milbank Quarterly*, 80.2 (2002), 237–60 (p. 240).
[59] Annemarie Goldstein Jutel, with Thierry Jutel and Ian Williams, *Diagnosis: Truths and Tales* (Toronto: University of Toronto Press, 2019), p. 2.
[60] Ibid., p. 2.

'merely descriptive', but rather a culturally contingent 'source of knowledge, sometimes trustworthy and other times suspect' that has historically been used to enact harm against marginalized populations.[61] Diagnosis is a double-edged sword, understood in terms of all the violence contained within that metaphor. Clare speaks to the ways that diagnosis 'at its best' can facilitate positive affective and material experiences, and yet at the same time is so often tied to discourses of cure that threaten, in their logic and enactment, those for whose benefit the medical institution purports to work.[62] Diagnosis is a form of control and containment that limits at the levels of both language and the bodymind.

Sinclair is highly alert to the perils of diagnosis as used to pathologize female experience and behaviour in the early twentieth century. *Feminism* follows her April 1912 letter to *The Times* in responding explicitly to, as Cheryl R. Jorgensen-Earp and Darwin D. Jorgensen write in 'Physiology and Physical Force' (2016), 'perhaps the most infamous letter published during the British campaign for women's suffrage'.[63] The missive in question was a March 1912 address to the same newspaper from the British bacteriologist and immunologist Sir Almroth Wright, which he expanded upon in turn in *The Unexpurgated Case Against Woman Suffrage* (1913). In her 1976 biography, Hrisey D. Zegger also reads *The Three Sisters* as another, 'more thorough answer to Sir Almroth's views'.[64] Wright's letter assesses the perceived negative effects of 'the physiology and psychology of women' in relation to the campaign for women's suffrage, alluding specifically to the menstrual cycle.[65]

[61] Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017), pp. 42, 41.
[62] Ibid., p. 42.
[63] Cheryl R. Jorgensen-Earp and Darwin D. Jorgensen, 'Physiology and Physical Force: The Effect of Edwardian Science on Women's Suffrage', *Southern Communication Journal*, 81.3 (2016), 136–55 (p. 136).
[64] Hrisey D. Zegger, *May Sinclair* (Boston, MA: Twayne, 1976), p. 71.
[65] Almroth Wright, 'Suffrage Fallacies: Sir Almroth Wright on Militant Hysteria', *The Times*, 28 March 1912, pp. 7–8 (p. 7).

Man, Wright asserts, is 'not a little mystified when he encounters in her [woman] periodically recurring phases of hypersensitiveness, unreasonableness, and loss of the sense of proportion', to say nothing of 'the change of life'.[66] Sinclair's letter, like her pamphlet, identifies what Diane F. Gillespie describes in 'Miss May Sinclair, Writer, versus Sir Almroth Wright, MD, FRS' (2006) as 'the disease metaphors that govern his [Wright's] thinking'.[67] Sinclair summarizes Wright's 'hypothesis' as the contention 'that what we may call the "hysteria bacillus" is present as the pathogenic agent in every case of what the journalists are calling "suffragitis"' in order to destabilize it.[68] She exposes Wright's attempt to elevate his position by baselessly mobilizing his institutional medical background, and instead aligns his writing with journalistic 'pseudo-scientific arguments' that hyperbolically appropriate diagnostic labels.[69] One could alternatively claim here that Wright's arguments *mis*appropriate diagnostic labels, but I suggest that his marshalling of the prejudice underpinning *hysteria* and *suffragitis* does much of the work that a diagnosis is intended to do: it narrativizes and concretizes a particular class of human experience from a specific cultural viewpoint.

In her *Times* letter, and later in *Feminism*, Sinclair objects to Wright's construction of women as deviant from a male norm by virtue of their biological functions, a physiological construction that Jorgensen-Earp and Jorgensen explain fed into an 'important microargument of British women's suffrage, the appeal to physical force', that is, the

[66] Ibid., p. 7.
[67] Diane F. Gillespie, '"Physiological Emergencies" and "Suffragitis": Miss May Sinclair, Writer, versus Sir Almroth Wright, MD, FRS', in *May Sinclair*, ed. by Kunka and Troy, pp. 197–220 (p. 202).
[68] May Sinclair, 'Sir Almroth Wright on Woman Suffrage: Miss May Sinclair's Reply', *The Times*, 4 April 1912, p. 7.
[69] 'Miss May Sinclair's Reply', p. 7.

question of whether women were capable of asserting and upholding their vote with physical force if necessary.[70] While Sinclair's letter asserts that Wright 'argues as if all women were unhealthy', in *Feminism*, as Gillespie notes, she 'strengthens' the sentence: 'He argues as if all women were physically unhealthy, and all potentially, when not actually insane.'[71] In the terms of this thesis, then, Sinclair perceives herself to be arguing against a claim that all women are attached to unhealth simply by virtue of being women. This accusation of 'insane' potentiality — a prediction of a future for which the only indication is one's gender — is perhaps the hardest to counter.[72] Wright's extended argument, that these physiological inferiorities should disqualify women from the right to vote, bears strong similarities to the rhetoric that Laura Schwartz's 'Feminist Thinking on Education in Victorian England' (2011) explains surrounded the education of women in the nineteenth century, opposing arguments to which were 'based upon a strong assertion of sexual difference'.[73] Just as some campaigners for women's educational opportunities deferred, or appeared to defer, to 'a traditional belief in sexual difference', Sinclair does not wholly repudiate the validity of significantly gendered diagnoses, but rather focuses her scorn on women's treatment by (implicitly male) doctors.[74] 'I can think of no more fruitful cause of hysteria, neurosis and the rest than the peculiarly "epicene" practice of certain molly-coddling doctors of holding her "physical disabilities" everlastingly before her', she writes, relieved that she sees women 'beginning to realise that, after all, for most of them there's *very little*

[70] Jorgensen-Earp and Jorgensen, 136–55 (p. 137).
[71] 'Miss May Sinclair's Reply', p. 7; Gillespie, '"Physiological Emergencies" and "Suffragitis', in *May Sinclair*, ed. by Kunka and Troy, pp. 197–220 (p. 207); May Sinclair, *Feminism* (London: Women Writers' Suffrage League, 1912), p. 8.
[72] *Feminism*, p. 8.
[73] Laura Schwartz, 'Feminist Thinking on Education in Victorian England', *Oxford Review of Education*, 37.5 (2011), 669–82 (p. 674).
[74] Ibid., p. 675.

in it, and that, anyhow, there *are* other things'.[75] Sinclair proposes that it is the early twentieth-century medical institution's approach to and treatment of women that leads to the ostensible need for their diagnosis.

This line of argument, I suggest, externalizes the reasons for diagnosis; it focuses outwards to consider a subject's cultural environment as fundamental to her attachment to unhealth. In Sinclair's *Mary Olivier*, a conversation between Mary and her mother about Aunt Charlotte being 'mad' is also explored with reference to the notion of culturally situated and contingent, diagnostically influenced labelling.[76] As Mrs Olivier establishes in response to a question from Mary, Aunt Charlotte does not really '*do*' anything:

> She just fell in love with every man she met. If she'd only seen him for five minutes she was off after him. Ordering her trousseau and dressing herself up. She was no more mad than I am except just on that one point. (*MO* 237, emphasis in the original)

The 'just' in this passage works to sympathize with Aunt Charlotte, lessening the affective impact of the label *madness* (*MO* 237). The notion that Aunt Charlotte was 'mad' on only 'one point' also resonates with Jan E. Goldstein's description of monomania in *Console and Classify* (1987): 'It denoted an idée fixe, a single pathological preoccupation in an otherwise sound mind.'[77] (*MO* 237) A diagnosis '[n]amed by Esquirol around the year 1810', monomania's popularity had fallen 'rather abruptly' by the time of *Mary Olivier*'s publication, having burnt brightly in early nineteenth-century France within institutionalized

[75] *Feminism*, p. 29. Emphasis in the original.
[76] May Sinclair, *Mary Olivier: A Life*, intro. by Jean Radford (London: Virago, 1980), p. 237. Further references to this edition are given after quotations in the text.
[77] Jan E. Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*, 2nd edn (Cambridge: Cambridge University Press, 1987), pp. 155–56.

medical discourses and among 'the nonmedical French intelligentsia'.[78] Nonetheless, I suggest that monomania provides useful context for the novel's treatment of Aunt Charlotte's madness precisely because of how it lost its 'aura'.[79] A theoretically inconclusive debate about the diagnosis on 'clinical grounds' led to 'shaken' confidence in monomania's 'validity' among *médicins-aliénistes* and steadily declining numbers of diagnosed monomaniacs.[80] Laying out the entangled medical and legal institutional landscapes of the time, Goldstein argues that 'the timing of events strongly suggests that the scientific fortunes of monomania were tied to tactical considerations', or, in other words, that its rise and fall as a diagnosis was tied to its historical moment, pointing more broadly to the circumstantial contingency of such labels.[81] In *Mary Olivier*, Mary's brother Mark further dilutes the power of the term madness through repetition, questioning its influence over Mary. He asserts that Aunt Charlotte should be a figure of admiration for her single-minded conviction, and indeed that Mary's fear of a pathological inheritance from Aunt Charlotte should be lessened upon consideration of their family's other flaws:

> 'You're not madder than I am. We're all mad. Mad as hatters. […] Poor Charlotte's the sanest of the lot, and she's the only one that's got shut up.'
>
> 'Why do you say she's the sanest?'
>
> 'Because she knew what she wanted.'
>
> 'Yes. She knew what she wanted. She spent her whole life trying to get it. She went straight for that one thing. Didn't care a hang what anybody thought of her.'
>
> 'So they said poor Charlotte was mad.'
>
> 'She was only mad because she didn't get it.' (*MO* 250)

[78] Ibid., pp. 153, 189, 153.
[79] Ibid., p. 191.
[80] Ibid., pp. 190, 191.
[81] Ibid., p. 192.

For Mark, Aunt Charlotte's madness is only begotten through the flawed logic of the medical institution; the rest of the Oliviers should be equally implicated because, unlike Aunt Charlotte, they do not know what they want in life.

On the other hand, we might consider that the desire to become attached to unhealth itself produces for the subject an attachment to unhealth. The 'medical, surgical poet' Owen Prothero in Sinclair's *The Creators: A Comedy* (1910), for example, speaks of trying to become ill when abroad and yet being unable to 'catch cholera, or plague, *or* sleeping sickness'.[82] His anxious confident, Nina Lempriere, tells him that 'some people would say you were morbid', but he disagrees: 'No, they wouldn't. They'd say I was mad.'[83] The pleasure that Alice takes in developing an attachment to unhealth resonates similarly; when her heart 'jumps about like that', *The Three Sisters* confides that the character is not frightened: 'She rejoiced in it, rather, and exulted. […] It served all her purposes.' (*TS* 54, 54–55) Her efforts bring about the dual satisfactions of harming her domineering father — 'she could not have hit on anything that would have annoyed her father more or put him more conspicuously in the wrong' — and causing Rowcliffe to be called to attend to her, and we are led to understand them as pathological on their own terms (*TS* 55). Even before Alice does 'very well with her anæmia', her hopeful efforts to develop some form of attachment, for example sitting at the 'open window' in her 'thin nightgown', mark her as 'childlike and pathetic', or a kind of abject figure (*TS* 53, 33). Indeed, in her desire to attract Rowcliffe, Alice distorts institutionalized diagnostic practice — '[e]very other hour she laid her hand on her heart and took again the full thrill of its dangerous throbbing, or felt her pulse' — and

[82] May Sinclair, *The Creators: A Comedy*, ed. by Lyn Pykett (Birmingham: University of Birmingham Press, 2004), pp. 127, 131. Emphasis in the original.
[83] Ibid., p. 131.

takes up a decidedly defamiliarized approach to her bodymind: 'Night and morning Alice stood before the looking-glass and turned out the lining of her lips and eyelids and saw with pleasure the pale rose growing paler.' (*TS* 55)

Walking with Gwenda on the Yorkshire moors, Rowcliffe suggests that the underlying conflict between himself and Mr Cartaret is one of specialism. Identifying Mr Cartaret as one who 'specialises in souls', Rowcliffe lectures Gwenda on her father's inherent epistemological weakness: 'The specialist never does [know anything about the soul]. To know anything—the least little thing—about the soul, you must know everything—everything you *can* know—about the body.' (*TS* 99, emphasis in the original) He positions himself as a physiologist, arguing that the part is only explicable in the context of the whole. By this time, Richard D. French asserts in 'Some Problems and Sources in the Foundations of Modern Physiology in Great Britain' (1971), 'physiology' had come to denote the 'systematic investigation of animal function' as it does today.[84] Although physiology was itself, in the words of Lorraine J. Daston in 'British Responses to Psycho-Physiology, 1860–1900' (1978), an 'independent discipline', Rowcliffe's stance in this passage reflects the discourses that valorized 'traditional systemic views of disease' in protest against the emergence of medical specialization in late nineteenth-century Britain.[85]

As George Weisz explains in 'The Emergence of Medical Specialization in the Nineteenth Century' (2003), those in opposition to specialization, amongst them the physiologist and surgeon Sir Benjamin Brodie, argued that 'by focusing on isolated organs

[84] Richard D. French, 'Some Problems and Sources in the Foundations of Modern Physiology in Great Britain', *History of Science*, 10 (1971), 28–55 (p. 33).
[85] Lorraine J. Daston, 'British Responses to Psycho-Physiology, 1860–1900', *Isis*, 69.2 (1978), 192–208 (p. 192); George Weisz, 'The Emergence of Medical Specialization in the Nineteenth Century', *Bulletin of the History of Medicine*, 77.3 (2003), 536–74 (p. 570).

and specific illnesses', specialists 'drew attention away from the systemic nature of most disease, thus fostering an inferior form of medical science and practice'.[86] Rosenberg concurs, describing 'the fear that a brash and burgeoning scientific medicine meant treating diseases and not people'.[87] We can see in this use of language a concern not only that particularized medical knowledge would take away from broader expertise, but also that there would be a shift away from patient-focused care. In *Medical Practice in Modern England* (1966), Rosemary Stevens details how 'the last half of the nineteenth and the first part of the twentieth century were years of bitter rivalry' between the general practitioner and 'the hospital physician and surgeon', which were fretfully resolved by the evolution of the referral system through which '*[t]he physician and surgeon retained the hospital, but the general practitioner retained the patient*'.[88] There was a sense that this divide involved differing modes of care, for the referral system, by the end of the nineteenth century, produced two lingering archetypes: 'the hospital consultant, a brilliant bluff empiricist, impressing his group of students at the bedside with a barbed, self-conscious wit; and the kindly omnicompetent general practitioner who knew and loved all his patients'.[89] In this passage, therefore, we see Rowcliffe posturing about the type of care he is able to provide and, to draw from Stevens's wording, his profession's retainment — ownership, perhaps — of the patient as a key figure in institutionalized medicine. He knows Gwenda, he implies, better than others in his wider profession, not to mention her father.

[86] Weisz, 536–74 (p. 570).
[87] Rosenberg, 237–60 (p. 247).
[88] Rosemary Stevens, *Medical Practice in Modern England: The Impact of Specialization and State Medicine* (New Haven, CT: Yale University Press, 1966), pp. 31, 33. Emphasis in the original.
[89] Ibid., p. 33.

Rowcliffe further asserts that his skills enable him to comprehend Gwenda as a woman whose 'feelings are the feelings of a beautifully sane and perfectly balanced person' (*TS* 98). He continues: 'Being a physiologist tells me that your sort of body—a transparently clean and strong and utterly unconscious body—goes with a transparently clean and strong and utterly unconscious soul.' (*TS* 99) This is a claim securely embedded in physiognomic logic, whereby the body is read as indicative of the soul, which may in turn be described by 'type' (*TS* 98). The associative chain linking sanity, balance, cleanliness, strength and unconsciousness is itself a sort of diagnosis: it 'perform[s] the cultural work of enforcing norms and defining deviance' in order to distinguish Gwenda from Alice in terms of purity and health, producing attachments to unhealth.[90] We will see evidence of the diagnostic approach more clearly at work in *Harriett Frean*, but it remains significant in *The Three Sisters* because Rowcliffe is so arrogantly certain of his reading, professing explicitly that this is because he is 'a physiologist' with rarefied knowledge (*TS* 98). Gwenda questions the strength of his expression, but, after a moment of thought, he maintains his stance. Rowcliffe's insistence that his categorization of Gwenda enables him to know her better than she knows herself is also indicative of the medical institution's 'shift from tactile to visual inspection' in the nineteenth century, to draw from Robert Michael Brain's 'The Pulse of Modernism' (2008).[91] Its increased use of what Rosenberg terms 'instruments of precision' — like the microscope, and Rowcliffe's 'queer, new-fangled stethescope [*sic*]' — strengthened its sense of objectivity and authority (*TS* 37).[92]

[90] Rosenberg, 237–60 (p. 251).
[91] Robert Michael Brain, 'The Pulse of Modernism: Experimental Physiology and Aesthetic Avant-Gardes circa 1900', *Studies in History and Philosophy of Science Part A*, 39.3 (2008), 393–417 (p. 401).
[92] Rosenberg, 237–60 (p. 243).

Equally striking in this passage is the emphasis that Rowcliffe places on Gwenda's soul. The relationship between the physiologist and the soul at this time was complicated, bound up with the new psychology of the nineteenth century which Rick Rylance characterizes in *Victorian Psychology and British Culture, 1850–1880* (2000) as 'fertile in its sources, dense and turbulent in its growth'.[93] This psychology involved 'an extravaganza of categorization' and a plethora of new coinages; we will find a similar 'bureaucratic imperative' as regards taxonomical definitions in *Harriett Frean*.[94] Rylance describes a terminological transition in psychological discourse 'from "soul" to "mind"' over the course of the nineteenth century, but, noting that 'psychology' arises from the Greek for 'soul discourse', he argues that 'one strand of psychological discourse was always attached to a cluster of interests connected to metaphysics or the supernatural'.[95] It is upon this strand that I suggest Rowcliffe pulls as he lectures Gwenda, indicating that he is perhaps not as forward-thinking as he desires to be seen. Another contradiction embedded within Rowcliffe's 'romantic youth' transpires sometime later, when, boasting to Gwenda about his bright future in 'the centre of things' and exhilarated by the possibility of 'a big London practice and a name', Rowcliffe proclaims that '[h]e might—ultimately—specialise' and become a 'great gynæcologist' or 'great neurologist' (*TS* 152). Described by Laura Salisbury and Andrew Shail in their introduction to *Neurology and Modernity* (2010) as 'modernity's

[93] Rick Rylance, *Victorian Psychology and British Culture, 1850–1880* (Oxford: Oxford University Press, 2000), p. 13.
[94] Ibid., p. 16; Rosenberg, 237–60 (p. 246).
[95] Rylance, pp. 24, 22.

representative science of the body', Rowcliffe's interest in neurology is a gesture towards the perceived future of medicine.[96]

This passage also reveals Rowcliffe's hope for the career he was primed for in his previous position at the 'big provincial hospital' of the kind that became 'a dynamic site for the delivery of urban health care and for the development of elite medical careers' by the end of the nineteenth century (*TS* 36).[97] Despite being attracted to the area by 'that solitary combat and communion, that holy and solitary aid' of the desolate moors, and an urge to be a 'single-handed' saviour of his patients, he is not so persuaded by his own grandstanding against specialization that he can relinquish his desire to be a 'great' specialist (*TS* 36, 152). *The Three Sisters* seems suspicious of these specialized roles; it is certainly suspicious of Rowcliffe's sudden interest in them considering its repeated depreciation of his insight. Yet, the novel does not strongly advocate for a more holistic approach so much as suggest that the medical institution is able to know its patients only to the extent that they want to be known. Our faith in Rowcliffe's evaluation of Gwenda as '[u]tterly unconscious' falls apart even more completely when we remember that she consciously walks the moors to pique his romantic curiosity about 'that wild, strong girl' towards the beginning of their acquaintance (*TS* 99, 10). Gwenda, the novel asserts, 'knew what she was thinking' when doing this, unlike Mary who 'did not know what she was thinking' when acting 'kind and sweet and womanly […] the sort of woman that a man wants' (*TS* 10). The extent to which Alice knows what she is thinking is never concretized; the flaws in Rowcliffe's professional

[96] Laura Salisbury and Andrew Shail, 'Introduction', in *Neurology and Modernity: A Cultural History of Nervous Systems, 1800–1950*, ed. by Laura Salisbury and Andrew Shail (Basingstoke: Palgrave Macmillan, 2010), pp. 1–40 (p. 33).
[97] Rosenberg, 237–60 (p. 249).

reliance on this physiognomic mind-body knowledge mechanism are exposed. As Gwenda exclaims to Mary, critical of the doctor's abilities despite her love for him: 'It isn't as awful as Steven Rowcliffe thinks. He doesn't really know what's wrong with her. He doesn't know she's in love with *him*.' (*TS* 190, emphasis in the original)

Upon first meeting Rowcliffe, we are told that his 'eyes, keen and hard in movement' have 'a curious and engaging pathos' which had 'appealed to the little red-haired, pink-skinned, green-eyed nurse who had worked under him in Leeds' and many other women as well (*TS* 37). His eyes are his defining feature, to which he 'had always trusted a great deal', and it is our confidence in this trust which Sinclair undercuts in *The Three Sisters* (*TS* 37). Rowcliffe initially believes he can see 'nobody in Morfe whom he could possibly want to marry', an assessment that is quickly shown to be lacking in foresight when 'the eyes of young Rowcliffe were startled out of their aversion by the sudden and incredible appearance of a girl' (*TS* 37, 39). The girl, of course, is Gwenda, and her walk, as previously discussed, is a conscious attempt to attract a man unlike her father. Indeed, Sinclair contrasts the interiors of Mr Cartaret's and Rowcliffe's studies — and in particular their respective treatment of books — to suggest differences between their characters: Mr Cartaret is introduced as a deliberate literary fraud, Sinclair furnishing readers with a lengthy, disapproving list of the books he displays to '[advertise] him as the scholarly recluse that he was not' (*TS* 17). On the other hand, Rowcliffe's study communicates to Gwenda 'that he was a ferocious and solitary reader; for in the long rows of book shelves the books leaned slantwise across the gaps where his hands had rummaged and ransacked' (*TS* 62). These diverging approaches to 'the outsides of books' generate, to draw from Leah Price's *How to Do Things with Books in Victorian Britain* (2012), a very nineteenth-century 'cue for our sympathies' as readers — we

are led to scorn Mr Cartaret in favour of Rowcliffe — although the novel's later rejection of Rowcliffe repudiates their respective aesthetic treatments as a 'predictor of the plot'.[98] Mr Cartaret constructs an intellectual veneer to overlay his brutish nature, while Rowcliffe, we are at this point led to believe, is a learned, 'romantic' figure full of vitality (*TS* 152). Rowcliffe's 'gods' are 'masculine and many', encompassing scientists and literary figures such that Gwenda believes he will *understand* (*TS* 62). In 'May Sinclair and Reading Narratives of Cure' (2000), Leigh Wilson highlights that these 'gods' are overwhelmingly concerned with 'the problem of sex', and thus that 'what Rowcliffe reads, is reproduction, childbirth, the inheritance of sexual characteristics, femininity, and the effects of contemporary sexual morality' (*TS* 62).[99] There is a sense that this material, in the hands of a good reader, would prime one to care for a woman like Alice.

I have already suggested that Rowcliffe's dismissal of *L'état mental des hystériques* is indicative of his approach to medicine at a juncture between nineteenth-century and twentieth-century practices, but I also want to dwell on what it means to cast aside a book in a novel that I argue is so much about reading bodyminds. Responding to Janet's text, which 'he had been reading' before Gwenda's visit, '[staring] at him', Rowcliffe flings it 'out of sight' (*TS* 179). Wilson asserts that this represents 'both his desire to cure Alice through his medical knowledge, and his desire for Gwenda which (he believes) demands a repudiation of that knowledge'.[100] She continues: 'The only explanation for Rowcliffe's violence toward the book is embarrassment at Gwenda seeing it, seeing him immersed in his professional

[98] Leah Price, *How to Do Things with Books in Victorian Britain* (Princeton, NJ: Princeton University Press, 2012), p. 3.
[99] Leigh Wilson, '"It Was As If She Had Said….": May Sinclair and Reading Narratives of Cure' (unpublished doctoral thesis, University of Westminster, 2000), pp. 263, 264.
[100] Ibid., pp. 262.

knowledge, a knowledge which he cannot admit into his relations with her'.[101] However, we might also consider this to suggest that the book is inadequate to its purpose; that Rowcliffe realizes he must turn to other modes of knowledge to doctor Alice. Perhaps even more significantly, the gesture is framed as a dramatic action self-consciously undertaken in front of Gwenda, quietly watching and waiting: 'With all his movements her head lifted and turned so that her eyes followed him.' (*TS* 179) The book thus becomes a kind of theatrical property in the same way that the books in Mr Cartaret's study are a false advertisement, a display deliberately curated with 'an eye to this [scholarly] effect', and in this comparison undermines Gwenda's impression of Rowcliffe as a good — careful, insightful — reader (*TS* 17). At home with his wife, Gwenda's sister Mary, towards the end of the novel, Rowcliffe again sits with a book:

> She saw that Rowcliffe's eyes never moved from the deep top paragraph on the left-hand page. She noted the light pressure of his thumbs on the margins.
>
> He wasn't reading at all; he was only pretending to read. He had set up his book as a barrier between them, and he was holding onto it for dear life. (*TS* 313)

Sinclair positions this scene of marital stalemate as a meeting of two poor readers in their respective modes: Mary views her husband's desperate grip on the book as 'light pressure', while Rowcliffe pretends to read it to avoid meaningful connection with her (*TS* 313). Rowcliffe's eyes, previously kept 'quiet under lowered brows' such that they 'became charged with a curious and engaging pathos', are now further indicative of his lack of affection, 'reading' only as a way of avoiding legibility and vulnerability (*TS* 37, 313). Rowcliffe's use of the unread book as a barrier or distancing prop is, as Price explores, again

[101] Ibid., pp. 262–63.

significant within the nineteenth-century canon. Its function, she writes, 'depends less on its being looked at by the character who holds it than on that person's being looked at himself'.[102] Rowcliffe is 'pretending' because he knows that Mary is anxiously and futilely trying to read him (*TS* 313). While Wilson argues that this scene signals Rowcliffe's '*changing status as a reader*', I argue instead that it underlines how the character has always been 'only pretending to read' (*TS* 313).[103]

By contrast, Gwenda's reading practice develops as a means by which her bodymind becomes even more inscrutable to Rowcliffe. Previously established as an insightful observer, looking at Rowcliffe during one visit 'as if she were trying to read in his eyes something that he was trying not to tell her', Gwenda becomes 'a furious reader' of tomes such as Bergson's *L'évolution créatrice* in the period following Alice's and Mary's marriages: 'She liked hard stuff that her brain could bite on. It fell on a book and gutted it, throwing away the trash.' (*TS* 178–79, 351) Price argues that one trope of Victorian novels involves 'the most passionate and disinterested reading' being 'attributed to women', and this is a heady, antagonistic, mercenary approach to the written word; Gwenda wants to be challenged by a book and emerge the victor.[104] Sinclair further figures her reading as a dependence — modern literature leaves her 'stimulated but unsatisfied', and so she '[takes] to metaphysics as you take to dram-drinking […] strong, heavy stuff that drugged her brain' — that works to divert and dampen her desire for Rowcliffe (*TS* 351, 352). It is significant that we bear witness to this readerly passion in Gwenda following her 'mystical visions', of which, in a passage that Rebecca Bowler's *Literary Impressionism* (2016) indicates was

[102] *How to Do Things with Books in Victorian Britain*, p. 47.
[103] Wilson, p. 266. Emphasis in the original.
[104] *How to Do Things with Books in Victorian Britain*, p. 56.

revised significantly for publication, Sinclair writes '[t]here were no words' (*TS* 340).[105] Gwenda's 'woman's passion' turns 'to the distant and the undreamed' and she relishes it: 'At least this is mine. Nobody, not even Steven, can take it away from me.'[106] (*TS* 339, 340, 341)

In this way, through both Gwenda's mysticism and her reading, the novel suggests a move towards sublimation, a phenomenon described by Sinclair in the first part of her published 'Clinical Lecture on Symbolism and Sublimation' (1916) as 'the striving of the Libido towards manifestation in higher and higher forms'.[107] This is digested by Howard Finn in 'Writing Lives' (2007) as a means by which one may 'transcend psychological disturbance by sublimating it into a project of self-realization'; in Sinclair's philosophy, as de Bont writes, the 'Libido' is understood as 'life energy or life force, in which sex drives are included, but not central'.[108] Sinclair considers successful sublimation to be an act of health, de Bont argues, because often in her work 'failed or incomplete sublimation creates pathologies that resemble psychotic disorders', but in the description of Gwenda's reading habits there is also an attachment to unhealth apparent through the metaphor of addiction taking effect as a sort of chemical restraint.[109] Addiction was a popular metaphor for contemporary critiques of Victorian popular novels, which Pamela K. Gilbert argues in 'Victorian Metaphors of

[105] Rebecca Bowler, *Literary Impressionism: Vision and Memory in Dorothy Richardson, Ford Madox Ford, H.D. and May Sinclair* (London: Bloomsbury, 2016), p. 72.
[106] For further work on Sinclair and mysticism, see: Rebeccah Kinnamon Neff, '"New Mysticism" in the Writings of May Sinclair and T. S. Eliot', *Twentieth Century Literature*, 26 (1980), 82–108; Alice Theobald, 'Plunging into Reality: Evelyn Underhill, May Sinclair and Adventures in Practical Mysticism <https://maysinclairsociety.com/evelyn-underhill-may-sinclair> [accessed 1 December 2020]; and James H. Thrall, *Mystic Moderns: Agency and Enchantment in Evelyn Underhill, May Sinclair, and Mary Webb* (Lanham, MD: Lexington Books, 2020), pp. 93–185.
[107] May Sinclair, 'Clinical Lecture on Symbolism and Sublimation—I', *Medical Press and Circular*, 9 August 1916, pp. 118–22 (p. 19).
[108] Howard Finn, 'Writing Lives: Dorothy Richardson, May Sinclair, Gertrude Stein', in *The Cambridge Companion to the Modernist Novel*, ed. by Morag Shiach (Cambridge: Cambridge University Press, 2007), pp. 191–205 (p. 198); 'May Sinclair and Psychology'.
[109] 'May Sinclair and Psychology'.

Reading' (1997) merged with metaphors of reading as eating, moral or intellectual ladder-climbing, and sexual intercourse to 'indicate the text as tangible substance that enters and affects the reader'.[110] In this way, we might view Gwenda's reading as a transformative practice energized by the question of how far she might be affected by these new ideas before she becomes unrecognisable to those who previously thought they knew her.

The account of Gwenda's reading further resonates with rhetoric surrounding women's education in the nineteenth century, which I have previously explored in relation to Wright's anti-feminist polemic. It is a liberating act for Gwenda to discover 'she could trust her intellect' to grapple with and comprehend these books, and to realize that it might also be possible to 'set' her intellect 'deliberately to fight her passion' (*TS* 352). Her reading must be subversively undertaken while sewing, because in accordance with his belief 'that sewing was an occupation and that reading was not', her father 'was silent as long as his daughter sewed and when she read he talked' (*TS* 347). There are also ideas about productivity at work here; as previously discussed, her perceived selfishness in her failure to marry and bear children perturbs her family. More than anything, though, Gwenda is shown to have intellectually succeeded her father, who '[nurses] a book on his knees' but makes 'no pretence of reading it', having become 'wonderful and piteous' following a stroke (*TS* 347, 301). She becomes the scholar that he had pretended to be. Her intellectual ascent also threatens Rowcliffe, who initially looks on her with 'compassion' when he sees some of her books:

[110] Pamela K. Gilbert, 'Ingestion, Contagion, Seduction: Victorian Metaphors of Reading', *LIT: Literature Interpretation Theory*, 8 (1997), 83–104 (p. 84). Gilbert references Catherine Sheldrick Ross, 'Metaphors of Reading', *Journal of Library History*, 22.2 (1987), 147–163.

> ‘Poor Gwenda, is that what you’re driven to?’
>
> He opened the book and turned the pages, reading a little here and there.
>
> He scowled. His look changed. It darkened. It was angry, resentful, inimical.
>
> The dying youth in it came a little closer to death.
>
> Rowcliffe had found that he could not understand what he had read.
>
> ‘Huh! What do you addle your brains with that stuff for?’ (*TS* 353, 354)

Here again is an implication of an attachment between Gwenda and unhealth as a consequence of her reading habits; a suggestion not only that her ‘brains’ are becoming *addled* — diminished, irrational, contemptible — but that she is a conscious agent of her own downfall (*TS* 354).[111] There is no reason to grapple with these books, Rowcliffe considers, either for their own sake or as a substitute for the heteronormative good life. Indeed, in their collective dismissal as ‘stuff’, Gwenda’s books are further reduced to ‘something more purely material’, as though they are just inconvenient baggage or property (*TS* 354).[112] Rowcliffe’s anger in this exchange springs, I suggest, from a sense that Gwenda has moved intellectually beyond his reach, and — embodying as he does the constructed identity of the normate — that anything he does not understand is somehow wrong and inappropriate for her to engage with. Having previously contended that he understands Gwenda’s ‘soul’ because he can see its ‘transparently clean and strong and utterly unconscious’ qualities in her ‘body’, he now finds a frustrating opacity; he cannot understand her ‘brains’ and therefore her ‘body’ seems equally inaccessible (*TS* 98, 354). We see here, I argue, Rowcliffe’s bitter realization that Gwenda’s bodymind is completely illegible to him.

[111] ‘addle, *n*. and *adj*.’, in *OED Online* <www.oed.com> [accessed 1 December 2020].
[112] *How to Do Things with Books in Victorian Britain*, p. 51.

'IT'S IN T'BLOOD': BLOOD AND HISTORY IN *THE THREE SISTERS*

The previous section of this chapter began with a consideration of the blush and its seductive promise of what Connor calls 'involuntary expressiveness' as a way into the medical institution's construction of meaning about women's bodyminds in *The Three Sisters*.[113] There are, however, other ways that Sinclair's emphasis on the blush is significant: Alice's reddening face is also about the centrality of blood as bodily fluid — a kind of unit of inheritance — which grounds the novel's female characters in fleshy histories. It would be disingenuous to write about women and blood without a consideration of menstruation and, perhaps more importantly, the historic and cultural associations of womanhood with fluidity and leakiness; how, in Luce Irigaray's words in *This Sex Which Is Not One* (1985), 'the properties of fluids have been abandoned to the feminine', or, in those of Elizabeth Grosz in *Volatile Bodies* (1994), 'women's corporeality is inscribed as a mode of seepage'.[114] Picking up the discussions of menstruation and unhealth in Chapters 1 and 2, we might note that, although not all women menstruate, and not all those who menstruate are women, the medical institution was invested in maintaining the knotty intersection of women, menstruation and unhealth — what Julie-Marie Strange's 'Menstrual Fictions' (2000) terms 'unwell[ness]' — in the period to which this study attends, stretching from the end of the nineteenth century to the early twentieth century.[115] We might also note that menstrual blood is not the only bodily fluid intimately associated with women, and indeed, later

[113] Connor, p. 99.
[114] Luce Irigaray, *This Sex Which Is Not One*, trans. by Catherine Porter with Carolyn Burke (Ithaca, NY: Cornell University Press, 1985), p. 116; Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington, IN: Indiana University Press, 1994), p. 203.
[115] Julie-Marie Strange, 'Menstrual Fictions: Languages of Medicine and Menstruation, *c*. 1850–1930', *Women's History Review*, 9.3 (2000), 607–28 (p. 616).

examination of *Harriett Frean* will uncover Sinclair's significant attention to breast milk and breastfeeding. Fluids are too much and not enough — 'always in a relation of excess or lack vis-à-vis unity' — and so unpredictable, 'formless' and 'uncontrollable'.[116] There are strong echoes here of Wright's mystification with women's 'periodically recurring phases of hypersensitiveness, unreasonableness, and loss of the sense of proportion', and also with notions of women and appetite.[117] Neither fluids nor women, we are led to understand, provide anything that may be easily contained, satiated or understood.

Nonetheless, blood in *The Three Sisters* speaks less to the implacable, unstable nature of women, and instead provides a way of locating female characters — and Alice in particular — in a female lineage; a way for us to think about them 'through [their] mothers'.[118] As Essy's mother, Mrs Gale, expresses early in the novel of Jim Greatorex: 'It's in t'blood.' (*TS* 47). Without negating interpretations of Alice's behaviour as a consequence of her father's maltreatment, or as a performance designed for romantic ensnarement, Sinclair puts forth another framework through which to grapple with Alice. The 'generalized concept of heredity' emerged as 'one of the central problems of biology' in the middle of the nineteenth century, Staffan Müller-Wille and Hans-Jörg Rheinberger write in *A Cultural History of Heredity* (2012), and it developed into a topic of 'intense' public interest in the context of widespread demographic changes and 'the increasing socialization and politicization of medicine' (leading to the development of public health systems, for

[116] Irigaray, p. 117; Grosz, p. 203.
[117] Wright, pp. 7–8 (p. 7).
[118] Virginia Woolf, *A Room of One's Own*, in *'A Room of One's Own' and 'Three Guineas'*, ed. and intro. by Morag Shiach (Oxford: Oxford University Press, 2008), pp. 1–149 (p. 99).

example).[119] Heredity worked to shape ideas of the individual — in its discussion of Sinclair's *Mary Olivier*, Raitt's biography notes that both author and character 'found debate about the nature of an "individual" in almost every Victorian scientific text they read' — because if 'the biological connection between generations' is understood to '[explain] both the physical and moral characteristics of the individual', as Melissa Jeanne Anderson writes in 'Pathological Relations' (2012), then one is forced to acknowledge predetermined constraints impacting one's 'social, emotional, and physical future[s]'.[120] Casting back to the discussion of eugenics in Chapter 2, we may recall Müller-Wille and Rheinberger noting that eugenics, alongside 'racial hygiene', purported to be a '[discipline] that would apply the new knowledge of heredity to solve pressing medical and social problems' of the kind perceived to be posed by women in *Mary Olivier* and *The Three Sisters*.[121] There are hints of this in the former when Mary is told that Uncle Victor never married because he was '[a]fraid of what he might hand on to his children' (*MO* 222).

Müller-Wille and Rheinberger show that the medical implications of heredity were imbricated in national conversations and at more intimate scales: from the early nineteenth century, '[i]nformation about family relationships entered the realm of psychiatry', and from the middle of the century 'it became more and more common for medical and psychiatric publications to include genealogical diagrams to document the distribution of diseases among members of a family'.[122] As Raitt explores, this is a central concern of *Mary Olivier* —

[119] Staffan Müller-Wille and Hans-Jörg Rheinberger, *A Cultural History of Heredity* (Chicago, IL: University of Chicago Press, 2012), pp. 72, 2, 96.
[120] *May Sinclair: A Modern Victorian*, p. 219; Melissa Jeanne Anderson, 'Pathological Relations: Heredity, Sexual Selection, and Family in the Victorian Novel' (unpublished doctoral dissertation, University of Chicago, 2012), p. 46; *May Sinclair: A Modern Victorian*, p. 224.
[121] Müller-Wille and Rheinberger, p. 95.
[122] Ibid., pp. 120, 121.

'You talk as if I was Aunt Charlotte. . . . Do you think I'm like her?' — and Sinclair also makes casual, symbolic allusion to ideas of heredity in *A Defence of Idealism*: 'He is like a man with a history of drink in his family; he cannot escape the damaging imputation.'[123] (*MO* 236) I want to argue of *The Three Sisters* that Sinclair does not pin down the Cartaret sisters' genealogical inheritance with any of the certainty or authority of these institutionalized diagrams — indeed, as previously noted, she disparages the medical institution's efforts to make legible women's bodyminds — but rather uses blood as a recurring motif to augment and complicate our understanding of Alice's experiences. Anderson argues that the 'biological conception of the family, based on physical and mental characteristics determined (it was believed) by heredity, both highlighted and obscured social and economic aspects of the Victorian family'.[124] It is this simultaneously clarifying and abstruse quality that I consider Sinclair's use of blood to harness in *The Three Sisters*, thus requiring readers to hold onto multiple readings of the character simultaneously.

This interpretation of the novel as driven by ideas of heredity is one in which the bodymind becomes important, for the novel does not attempt to draw straight lines between biological kin, but rather rests on a symbolic family structure whereby the sisters share three successive maternal figures. We can think about heredity here as a diffuse history of family characteristics out of which a subject's 'mental' and 'physical' selves arise, intermingling and impacting each other in their development. A mother's death bears implications that affect more than just her daughters' 'bodies' in and of themselves. The sisters have three maternal figures because Mr Cartaret has been married three times by the

[123] *A Defence of Idealism*, p. 273.
[124] Anderson, p. 3.

point at which the novel begins. His daughters refer to their late biological mother as 'Mother', their late stepmother as 'Mamma', and their yet-living stepmother Robina, who chose to 'run away' from their father, as 'Mummy' (*TS* 20). Of these two dead women, Mr Cartaret's first wife, he reflects, 'made his first parish unendurable to him by dying in it […] when Alice was born', and his second 'turned into a nervous invalid on his hands before she died of that obscure internal trouble which he had so wisely and patiently ignored' (*TS* 20). These deaths are, to Mr Cartaret, burdensome slights against his person, but we can see that they are also distinctly gendered fates. Mother and Mamma both died from what we might describe as women's complaints or, alternatively, health experiences brought about by what Wright calls the 'physiological emergencies' of womanhood.[125] This is the family context from which Alice and the Cartaret sisters emerge; two out of three of their maternal figures are dead in connection to maternity and womanhood, and the third lives independently in London, having suffered to such an extent with their father, who condemns her as 'a cruel and unscrupulous woman', that even he must privately acknowledge that 'if the thing came into court, Robina's evidence may be a little damaging' (*TS* 21).

As previously explained, 'the truth' about Alice, which according to Rowcliffe her father will not 'see', is that 'she'd be as strong as iron if she was married and had children' (*TS* 181). The invocation of iron is striking here given the character's hard-won 'anæmia' (*TS* 53). Anaemia is defined in *Appleton's Medical Dictionary* (1915) as '[a] diminution of the amount of blood in the body, either from hemorrhage [*sic*] or from deficiency of the hemoglobin [*sic*] or albumin of the blood' where haemorrhage refers to blood loss and

[125] Wright, pp. 7–8 (p. 7).

haemoglobin to a protein containing iron.[126] Ironically, it is a common occurrence during pregnancy.[127] We might thus consider Alice's anaemia, which I argue in its bloody emphasis is highly metaphorized, to arise in simplified terms from a loss or inadequacy of blood, clearly reflected in Sinclair's description of the character as '[b]loodless and slender and inert' (*TS* 53). When Alice refuses to consume food at mealtimes, Mr Cartaret presses a glass into the 'red juice' of a leg of mutton and orders her to drink it: 'Don't pine and peak, girl. Drink that. It'll put some blood into you.' (*TS* 53, 54). The blood of the mutton, a 'fat meat' which Derek J. Oddy's *From Plain Fare to Fusion Food* (2003) asserts remained in favour in country districts at this time despite the growing urban preference for leaner lamb, is in this understanding meant to replenish Alice's own blood; her womanly inadequacy is to be drowned out by a symbol of 'wealth, independence, and masculinity', to pull from Ina Zweiniger-Bargielowska's *Managing the Body* (2010).[128] Her refusal of this cure, which is both literally and figuratively patriarchal, infuriates her father.

However, as well as being '[b]loodless' and deficient, Alice is also too much: too excitable, too wilful, too responsive (*TS* 53). When the sisters hear Rowcliffe's trap travelling past the vicarage at the very beginning of the novel, the sound resonates 'in their blood and nerves', pulling at the taut strings of their bodyminds (*TS* 9). In the same way that, as James Kennaway writes in 'The Piano Plague' (2011), many nineteenth-century psychiatrists and gynaecologists argued that music could 'over-stimulate the nervous system directly, playing

[126] 'anemia', in *Appleton's Medical Dictionary*, ed. by Smith Ely Jelliffe, assist. by Caroline Wormeley Latimer (New York, NY: Appleton, 1915), p. 46.
[127] For an overview of anaemia and pregnancy, see D. P. Bentley, 'Iron Metabolism and Anaemia in Pregnancy', *Clinics in Haematology*, 14.3 (1985), 613–28.
[128] Derek J. Oddy, *From Plain Fare to Fusion Food: British Diet from the 1890s to the 1990s* (Woodbridge: Boydell, 2003), p. 17; Ina Zweiniger-Bargielowska, *Managing the Body: Beauty, Health, and Fitness in Britain 1880–1939* (Oxford: Oxford University Press, 2010), p. 137.

havoc with vulnerable female nerves and reproductive organs', we get the sense in this passage that the audible intimation of Rowcliffe's presence is an exciting, sensual awakening for the bored women.[129] On the other hand, while this sound affects all three sisters, the novel presents Alice going a step beyond the others in terms of aural stimulation, '[s]tealthily' making her way to the piano, which she plays 'with her temperament, febrile and frustrate' (*TS* 13). The idea of a 'febrile', or feverish, 'temperament' summons a sense of overwrought, supressed energy and heatedness (*TS* 13). Alice '[flings] out her music through the windows into the night as a signal and an appeal', a beacon for romantic attention, or in the very least a reaction, from 'anybody driving past' (*TS* 13). She fashions herself into a deliberate, desperate spectacle, as Sinclair shifts her account from the female bodymind as a helpless, sympathetically vibrating receiver of external sounds, to an emphasis on that same bodymind's production of its own sounds and vibrations with their own potential for havoc-wreaking effects.

In Chapter 1, I argued that Rachel Vinrace's piano playing in *The Voyage Out* produces an attachment to unhealth before her death, and I suggest that Alice's playing also operates in the context of an established association between music and disease, specifically piano playing, sexuality and menstruation. Kennaway notes that '[m]usic's apparent sensuality meant that it was often put into the context of the nerve-uterus nexus that dominated medical understandings of the female body' in the nineteenth century, and even if it was framed by a competing model as a source of neurasthenic fatigue, there existed significant schools of thought that believed music prevented, or led to premature or

[129] James Kennaway, 'The Piano Plague: The Nineteenth-Century Medical Critique of Female Music Education', *Gesnerus*, 68 (2011), 26–40 (p. 27). For a detailed account of the Cartaret sisters' boredom, see Allison Pease, *Modernism, Feminism, and the Culture of Boredom* (Cambridge: Cambridge University Press, 2012), pp. 56–77.

delayed, menstruation, which was linked in turn to women's sexualization.[130] The idea that Alice's discordant musicality bears upon her reproductivity and sexuality enables us to consider her playing as a symptom of her maternal inheritance, a combined legacy that acknowledges both her late Mother and Mamma, whose bodyminds found such trouble in reproductivity, and also her independent Mummy, Robina, whose 'infidelity' left her father as an 'enforced, reluctant celibate' (*TS* 21, 136). Indeed, listening to Alice playing from his study, her father finds that 'something in him, obscurely but intimately associated with Robina, responded to that sensual and infernal tremor that Alice was wringing out of the Polonaise' (*TS* 21–22). We can thus trace a line, albeit not straightforwardly, between Alice's *febrility* and each of her foremothers.

The novel revisits Mr Cartaret's uncomfortable association of Alice with the 'no good' Robina towards the end of the novel when, following his stroke, he blurs the distinction between Alice's 'girlish, innocent figure' and '[white] face' and those attributes of his first wife (*TS* 136, 300). This mistaken identity, produced by the 'wanderings' of 'some half-lit, isolated tract of memory', generates for the vicar 'a vague and tender yearning' that can be compared with the grotesque moment in his bedroom when he responds to Alice's visual image in the 'large and perfect hand-glass that had belonged to Ally's mother' (*TS* 300, 88). Taken from her father's dressing-table in order for Alice to better appreciate the 'prettiness' that she acquires with Rowcliffe's regular visits, the hand-glass breaks when she sees him 'reflected behind her in the long looking-glass' that she was using to see herself in full; his face has 'cruelty in it, and, besides cruelty, some quality nameless and unrecognisable, subtle and secret, and yet crude somehow and vivid' (*TS* 87, 89). There is something 'evil'

[130] Kennaway, 26–40 (p. 32).

here which, '[e]ven to Alice's innocence', is suggestive of sexual threat, and yet it becomes 'suddenly weak and pathetic' when Mr Cartaret picks up the broken glass, prompting Alice to remember that the hand-glass 'had been her mother's' (*TS* 89, 90). We might consider, particularly given his later displays of confusion, that Mr Cartaret momentarily sees his first wife in Alice, with all the fraught, horrified desire that this might accompany.

And yet, in one significant aspect, Rowcliffe's diagnosis positions Alice as the clinical mirror image of her Mother. Early in the novel, hoping that Mary will feel compelled to 'be sorrier for Ally' by reading her trajectory in the context of their foremothers' lives and deaths, Gwenda reveals a secret from their father's past: 'He was told that Mother would die or go mad if she had another baby. And he let her have Ally.' (*TS* 28) From motherhood here springs attachment to unhealth, with Alice held up as its tortured product, her blood heavy with established ties between marriage, motherhood and madness. But Alice comes to 'mad[ness]' without any babies; it is marriage and children that Rowcliffe prescribes for her to become 'as strong as iron', and through which she does eventually become unrecognizably 'tender' and 'approachable', domesticated with 'the ways of some happy household animal', by the end of *The Three Sisters* (*TS* 28, 181, 341). Alice has inherited these ties from her mother, but they have become twisted into the obverse. At a key turning point in the novel, as she is preparing to leave the parish, Gwenda combines Rowcliffe's prescription with the sobering perspective afforded by the sisters' gendered inheritance:

> 'Does Papa know—that she'll die—or go mad?'
> 'Yes.'
> 'But'—Mary lifted her stained face—'that's what they said about Mother.'
> 'If she had children. It's if Ally hasn't any.'

> 'And Papa knew it *then*. And he knows it now—how awful.' (*TS* 190, emphasis in the original)

This sense of curtailed possibilities echoes throughout *The Three Sisters*; the idea that death or madness follow if one does womanhood *wrong*, contravening an ever-shifting set of imperatives, becomes a haunted, haunting refrain. However, if Gwenda's small triumph is that she cannot be read through this narrative, then Alice's is that she succeeds within it: 'In the fine sanity of happiness she showed herself as good as gold.' (*TS* 341)

'DOING UGLY THINGS': GOODNESS, BEAUTY AND RENUNCIATION IN *LIFE AND DEATH OF HARRIETT FREAN*

Sinclair's conversance with psychoanalysis is established early in *Harriett Frean*. Harriett's youthful walk to the forbidden place 'where the dark red campion grows' forms, Wendy Truran writes in 'Feminism, Freedom and the Hierarchy of Happiness in the Psychological Novels of May Sinclair' (2017), a charged introduction to 'the fear and fascination of adult sexual experience', and has led readers like T. S. Eliot to describe the text as an example of 'the psychoanalytic type' (*HF* 20).[131] The word *type* does a lot of work in this review from Eliot's September 1922 'London Letter' for the *Dial*: it emphasizes generic similarities between *Harriett Frean* and the other work under discussion, G. B. Stern's *The Room* (1922); it conveys a measure of apprehension towards the 'very short ancestry' of such narratives; and, crucially, it summons the very same ideas about medical taxonomies and

[131] Wendy Truran, 'Feminism, Freedom and the Hierarchy of Happiness in the Psychological Novels of May Sinclair', in *May Sinclair*, ed. by Bowler and Drewery, pp. 79–97 (p. 94); T. S. Eliot, 'London Letter', *Dial*, September 1922, pp. 329–31 (p. 330).

psychoanalytical case histories that Eliot finds evident in both novels.[132] Eliot further claims that the 'method' of *Harriett Frean* 'seems to have been carried about as far as it will go'.[133] However, in light of Laurel Forster's argument in 'May Sinclair's Imagist Writing and *Life and Death of Harriett Frean*' (2006), informed by analysis of original notebook drafts, that Sinclair's elliptical, sparsely rendered prose responds to 'Imagist modes and stylized expression as a means of bringing her own psychological and philosophical concepts of reality to the fore', we might consider that the novel's method has in fact been *reduced* to its farthest extent.[134] This assessment also brings us closer to a description of its narrative content, which is animated by fear and pleasure in loss, or what Faye Pickrem's 'Disembodying Desire' (2017) terms 'the erotics of renunciation'.[135] As the text progresses and Harriett grows older and unhappier, she steadily apportions more and more of her life to sacrifice for 'her parents' idea of moral beauty', producing a fable about the relationship between the medical institution and renunciation (*HF* 148).

In this section, I focus on the taxonomical threads coursing through *Harriett Frean*; I am interested in the consequences of the institutionalized medical discourses relating to renunciation that were articulated and distorted in the period spanning its mid-to-late nineteenth-century setting and its publication in the early twentieth century. It is useful here to return to Zweiniger-Bargielowska's account of 'disciplinary practices' of 'body

[132] Eliot, pp. 329–31 (p. 330). For further work on Sinclair and the psychoanalytical case history, see Leslie de Bont, 'Portrait of the Female Character as a Psychoanalytical Case: The Ambiguous Influence of Freud on May Sinclair's Novels', in *May Sinclair*, ed. by Bowler and Drewery, pp. 59–78.
[133] Eliot, p. 329–31 (p. 330).
[134] Laurel Forster, '"Imagism … Is a State of Soul": May Sinclair's Imagist Writing and *Life and Death of Harriett Frean*', in *May Sinclair*, ed. by Kunka and Troy, pp. 99–122 (p. 119).
[135] Faye Pickrem, 'Disembodying Desire: Ontological Fantasy, Libidinal Anxiety and the Erotics of Renunciation in May Sinclair', in *May Sinclair*, ed. by Bowler and Drewery, pp. 119–38 (p. 124).

management' in Britain between 1880 and 1939.[136] Zweiniger-Bargielowska argues that the 'deeply intertwined' notions of beauty, health and fitness, whereby 'beauty depended on health which was a precondition of fitness', were considered 'not merely beneficial to the individual, but essential for the efficient functioning of modern society'.[137] In particular, women's under- and over-consumption were both condemned as pathological failures of duty by a 'moralizing discourse' intently focused on '[m]aternal efficiency' to ensure racial fitness, as well as a 'duty-to-beauty discourse' that 'extolled the ideal of a normal female body', between 1880 and 1914 and beyond.[138] We can see here how the medical institution and morality, or notions of the *right* way to live and to be, inform and co-constitute one another: beauty, health and fitness are all subjective ideological categories which are consolidated with reference to medical standards and upheld by moral obligation to the nation state. This idea of renunciation as a responsibility to others as well as oneself is fundamental to *Harriett Frean*, which in many ways narrates a struggle to evacuate the female bodymind of its desire for shared benefit. Institutionalized medical discourses relating to renunciation thus shore up increasingly restrictive ways of living.

As a child at a school party fantasizing about dessert, Harriett is conscious to avoid the appearance of greed. She thinks carefully about what treat she should eat first, wary in her consideration that 'perhaps it would be safer to begin with raspberries and cream', dwelling exaggeratedly on the significance of the endeavour in a way that is both appropriately childish and pitiably mature in its concern for 'dietary restraint' and the

[136] Zweiniger-Bargielowska, pp. 11, 12.
[137] Ibid., p. 6.
[138] Ibid., pp. 136, 141.

external gaze (*HF* 12).[139] There is danger, Harriett believes, inherent in her choice due to the negative impact that the *wrong* dessert — too rich, too indulgent, too much — would have upon her appearance of beauty, health and fitness. She therefore works to simulate indifference, '[keeping] her face very still, so as not to look greedy' and looking away from the madeira cake 'lest people should see she was thinking of it' (*HF* 12, 13). This sophistry extends beyond a public-facing façade, culminating with the deliberate manipulation of her own thoughts and feelings: 'She thought: "I'm not greedy. I'm really and truly hungry." She could draw herself in at the waist with a flat, exhausted feeling, like the two ends of a concertina coming together.' (*HF* 13) Harriett figures herself as an object, full only of air and subject to manipulation, to absolve herself of responsibility for her own desires. However, her self-denial ultimately leads to the misunderstanding that she has already eaten, and she leaves the party 'all hot and wet with shame' at being seen as a 'greedy little girl' vying for another portion (*HF* 14, 13). Harriett's emotional reaction — the sense of leaking excess — points towards the high stakes of this scene, and ironically reinforces the notion that she has been *too much*. Being seen is key in this passage: Harriett becomes a spectacle akin to that of Alice playing the piano at the beginning of *The Three Sisters*, but while Alice longs to be seen in any kind of light, Harriett only wants to be seen as 'good' (*HF* 15).

Harriett's awareness of the limitations placed on the female appetite is significant for both its youthfulness and its pertinence to the time period. As in *The Three Sisters*, wherein Alice denies herself food in response to her desire, *Harriett Frean* proposes through its orientation to nineteenth-century mores not only that the woman who 'both *eats* and *acts*' is a transgressive figure, but also that alimentary desire and romantic and sexual desire are

[139] Ibid., p. 136.

closely related.[140] Here, we circle an argument made by Anna Krugovoy Silver, who asserts in *Victorian Literature and the Anorexic Body* (2002) that the fundamental precepts of anorexia nervosa can be perceived throughout the nineteenth-century archive and were incredibly compatible with 'the qualities that many (though, of course, not all) Victorians used to define the ideal woman — spiritual, non-sexual, self-disciplined'.[141] Building on Leslie Haywood's description in *Dedication to Hunger* (1996) of a 'prevalent anorexic logic' in 'a particular strain of modernist writing' which excoriates material considered, in highly gendered terms, to be 'extraneous, dependent, and chaotic', Silver continues:

> The anorexic woman's slender form attests to her discipline over her body and its hunger, despite the persistence of that hunger, and indicates her discomfort with or even hatred of her body and its appetites, which may or may not include her sexuality.[142]

Harriett certainly struggles with her appetites; to use Sinclair's terms, she represses, rather than sublimates, them. However, just as she would not eat too much, she would also not eat too little: both options would contravene in their pathology the logic of goodness and, as we shall see, beauty that shores up her attachments to unhealth.

Nonetheless, I suggest that if hunger, as Lesa Scholl writes in *Hunger Movements in Early Victorian Literature* (2016), 'is necessarily chaotic', and if it is important to Harriett to be able to order and contain herself, then disciplining her hunger becomes 'safer' in the

[140] Dennis, 19–34 (p. 20). Emphasis in the original.
[141] Anna Krugovoy Silver, *Victorian Literature and the Anorexic Body* (Cambridge: Cambridge University Press, 2002), p. 3.
[142] Leslie Haywood, *Dedication to Hunger: The Anorexic Aesthetic in Modern Culture* (Berkeley, CA: University of California Press, 1996), pp. 65, 69; Silver, p. 3.

same way that it is 'safer' to appear disinterested in romantic or sexual affairs (*HF* 12).[143] It is 'safer' to remain unremarkable, non-transgressive; to deny oneself while maintaining the fiction that there had never been desire to deny in the first place (*HF* 12). The pattern of covetous desire and denial found in the party episode recurs throughout *Harriett Frean*. Harriett pretends her favourite childhood doll, Ida, is 'dead; lying in her pasteboard coffin and buried in the wardrobe cemetery' after a traumatic visit from another child, to avoid having to share Ida ever again (*HF* 8). In Ida's place, she plays with a different, 'idiot' doll and pretends not to care, despite her previous impassioned insistence that Ida was '*her* child' (*HF* 8, 7, emphasis in the original). Later, when Harriett falls in love with Robin, the fiancé of her childhood friend Prissie, and realizes that her feelings are reciprocated, she '[gives] the man up rather than hurt her friend' (*HF* 144). Walking with him along a lane potently girded with 'a white bridal froth of cow-parsley', periodically 'pick[ing] the red campion' that symbolizes her desire, she convinces him '[i]t would be too dishonourable' to do anything but marry Prissie (*HF* 58, 60). In the end, she drops the campion to the ground, successful in her unilateral orchestration of the 'good' and 'right thing' to do; she is privately distraught but at 'peace' in the company of her mother and father, who reassure her that she 'couldn't do anything else' (*HF* 62, 63, 62).

All these choices are made because according to Harriett's understanding of human behaviour — inculcated by her parents at an early age and explicitly reinforced by her mother in the party episode — to 'go without' and renounce pleasure is to be good and 'beautiful like Mamma', while greediness is the opposite: 'Ugly. Being naughty was doing just

[143] Lesa Scholl, *Hunger Movements in Early Victorian Literature: Want, Riots, Migration* (Abingdon: Routledge, 2016), p. 4.

that. Doing ugly things.' (*HF* 14, 15) Although it is possible to be either 'good' and 'beautiful' (in the sense of the 'genuine' and virtuous 'inner' beauty raised by Zweiniger-Bargielowska) or 'naughty', ugliness is a way of '[d]oing' things (*HF* 15).[144] In *Harriett Frean*, goodness and beauty are both modes of being, but naughtiness and ugliness are caught up in a kind of diagnostic relationship where ugliness is indicative of naughtiness. Although I am not suggesting that goodness and naughtiness can be equated with health and unhealth, I do want to argue that the Freans' ontological schema is animated by a doctrinal, categorizing impulse — what Rosenberg describes as a 'rationalizing and organizing vocabulary' — and therefore that it bears the hallmarks of the last two centuries of Western medicine in its desire to type and delineate increasingly more coherent and specific, 'tighter' disease categories.[145] Rosenberg argues that diagnosis 'has always […] legitimized physicians' and the medical systems' authority while facilitating particular clinical decisions and providing culturally agreed-upon meanings for individual experience'.[146] In the same way, Harriett's parents' teachings refigure her messy, complicated feelings in their own image. They legitimize and assign meaning to certain behaviours at the cost of making them the only legitimate, meaningful behaviours. The 'bureaucratic imperative' to '[organize] sickness into discrete categories' that Rosenberg sees reflected in 'a variety of contexts' in the 1890s is transposed and distorted into a tyrannical framework of will-power and moral fortitude.[147] By living her life within this framework, I argue, Harriett becomes attached to unhealth.

[144] Zweiniger-Bargielowska, p. 5.
[145] Rosenberg, 237–60 (pp. 254, 248).
[146] Ibid., p. 240.
[147] Ibid., p. 246.

Sinclair establishes further that goodness and naughtiness are diametrically opposed. When Harriett observes that 'feel[ing] good and at the same time naughty […] was more exciting than being one or the other', she crucially distinguishes between feeling and being; it is only possible to *feel* as though one exists in an indeterminate state, for the thrilling sense of transgression arises from the impossibility of actually *being* 'good and at the same time naughty' (*HF* 16). This is a schema conversant with Christian doctrine, as we learn when Harriett proposes her mother must be 'more beautiful' — and therefore more 'good' — than 'even God and Jesus', but despite, as Sanna Melin Schyllert reminds us in 'Sacrifice as a Narrative Strategy' (2017), the crucifixion constituting 'the sacrifice to end all sacrifice', religiosity is not the primary force driving Harriett's self-denial (*HF* 15).[148] More than anything, she wants to be good and beautiful to be like her mother and father; she might doubt God's power to 'do' anything in response to her blasphemy, but it takes significant persuasion to shake her faith in her parents' wisdom (*HF* 16). Mr and Mrs Frean are associated throughout with purity, abstention and sacrifice. Explaining his line of work, Harriett's father uses the language of negation — rather than being 'gross and material', stockbroking is 'like pure mathematics', involving 'abstractions, ideal values' — and when he subsequently loses all the family's money, his wife claims 'she doesn't mind' and absolves him; they exchange 'a strange, exalted look' in the face of their new, straitened future, united by a shared naivety (*HF* 38, 83).

[148] Sanna Melin Schyllert, 'Sacrifice as a Narrative Strategy: The Construction and Destruction of the Self in May Sinclair, Mary Butts, and H.D.' (unpublished doctoral thesis, University of Westminster, 2017), p. 68.

'SHE THINKS I KILLED HER BABY': *LIFE AND DEATH OF HARRIETT FREAN*, MILK AND MOTHERHOOD

As Harriett is comforted by her mother while explaining the events of the party, she drinks 'a cup of milk with the cream on it', which she associates with 'delicious' goodness (*HF* 14, 15). Sinclair frames the decadence of 'the smooth cream with the milk running under it, thin and cold' as a reward; the pay-off for self-denial is an indulgent treat (*HF* 15). This tension between abstention and excess becomes more clearly foregrounded by Mrs Frean's experience of 'something malignant', which I will examine in due course, but it is also possible to connect this milky description with Harriett's earlier departure from the party 'all hot and wet with shame' (*HF* 100, 14). In both cases, Sinclair associates Harriett's childhood behaviour with a liquid intensity that becomes particularly significant given the novel's subsequent use of breast milk and breastfeeding as metonymic devices for motherhood. Like *The Three Sisters*, *Harriett Frean* is a backward-looking novel, amalgamating contemporary twentieth-century psychoanalytical thought and medical discourses with ideological preoccupations and conceptualizations of womanhood ascribable to its nineteenth-century setting; we are told that Harriett is 'nearly thirty-five' in 1879, such that her fictional birth would have taken place around eighty years prior to the novel's publication (*HF* 82). I suggest that *Harriett Frean*'s persistent attention to milk is one way that this nineteenth-century sensibility is made visible.

Jules Law argues in *The Social Life of Fluids* (2010) that there was a 'Victorian obsession with liquids', making an argument rooted in anxieties about fluids 'as objects of social technology, that is, as objects proper to discipline and manipulation in the name of civic and collective interests' at the time of the nineteenth-century public health

movement.[149] Improving the quality of London's drinking water, for example, was of importance to both the private citizen and 'the contours and health of the body politic', and the relationship between the two, Law writes, was 'literalized' by increased scientific 'rationalization, analysis, and manipulation'.[150] Fluids within and out of the body were subject to ideas of fungibility and value. One of Law's key claims is that this 'obsession with liquids' pivoted around 'the endlessly vexing question of how—in what way, and by whom—a fluid could be possessed', an argument which returns us to the idea of the uncontrollable, uncontainable woman upon whom the properties of the fluid are relocated, as discussed in relation to blood and *The Three Sisters*.[151] I previously examined blood as a means of locating the Cartaret sisters within a history of gendered unhealth. Here, I want to argue that Sinclair uses milk to isolate Harriett; the novel's treatment of breast milk captures the character's failure to possess either milk or child, which, in the logic of the novel, attaches her to a particularly gendered type of unhealth. Harriett's failure to possess and control fluids is dangerous in this novel.

While the idea of an inherent link between womanhood and biological motherhood has always been reductive, it is of vital importance to Harriett, who vows as a child that '[s]ome day' she 'shall have a little baby' in the image of her mother and herself, and is tormented by the dead child of her maid, Maggie, as she lies dying (*HF* 10). 'She's crying because she thinks I killed her baby', Harriett declares plaintively, alluding to events from decades earlier in a disorientated excavation of her own unhappy life (*HF* 182). Harriett dies

[149] Jules Law, *The Social Life of Fluids: Blood, Milk, and Water in the Victorian Novel* (Ithaca, NY: Cornell University Press, 2010), p. 2.
[150] Ibid., pp. 3, 4.
[151] Ibid., p. 2.

following a surgical operation to address the same 'something malignant' that killed her mother; in the days beforehand, she experiences 'a strange, solemn excitement and exaltation' to have 'got what Mamma had' — to feel the 'pain' she felt, to 'live again in her mother' — which we might consider to echo Sinclair's presentation of the Cartarets' female lineage of unhealth in *The Three Sisters* (*HF* 100, 178). Harriett is, however, very aware that undergoing this operation divorces her from her mother's experience. Just as Harriett never has a child in the image of her mother, Harriett's operation is 'the thing her mother hadn't had' (*HF* 179). These lacks are tied together in Harriett's postoperative mind:

> The ice bag laid across her body stirred like a live thing as the ice melted, then it settled and was still. She put her hand down and felt the smooth, cold oilskin distended with water.
>
> 'There's a dead baby in the bed. Red hair. They ought to have taken it away,' she said. (*HF* 182–83)

To draw broadly from Gaston Bachelard, who sets out an understanding of liquids as 'profoundly feminine' in *Water and Dreams* (1983), we might consider that the melting ice seems to Harriett like a child because 'all water is a kind of milk' and indeed maternal milk; there is a strong sensory association here between the undulating fluid and the character's feelings about motherhood.[152] Yet, beyond this sensory association, there is also a sense of disorientated temporal processing, of memory and guilt rising up against her. Harriett feels the surface of the oilskin and thinks it is a child, but specifically a dead child. Its hair is red like the campion and their evocation of unknowable sexual danger, and also like the redheaded baby who prompted her youthful vow of fecundity in the first place. Her final

[152] Gaston Bachelard, *Water and Dreams: An Essay on the Imagination of Matter*, trans. by Edith R. Farrell (Dallas, TX: Dallas Institute of Humanities and Culture, 1983), pp. 126, 117.

reference to what '[t]hey' should have done becomes the final attempt to displace responsibility for her behaviour and its effects (*HF* 183).

When Maggie becomes pregnant, Harriett decides to 'let her have the baby with her' while Maggie works because it would be 'the beautiful thing' to do, but Harriett is overcome by the sight of the child (*HF* 136). The final indignity is witnessing Maggie breastfeed:

> [S]ometimes she saw Maggie unbutton her black gown in a hurry and put out her white, rose-pointed breast to still his cry.
>
> Harriett couldn't bear it. She could not bear it.
>
> She decided that Maggie must go. Maggie was not doing her work properly. Harriett found flue under the bed. (*HF* 136–37)

As she did when she was a child, Harriett manages to convince herself in these staccato, free indirect insistences that she has a 'good' reason for her actions because she is adhering to her parents' insistence on appropriate — note the decisive emphasis on 'properly' — behaviour (*HF* 15, 137). By furnishing Harriett with this unfolding string of weak justifications, Sinclair encourages our scepticism towards the character's judgement. I argue that Harriett's anguish in this passage, and at the end of her life, is rooted in a collision between two medical discourses: the 'increasing medicalization' of maternal breastfeeding from the mid-nineteenth century onwards (the period in which the majority of *Harriett Frean* is set), outlined by Tamara S. Wagner in 'Breastmilk in Victorian Popular Culture' (2019), and the increasing 'pathologising' of spinsters and 'spinsters' sexuality' in the early twentieth century (the period in which *Harriett Frean* was produced), as set out by Alison

Oram in 'The Spinster in Inter-War Feminist Discourses' (1992).[153] Given that maternal breastfeeding was a 'medically recommended and socially sanctioned' and 'sentimentalized' occurrence by the time Maggie has her baby, Harriett — with her righteous adherence to diagnostic categories of beautifulness and ugliness — has few grounds on which to righteously protest apart from a puritanical, oversimplified 'Victorian' distaste for fleshy processes; she is forced to confront her own feelings of inadequacy as a childless woman.[154] In addition, given that *Harriett Frean* looks back to the nineteenth century from an early twentieth-century standpoint, I propose that Sinclair's presentation of these feelings of inadequacy is influenced by the 'additional' scorn bestowed by the medical institution upon childless women and spinsters — already dismissed as 'redundant old maids' in the nineteenth century — in the inter-war years:

> Though premised somewhat differently, both sexology and the new psychology posited heterosexuality as desirable and indeed necessary for women's health and happiness […] single and celibate women who lacked an outlet for their sexual and parental instincts were increasingly vulnerable to being seen as warped and unfulfilled.[155]

This anachronistic discursive collision shapes Maggie's breastfeeding into an emphatic reminder of the ways that Harriett herself is 'not doing her work properly' on a medico-cultural level (*HF* 137). According to contemporary thought, therefore, Harriett's repudiation of a life with Robin and her subsequent spinsterhood is not an example of

[153] Tamara S. Wagner, '"Nature's Founts": Breastmilk in Victorian Popular Culture', *Victorian Review*, 45 (2019), 18–22 (p. 18); Alison Oram, 'Repressed and Thwarted, or Bearer of the New World? The Spinster in Inter-War Feminist Discourses', *Women's History Review*, 1.3 (1992), 413–33 (p. 414).
[154] Wagner, 18–22 (p. 18).
[155] Oram, 413–33 (pp. 414, 415).

beautiful behaviour, but rather one of ugliness.[156] Thinking back to Chapter 1, in which I argued that the life-building efforts of Woolf's female characters — their work to progress and build and grow — connect them to ideas about unhealth, we might consider here that the reverse is true, for Harriett's childlessness or, within these institutional discourses, her stagnancy, also results in an attachment to unhealth. After all, in the nineteenth century, Sondra M. Archimedes reminds us in *Gendered Pathologies* (2005), '[t]o the medical eye, the transgressive woman, in particular, was a sick woman'.[157] In this sense, *Harriett Frean*'s treatment of Prissie also casts its presentation of Harriett into stark relief. Despite Prissie's 'mysterious paralysis' that doctors 'didn't understand', we learn that she had a child who 'died the day it was born' and hopes 'some day' for another (*HF* 68, 73, 74, 75). Although Prissie is the primary pathologized figure in *Harriett Frean*, then, Prissie is married and trying to have children; Harriett is not. That Prissie is capable of intimacy and of bearing a child — her paralysis failing to '[come] between' her and Robin in the way that Harriett had imagined — leads Harriett to feel 'a sudden tightening of her heart' and 'a creeping depression that weighed on her brain and worried it' (*HF* 69, 75). This 'depression' works to sharpen our focus on the entangled bodymind by physicalizing Harriett's painful, shameful affect as a material pressure, recalling how her childhood greed was previously physicalized as being 'really and truly hungry' (*HF* 75, 13). Her 'secret pain' regarding Prissie's and Robin's marriage no longer 'soothed', Harriett's shame about her childlessness, about the stigma of childlessness and about those feelings of shame in themselves thus reiterates her

[156] For further work on spinsterhood and *Life and Death of Harriett Frean*, see Philippa Martindale, '"The Ceasing From the Sorrow of Divided Life": May Sinclair's Women, Texts and Contexts (1910–1923)' (unpublished doctoral thesis, Durham University, 2003), pp. 170–205.
[157] Sondra M. Archimedes, *Gendered Pathologies: The Female Body and Biomedical Discourse in the Nineteenth-Century English Novel* (Abingdon: Routledge, 2005), p. 2.

attachment to unhealth (*HF* 69). Sinclair employs the language of woundedness to position Harriett as the stagnant victim of Prissie's potential fertility.

To obtain another position, Maggie is compelled to send her baby to 'a woman in the country' who had come '[v]ery highly recommended' (*HF* 139). This was a fairly common practice in the nineteenth century, particularly for women working as wet nurses, who Melisa Klimaszewski writes in 'Examining the Wet Nurse' (2006) 'often were forced to send their babies to nurses who half-heartedly attempted to care for several children, many of whom died of neglect or malnutrition'.[158] In Maggie's case, sending her child to a 'baby farm' results in his death.[159] When she reports this to Harriett as part of a plea to be given 'another trial' as her maid, she betrays particular suspicions about his feeding: 'I think she must 'ave done something she shouldn't. […] [W]hether it was the food she gave him or what, 'e was that wasted you wouldn't have known him.' (*HF* 140, 139) Harriett's renunciatory praxis here wreaks a devastating material impact on Maggie and her child; she cannot possess her own breast milk, and so she exerts control over the flow of other women. Her earlier exile of her favourite childhood doll, Ida, to a 'pasteboard coffin and […] wardrobe cemetery' here tragically foreshadows the consequences of her adult behaviour (*HF* 8). Harriett symbolically killed Ida because she did not want to share her with another child and Sinclair underlines through Harriett's response to Maggie's baby's death that her denial cuts her off from pleasure and community. Harriett sees no connection between herself and Maggie, reiterating a guiding belief in ownership rather than a culture of care

[158] Melisa Klimaszewski, 'Examining the Wet Nurse: Breasts, Power, and Penetration in Victorian England', *Women's Studies*, 35.4 (2006), 323–46 (p. 325–26).
[159] Ibid., p. 326.

and shared experience: 'If Maggie had made bad arrangements for her baby, Maggie was responsible.' (*HF* 141)

'TOO MUCH': EXCESSIVENESS IN *LIFE AND DEATH OF HARRIETT FREAN*

Throughout this chapter, we have been confronted with concepts of excessiveness as the source of gendered attachments to unhealth; we have encountered women who desire 'too much' and too blatantly, who are unduly responsive or hungry or controlling (*TS* 53). Remaining with *Harriett Frean* in this concluding section, I want to consider how its narrative pivots around two prominent diagnoses caught in a relation between excess and deficiency: Prissie's 'mysterious paralysis' and Harriett's mother's 'something malignant' (*HF* 68, 100). When Harriett reconnects with Prissie and Robin five years after resolving to '[give] the man up rather than hurt her friend', she finds that Prissie has been experiencing a different kind of hurt: 'It had begun with fits of giddiness in the street; Prissie would turn round and round on the pavement; then falling fits; now both legs were paralysed […].' (*HF* 144, 68) Sinclair dwells repeatedly on this 'turning round and round in the street', and such circularity is echoed in the character's conversation: Prissie seems to gain 'pleasure' in '[going] over' the details of her '*awful* illness' (*HF* 74, emphasis in the original). This endless 'going back on things' even appears to seize Harriett, who lies awake at night during a stay with the couple as her thoughts '[come] through and through her in wave after wave' (*TS* 384; *HF* 73). Sinclair emphasizes the visual spectacle of Prissie's 'illness', including her 'helpless, shaking laughter at the queerness of it' and her mouth that 'twitched and wavered, wavered and twitched', proposing that it constitutes a continuation and magnification of her youthful

propensity for '[starting] at sudden noises' and 'quivering' in doorways: 'It was as if Prissie's old restlessness had grown into that ceaseless jerking and twitching.' (*HF* 74, 70, 31, 32, 71)

While it was the fact that '[y]ou had to take care every minute that you didn't hurt her' which first attracted Harriett to 'the little white-faced, palpitating thing', she is disquieted by her friend in adulthood (*HF* 31, 32). Prissie enjoys the way she can control her husband through her 'illness', displaying 'voluptuous content' as she describes how Robin 'does everything' for her, and luxuriates in its illegibility, telling Harriett conspiratorially that '[t]he doctors didn't understand it' and that '[t]here was no reason why she shouldn't walk except that she couldn't' (*HF* 74, 73–74, 74). She is too much, we are led to believe, even for the medical institution; she exceeds the bounds of its diagnostic capacity. After Prissie's death, however, Robin's second wife, Beatrice, briskly sheds light on this site of intrigue:

> Pure hysteria. Robin wasn't in love with her and she knew it. She developed that illness so that she might have a hold on him, get his attention fastened on her somehow. I don't say she could help it. (*HF* 133)

Beatrice was previously Prissie's nurse and now cares for Robin; she acknowledges his flaws in a way that Robin refused to do with Prissie, resigned to the fact that she 'married the man [she] wanted' and thus must endure the 'nervous wreck' he has become (*HF* 132). Beatrice's assessment of Prissie is accordingly put forth as an authoritative, clear-eyed statement of fact, drawing strength from the language of the medical institution. In life, Prissie was insatiable in her demands — '[s]he wore [Robin] out' because he 'used up all his unselfishness' on her — but we can, the text seems to claim, contain and categorize her in death through this posthumous diagnosis (*HF* 132). Certainly, her presentation chimes with

'the flamboyant version of the disorder' popularized by 'the Charcot school' that Mark S. Micale describes in 'On the "Disappearance" of Hysteria' (1993), and the institutional bewilderment regarding her mobility of which she boasts speaks to a 'diagnosis of exclusion'.[160]

At the same time, hysteria in *Harriett Frean* is also a 'metaphor' about insufficiency.[161] When Harriett first reencounters Prissie, she is shocked by her appearance, 'thin, thinner than ever, and stiff as if she had withered' (*HF* 70). It is this starting position from which Prissie practises excess, expanding like the house's oppressive temperature and becoming, Harriett considers, 'very happy' in her dominance, but her diagnosis works to diminish her once more (*HF* 80). She was 'pitiable', Beatrice later reflects; Harriett's protest that it must not have been hysteria, or at least that hysteria was worth taking more seriously, because Prissie 'died of it' is perfunctorily demythologized: 'No. She died of pneumonia after influenza.' (*HF* 133) Anna Mollow argues in 'Criphystemologies' (2014) that 'to *be* hysterical […] means *not to know* one is so' and thus involves being 'subjected to a process of epistemological disablement by which one is presumed deficient in self-awareness', and we see this at work when Beatrice, and the text itself, so confidently contradicts her own claims about her paralysis and other impairments.[162] Prissie is simultaneously too much and yet not enough: she becomes a hysterical subject through her inability to make her husband love her, and in her hysteria is shown to lack self-awareness.

[160] Mark S. Micale, 'On the "Disappearance" of Hysteria: A Study in the Clinical Deconstruction of a Diagnosis', *Isis*, 84.3 (1993), 496–526 (pp. 503, 510).
[161] Mark S. Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton, NJ: Princeton University Press, 1995), p. 181. For further discussion of diagnosis and metaphor, see Michael Hanne, 'Diagnosis and Metaphor', *Perspectives in Biology and Medicine*, 58 (2015), 35–52.
[162] Anna Mollow, 'Criphystemologies: What Disability Theory Needs to Know About Hysteria', *Journal of Literary & Cultural Disability Studies*, 8.2 (2014), 185–201 (p. 191). Emphasis in the original.

She is both, in the words of Diane Price Herndl's *Invalid Woman* (1993), 'a figure with enormous power, able to achieve her desires through the threat of her imminent death or her disability' and 'a figure with no power, subject to the whims of her body or mind'.[163]

Described in Susan Sontag's formative *Illness as Metaphor* (1978) as a culturally defining 'master illness' of the twentieth century that is 'felt to be obscene—in the original meaning of that word: ill-omened, abominable, repugnant to the senses', cancer is also a capaciously metaphoric diagnosis.[164] Some scholars have pushed against *Illness as Metaphor* in the years since its publication, and Barbara Clow in particular has called into question Sontag's 'conclusions about silence and shame' in 'Who's Afraid of Susan Sontag?' (2001).[165] However, the 'horrible thing that even the doctors were afraid to name' is indeed presented as a 'mysterious malevolency' and source of 'secret shame' for Harriett's mother in the early 1880s (*HF* 100).[166] Mrs Frean tries hard to conceal her condition and, once 'the pain; the pain she had been hiding, that she couldn't hide any more' becomes visible, Harriett upholds the fiction 'that the doctors weren't sure' about the diagnosis (*HF* 100). We can see clearly the distinction between illness and sickness in these passages: the former concerns subjective 'weakness', 'sickness' and 'pain', while the latter involves the social world and anxious friends calling to 'inquire' (*HF* 100). As in Chapter 2's discussion of Mrs Henderson's attachments to unhealth in *Pilgrimage*, Mrs Frean's 'something malignant' is a painful affective experience, but it is also a problem of capital (*HF* 100). There is 'one chance for her

[163] Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840–1940* (Chapel Hill, NC: University of North Carolina Press, 1993), p. 4.
[164] Susan Sontag, *Illness as Metaphor* (New York, NY: Farrar, Straus and Giroux, 1978), pp. 72, 9.
[165] Barbara Clow, 'Who's Afraid of Susan Sontag? Or, the Myths and Metaphors of Cancer Reconsidered', *Social History of Medicine*, 14.2 (2001), 293–312 (p. 304).
[166] Sontag, p. 6.

in a hundred if they had Sir James Pargeter' undertake an operation, but it 'would cost a hundred pounds' (*HF* 100–01, 101).

Sontag's identification of the ontological tension between cancer and the cancer patient becomes significant here in relation to *Harriett Frean*'s presentation of hysteria as simultaneously excessive and insufficient; the former, she writes, is 'a disease of growth […] abnormal, ultimately lethal growth that is measured, incessant, steady', while the latter '"shrivels" (Alice James's word) or "shrinks" (Wilhelm Reich's word)'.[167] This contrast between the wilful abundance of the disease and the mournful contracting of the human subject is further complicated by the 'mythology of cancer' that attributes to its cause 'a steady repression of feeling'.[168] Such mythic repression becomes personified by the disease itself, 'the body tissues turning to something hard' in a fleshy transliteration of negative affect.[169] According to Sontag, therefore, cancer patients are caused to become diminished by an uncontrollable excess which responds to the same kind of affective abstention or self-denial that, as established, forms the bedrock of the Freans' lives. In the end, Harriett's 'smiling' mother renounces the operation that might save her life; Harriett later discovers she had known three years prior that an operation at the time certainly 'would have saved her', but she 'had been thinking of the hundred pounds' (*HF* 101, 106).

Agnes Arnold-Forster writes in 'Cancer, Modernity, and Decline in *Fin-de-Siècle* Britain' (2020) that, from the late 1850s, 'the idea [of cellular pathology] was that normal human cells were converted to malignant cells — that these diseased units arose

[167] Ibid., pp. 12, 14.
[168] Ibid., p. 22.
[169] Ibid., p. 13.

spontaneously in the body and were derived from healthy tissue'.[170] She continues: 'Unlike "natural" bodily processes, cancer was [understood to be] not governed by discernible laws; cancerous tumours instead demonstrated a "monstrous exaggeration of growth".'[171] As such, we might consider that cancer broke down distinctions between what was of the body and what was apart from it, and this is reflected in Harriett's horrified and fascinated apprehension of her mother, who under the 'torpor' of morphia in the last days of her life, appears both familiar and strange, her 'face, sallow white, half imbecile, […] a mask flung aside' (*HF* 104). This opposition between the natural and the monstrous also resonates with the other argument that Mrs Frean deploys against an operation: that of the grotesque eagerness of the medical institution, and in particular surgeons, to treat her condition. She is horrified by the gleeful, excessive diminishment she imagines taking place in the operating theatre: 'They just love to try experiments, those doctors. They're dying to get their knives into me.' (*HF* 102) Harriett builds on this fear, referencing the potential for a worsening in intensity and duration, worrying that an operation would '[give] it more time to torture her' but also that uncontrolled, uncontrollable medical intervention would be intolerable, 'stabbing with sharper and sharper knives; cutting in deeper' and '[making] the pain worse' (*HF* 103).

What institutional medical diagnoses bring to *Harriett Frean*, then, is a fraught push-pull between *too much* (the excesses of hysterical praxis; the monstrous growth of cancerous cells; unrestrained medical treatment) and *not enough* (the hysterical subject's

[170] Agnes Arnold-Forster, '"A Rebellion of the Cells": Cancer, Modernity, and Decline in *Fin-de-Siècle* Britain', in *Progress and Pathology: Medicine and Culture in the Nineteenth Century,* ed. by Melissa Dickson, Emilie Taylor-Brown and Sally Shuttleworth (Manchester: Manchester University Press, 2020), pp. 173–93 (p. 183).
[171] Ibid., p. 183.

deficient self-awareness; the wilting and mythologized repression of the cancer patient). However, I have shown in this chapter that women do not only become attached to unhealth through the snares of such metaphorically fraught, cognitively and socially authoritative diagnoses. The internal logic of *Harriett Frean*, for instance, is grounded in discourses of restraint and renunciation that owe much to contemporaneous notions of health, fitness and diagnostic taxonomy, and other pervasive medicalized imperatives about proper womanhood also play their part in producing attachments between women and unhealth. Thinking back to *The Three Sisters*, we can reflect further on Rowcliffe's presence as a driving force in the novel, but again, it is not only his professional treatment of Alice that contributes to gendered attachments to unhealth. His flawed insistence on understanding Gwenda through a 'writing of the body' is strikingly physiognomic, for example, and Sinclair's positioning of blood as a determining unit of bodymind inheritance guides us towards Charles Darwin, Francis Galton and heredity.[172] These ideas and others from the medical institution of the time circulate insistently throughout *The Three Sisters*, and we are returned time and again to the ways in which they produce a conceptual collocation between *woman* and *unhealth*; through marriage and childbirth as well as spinsterhood; through starvation and through ravenous appetite; through passion and through self-denial. Where we encountered a trio of very specific strategies through which Woolf's female protagonists become attached to unhealth in Chapter 1, and turned to the transitive ordinariness of women's attachments in Richardson's *Pilgrimage* in Chapter 2, here we have seen how Sinclair's treatment of the medical institution sets out a landscape of multiply constructed,

[172] O'Farrell, p. 3.

omnipresent gendered attachments to unhealth, registered in the texts as far more *extra*ordinary.

AFTERWORD

Susan Gal suggests in 'A Semiotics of the Public/Private Distinction' (2002) that the terms public and private 'do not simply describe the social world in any direct way; they are rather tools for arguments about and in that world'.[1] Throughout this thesis, I have demonstrated that this is also the case for unhealth: it is a concept that has enabled me to craft arguments about the specific ways in which three key early twentieth-century women writers present 'woman' shouldering an oppositional position to 'health'. This project was never an attempt medically to diagnose female characters, or to claim unhealth as a new category of experience for the living human subject; it began as a thesis about representations of bodies and illness in the early twentieth century, but it increasingly became an experiment in processing an accumulation of literary meaning about health and gender. Circumventing an understanding of 'disease' as something 'located in the body itself', as Diane Price Herndl writes in 'Disease versus Disability' (2005), I have taken up a model influenced by disability studies, whereby attachments to unhealth materialize through socio-cultural work.[2] In this way, I have been able to account for the ways in which Virginia Woolf's, Dorothy Richardson's and May Sinclair's female characters, notwithstanding their explicit experiences of disease, illness or sickness, become aligned with the ideas carried by these three terms and thus navigate, to pull from Kathleen Stewart's 'Weak Theory in an Unfinished World' (2008), the 'thicket of connections' that influences how we understand 'woman' in early

[1] Susan Gal, 'A Semiotics of the Public/Private Distinction', *differences: A Journal of Feminist Cultural Studies*, 13 (2002), 77–95 (p. 79).
[2] Diane Price Herndl, 'Disease versus Disability: The Medical Humanities and Disability Studies', *PMLA*, 120.2 (2005), 593–98 (p. 593).

twentieth-century fiction.[3] Though incorporating research on topics including gender, bodies, feeling and emotion and social history, this has been a specifically literary project, invested in uncovering ways that health and its 'conceptual opposite' can be represented and understood as something other than biological or ontological *truth*.[4]

I began Chapter 1 with a focus on female characters' domestic life-building efforts in Woolf's *The Voyage Out* (1915), *Mrs Dalloway* (1925) and *Flush: A Biography* (1933). In tracing how these texts stage Rachel Vinrace, Clarissa Dalloway and Elizabeth Barrett Browning working to achieve more endurable, maintainable and defendable lives, I uncovered the motifs — a love of music, the famous party, geographical movements — through which they counterintuitively become attached to unhealth. In Chapter 2, I expanded my analysis to encompass the overlapping domestic and professional spheres in Richardson's *Pilgrimage* (1915–67), grounding my reading of its thirteen chapter-volumes with an emphasis on work and care as conceptual sites of ordinariness, that is, modes of being and doing that are treated as largely 'background, stationary' within the narrative.[5] I showed here how female characters, and the idea of 'woman' more broadly, become attached to unhealth through the thematic, symbolic and structural influence of these sites, which I also united through a consideration of Miriam's future. Finally, I turned in Chapter 3 to the impact and influence of the institutional arena in relation to Sinclair's *The Three Sisters* (1914) and *Life and Death of Harriett Frean* (1922), attending especially to the logic of

[3] Kathleen Stewart, 'Weak Theory in an Unfinished World', *Journal of Folklore Research*, 45 (2008), 71–82 (p. 72).
[4] Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York, NY: Columbia University Press, 1997), p. 6.
[5] Dorothy Richardson, *Pilgrimage*, intro. by Gill Hanscombe, 4 vols (London: Virago, 1979), III, 484. Further references to these volumes are given after quotations in the text.

institutional medicine that underpins and accumulates in these texts to ensure that women become 'weighed down by association', to quote Sara Ahmed in 'Creating Feminist Paths' (2013), with unhealth.[6]

This thesis has revealed the textual mechanisms through which these writers' works orchestrate a series of bonds and commitments between their female characters and unhealth. I have argued that, read as a cumulative archive, these attachments shape our impression of 'woman' as a category by generating a conceptual collocation with 'unhealth'. This body of fiction does not accept as given that women are intrinsically *unhealthy*, but rather works thematically, symbolically and structurally to bond them together with, and commit them to, health's 'conceptual opposite' in domestic, professional and institutional arenas.[7] As such, and returning to Julia Kristeva's phrasing in *Hatred and Forgiveness* (2010), I contend that Woolf, Richardson and Sinclair dispute common, individualized notions of health as a '*symptom of the organism*' or a '*symptom of the subject*', instead approaching it as a pervasive socio-cultural construct that might be brought to bear on their female characters.[8] In 'Artists' Books and Medical Humanities' (2020), Stella Bolaki writes:

> There is more and more recognition […] of the democratizing and radical contribution of the arts: their potential to generate alternative knowledges of the body and new methodologies for exploring questions of health and illness and to foster critical pedagogies that challenge authoritarian hierarchies and encourage tolerance of ambiguity within the culture of medicine.[9]

[6] Sara Ahmed, 'Creating Feminist Paths' <https://feministkilljoys.com/2013/08/27/creating-feminist-paths> [accessed 2 December 2020].
[7] Garland-Thomson, p. 6.
[8] Julia Kristeva, *Hatred and Forgiveness*, trans. by Jeanine Herman (New York, NY: Columbia University Press, 2010), p 153. Emphasis in the original.
[9] Stella Bolaki, 'Introduction: Artists' Books and Medical Humanities', *Journal of Medical Humanities*, 41 (2020), 1–5 (p. 2).

By taking this literary perspective on 'questions of health', I have been able to advance fresh perspectives on Woolf's, Richardson's and Sinclair's early twentieth-century fiction, as well as develop a transferrable model of engagement for approaching fictional encounters with disease, illness, sickness and other health experiences commonly perceived as negative.[10] It is a model that disrupts uncritical adoption of medicalized ideas in analyses of literary health, and which might be applied to other texts from other time periods.

The themes of my three chapters can be connected and extended in multiple different ways. Through their respective emphases, for instance, Chapters 1 and 2 create a productive tension between individual and individualistic life-building efforts and shared networks of survival and support. Rachel, Clarissa and Barrett Browning are depicted as surrounded by people — fellow travellers aboard the *Euphrosyne*, anonymous passers-by on the streets of London, visitors to the sick-room — and yet they so often retreat to 'the privacy of the soul'.[11] The musically attuned Rachel struggles to make herself heard even to her fiancé; Clarissa, as Rebecca Colesworthy argues in *Returning the Gift* (2018), 'takes a certain pleasure in secretly knowing that some disconnection is inevitable', and *Flush* proposes that Barrett Browning must leave London and her family home in order to carve out a life to her own satisfaction.[12] On the other hand, while Miriam Henderson is fiercely independent, most appreciative of those who '[leave] her to herself', *Pilgrimage* shows her curiously — incongruously, inquisitively — butting-up against other people's ideas, feelings, expectations and experiences, and finding herself changed by the contact (IV: 192). Peter

[10] Ibid., p. 2.
[11] Virginia Woolf, *Mrs Dalloway*, ed. and intro. by David Bradshaw (Oxford: Oxford World's Classics, 2009), p. 107. Further references to this edition are given after quotations in the text.
[12] Rebecca Colesworthy, *Returning the Gift: Modernism and the Thought of Exchange* (Oxford: Oxford University Press, 2018), p. 65.

Fifield writes in *Modernism and Physical Illness* (2020) that '[t]he dental practice demonstrates how Miriam's independence is not total, but an ongoing and intricate negotiation with other people', and this holds true for *Pilgrimage* as a whole, exemplified by the sites of work and care to which Chapter 2 attends.[13]

Chapters 2 and 3, meanwhile, share an interest in medicine and the medical institution. Despite my focus on domestic and professional arenas in *Pilgrimage*, the ways in which Miriam relates to the thematic sites of work and care are irrefutably also shaped by her understanding of the medical, especially from *The Tunnel* (1919) onwards. As we have seen, she forms a new relationship with care after her mother's death through her work as a dental secretary, and it is also through Mr Hancock, one of the Wimpole Street dentists, that she is (re)initiated into the scientific sphere, from which spirals her research into 'woman' as a medico-scientific category. Miriam's professional identity combines with this anxious research and her friendship with other New Women to recontextualize and politicize the ordinary as she encounters it, where 'all the stuffy nerve-racking never-ending things' are 'dumped on to women' (II: 279). Her later engagement with diagnosis in particular is highly generative, but also leans on ideas that, by *March Moonlight* (1967), she determines to push back against, '[throwing] science and socialism overboard' such that any retrieval efforts find that 'submergence' has 'changed them' (IV: 606). The medical institution — its infrastructure, figures and discourses; its basis, language and methods — is also the concern around which Chapter 3 pivots. The two chapters resonate with one another especially constructively through their respective understandings of diagnosis; in each, we see multiple meanings held in tension at once. Among other readings, Miriam's 'nervous breakdown'

[13] Peter Fifield, *Modernism and Physical Illness: Sick Books* (Oxford: Oxford University Press, 2020), p. 153.

carries significance as a paternalistic dictum, 'a passport to freedom' and an impediment to her relationship with Charles Ducorroy, while the hysteria with which Alice Cartaret is labelled in *The Three Sisters* is both nineteenth-century maternal inheritance and twentieth-century strategic victory; both a call for romantic and sexual satiation ('she's been starved') and a reason for her father to threaten 'restraint' (IV: 391, 380).[14]

Finally, Chapters 1 and 3 are united by a more intangible sense of want. Attachments to unhealth in *The Three Sisters* and *Harriett Frean* are shown in Chapter 3 to be significantly shaped by romantic and sexual desire, and although the life-building efforts through which the focal female characters in Chapter 1 become similarly attached are primarily about channelling desire for something *better* and *different* into meaningful actions, other desires also contribute. Both chapters are animated by female characters who perform a kind of ardent ingratitude towards what they have been allotted: they do not want it, or they want everything and more. We see this perhaps most obviously in Harriett's appetite in *Harriett Frean*, which extends from alimentary objects to Harriett's friend's husband, straining against its bounds, as well as in our opening glimpse of the Cartaret women in *The Three Sisters*, dissatisfied in their father's vicarage and 'intense' in their thoughts about the new doctor — some of them without even knowing *what* they are thinking — as even the sound of his trap 'stirred in their blood and nerves' (*TS* 10, 9). Aboard the *Euphrosyne* in *The Voyage Out*, Rachel wants to ask Richard Dalloway to '[p]lease' tell her 'everything' and, despite her torment when he kisses her, the desire to cast off her comfortably 'dull and crippled' life in London is undiminished; the slow creep of Clarissa's past and especially her

[14] May Sinclair, *The Three Sisters*, intro. by Jean Radford (Garden City, NY: Dial Press, 1985), pp. 77, 181. Further references to this edition are given after quotations in the text.

former lovers into *Mrs Dalloway*'s present sees the novel intensify the ways in which her party planning, itself a desire to cast off 'her illness', generates attachments to unhealth; and the yearning that impels Barrett Browning to attempt to leave the sick-room behind, *Flush* suggests, is stoked by the love letters she exchanges with her eventual husband (*MD* 3).[15]

In Chapter 3, I used Alice's blush to think about institutionalized medicine, the legible bodymind and bloody female genealogies in *The Three Sisters*. To recontextualize this analysis, we might turn to Erica L. Johnson's and Patricia Moran's introduction to *The Female Face of Shame* (2013) for a reminder that the blush is also 'one of the most visible markers of a range of emotions […] that all derive from the experience of being shamed'.[16] Shame runs through each of the three chapters of this thesis as they uncover women's attachments to unhealth: shame experienced in relation to sex, appetite, money, productivity and much more; shame, as Jennifer Biddle writes in 'Shame' (1997), 'experienced less as about what the self has done but what the self is'.[17] When Alice blushes upon hearing Dr Rowcliffe's name, she does not, or at least not only, feel shame about her desire for him: she is ashamed about herself as a desiring subject, having been castigated by her father for indiscretions in his previous parish. In *Blush* (2005), Elspeth Probyn describes shame as 'an exposure of the intimacies of selves in public', and we notice this at work in *Harriett Frean*, too, when Harriett becomes 'all hot and wet with shame' at the thought of being seen as greedy at a party, all the while that we are led to infer that she was indeed being greedy.[18]

[15] Virginia Woolf, *The Voyage Out*, ed. and intro. by Jane Wheare (London: Penguin, 1992), pp. 48, 72. Further references to this edition are given after quotations in the text.
[16] Erica L. Johnson and Patricia Moran, 'Introduction', in *The Female Face of Shame*, ed. by Erica L. Johnson and Patricia Moran (Bloomington, IN: Indiana University Press, 2013), pp. 1–19 (p. 2).
[17] Jennifer Biddle, 'Shame', *Australian Feminist Studies*, 12.26 (1997), 227–39 (p. 229).
[18] Elspeth Probyn, *Blush: Faces of Shame* (Minneapolis, MN: University of Minnesota Press, 2005), p. 130; May Sinclair, *Life and Death of Harriett Frean*, intro. by Jean Radford (London: Virago, 1980), p. 14.

Harriett's messy feelings about her childlessness and the presumed inability of her friend and romantic rival, Prissie, to be physically intimate with her husband are also drenched in shamefulness, as is her mother's refusal to undergo cancer surgery.

In Chapter 2, we might recall that an early, enduring image of Mrs Henderson involves her 'praying and trying' with the local vicar, '[blaming] herself' for her own condition and the sins of her husband (I: 475). Miriam's attempts to provide care in their straitened financial circumstances are similarly marked; Richardson recalls Mrs Henderson's religiosity when, '[v]aguely, burning with shame at the confession', Miriam explains to an obtuse homeopathist that the assistance of a trained attendant 'could not be afforded' (I: 488). Shame also obtrudes in Miriam's burst of incomprehension when Charles Ducorroy rescinds his affections following discovery of her 'nervous breakdown', bitterly regretting 'her carelessness' in claiming a term 'so applicable to his own condition' (IV: 653). In Chapter 1, the focus on the party in *Mrs Dalloway* as a means of moving past Clarissa's 'illness' is shaped by the way such experience is, as Elizabeth Outka writes in *Viral Modernism* (2020), 'so often coded in terms of female weakness and dependency' (*MD* 3).[19] Clarissa is sure to inform the intimidatingly substantial Lady Bruton that she is 'perfectly well' when they meet, shamed by her knowledge that her husband's friend '[detests] illness in the wives of politicians' (*MD* 152). Shame surrounds women's attachments to unhealth in this literary archive.

These examples support Johnson's and Moran's assessment of shame as intimately connected to seeing and being seen:

[19] Elizabeth Outka, *Viral Modernism: The Influenza Pandemic and Interwar Literature* (New York, NY: Columbia University Press, 2020), p. 115.

> Scholars agree that the shame affect notably evokes a 'doubleness of experience', involving not just an intrapsychic apprehension of the self as diminished, but an intersubjective apprehension of the self *as diminished in the eyes of another*.[20]

Just as health is so often treated as something that one *has* or *is*, shame cuts similarly to the core; to draw once more from Woolf's 1919 review of *The Tunnel*, it concerns 'the source beneath the surface, the very oyster within the shell', particularly when we envisage, or experience, this 'oyster' being held up to the scrutiny of others.[21] Again like health, shame is conceptualized in relation to ideals and norms, the boundaries of which often feel inherent and intuitive when in fact, as Martha Nussbaum writes in *Hiding from Humanity* (2004), 'societies ubiquitously select certain groups and individuals for shaming, marking them off as "abnormal" and demanding that they blush at what and who they are'.[22] 'Shame is "owned"', Probyn observes, 'very differently by different disciplines', and while we might venture down a number of distinct scholarly paths here, not least the kind of affect theory touched upon in Chapter 1, I find merit in the approach taken by historians of emotion who, Susan J. Matt asserts in 'Current Emotion Research in History' (2011), 'share the conviction that feelings are never strictly biological or chemical occurrences; neither are they wholly created by language and society'.[23]

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[20] Johnson and Moran, 'Introduction', in *The Female Face of Shame*, ed. by Johnson and Moran, pp. 1–19 (p. 4). Emphasis in the original.
[21] Virginia Woolf, 'The Tunnel', in *Contemporary Writers*, pref. by Jean Guiguet (New York, NY: Harcourt Brace & World, 1965), pp. 120–22 (p. 121).
[22] Martha Nussbaum, *Hiding from Humanity: Disgust, Shame, and the Law* (Princeton, NJ: Princeton University Press, 2004), p. 174.
[23] Probyn, p. 12; Susan J. Matt, 'Current Emotion Research in History: Or, Doing History from the Inside Out', *Emotion Review*, 3 (2011), 117–24 (p. 118).

Matt's description of 'feelings' that 'have a neurological basis but are shaped, repressed, expressed differently from place to place and era to era' works to bridge '[t]he polarization between universalism and social constructivism' that Jan Plamper describes in *The History of Emotions* (2015).[24] Shame is a useful representative case because it tends to manifest with 'visible markers' pointing towards the 'physical' or physiological arena, as well as castigating 'mental' or psychological self-perception which takes shape in relation to an external gaze mediated by social norms.[25] It is, as Kaye Mitchell argues in *Writing Shame* (2020), 'both deeply personal and ineluctably social/relational', or, as Peter N. Stearns describes in 'Shame, and a Challenge for Emotions History' (2016), 'a quintessentially social emotion'.[26] The bodymind consequently continues to function usefully in this context because, returning to Margaret Price's explication in 'The Bodymind Problem and the Possibilities of Pain' (2015), it describes 'a sociopolitically constituted and material entity'.[27] It is a concept that gestures towards the mutually constitutive imbrication of idiosyncratic 'mental' and 'physical' components, as well as the impact of one's shared 'social/relational' position in the world, all of which also interact in combination to generate shame and emotion more broadly.[28]

Perhaps shame stands out to me as I write this Afterword because for all its negative connotations it is, Sianne Ngai writes in *Ugly Feelings* (2005), a 'potentially ennobling or

[24] Susan J. Matt, 117–24 (p. 118); Jan Plamper, *The History of Emotions: An Introduction*, trans. by Keith Tribe (Oxford: Oxford University Press, 2015), p. 5.
[25] Johnson and Moran, 'Introduction', in *The Female Face of Shame*, ed. by Johnson and Moran, pp. 1–19 (p. 2).
[26] Kaye Mitchell, *Writing Shame: Contemporary Literature, Gender and Negative Affect* (Edinburgh: Edinburgh University Press, 2020), p. 16; Peter N. Stearns, 'Shame, and a Challenge for Emotions History', *Emotion Review*, 8.3 (2016), 197–206 (p. 198).
[27] Margaret Price, 'The Bodymind Problem and the Possibilities of Pain', *Hypatia*, 30 (2015), 268–84 (p. 271).
[28] Mitchell, p. 16.

morally beatific [state]'.[29] In *Queer Attachments* (2007), Sally R. Munt concurs: '[S]hame produces shamed subjectivities, however it is an aspect of the dynamism of shame that it also can produce a reactive, new self to form that has a liberatory energy.'[30] There are possibilities be found in exploring and inhabiting shame's 'plasticity, its peculiar, latent potential' which feels akin to the experience of thinking through attachments to unhealth in this thesis, not to mention the ways in which 'shame, both directly and indirectly, impacts on health' according to Luna Dolezal and Barry Lyons in 'Health-Related Shame' (2017).[31] Attending to both involves putting pressure on what we often seek to avoid, moving beyond responses to the subject matter that feel '*normal* and *natural*'.[32] If we look beyond shame's negative connotations, how else might we approach it? If health is not treated as an effect of the biological or ontological, what else is there? I have sought to answer the latter question from the vantage point of literary studies, pointing towards a kind of ambient gendered culture of unhealth in Woolf's, Richardson's and Sinclair's early twentieth-century fiction. Confronting the entanglement of shame and health — what Frank Davidoff describes in 'Shame' (2002) as 'the "elephant in the room"' of medical practice — is, meanwhile, an aim of the ongoing Wellcome Trust funded Shame and Medicine project.[33]

In working with an archive of early twentieth-century women's fiction which often looks back to the nineteenth century, this thesis sits in an important transitional period for notions of gender and health: it is poised between different horizons of limitation for

[29] Sianne Ngai, *Ugly Feelings* (Cambridge, MA: Harvard University Press, 2005), p. 6.
[30] Sally R. Munt, *Queer Attachments: The Cultural Politics of Shame* (Aldershot: Ashgate, 2007), p. 80.
[31] Ibid., p. 103; Luna Dolezal and Barry Lyons, 'Health-Related Shame: An Affective Determinant of Health?', *Medical Humanities*, 43.4 (2017), 257–63 (p. 261).
[32] Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017), p. 14. Emphasis in the original.
[33] Frank Davidoff, 'Shame: The Elephant in the Room', *British Medical Journal*, 324 (2002), 623–24 (p. 623). See 'Shame and Medicine' <https://shameandmedicine.org> [accessed 2 December 2020].

women as well as significant changes in medical belief and practice. To reflect on Richardson's *Pilgrimage* as an example, we might compare Mrs Henderson's struggles to embody the ideals of the 'Angel in the House' — the exemplary figure that Woolf famously advocates 'killing' in 'Professions for Women' (1942) — with Miriam's New Womanhood, and consider the exchange staged between ideas of heredity which arose from the mid-nineteenth century onwards, and early twentieth-century efficiency and eugenics, the latter of which, Maren Tova Linett explains in *Bodies of Modernism* (2017), reached 'its peak in the years between the two world wars'.[34] In the interests of developing unhealth more thoroughly as a way of gathering together many different kinds of bodymind experience, I have skirted around much specific detail of early twentieth-century psychology, psychiatry and psychoanalysis, ground covered by studies such as Louis A. Sass's *Madness and Modernism* (1992), Mark S. Micale's edited collection *The Mind of Modernism* (2004) and Andrew Gaedtke's *Modernism and the Machinery of Madness* (2017).[35] Along similar lines, I have been less invested than, for example, Michael Davidson in *Invalid Modernism* (2019), in approaching what he describes as the 'biopolitical regimes of medicalization, comparative anatomy, and eugenics that emerge in the nineteenth century' *as* biopolitical with respect to the work of Michel Foucault; I have directed my focus more towards understanding the *textual* mechanisms through which a range of gendered bodyminds become attached to unhealth, rather than developing mimetic claims about the 'social order' or discussing 'the

[34] Virginia Woolf, 'Professions for Women', in *'The Death of the Moth' and Other Essays* (New York, NY: Harcourt Brace Jovanovich, 1970), pp. 235–42 (p. 241); Maren Tova Linett, *Bodies of Modernism: Physical Disability in Transatlantic Modernist Literature* (Ann Arbor, MI: University of Michigan Press, 2017), p. 12.
[35] See: Louis A. Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature, and Thought (*New York, NY: Basic Books, 1992); *The Mind of Modernism: Medicine, Psychology, and the Cultural Arts in Europe and America, 1880–1940*, ed. by Mark S. Micale (Stanford, CA: Stanford University Press, 2004); and Andrew Gaedtke, *Modernism and the Machinery of Madness: Psychosis, Technology, and Narrative Worlds* (Cambridge: Cambridge University Press, 2017).

body' through which, according to Foucault, this period saw 'inaugurating a biopolitics of power relations'.[36]

This thesis finds company amongst studies of disease, illness, sickness and disability in both nineteenth-century and early twentieth-century literature. Similar to Martha Stoddard Holmes's analysis of disability and melodrama in *Fictions of Affliction* (2004), which seeks to 'question, analyze, and disrupt the "natural" connection between disability and feeling', one aim of this thesis has been to 'recast' the connection between women and negative — painful, in crisis, inferior — health by excavating the textual mechanisms that cause this connection to run through Woolf's, Richardson's and Sinclair's early twentieth-century fiction.[37] In their careful depiction of the processes of attachment, I argue that these texts critique said attachment 'as naturalized rather than natural'.[38] My interest in the effect of repetition within a periodized literary archive, meanwhile, follows Price Herndl's focus in *Invalid Women* (1993) on how the figure of the invalid woman 'becomes recognizable and effective through its repetitions', the 'familiar[ity]' and 'predictability' of the sick-room scenes identified by Miriam Bailin in *The Sickroom in Victorian Fiction* (1994) and the 'series of literary paradigms' that Athena Vrettos traces in *Somatic Fictions* (1995).[39]

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[36] Michael Davidson, *Invalid Modernism: Disability and the Missing Body of the Aesthetic* (Oxford: Oxford University Press, 2019), pp. 32, 44.
[37] Martha Stoddard Holmes, *Fictions of Affliction: Physical Disability in Victorian Culture* (Ann Arbor, MI: University of Michigan Press, 2004), p. 4.
[38] Ibid., p. 4.
[39] Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840–1940* (Chapel Hill, NC: University of North Carolina Press, 1993), p. 2; Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994), p. 1; Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford, CA: Stanford University Press, 1995), p. 17. See also: Lawrence Rothfield, *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (Princeton, NJ: Princeton University Press, 1992); and Beth E. Torgersen, *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture* (New York, NY: Palgrave Macmillan, 2005).

Feeding into Davidson's analysis in *Invalid Modernism* of the disabled characters that 'are everywhere' in modernist literature is a discussion of the 'invalid aesthete', which leads him 'to situate modernist aesthetic illness within the broader field of disability studies'.[40] Davidson writes:

> By looking at disease as a discursive system rather than an epidemiological problem we may understand the processes by which the ill body becomes a cultural sign that could be deployed, for good or ill, to explain or rationalize the unruly or volatile body.[41]

We see here how Davidson extends a critique of the 'medical, taxonomical model' of disability to 'the ill body', in order to make a wider argument focused on disability.[42] By contrast, while this thesis began from a similar perspective, I have reached out to the medical humanities, with disability studies' critical arsenal of approaches to human subjects and their social, political and cultural mediation, in order to make a wider argument focused on health.

What is significant about my project is the way it accommodates the messy intersections of 'physical' and 'mental' experiences and discourses of disease, illness and sickness through an approach willing to be affected — *moved* — by the languages, concepts, methods and critical attitudes of both the medical humanities and disability studies. Although working in recognition of a critical and ethical obligation not to assimilate these fields of inquiry, building from the two in combination has cleared a path for me to approach health and unhealth as socio-cultural constructions shaped by interpretation regarding

[40] Davidson, pp. ix, 27.
[41] Ibid., p. 28.
[42] Ibid., p. 28.

which, to return to Price Herndl, 'the body is central but not an object that is itself defining'.[43] As I have argued, attachments to unhealth are produced in this body of fiction from the perspective that they must be worked at to be realized; unhealth is not an inherency of biology or identity. By bringing these fields into conversation, I have reiterated for the medical humanities the utility of a combined approach with disability studies, because experiences of health in embodied life — those which we see refracted in this body of early twentieth-century fiction — are mediated by more than just the self and the medical institution, or the patient and the doctor.

The specific formulation of women becoming *attached to unhealth* arises, as I described in the Introduction, through a reading of repetition in Sara Ahmed's work on objects, bodies and emotions in *The Cultural Politics of Emotion* (2004) and *Queer Phenomenology* (2006). Through this influence, as well as the discussion of affect theory in relation to Lauren Berlant's *Cruel Optimism* (2011) in Chapter 1 and this Afterword's attention to unhealth and shame in the focal texts, we might consider that theories of feeling, emotion and affect — three rich, often tangled terms — have provided a sort of latent backdrop to this project.[44] To draw out questions of shame and emotion more distinctly in relation to unhealth is one possible future of this research. I determined in the Introduction to uncover how female characters' attachments to unhealth become secure and stable, but we can also twist this question to ask what becomes insecure and unstable through an attachment to unhealth. I have focused on one socio-culturally constructed relational dynamic, but there are of course others at work in these texts; my mind also turns

[43] 'Disease versus Disability', 593–98 (p. 594).
[44] For discussion of Ahmed's approach to 'affect' and 'emotion', see Sigrid Schmitz and Sara Ahmed, 'Affect/Emotion: Orientation Matters', *Freiburger Zeitschrift für GeschlechterStudien*, 20.2 (2014), 97–108.

to pride, described by Erin J. Rand in 'Gay Pride and Its Queer Discontents' (2012) as the 'emotional antithesis' and 'political antagonist' of shame.[45] There is a direct relationship between questions of the world and questions of literature; more cynical than Audrey Shafer in 'Medical Humanities' (2009), I am not persuaded that medicine 'is about the human condition, what it means to be embodied and what it means to be embodied in your particular body', but I do suggest that work in the medical humanities and disability studies — and hopefully that which you have read here — can accommodate and express something that comes close to approaching what Shafer describes.[46]

[45] Erin J. Rand, 'Gay Pride and Its Queer Discontents: ACT UP and the Political Deployment of Affect', *Quarterly Journal of Speech*, 98 (2012), 75–80 (p. 75).
[46] Audrey Shafer, 'Medical Humanities: Demarcations, Dilemmas and Delights', *Medical Humanities*, 35 (2009), 3–4 (p. 4).

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