

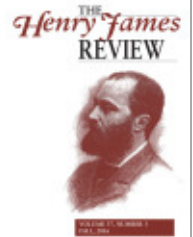


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The Silent Treatment of *The Wings of the Dove*: Ethics of Care and Late-James Style

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Henry James was part of a family deeply involved with illness and modes of caregiving, and it is perhaps no surprise that a character's sickness and death form the central event of his great late novel *The Wings of the Dove* (1902). However, much of the most impressive work on *The Wings of the Dove*—including criticism by Leo Bersani, Laurence B. Holland, Sheila Teahan, Sharon Cameron, David Kurnick, Omri Moses, and John Auchard—tends to focus on discourse, not disease, particularly on how intimately *The Wings of the Dove* uses silences. What critics have not yet explored is the way the novel's peculiarly suspended discourse actually results from its understanding of illness. In *The Wings of the Dove*, silence functions through an intimate structure of care relations, and the recovery of care ideas can help us perceive its style in a new way. I draw on the modern philosophy of "ethics of care," a feminist and disability-studies perspective that analyzes the interdependent relationships in which everyone is enmeshed from birth. While ethics of care is a modern theory, it proves to be well suited to a period when illness was largely treated at home and understood according to widely shared care protocols. I start, therefore, by reviewing relevant historical, biographical, and literary conventions of care and introducing the theory of ethics of care, before investigating Kate and Densher's conspiracy and Milly's self-image as a patient. *The Wings of the Dove* assumes that we know normative care practices because it requires us to provide a baseline from which we can see how far its characters deviate and how eerily the resulting relations mimic the care relations James's original audience and James's characters might have expected. In the end, I argue, James ends up developing something we might call a narrative theory of care.

James himself grew up in a family deeply concerned with caregiving. Jean Strouse writes that “in [the James] family, the concern elicited by illness passed for love—and doctors were the scientifically sanctioned personification of solicitude and care” (qtd. in Seltzer 82). Virtually every member of the family experienced sustained periods of invalidism, with Henry James Senior and all the James children (especially Alice) enduring debilitating illnesses particularly affecting their backs, eyes, digestion, and nerves (Kaplan 83). While psychosomatic illnesses often served as the Jameses’ expression of distress over roles they were being pressured to adopt, family members also shared recommendations for treatments as a way of demonstrating affection.

Maintaining family ties through nursing made sense, since in the middle-class nineteenth-century family, women cared for sick family members at home. Florence Nightingale noted that “every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid—in other words, every woman is a nurse” (v). Amateur nursing was, of course, often disastrous—which is why we needed a Florence Nightingale in the first place—but precisely because of its limitations, it needed to be supplemented by plenty of helpers. A middle-class disabled person had to have a network of siblings, parents, servants, nurses, and friends who could be called on for assistance with mobility as well as personal tasks like bathing and feeding. Thus the disabled or sick person ideally moved in a social group. In Victorian novels, this prospect often provided an enticing vision of tender communal relations: the sick person was also a social person.¹ The social appeal of the sick person could be all the more powerful for an isolated orphan, who would be grateful for voluntary ministrations (paid caregivers were less impressive).

Indeed, in the Victorian mind, “the creation of small, select societies around their bedsides [was] one of the greatest advantages of illness” (Bailin 20). In *The Portrait of a Lady* (1881), Ralph Touchett’s deathbed scene derives intense emotional power from the way it makes rivals merge into a loving, mutually harmonious community. As James recollected in the preface to *Wings*, Ralph’s “deplorable state of health was not only no drawback; I had clearly been right in counting it, for any happy effect he should produce, a positive good mark, a direct aid to pleasantness and vividness” (WD 5).

The Wings of the Dove seems to be heading toward just such a “happy effect.”² Milly is a classic isolate and a paradigmatic Victorian consumptive invalid: a pale, spiritually sublime lady who suffers from too much passion but redeems others through her prolonged dying. Milly’s physical symptoms and voyage to the recuperative climate of Italy indicate consumption, even though James never explicitly names her disease (Spunt). Readers might therefore reasonably expect the consumptive heroine’s typical end: a graceful decline surrounded by loved ones, with deeper love developing with Densher as he nursed her to the end.³

But in *The Wings of the Dove*, the reader’s expectation of tender nursing is profoundly thwarted. On her deathbed, Milly has chosen to surround herself with hired servants and medical consultants in lieu of friends. The reader does not see her final moments, and although her death arguably redeems Densher, it also destroys him, not to mention Kate.

Why does Milly’s care scene go so badly wrong? The immediate answer is money, but money is primarily important because it produces divergence from care

norms. First, Milly's wealth allows her to humor her preference for total denial of her illness. Friends are harder to control, but hired carers can be instructed to keep silent. Second, Milly's wealth is what Kate and Densher covet when they pretend to love Milly herself. Her fortune becomes a kind of idealized self—imperishable, sustaining, enviable—as her real body deteriorates. Densher finds this pretended care relation so shameful that it cannot be spoken.

Milly explicitly rejects her paradigmatic plot. She sees isolation as “a great boon,” a limitless freedom (198). “No one in the world could have sufficiently entered into her state; no tie would have been close enough to enable a companion to walk beside her without some disparity.”⁴ Indeed, she fears that “the vain sympathy, the mere helpless gaping inference of others” might kill her. She is endangered, not sustained, by the social ties of Victorian nursing (343).

The particular form of agony that Merton Densher undergoes derives from the fact that he—like other Victorian subjects—knows how care is supposed to work, so he is excruciatingly aware that he is violating its key tenets. Densher is desperate to validate those relations by retroactively making his care for Milly caring indeed.

Neither cared-for nor carer honors the conventions of fictional caregiving, but those are nevertheless the structures that James's reader craves. Consequently, this dynamic gets pushed onto the level of style. The language of the novel, as we shall see, is, in some ways, a care-based mode of speech. Its difficulty derives from all the qualities inherent in care relations: contagiousness, particularity, fluctuation, relationality. In other words, *The Wings of the Dove* is written in the strange voice of care itself.

An Ethics of care helps us uncover a shadowy dynamic undergirding *The Wings of the Dove*, a pairing that is actually typical of the way this theory operates. Because Victorian fiction has such a strong model of care relations, care ethicists have sometimes used it for case studies.⁵ Cora Diamond notes that moral philosophers need novels to provide the particularity that their normative philosophical discourse cannot offer (64).

Instead of imagining individuals engaged in rational social-contract-making with equal peers, as in classic liberal thought, care ethicists argue that we need to imagine human beings as profoundly interdependent beings enmeshed in intimate social ties. The three cases they tend to use are parenting, teaching, and nursing. These are intense relationships that often require multiple carers but can easily become “dominating, exploitative, mistrustful, or hostile” (Held 36–37). Carers can get depleted; cared-fors can too easily be abused or neglected.

Sometimes members of a care community start to watch out for one another as well as for their shared subject. Eva Feder Kittay has named this kind of group a *doulia*, “an arrangement by which service is passed on so that those who become needy by virtue of tending to those in need can be cared for as well” (107). Multiple persons may give and receive care simultaneously. A care community becomes a *doulia* once care decentralizes.

This idea of the *doulia* offers a useful recalibration of character functions in the novel. A *doulia*, as an egalitarian, affiliative collective, is the opposite of the novel system that Alex Woloch entitles *The One versus the Many*, in which a main character has to hold its ground against an invasive horde of minor characters battling for that single central character-space. Instead of Woloch's centralized, combative character system, the *doulia* imagines multiple people working together in complex networks.

Another potentially helpful element for readers is that caregiving is clearly visible on a narrative level, as opposed to sympathy, which is an internal emotion that may or may not be expressed externally. By comparison, care is an overt action whose motivation is largely irrelevant. One can give care out of duty, love, or even a kind of passive-aggressive one-upmanship, and although the motive may inflect the quality of the care still, carrying someone up the stairs remains carrying someone up the stairs. Reading for care enables us to do a surface reading rather than seeking deep motives.

Finally, in ethics of care any character can care, regardless of gender or status. Although Victorian etiquette manuals insisted that nursing was women's sacred task, Victorian fiction depicts a much wider range. Particularly in Dickens novels, carers can be the most apparently unlikely people—babies, pets, retired military men, cousins, neighbors, cognitively impaired street urchins. Such characters comfort the sick and help the weak. To read through care, therefore, is to dignify all characters regardless of their place in the social hierarchy. Care allows us to notice narrative moments when social relations are egalitarian, communal, and performative.

I have discussed these techniques in terms of characters, but in *The Wings of the Dove*, they operate in discourse itself. For in this novel, James transposes care relations from enacted reality, the *fabula* or story, onto the *szujet*, the level of style.

Egalitarian collectivism characterizes this discourse. Kurnick explains that James's style "intimates an alternative realm where, as Sly and the Family Stone would have it, everybody is a star. If in the novel as it exists there are bit parts and major players, James here conveys a sense of the contingency of that apportioning of narrative importance" (218). Not only do all the characters participate, they do so collectively.⁶ Kurnick shows how the elements of a care community—collectivism, egalitarianism, sharing—continue in this novel as a stylistic choice.

Performativity is key to *The Wings of the Dove* as well. Leo Bersani argues that in *The Wings of the Dove* James regards truth as a naïve crudity that only hobbles the imaginative flights through which characters develop. After all, James himself asserted that "to 'put' things is very exactly and responsibly and interminably to do them" (qtd. in Nussbaum 162). It is thrilling for readers to participate in such performances, with characters inventing themselves as they go along, but this precludes us from imagining those characters as preexisting beings moving through a preset world well or badly, beings who can set moral examples or offer us salutary warnings, in the ethical model of high-Victorian realist fiction.⁷ In this respect, James alters the way that care is understood. In George Eliot's novels, Omri Moses argues,

the desires of characters are themselves structured by and mirrored in a tissue of already fashioned communities. If characters change, it is because they come up against this matrix of preexisting relationships and find themselves needing to adjust. James, on the other hand, wishes to show not only how characters change but—since reality itself is only the sum of the improvised and unprepared connections to it—how the social sphere remains open to transformation as individual agents access and modify it. (116)

We are not supposed to evaluate characters in James, but to participate in their development. Fredric Jameson points out that to recognize “that Densher is a gigolo and Kate a designing woman and a bird of prey” is not necessarily the judgment that James wants us to make (*Antimonies* 183–84). In short, high Victorian novels use an ethics of care to govern how characters relate to each another, but Jamesian fiction uses an ethics of care to govern how characters relate to us.

These characters’ constant shifting connects intimately, once again, to the ethics of care. As Peta Bowden puts it, “our identities and self-understandings are in continuous flux, in virtue of the way we are embedded in a dynamic and changing context of relations” (11). In James’s narrative form, too, identity is entirely determined by relationality. Moses explains: “Each of his characters is so profoundly relational that she or he cannot be bound to any independent—which is to say, preestablished and recurring—form of being” (128–29). Wholly dependent on each particular case—adapting as the situation alters—intimately interrelating with others who themselves are adapting to her—the Jamesian character is the ultimate interdependent subject imagined by ethics of care.

If characters constitute themselves through stylistic interactivity, then the worst thing one can do to a character might be to silence her. Silence means the disintegration of the self that had formed in language. In *The Wings of the Dove* perhaps this is what happens to Milly, a thick silence gradually burying her, silting her in place. Rita Charon has written eloquently about the need for carers to pay attention to the cared-for and offer a response, but this becomes impossible if the cared-for refuses to share. Silence stops the story—and the self. Bersani claims that for James, “the ‘I’ itself has become merely the neutral territory occupied by language,” but what happens to that nascent “I” if there is no language in the territory at all (146)?

To present characters who form through an intimate, collective, fluctuating relationality—and then to introduce silence—is to betray them profoundly. In *The Wings of the Dove*, money enables the cared-for to repress all discussion of her condition and the carers to suppress the real reason why they are caring for her. In each case, silence comes to fill the mold left by the thing that should have been there. These silences come to resemble illness (they are contagious, come in intense attacks, disabling their subject), and they also bear a grotesque affinity to care communities (they generate social relationships and unify disparate individuals).

The textual placeholders for both Milly’s disease and Milly’s treatment are two forms of silence. There is, first, the silence of Kate and Densher’s conspiracy, a poisonous silence that seeps into everything else and is in fact so coterminous with Milly’s illness that one might even suspect that it is a form of illness, as if Milly is infected by their greed. This silence ramifies, extends, metastasizes. The second kind of silence is Milly’s demand that nobody acknowledge her illness. If the conspiratorial silence models illness, this silence models treatment. It mimics care inasmuch as it is shared amongst members of her community of care, it expresses their respect for the cared-for’s wishes, and it depletes and exhausts the carers. Just as regular care increases in medical crises, so too does Milly’s silent treatment (as one might call it) intensify at her worst stage.

Silences are complicated, both lies of omission and tacit confessions. They can mystify the truth, but they can also disseminate it. They set a mood, they create a method. In other words, silences can act exactly like care: a complicated social relation constantly being negotiated between people—but silences can also act just like disease: chronic, recurrent, contagious, disabling attacks. In *The Wings of the Dove*, silence becomes the unholy twin to both sickness and care.

By eschewing direct communication, the characters force discourse into more obscure, vague, problematic byways. Everything, including ideas, becomes contagious in *The Wings of the Dove*. Sharon Cameron points out that in *Wings*, “thinking is not private and it is not internal. . . . it appears to emanate from others” (150). Thought gets externalized, made into a public object that anyone can access. Kurnick agrees that the novel features what he calls “stylistic infectiousness” marked by shared metaphors and pervasive feelings (219).

Kate initiates the “conspiracy of silence” in this novel (456).⁸ Milly experiences Kate’s first attack when Kate’s very presence strikes a disturbingly aggressive, alien note, “something that was perversely *there*” (186). What is perversely there is the visible record of Kate’s relation with Densher. Thus when the tone alters, “she knew it afterwards to have been by the subtle operation of Kate” (185). Kate changes the atmosphere strongly enough to force Milly into trying “to escape from something else”: her first recognition of Kate’s suppressing a certain name.

Kate’s failure to mention Densher is a notable, repeated silence that “altered all proportions, had an effect on all values” (158). Milly feels it as a shiver, “a clear cold wave,” as if she is figuratively infected by Kate’s duplicity. Day after day, the omission metastasizes: “with the lapse of hours and days, the chances themselves that made for his being named continued so oddly to fail. There were twenty, there were fifty, but none of them turned up,” creating days “practically all stamped with avoidance” (191).

Linked to this silence is Kate’s violence of expression. When Milly confides that she is going to see Sir Luke Strett, Kate asks bluntly, “‘what in the world is the matter with you?’ It had inevitably a sound of impatience, as if it had been a challenge really to produce something” (187). Kate is not in tune with the cared-for. She is speaking from her own mysterious and unsympathetic motives. Milly does not know exactly why Kate resents her, but she intuits enough. Like the rift within the lute, like the crack in the golden bowl, Kate’s withholding of Densher’s name spreads so as to break the relationship past repair.⁹

The second attack occurs when Milly returns from Sir Luke Strett. Once again, Kate breezes in with an alien sensibility that Milly suddenly realizes “was the fine freedom she showed Mr. Densher. Just so was how she looked to him, and just so was how Milly was held by her—held as by the strange sense of seeing through that distant person’s eyes. It lasted, as usual, the strange sense, but fifty seconds. Yet in so lasting it produced an effect,” a revulsion against Kate’s falsehood, and a wish to baffle her (208). Thus Milly commences her own great lie, “answering beautifully, with no consciousness of fraud,” about her illness (209). Like Kate, she speaks literal truth but keeps silent on the central point around which everything else revolves. This lie keeps Kate at arm’s length. She cannot join an intimate community of care when the patient insists she requires no care.

Kate's and Densher's silence is toxic because what they want is not Milly's well-being but Milly's money; money is the real, if unacknowledged, object of their care acts. In this respect they violate what Noddings sees as basic to good care: carers should "wish to please [the cared-for] for his sake and not for the promise of his grateful response to our generosity" (*Caring* 24). Similarly, Charon imagines the ideal carer able "to attend gravely and silently, absorbing diastolically that which the other says, connotes, displays, performs . . . thereby getting to glimpse the sufferer's needs and desires, as it were, from the inside" (134). But *The Wings of the Dove* asks: what if the sufferer is lying about her "needs and desires"? What if the carer does not really want to know? What if the person who "absorbs diastolically" is in fact the wrong one—the sufferer counter-transferentially picking up her attendant's subtle cues, to their mutual dismay?

Kate's two attacks in London at the start of Milly's illness find counterparts in two attacks of Densher's in Venice at its end. Like Kate, Densher falls into awkward silence accompanied by aggressive mishandling. The first episode occurs when Milly asks why Densher stays in Venice. Densher finds himself speechless, stuck in a "horrible" and "odious" silence, because he cannot confess that Kate has made him stay (414–16). He thus resentfully reacts to Milly by asking whether it will be "safe" for her to leave the house (420). Like Kate earlier, he has broken into the issue of health with an excessively blunt query about her state. This confrontation is literally hurtful for both of them. He accidentally touches Milly's "supersensitive nerve" and he "winces" in response (418). This is not an erotic metaphor but the opposite, for they shudder away from painful contact, desperate to establish distance.

The second attack occurs when Milly excludes Densher from the palace. Densher's cautious, indecisive hanging around a gloomy, grimy Venice waiting for Milly to die makes him feel "abject" and "sordid" and "odious," as well as profoundly uncertain what to do (*WD* 434). He exemplifies the very opposite of Noddings's claim that "when I receive the other, I am totally with the other . . . and I do not ask myself whether what I am feeling is correct in some way" (*Caring* 32). Densher, instead, constantly asks himself whether his feelings are correct. He is utterly demoralized by having to perform a false position vis-a-vis two women for days on end, with everything depending on his capacity to keep the balance going in impossible conditions. Indeed, he is speaking "another kind of lie, the lie of the uncandid profession of a motive. He was staying so little 'for' Milly that he was staying positively against her" (421–22). In this attack, Densher's mere mute presence, neither trying to approach Milly nor trying to leave, offers a kind of final affront, a disquieting insufficiency, an irritant just when she needed it least.

Summoned to one final meeting with Milly, Densher has some kind of climactic exchange, whose content remains hidden from us. As Auchard accurately states, "what transpires between Milly and Densher—forceful as wordlessness or as unreported words—provides one of the major structural silences of the novel" (85). Densher's personal guilty silence swells into a silence that affects us—a meeting whose content we can never know.

If Kate and Densher have occasional attacks of hostile omissions, Milly arranges a different form of silence, an ongoing, continual stillness that seems like a chronic, debilitating condition. Milly's silence is an objective correlative or textual

representation of the disease that is never, never clarified for us. The ambiguity of Milly's disease—just like, but never quite established as, consumption—allows it to float free of literal meaning. Her diagnosis consists of unspoken words, and her nursing proceeds in the same way.

Milly's embrace of the silent treatment begins with her choice of nurses. She chooses a caregiver because "she had had from the first hour the conviction of her being precisely the person in the world least possibly a trumpeter" (182). Selected for her reticence, Susan Stringham's first intimation that something is seriously wrong is presented as a form of oddly suppressed communication, "an explanation that remained a muffled and intangible form" (106). Milly insists on confronting her own mortality in soundless isolation, seated on a cliff in the Alps. Meanwhile, "Mrs. Stringham stood as motionless as if a sound, a syllable, must have produced the start that would be fatal" and subsequently decides not to speak of the scene at all (112, 114). At every key moment between Milly and Susan Stringham, silence replaces more conventional caregiving.

Susan Stringham is not alone, for Milly generates a whole community of care: Mrs. Lowder, Kate Croy, Lord Mark, Merton Densher, Sir Luke Strett, and their pleasant, kindly British friends (178-81). Lord Mark and Mrs. Lowder explicitly "wished to take care of her and wasn't it, *à peu près*, what all the people with the kind eyes were wishing?" (182). The pressing sense of care—unspoken—forces itself onto Milly, and she is touched, grateful, indeed, moved to tears.

However, Milly imagines their sympathy as dangerous. Stephanie Byttember explains that Milly "invests others' impressions of her with a terrible power, namely the power to kill" (166). If words can kill, then silence really is the only possible treatment. Here is a moment in which care's externalization works better than the deep inner truths of sympathy. For people may pity Milly all they want, so long as they do not speak it. It is the performance that matters.

Thus Milly forces her carers to administer silence. In some ways, this decision is valid. Her carers respect her wishes, which may be justified; Lord Mark's words can indeed be said to kill her. On the other hand, by humoring her demands for denial, her carers are abetting a dangerous fantasy that precludes real medical interventions. Densher regards his "stillness" as "a policy or a remedy" (436). Yet the fact that the self-interested Kate and Densher are content with the silent treatment may give us pause. *The Wings of the Dove* presents a topsy-turvy world where one shows sympathy by refusing to show sympathy, gives care by sedulously avoiding any appearance of caregiving.

All the people in Milly's community of care learn to deliver the silent treatment. Her doctors, her servants, and her friends, are not allowed to speak. Neither Sir Luke Strett nor his Italian counterpart, Dr. Tacchini, will reveal her diagnosis (314, 443, 441). The servants in Milly's palazzo feel "the force of the veto laid . . . on any mention, any cognition, of the liabilities of its mistress. The state of her health was never confessed to there as a reason" (427). Susan Stringham is not permitted to comfort her. Teahan sums it up: Milly's illness "is not only unrepresented, but apparently unrepresentable as such, approachable only in a series of infinitely decreasing increments" (204).

The silent treatment climaxes, of course, at Milly's deathbed, when she most absolutely refuses speech. Lord Mark has left. She will not speak to Susan. Densher can learn nothing except that "something had happened—he didn't know what; and it wasn't Eugenio who would tell him" (428). Moreover, "nothing had passed about his coming back and the air had made itself felt as a non-conductor of messages" (429). And so, very much unlike Ralph Touchett, Milly dies alone and still. "She doesn't speak at all? I don't mean not of me," Densher asks Susan. "Of nothing—of no one," Susan replies. "She's more than quiet. She's grim" and "she'll never tell" (439, 440). As Milly's condition heightens, so does her silence, the gloomy twin of her illness, the strange shadow of her care. By the climax, her death, even people far away from her are infected, and the imperative to be silent spreads over multiple subjects, not just her health. As Densher sums up: "I can't talk to any one about her" (443). Neither Densher nor Milly mentions Kate for six weeks (449–50). Meanwhile, Kate and Densher have also ceased to communicate. Kate's "law of silence" forbids correspondence—their betrayal of Milly is unspeakable, but it would be absurd to speak of anything else (435).

I noted earlier that Jamesian characters, who develop through language, would regard silence as a death sentence. To some extent, this is true. When Milly goes forever silent, the novel ends. But silence is also the mechanism generating *The Wings of the Dove*, because the injunction on direct speech is precisely what produces the Jamesian stylistic efflorescences that constitute the book in the first place. If the characters could communicate this novel would not exist.

Milly's relation to Densher parallels the novel's relation to the reader. In both cases, Milly and *The Wings of the Dove*, there is a silent central artifact for whom we are taxed with the baffling, enticing, worrisome problem of caregiving. Charon's description of a clinical relationship is also a perfect account of good reading practice:

To attend gravely and silently, absorbing diastolically that which the other says, connotes, displays, performs, and means is required of effective diagnostic and therapeutic work. By emptying the self and by accepting the patient's perspectives and stance, the clinician can allow himself or herself to be filled with the patient's own particular suffering, thereby getting to glimpse the sufferer's needs and desires, as it were, from the inside. (134)

For "clinician," take "reader"; for "patient," take *The Wings of the Dove*.

Much of *The Wings of the Dove* constitutes a standoff, in which each woman privately gloats over the central fact of her existence—her lover, her illness—refusing to entrust it to her supposed best friend. But neither woman is fooled. Kate's very silence shows Milly the real importance of Densher, rendering Milly fascinated, indeed obsessed, by this unspoken truth. At the same time, Kate recognizes that Milly is ill, but as she remarks, "it's a matter in which I don't want knowledge. She moreover herself doesn't want one to want it . . ." (280). Ironically, it is their moments of apparent candor that are the most constrained: "it was when they called each other's attention to their ceasing to pretend, it was then that what they were keeping back was most in the air" (342). It is an exchange of denials, not information.

The two great silences merge to permit a kind of ghastly version of a marriage plot to be played out in conditions that ought to have precluded it. Because of Kate's silence about her engagement, Densher seems free to woo Milly; because of Milly's silence about her illness, she can seem to respond to his courtship. Every aspect of this plot is unspeakable. It can only function if nobody articulates it.

If the two great lies had succeeded, Milly would have married. Because they fail—the conspiracy and the treatment collide—Milly dies. But the economy of silence must be sustained. For silence is larger than the *fabula* (narrative)—silence is the prod that pushes *The Wings of the Dove* into the air. A third silence emerges, one that by its very nature can never be filled in. Kate burns Milly's final letter.

Kate's destruction mutes Milly's words forever. And her act of burning Milly's letter sets up a new regime of silence between the surviving conspirators. Milly becomes an unspeakable subject, carried with an "intensity with which it mutely expressed its absence" (521). Densher and Kate rarely meet, and when they do, their talks are "more remarkable for what they didn't say than for what they did" (523). The avoidance governs their conversation. "Not to talk of what they *might* have talked of drove them to other ground; it was as if they used a perverse insistence to make up what they ignored," becoming civilly circumlocutory, talking, in fact, as if they are in a James novel (525). If Milly's death is the central silence of the narrative, Milly's letter's holocaust is the causal omission of its style. In both cases, there is a final silence that can never be repaired. But the attempt is what makes this novel exist. Perhaps *The Wings of the Dove* is one long attempt to reconstruct the sacred lost words.¹⁰

The Wings of the Dove places us in interdependent relations with its characters, and never more so than when they are gone. It is the silence at the heart of this novel that draws us in. In lieu of the cathartic deathbed community scene, James offers us the whole novel as an intensive, interrelated communion. Fredric Jameson says that James's writing

stakes out the space for unique interpersonal feelings that have no name in the first place—a space of apposition and anaphora, the enigmatic references to an "it" the writer has not identified but which we are supposed to recognize and to remember. At any rate, it is this virtual discovery and revelation of a whole layer of human relations that are not unconscious but which the literary apparatus had hitherto been too primitive to register, that is, to my mind, James's most enduring claim to greatness. ("Remarks" 301–02)

Jameson imagines us reading *The Wings of the Dove* much the way Charon cautions us to be alert to connotations and tones. These subtleties of interpersonal relations become a signal strong enough for the literary sentence to pick up, a subaudible vibration, only when nestled in silence, and only when we care enough to listen closely.

Cross is correct that "calculated reticence structures the novel" (403). We are not in a somatically oriented world in which a woman has a real disease like consumption, cared for by people who do real things like giving sponge-baths, culminating in a deathbed farewell to one's fiancé. Rather, we are in a stylistic world in which a person is affected by something like consumption—but also something like hurt feelings due to unexpectedly aggressive concealments. She gets treated by something

like care—but it is composed of reticences. The result is death—but we never see the bodily death, just the burning of the letter. In other words, the whole dynamic of illness/care/death occurs here but transposed via silence onto the level of language.

Above all, James's readers and characters themselves become interdependent. We occupy the same world as the characters, experiencing the breathless interest of learning what characters know precisely while they themselves discover it. In the end, we may ask, what kind of care relationship do we sustain with this text?

Perhaps we readers are the carers, for we work to make this novel function via parsing difficult sentences and piecing together clues. Martha Nussbaum explains that as we participate in James's characters' lives, "we actively care for their particularity, and we strain to be people on whom none of their subtleties are lost, in intellect and feeling" (162). Perhaps we readers form a *doulia*, our acts of care taking the form of reading and writing annotations, explanations, editions, teaching aides, scholarly articles, special issues: all the material that works to help this novel flourish in other readers' eyes. As a *doulia*, then, literary critics are caring not just for the novel but also for other readers, our students and fellow scholars. Hopefully, we work in a decentralized network of mutual helpfulness.

But perhaps the novel also cares for us. There's no reason an inanimate object can't be a carer. After all, caregiving is egalitarian, so objects are just as valuable as humans; caregiving is performative, so what matters is what a book does, even if books have no possibility of deeper emotional motives; and caregiving is relational and shifting, so an artifact can occupy both carer/cared-for roles.

For aren't we cared for by *The Wings of the Dove*? Aren't we improved by its ministrations, inasmuch as we are exhilarated by its art? Nussbaum claims that decoding a James novel makes us better people: more responsive, more alive (162). But whether or not we achieve greater ethical stature, we do achieve a wider intellectual view.

Milly and Densher model our relation to the novel. Like Milly, the novel is an unreachably silent, lovely, elusive object. Like Densher, we read this book by remaining, irritable, uncertain, and full of false starts, outside "an impenetrable ring fence, within which there reigned a kind of expensive vagueness made up of smiles and silences and beautiful fictions and priceless arrangements" (456). Densher's difficulty in treating prickly Milly is rather like our struggle with late James. Like Densher, we need to move toward a different attitude: admiration of the "beautiful fiction." We, like Densher, may come wanting to obtain something straightforwardly valuable, money or meaning—but the gift we get may be something other than what we could have imagined: a form of communication that changes the way we think of narrative, a hush that makes a discourse happen. In that sense, Milly's last letter takes care of us as well, and precisely because it has gone forever silent.

NOTES

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¹In *Romance's Rival*, I argue that in Victorian fiction, lonely women often develop profound quasi-marital relations with invalid men.

²In both *Portrait* and *Wings*, James replays the traumatic death of his beloved cousin Minny Temple in 1870 by making a wonderfully promising young person aware that s/he is doomed to die of consumption (or something very like it), with catastrophic emotional effects on the remaining characters.

³For discussions of the deathbed scene in Victorian literature, see Bailin, Lutz, Wood, and Stewart. For explanations of the iconography of consumption, see Byrne and Sontag.

⁴Milly prefers to be alone in the company of strangers, a paradoxical dynamic McWeeny has analyzed.

⁵Stories are particularly useful because ethics of care explicitly rejects universalist abstractions, favoring individual cases. Almost all care ethicists emphasize the need for case-by-case particular studies rather than universalist abstractions. See, for instance, Bowden (2) and Noddings (*Caring* 5). Some of the most important care theorists use Victorian fiction: Gilligan invoked *The Mill on the Floss*, and Noddings used *The Way of All Flesh* (*Starting*).

⁶“Jamesian style . . . harbors a radically collectivist ethical imagination only tangentially related to the differentiating moralism of his plots” (Kurnick 214).

⁷Nussbaum does see James’s characters as exemplary figures, although she does not address *The Wings of the Dove*.

⁸See Holland for an explanation of how her father has influenced her tendency to suspension and silence.

⁹In the first flush of mutual adoration, Kate had, the narrator tells us, “no suspicion of a rift within the lute”—a comment that of course reveals that the rift is already there (149).

¹⁰See Auchard’s impressive study of Milly’s death as the climax of a history of self-erasure. He discusses the “foundations of vacancies, silences, negations—as distinguished energies—speechless moments, secrets, hidden disease, undiscovered sources of wealth, sin, or perception, broken sentences, unheard words, unseen letters, unexplained crimes” (101).

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