

Introduction

We use the word ‘disability’ in ways that Romantic-era writers do not; and they use the word ‘disability’ in ways that we do not. So the Romantic era comes *before* our modern understanding of disability. It comes before ‘disability’ explicitly refers to the bodily and mental causes of an inability to act in certain ways, rather than simply the inability itself; it comes before ‘disability’ refers both to the aesthetic and functional components of physical and mental impairments; it comes before the dominant idea of disability becomes conceptualized through medicine; it comes before disability is widely used as a state-approved category for administrative purposes; it comes before the collective noun ‘the disabled’ was used; it comes before the modern *non-alienans* adjectival sense of ‘disabled’;¹ it comes before ‘disability’ is regarded as conferring an identity; and it comes before a theorized understanding of ‘disability’ as the result of the relationship between bodily and mental configurations (impairments) and their contexts.² We have lost the senses of ‘disability’ meaning the prevention (in a human being) of a particular action; we have lost ‘disability’ as a temporary impairment; we have lost ‘disability’ as a synonym for ‘inability’; and we have lost the sense of ‘disabled’ as someone who is discharged from military service due to impairments or old age.

The sheer variety of the ways in which the word ‘disability’ has proliferated in meanings and uses since the Romantic era means that tracing the evolution of disability involves examining a number of concepts that were not associated explicitly with the word. A combination of approaches seems to be the best way to provide a maximally capacious account of pre-disability³ that avoids circularity or teleological redundancy.⁴ An account such as this means exploring specific bodily or mental configurations that are now clustered under the general category of disability; acknowledging generic pre-disability concepts that have no name; seeking out implied concepts of non-impairment; considering the intersections between pre-disability, race, gender, sexuality, money, and rank; and being

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aware that pre-disability concepts may or may not flow towards modern disability concepts as a *telos*. Imposing the word ‘disability’ upon the discussion in these instances increases the potential for confusion. ‘Disability’ will only be used here when it is used by the authors under discussion; and ‘pre-disability’ will signal a range of concepts that may or may not develop into modern concepts of disability, but that clearly have some family resemblance to the modern concepts.

The writers of the Romantic era follow particular conventions that tend to identify certain bodily configurations as functional and others as aesthetic. Social or personal attributes and contexts, such as gender and rank, often drive these conventions. A mobility impairment may be aesthetic for an aristocratic woman, but functional for a man who uses his limbs to work. Some of the most interesting material from the Romantic period is concerned with the moments where this expected distinction between function and aesthetics is frustrated. Ideas about aesthetics and ideas about function are sharply divergent, and thus what is said about one cannot be assumed about the other. The separateness of function impairment and aesthetics is one of the reasons why we cannot straightforwardly use our modern conventional senses of ‘disability’ when we discuss disability historically. That is not to say that function and aesthetics are never discussed together; it is to say that when they are discussed together, what is said about one component is not implied about the other, and that the writers of the period maintain this distinction in their use of concepts connected to disability. In contrast to the absence of the modern senses of ‘disability’, Romantic-era writers have a term for the aesthetic component of numerous bodily configurations relevant to disability: ‘deformity’. Not only do they have a term for it, various writers of the period develop very distinctive theories about it. It is for this reason that this book is in two parts. The first part has a greater emphasis on function and the second has a greater emphasis on aesthetics.

Bringing together the two fields of romantic studies and disability studies is not new, but this study is the first to offer a range of alternatives for the term ‘disability’ – a term that many scholars believe to be anachronistic to the period. Lennard Davis, for example, remarks that ‘disability was not an operative category before the eighteenth century’.⁵ Iain Hutchison suggests that ‘disability’, as ‘an all-embracing term’, did not gain ‘currency during the nineteenth century’;⁶ and Simon Dickie asserts that ‘the modern understanding of *disability* as a unified category – at least sufficiently unified to be used by activists and legislators – did not exist’ in the eighteenth century.⁷ I also set out to challenge, here, the ‘first wave’

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theories or metanarratives of the evolution or history of disability that persist in disability studies.⁸ These theories are dependent on the anachronistic term. I demonstrate, throughout the book, how a disability studies approach that does not use the term ‘disability’ allows us to recover the pre-disability concepts of the period. Unlike prior studies, this book does not offer an explanation of how modern notions of disability emerged. This is simply because they do not emerge in the Romantic period. Instead, this study – which is by no means exhaustive – makes the case for treating the Romantic period as a pre-disability era. The book is about physical disability. This is not because physical disability in any way stands for all disabilities, but because physical disability in the Romantic era has been far less extensively researched than intellectual and emotional disabilities.⁹ Furthermore, this book is about group terms for physical disability, rather than about individual disabilities. I have arranged the discussion as a series of case studies (of single authors, groups of writers, and single texts).

Romantic Disability Studies: A Subfield

This book continues along several trajectories within Romantic studies, most notably the interest in the body.¹⁰ Some of the earliest stirrings of literary disability studies scholarship appeared in writing on the body and at the intersection of body politics and identity politics. Judith Butler influences much of this work. Veronica Kelly and Dorothea von Mücke (1994), for example, explore the ways in which ‘corporeality can be thought of in the critique of culture’.¹¹ Lennard Davis examines ideology about the body in *Enforcing Normalcy* (1995), characterizing disability as a ‘social process that intimately involves everyone who has a body and lives in the world of the senses’.¹² David Mitchell and Sharon Snyder (1997) note the widespread exclusion of disability from the discussions of body politics: ‘disability has rarely been included in catalogs of marginalized groupings’.¹³ According to Alan Richardson, the ‘transformative effects’ of major interventions, such as feminism, the attention to empire and colonialism, and the breaking down of canonicity in the field of Romantic studies, ‘left certain critical tenets in place, at least in relation to the (rapidly imploding) canon of male-authored, poetic texts. In particular, canonical Romanticism continued to be seen as a transcendentalizing, idealist literary movement, implicitly hostile not only to the feminine and to the racially or [ethnic] “other”, but to physical nature and to the material body itself’.¹⁴ Richardson’s work is an important response to the idea of bodily transcendence or idealism, which he, Jerome McGann, and

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others recast as a tension between mind and body.¹⁵ Much of this revision has been conducted through the lens of the medical sciences (particularly neuroscience), or ideas connected to ‘affect’ (such as ‘sensibility’), or environmentalism (such as eco-criticism), or cognitive linguistics and philosophy of mind. As Richardson neatly summarizes, ‘the new Romantic scholarship on the body gives us, ultimately, a more elaborate and more dynamic sense of the Romantic mind’.¹⁶

While Richardson gestures towards the mounting attention on ‘the abnormal and the “monstrous”’, interest has since broadened to consider disabled bodies that fall outside these categories.¹⁷ Disability studies as a subfield within Romantic studies parallels (and occasionally overlaps with) medical and neurobiological approaches to the body and mind. Additionally, it also calls attention to the lived experiences of people with bodily, sensory, and mental differences. This subfield continues the dynamic of inclusion raised by feminist and critical race theory that originates in the civil rights movements that in turn have their origins in Romantic-era thought. Moreover, the ethics of environmentalism, homelessness, imprisonment, war, vegetarianism, animal rights, and human flourishing have been explored through what has come to be known as the ‘ethical turn’ in literary studies.¹⁸ Christoph Henke observes that the critical refocus towards ethical concerns signals a discontent ‘with the orthodoxy of poststructuralist theory ... and its apparent lack of ethical reflection’.¹⁹ The ‘ethical turn’, according to Laurence Lockridge, includes understanding ‘the textually represented world of plot, character, thought, and image, the authorial act of bringing the text into being, and the relatedness of the text to a readership’.²⁰ Henke views this approach as ‘an ethical *re*-turn, i.e. a return to an idea of art that should combine aesthetics with ethics, albeit in a different way and under very different historical conditions’.²¹ For Tobin Siebers, the ethical turn ‘involves critics in the process of making decisions and of studying how these choices affect the lives of fellow critics, writers, students, and readers as well as our ways of defining literature and human nature’.²² The ethical turn did not always embrace women’s writing, however, and it has taken longer for disability to be recognized as an important issue for the Romantic engagement with ethics.²³

Disability, and its cognates and related concepts, raises many questions that bring new understanding of the literature of the period. What place do they have in the development of industrialized economies? What do they tell us about relationships between society and the individual? What role do they have in the emancipation movements? How do they affect changing literary tastes? How do they participate in the key ideas of the

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period: sentiment, equality, reason, the picturesque, the sublime, the gothic, the fragment, the imagination, childhood, heroism, nostalgia, travel, empire, nature, the outcast, the primitive, the human, the ordinary? Many of these questions will remain unanswered for a long time, though the work has begun in earnest. As Michael Bradshaw and I suggest, in *Disabling Romanticism*, Romantic-era texts ‘should be revisited in the light of contemporary disability awareness’, because the ‘critical practices associated with Romantic studies continue to marginalise and disable the different in body and mind’.²⁴

Theorizing and Historicizing Disability in Disability Studies

Although this book is a revisionist approach to Romantic studies, it is just as much a rethinking of disability studies’ approaches to literary history. Theories developed in sociology and cultural studies have dominated much of the debate about literary uses of disability. In the broad-survey scholarship, four distinct claims continue to be made in historically based theoretical work. Firstly, there is the claim that the late eighteenth century is a period of transition from disability being understood as a supernatural sign to disability being regarded as a scientific phenomenon (the *prodigy-to-pathology* thesis). Secondly, there is the claim that the period is not one of transition because multiple views of disability circulate and recirculate at the same time and across time (the *recirculation* thesis). Thirdly, there is the claim that the modern sense of ‘disability’ emerges during the early nineteenth century as a product of changes in government administration (the *administration* thesis). This claim is linked, in some accounts, with industrialization. Finally, there is the claim that the modern sense of ‘disability’ emerged out of a number of disciplinary practices, including the development of statistics as a way of measuring norms (the *normalcy* thesis). The first claim is premised on the idea that the concept of disability is straightforwardly present in the Romantic period; the second suggests that multiple concepts of disability are present at all times; and the last two claims suppose that nothing like a modern concept of disability is present before the mid-nineteenth century. The scholars who make these claims discuss disability in a variety of contexts, and so these theses or narratives turn out to be accounts of a range of different phenomena. In particular, the first two claims are not explicitly about disability as such, but relate to a variety of bodily and mental phenomena that are later associated with the concept of disability.²⁵ The main theses about the evolution of disability proposed by ‘first-wave’ disability studies scholars have largely focused on

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the ways attitudes towards disability changed, rather than on understanding the evolution of the term and associated notions. This section will give a fuller account of the emergence of the metanarratives of disability in disability studies scholarship and their relationship to the Romantic period, and will touch on some important concepts in literary and cultural disability studies (e.g. the social model, the medical model, and the impairment/disability distinction).²⁶

The first of the major claims about the development of disability is often referred to as the *prodigy-to-pathology* narrative. Proponents of this thesis argue that the Romantic period is in the middle of a transition in which attitudes towards bodily configurations later classified under the concept of disability are characterized as moving from an early modern religious model (where disability is regarded as an omen, a punishment, or a wonder), to, at the beginning of the nineteenth century, a science-based understanding of disability (where disability is seen as a medical condition that is treated or managed).²⁷ This narrative is directly or indirectly influenced by Auguste Comte's theory that social evolution develops through three stages: the *theological* (or fictitious), the *metaphysical* (or abstract), and the *scientific* (or positive). The theological stage supposes that all 'apparent anomalies of the universe' are explained by supernatural beings; the metaphysical stage replaces these beings with 'abstract forces, real entities or personified abstractions', such as Nature; and the scientific stage gives up the search for origins and turns its focus on the laws that govern phenomena.²⁸ When adapted for disability history, Comte's transition theory is used to explain both the causes and the symbolic significance of disability. With a few exceptions, the theological stage is presented in the Comtean model as a prejudicial and medically primitive phase in which disability was feared, misunderstood, and explained through a religious worldview, and the Romantic period is seen as on the cusp of the emergence of the modern scientific perspective.

Michael Oliver (1990) is one of the earliest writers on disability to comment on Comte's theory as a framework for understanding the 'changing historical perceptions of disability'.²⁹ Oliver places disability in the context of the development of attitudes towards deviance. He suggests that we can see patterns in the history of caring for people with disabilities. Care was initially 'based upon a philosophy of compassion linked to religious and philanthropic perspectives; then services were provided based upon the philosophy of protection, both for the disabled individuals and society; and finally care was provided on the basis of optimism, linked to the development of new scientific and pedagogic approaches'.³⁰ According

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to Oliver, disability began as a moral problem, became a legal problem, and is now a medical problem. He notes that Comte critiqued his own narrative by suggesting that ‘while one perception may dominate at a particular point in history, it does not do so at the expense of the others’.³¹ So, while there may be a medical explanation for a disability, ‘that does not mean that some . . . may not feel that it is a punishment for some previous sin’.³² Most scholars who draw on the Comtean transition are less troubled by this than Oliver is, however.

The prodigy-to-pathology argument is also employed in the context of unusual disabilities. Rosemarie Garland Thomson uses it in *Freakery* (1996), her study of attitudes towards a group of people with rare and visible impairments. Garland Thomson characterizes the development in attitudes towards people who were called ‘freaks’ as a movement ‘from a narrative of the marvelous to a narrative of the deviant’.³³ Freaks are viewed as ‘prodigious monster[s]’ and, ‘as modernity develops’, become ‘an index of Nature’s fancy’, and then ‘pathological terata’.³⁴ So, ‘what was once sought after as revelation becomes pursued as entertainment; what aroused awe now inspires horror; what was taken as portent shifts to a site of progress’.³⁵ For Garland Thomson, ‘the exceptional body’ in the theological phase ‘is most often evidence of God’s design, divine wrath, or nature’s abundance’.³⁶ She returns to Comte again in her history of observation, *Staring* (2009), and transfers the argument about freaks to a discussion of disability.³⁷ There is, she suggests, a movement from viewing disability as connected to the supernatural and expressing wonderment at it, to looking at disability with the observation techniques of science, surveillance, and eventually to a modern way of viewing that holds in tension ennui and enthrallment. David T. Mitchell and Sharon L. Snyder (2001) pair the Comtean narrative with Foucault’s critique, in *The Birth of the Clinic* (1975), of the increasing power of the dehumanizing diagnostic medical gaze in the early nineteenth century. Using Montaigne, they characterize the transition as a movement *from* the early modern ‘cripple’ as ‘emblematic of creation’s “infinity of forms”, which God, “in His wisdom”, supplies as evidence of his inexhaustible bounty’, *to* an ‘articulation of bodily difference’ in terms of fixed categories that the medical profession deemed appropriate.³⁸ Whatever we make of the prodigy-to-pathology narrative, it is important to keep in mind that these histories are histories not of disability but of a collection of bodily configurations some of which we now categorize under the heading of ‘disability’, but which were not then treated as such, or even as a group.³⁹

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The narrative of evolution from the supernatural to the scientific is challenged by proponents of the *recirculation model* of disability history (the second major claim about the development of disability). These theorists suggest that ideas do not transition in a sequential fashion, that there is no clear development in how disability is conceptualized, and that a range of attitudes towards disability appear and reappear throughout all periods.⁴⁰ While there may be a medical explanation for an impairment in the scientific phase, the view that impairment is a punishment for sin may also be present. The argument for the recirculation of ideas is essentially about accommodating anomalous and contradictory examples. Stephen Pender (1996) suggests that the transition narrative ‘fails to take account of the complex, often conflictual status of the monstrous in the early modern period’, and that ‘the reception of the monstrous as portentous did not simply expire’, but became more elaborate.⁴¹ Lorraine Daston and Katharine Park suggest in *Wonders and the Orders of Nature* (1998) that while the prodigy-to-pathology narrative made sense ‘in the context of the history of science as practiced in the mid-1970s’,⁴² it should be abandoned in favour of a different set of progressions. In their case study on monsters, Daston and Park discover three ‘separate complexes of interpretation and associated emotions – horror, pleasure, and repugnance’, each of which have their own rhythms through time.⁴³ Margrit Shildrick (2005) rejects the prodigy-to-pathology narrative on the grounds that multiple discourses are always at work. She suggests that there is ‘a complex mix of interwoven ideas and beliefs [about disability] that belies the notion of periodization’.⁴⁴ Shildrick takes issue with the flattening out of history, arguing that there is no shift from early modern ideas about the marvellous or monstrous to a medicalized idea of disability, but rather a ‘constant circulation and recirculation of ideas – both articulated and hidden – that are intermeshed with one another’.⁴⁵ Shildrick suggests that a genealogy of disability is a messy business, with multiple definitions at work. Disability, she asserts, does not have ‘a stable and progressive history’, and ‘multiple shifts and reversals [have taken place] in how disability is defined and perceived’.⁴⁶ The coexistence and polysemy of different discourses of disability, and the variety of senses of disability, makes the idea of a transition from one to another problematic. Working on eighteenth-century France, William Paulson (1987) makes a similar point about the recirculation of ideas about blindness. Paulson aimed to do for blindness what Foucault did for the history of madness – understand the discourses surrounding it – and he grapples with the problems faced by historians of ideas in the wake of Foucault’s *The Archaeology of Knowledge* (1972).

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Paulson identifies various philosophical, sentimental, and visionary or romantic discourses of blindness. He suggests that they are at times used within the same work, that they are not genre-specific, and that they ‘do not so much change their meaning as recombine in changing contexts’.⁴⁷ These are, he concludes, ‘specific and constraining discursive formations, ways of writing that may have once seemed natural and well-nigh universal, but that from the perspective of our modernity appear definable and strange’.⁴⁸

Some critics argue against the transition narrative from a position of specialism in a particular period.⁴⁹ Irina Metzler (2006), for instance, demonstrates that medieval and religious attitudes towards disability are not as straightforwardly prejudicial as Comte’s idea of the theological stage suggests. Metzler criticizes the stereotyping of the medieval period as ‘barbaric and superstitious’, suggesting that the transition narrative does little justice to the complexity of the theology of disability.⁵⁰ Geoffrey Hudson (2012) similarly points out the mischaracterization of earlier attitudes towards bodily difference. Working in the early modern period, Hudson notes that disabling injuries sustained by veterans were regarded as ‘the work of *other* men and not God (no matter which side he [i.e. the soldier] fought on)’.⁵¹ Hudson draws his evidence from petitions for financial support. David M. Turner (2012) suggests that the idea ‘of a wholesale transformation from “religious” to “medical” understandings is too crude to explain attitudes towards impairment in this period’.⁵² Turner demonstrates that ‘eighteenth-century religious thought provided a rationale for accepting human difference’, and that religious and medical understandings were often inseparable.⁵³ This work builds on Turner’s earlier observation (with Kevin Stagg) that ‘notions of a wholesale transition in which one set of ideas replaced another’ were questionable.⁵⁴ Turner states, furthermore, that the grand narratives ‘gloss over a complex series of developments with their own histories’.⁵⁵ He explores, instead, ‘the ways in which meanings of physical disability were formed within different cultural contexts’, and allows for more nuanced transitional narratives to be used alongside the recirculation model.⁵⁶ Scholarship from the medical humanities likewise offers specialist grounds for challenging the prodigy-to-pathology narrative. For example, Helen Small (1996) demonstrates in her work on female hysteria that the merging of sentimental and medical discourses in the eighteenth century makes the idea of a transition from one to another problematic.⁵⁷ Kevis Goodman (2007) challenges the transition narrative through her investigation of nostalgia.⁵⁸ She reveals that there is a regressive Comtean narrative: nostalgia began, in

the mid-eighteenth century, as a mental illness characterized by homesickness, and was de-pathologized in the twentieth century and characterized as a form of sentimentality.⁵⁹

The third claim, that ‘disability’ transitioned into its modern sense as a consequence of changes in state provision for welfare, is the central thesis of Deborah A. Stone’s *The Disabled State* (1984). Stone ties the development of the disability concept to changes in state provision for welfare, and makes a strong case that, whether the word is present or not, ‘disability’ refers to a ‘socially created category’⁶⁰ that ‘entitles its members to particular privileges in the form of social aid and exemptions from certain obligations of citizenship’.⁶¹ For Stone, the ‘very notion of disability is fundamental to the architecture of the welfare state’ because all states inevitably need to resolve the tension between two distributive systems, one based on work and the other on need.⁶² In order to determine whether a person should be expected to work, states require a system of rules that incorporate exemptions for people who cannot work (such as children and old people). Stone identifies disability as the most problematic of the ‘categories of need’, because ‘no single condition of “disability” is universally recognized, and because physical and mental incapacity are conditions that can be feigned for secondary gain’.⁶³ States find disability problematic, furthermore, because the means to certify that someone has a disability are not as straightforward as, for example, determining someone’s age. Throughout the nineteenth century there were disagreements over whether government officials or the medical profession should have control over who was identified as being fit for work. For Stone, the clinical idea of disability is merely a validation mechanism for the social category of disability that predated it; and so, for understanding the evolution of the concept of disability, the idea of disability as a category of need (or of exemption from work) is much more important than the issue of medical verification. As Stone puts it, ‘disability is a *formal administrative category* that determines the rights and privileges of a large number of people’ and that ‘represents a politically fashioned compromise at any given time and place about the legitimacy of claims to social aid’.⁶⁴

The Poor Law Amendment Act of 1834 is central to Stone’s thesis. According to Stone, the Act identified five categories of pauper who were eligible for outdoor relief (outside the workhouse) and indoor relief (inside the workhouse). These were: ‘children, the sick, the insane, “defectives” [i.e. people with sensory impairments], and the “aged and infirm”’ (the last of which could be of any age).⁶⁵ For Stone, the exemptions defined the mainstream, and the system reflected a policy according to which, ‘if a