



“What it must mean, if we are to be present in this age of challenges, is a profound rethinking of our pedagogical priorities, disciplinary boundaries, and subject positions. Let us actually be Victorianists.”

—Christie Harner, “Victorian hybridities”[i]

Travis Chi Wing Lau // As I begin to construct my syllabus for my introductory seminar on medical humanities and disability studies this fall, I wanted to take the time to reflect on pedagogy: *What does it mean to teach (as opposed to research) historical topics like medicine or disability in our current moment? How does this change when the student audience is trained to think differently than you do? How do we make accessible the methodologies of these interdisciplinary fields in ways that actually bridge the “two cultures” that sometimes feel irreconcilable?*

This past spring semester, I had the opportunity to teach a dream course I had conceived during graduate school but never had the opportunity to realize until just recently. In preparation for my field exams, I immersed myself in the foundational works of literary disability studies and literature and medicine. If, as Charles Rosenberg writes, “disease demands explanation; we think about it and we think with it,” I wanted to better understand this “demand” in relation to the shifting ways that disease and disability have been “explained” and imagined over time and to what ends. I quickly discovered that many of the texts I found most compelling and methodologically useful were in Victorian Studies: Athena Vrettos’ *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford University Press, 1995); Laura Otis’ *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics* (Johns Hopkins University Press, 1999); Maria Frawley’s *Invalidism and Identity in Nineteenth-Century Britain* (University of Chicago Press 2004); Pamela Gilbert’s *Disease, Desire, and the Body in Victorian Women’s Popular Novels* (Cambridge

University Press, 2005); Martha Stoddard Holmes' *Fictions of Affliction: Physical Disability in Victorian Culture* (University of Michigan Press, 2009), to name just a few. In my formative encounters with these books, I learned about the fraught history of medical storytelling and its many unexpected forms—of literature *in* medicine and medicine *in* literature, of literature *as* medicine and medicine *as* literature. These works interrogated disease and disability both as lived experience and as metaphor, as the complex co-productions of science and culture more intertwined and imbricated than I had ever imagined. Most importantly, I discovered how a literary historian could intervene in urgent debates about medicalization, autonomy, and cure by thinking about these very categories as they became formalized in medical education and during the rise of the hard sciences.

Victorian Maladies: Disease, Illness, Disability was also conceived in the wake of the 2016 elections and the subsequent national debates over healthcare. As I discuss elsewhere, I was greatly influenced by the V21 Collective's call for "strategic presentism," one that demands we "think critically about the past in the present in order to change the present." Most of my students felt a great disconnect between the eighteenth- and nineteenth-century material I was assigning and the present conditions in which they live. While this disorientation may be pedagogically useful for the way it forces students to engage with a historically distant past on its own terms, I wanted to avoid the "positivist historicism" that the V21 Collective describes as always at risk of becoming history purely for history's sake—"an endless accumulation of mere information." If I was asking my students to address the stakes of their arguments in their papers, I needed to articulate the stakes of my own courses, especially when the stakes are not always legible in my selections of historical texts. And those stakes were in front of me: the ableist and ahistorical ways in which healthcare was being discussed at Capitol Hill and in the mainstream media provided my scholarship and teaching a particular urgency, especially as disability activists were being arrested for protesting state infringement upon their rights. The ongoing rhetorics of public health emergency and contagion^[ii] mobilized by the state to justify its biopolitical projects like migrant incarceration and travel bans desperately demand carefully historicized counter-eugenic responses that expose how these logics have worked and continue to work "through circuits of political economy [and] legislative rights regimes."^[iii]

This past spring semester, *Victorian Maladies* appeared as an upper-division special topics course, which fulfilled the English major's Area F 1830-1940 requirement. I structured the course around a set of core concerns and questions:

We will consider how the poetry, prose, and drama of this extended period responded to the developments in medical science from diagnosis to treatment. Rather than thinking about literature and medicine as separate, we will consider their shared rhetorics and networks to trace how these domains interacted with one another in Victorian culture. What new forms of pathology emerged and how did literature represent or even challenge these pathologies of class, race, gender, and sexuality? How did cultural assumptions about illness and disability evolve alongside medical theories of the body in a new age of public health?

The course was then divided into units each focused on a major prose work: Harriet Martineau's *Life in the Sickroom* (1844), Wilkie Collins' *Poor Miss Finch* (1872), Robert Louis Stevenson's *Strange Case*

of *Dr. Jekyll and Mr. Hyde* (1886), and Bram Stoker's *Dracula* (1897). To provide my students a vocabulary for thinking about disability and literature, I assigned in the first few weeks a set of foundational readings in disability studies like 1) Lennard Davis's "Normality, Power, and Culture,"[iv] which outlines a nineteenth-century history of normality vis-à-vis Adolphe Quetelet, Francis Galton, and statistics, 2) David Mitchell and Sharon Snyder's *Narrative Prosthesis*,[v] which interprets disability's reductive deployment in literature as a symbolic crutch for narrative, 3) and Tobin Siebers' *Disability Theory*,[vi] which describes the pervasive ideology of ability or the cultural preference for able-bodiedness against disability framed as individual defect or lack. I then contextualized these frameworks through a discussion of a Victorian character familiar to most of my students: Tiny Tim from Charles Dickens's *A Christmas Carol*. Pairing this with readings on freakshows and "inspiration porn,"[vii] or the problematic reduction of disabled people to spectacles of overcoming or pitiable suffering, helped demonstrate disability's centrality to Victorian culture and the incisive ways in which disability scholarship has long engaged with the historical representations of disabled and sick bodyminds.

I was fortunate to have twelve students, many of whom were pursuing coursework in the sciences and pursuing pre-professional tracks. This provided a unique opportunity to both have these interdisciplinary students share insights from their STEM training while also prompting them to explore the histories of their own fields. During our weeks on *Jekyll & Hyde* and *Dracula*, my students encountered Victorian theories of criminality, which frequently framed disability as a marker of societal degeneracy or atavism. Many students expressed shock and outrage at the scientific ableism and racism of writers like Henry Maudsley and Cesare Lombroso, as well as the cooptation of Charles Darwin's evolutionary theories toward eugenic aims forwarded both by the state and by scientific medicine. We explored how the mounting anxieties about the national health of London's "teeming millions"[viii] coincided with the exponential rise of disabled people as a result of industrialization and the influx of immigrants as a result of imperialism. I carefully tried to frame these developments in terms of the rise of public health programs during this period and the complicity of science with strategies of social control mediated by malleable concepts like hygiene and sanitation. Who was deemed "risky"—be it the prostitute or the poor laborer—and how they were managed were significant parts of Victorian statecraft. Public health seemed less and less like an unquestionably innocuous social project for collective good; rather, it has always been one deeply inflected by racism, sexism, ableism, and homophobia. And it was through popular sensation fiction and the Gothic that these issues became *public*.

But to push back against what might otherwise feel like a Foucaultian conception of state power as totalizing, I wanted to think how disability and illness might engender unexpected forms of resistance. In our unit on Martineau's *Life in the Sickroom*, I prompted my students to think about how proto-disability life-writing—in this case, essays written from the sickbed of a chronically-ill woman—opposed medical authority that exerted itself through the clinical gaze and diagnosis. *Could invalidism be valuable as a state of being?* Students admired Martineau's reclamation of agency despite the physical limits of her convalescence and her recasting illness as enabling her unique form of knowledge-making rather than impeding it. Well before the formation of disability as a politicized identity category, Victorian writers like Martineau grappled with the tension between

subjective experience and medical objectification. Through Martineau, I introduced students to feminist disability studies,[ix] which helped them think more critically about a figure like Lucilla Finch whose blindness complicates both assumptions about disabled sexuality, the value of cure, and the heteronormative marriage plot. Particularly evident in Victorian novels like *Poor Miss Finch*, the social nature of both disability and gender frequently enabled one to be used as a means of oppression for the other. However, these novels also reveal the extent to which disabled women demonstrated powerful awareness of these social categories *as social* and thus subject to revision and reimagination. Victorian literature helps us do what Liat Ben-Moshe describes as the work of “converting students to understanding disability as intersectional, as an identity and culture” not reducible to purely oppression or suffering. [x]

Yet among all my teaching objectives, I wanted to put into practice crip pedagogy by foregrounding my own limits and vulnerabilities as a teacher with disabilities. I began the course acknowledging how “my personal experiences, knowledge(s), politics, positionality, and privilege, along with my body, all enter the classroom”: I am a queer, disabled, contingent scholar of color with scoliosis, chronic pain, and brain fog—all of which shape the way I teach and participate in the academy.[xi] This pedagogy of vulnerability produced a classroom environment that encouraged students to think and write from their bodyminds not as liabilities but as assets. It also encouraged a spirit of interdependence in the classroom that made the process of reading and interpreting difficult texts a collective endeavor in which I was but one participant rather than leader. Confronting ableism in history is difficult, painful work, but, if I have learned anything from my colleagues and mentors in disability studies, it is necessary and valuable work that requires a uniquely vulnerable scholarly humility to do it justice.

Featured Image: Illustration by Phiz for “Dombey and Son”, a work by Charles Dickens. Public domain, via Wikimedia Commons.

[i] Christie Harner, Winter Jade Werner, Paula Krebs, and Liz McCabe. “Professional Victorianisms: Immediacy, Urgency, and Interdisciplinary in/at Work.” *Nineteenth-Century Contexts*. 39:4 (2017): 256.

[ii] See “Prophylactic Fictions; or, the Purpose of Caravans,” where I discuss a recent case of this: <https://medicalhealthhumanities.com/2018/11/13/prophylactic-fictions/>

[iii] Jasbir Puar. “Proliferating Cripstemologies: A Virtual Roundtable.” *Journal of Literary & Cultural Disability Studies*. 8.2 (2014): 154.

[iv] Published in *The Disability Studies Reader*. Vol. 4. New York: Routledge, 2013. 1-14.

[v] *Narrative Prosthesis: Disability and the Dependencies of Discourse*. University of Michigan Press, 2001.

[vi] *Disability Theory*. University of Michigan Press, 2008.

[vii] I am indebted to Joseph Shapiro's *No Pity: People with Disabilities Forging a New Civil Rights Movement* (Broadway Books, 1994), Martha Stoddard Holmes' *Fictions of Affliction* (University of Michigan Press, 2009), and Stella Young's "I'm not your inspiration, thank you very much": https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much?language=en.

[viii] An apt turn of phrase from Stoker's *Dracula*.

[ix] See Rosemarie Garland Thomson's "Feminist Disability Studies." *Signs: Journal of Women in Culture and Society*. 30.2 (2005): 1557-1587.

[x] "Interventions in Disability Studies Pedagogy—Introduction." Eds. Disability Studies Program @ University of Toledo: Liat Ben-Moshe, Ally Day, Jim Ferris, and Kim Nielsen. 35.2 (2015): <http://dsq-sds.org/article/view/4877/3952>

[xi] Mark Anthony Castrodale. "Critical Disability Studies and Mad Studies: Enabling New Pedagogies in Practice." *The Canadian Journal for the Study of Adult Education*. 20.1 (2017): 50.