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EXPLORING HUMAN DIVERSITY: A DOSSIER DEVOTED TO DISABILITY HISTORY /
EXPLORANDO LA DIVERSIDAD HUMANA: UN DOSSIER DEDICADO A LA HISTORIA DE LA DISCAPACIDAD

DISABILITY HISTORY AND THE HISTORY OF EMOTIONS: REFLECTIONS ON EIGHTEENTH-CENTURY BRITAIN

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ABSTRACT: Both Disability History and the History of Emotions have expanded significantly as fields of enquiry but despite sharing common interests in health, well being and difference there has been little interaction between scholars working in these areas. This article suggests ways in which history's "emotional turn" can shed light on disability in the past, using the case study of Britain in the eighteenth century. Theories of the "passions", "sentiments" and "affections" were used to describe causes of impairment and to prescribe appropriate responses. Although this was a period in which disability was commonly regarded as a "miserable" or "pitiable" state, a close reading of a variety of sources from medical texts to newspapers and periodicals reveals that the degree of "unhappiness" associated with disability depended on timing, context and the symbolic significance of certain impairments.

KEY WORDS: Disability; Emotion; Pity; Sympathy; Happiness.

HISTORIA DE LA DISCAPACIDAD E HISTORIA DE LAS EMOCIONES: REFLEXIONES SOBRE GRAN BRETAÑA EN EL SIGLO XVIII

RESUMEN: Tanto la Historia de la Discapacidad como la Historia de las Emociones han crecido de manera significativa como campos de investigación. Sin embargo, a pesar de compartir intereses comunes en relación a la salud, el bienestar y la diferencia ha habido poca interacción entre los investigadores que han trabajado en dichas áreas. Este artículo sugiere, usando como estudio de caso la Gran Bretaña del siglo XVIII, la manera en la que el "giro emocional" de la historia puede arrojar luz sobre la discapacidad en el pasado. En esa época distintas teorías sobre las "pasiones", los "sentimientos" y los "afectos" fueron usadas para describir las causas de las deficiencias o para proporcionar respuestas adecuadas a las mismas. Aunque éste fue un periodo en el que la discapacidad era normalmente vista como una "desgracia" o como un estado que producía "lástima", una lectura detallada de un conjunto variado de fuentes que incluye desde textos médicos a periódicos y revistas revela que el grado de "infelicidad" asociado a la discapacidad dependía del momento, el contexto y el significado simbólico de ciertas deficiencias.

PALABRAS CLAVE: Discapacidad; Emoción; Lástima; Compasión; Felicidad.

Physical incapacity is no barrier to emotional contentment. Recent studies of the “disability paradox” have indicated that many people with serious and persistent disabilities in Britain and the United States report a good quality of life —albeit one that is influenced by a variety of social, attitudinal and environmental factors (Albrecht and Devlieger, 1999). Nevertheless, in many contemporary and historical contexts the “misery” of the disabled has been taken for granted. The idea of disability as a “sad” or “pitiable” state has been at the heart of public charitable appeals from the eighteenth century onwards. Thus the author of a series of Authentic Narratives of Affecting Incidents at Sea, published in 1795 “For the Benefit of a poor lame Boy”, addressed the “maimed” object of charity as an “afflicted sufferer”, in need of help to “soothe” each “sad distressful hour” (Anonymous, 1795). Pitiable disability was a dominant theme in the melodramatic narratives of nineteenth-century fiction which, as Martha Stoddard Holmes has argued, “recurrently and problematically represented disability as an emotional state”, something that evoked sympathy in onlookers and encouraged feelings of isolation and despair in the disabled (Stoddard Holmes, 2004, pp. 3-4). Such representations acted as a barrier to effective engagement with disability as a societal issue, cementing the idea that disability was a problem of individual coping.

A series of educational and medical interventions have furthermore been justified in emotional terms, as rescuing the “crippled”, blind and deaf from neglect, misery and scorn and providing them with hope and happiness (Söderfeldt and Verstraete, 2013) The modern “medical model” of disability was underpinned by affect, as illustrated by Frederick Watson’s 1934 biography of the pioneering English orthopaedic surgeon, Sir Robert Jones. “Right up to the nineteenth century to be crippled meant isolation and malignity”, remarked Watson, but now disabled children “knew” that in Jones, and in new, specialised medical establishments such as the Royal Liverpool Country Hospital for Children that he helped to found in 1900, that “they had a friend” (Watson, 1934, pp. 102, 113).

As Söderfeldt and Verstraete have argued, the desire to “lay bare the inside of disabled people’s minds and impose on them un/happy subjectivities” (2013, abstract) has been intrinsic to approaches to disability over the past 200 years, but so far it has received little attention from historians. To be sure, there has been much empathetic work in disability history that has sought to humanise the disabled subject by revealing a range of feelings and experiences (for recent examples

see the essays in Burch and Rembis, 2014). However, few studies have theorised disability from an emotional perspective, historicised the feelings associated with—or fixed upon— disability, or analysed the ways in which disabled actors described their feelings, or used emotional statements in their dealings with authority.

Drawing on insights from history’s recent “emotional turn”, this article explores the ways in which emotion was used in representing the causes and consequences of disablement in the past. While much of the existing work on disability and emotion has focussed on the nineteenth and twentieth centuries, this article presents a case study of Britain in the eighteenth century—an important period in which concepts of “disability” and “emotion” were rather different to how we understand the terms today. It provides a reappraisal of the multiple ways in which disability and affect were connected in eighteenth-century society and culture, paying particular attention to several themes. In the first place it explores the philosophical and medical context in which bodily difference became associated with—and blamed upon— particular “passions” or “sentiments”, and outlines the feelings that disability was supposed to arouse in others. Secondly, it provides a more nuanced assessment of the processes by which certain emotional states were associated with disability by analysing a variety of cultural narratives of disablement. It argues that although becoming disabled was often presented as having negative effects on a person’s emotional well being, these assessments were shaped by a series of variables. While the approach is necessarily selective, it nonetheless hopes to highlight the possibilities of research in this field, acting as a catalyst for new thinking about the value of “emotion” for understanding disability historically.

DISABILITY HISTORY AND THE “EMOTIONAL TURN”

Demand for a history of human emotions can be dated back as far as Friedrich Nietzsche’s call for study of “all that has given colour to existence”, including the history of “love, of avarice, of envy, of conscience, of piety, or cruelty” in *Die fröhliche Wissenschaft* (1882) (quoted in Sullivan, 2013, p. 93). Johan Huizinga’s study of the “violent tenor of the times” in *The Waning of the Middle Ages* (1924), and Norbert Elias’s account of the rising threshold of shame in early modern Europe in *The Civilizing Process* (1939), may be seen as early attempts to understand the power of emotions in effecting historical change, and in 1941 Lucien Febvre urged historians to undertake a “vast collective investigation” into “the fundamental sentiments of man

[sic] and the forms they take" (Febvre, 1973, p. 19). However, the systematic historical study of emotions is relatively new. Taking root in the United States during the 1980s, the history of emotions has expanded dramatically in recent years, particularly since the turn of the twenty-first century, marked by a proliferation of publications, research centres and an increasingly sophisticated dialogue between the humanities, anthropology and the life sciences (Matt, 2011). Such work proceeds from a desire to provide more nuanced historical analyses of human experiences "from within", but emotion is an elusive concept (Gammerl, 2012, p. 161). Most historians recognise that emotions have a neurological basis but are shaped and expressed differently in particular contexts or historical periods. Space does not permit a thorough review of approaches, but historians of emotion have shed light on the changing rules or "emotional standards" governing the expression of feeling (Stearns and Stearns, 1985), charted the rise and fall of "emotional regimes" that created and enforced codes of expression and repression (Reddy, 2001), discussed the evolution of key emotions such as anger (Stearns and Stearns, 1986), jealousy (Stearns and Stearns 1989) or romantic love (Reddy, 2012), and demonstrated the power of certain emotional expressions or performances to effect change in the self and others (Reddy, 2001). Historians have also shed light on the ways in which different social, cultural and environmental contexts required individuals to adopt various styles of expressing their feelings (Gammerl, 2012), and explored ways in which people in the past formed and moved between certain "emotional communities" (Rosenwein, 2006).

Work has also focussed on the role of emotions in determining health and illness. Medical approaches to the history of emotions have brought a new focus on emotional pathologies, on unhealthy and diseased bodies and minds produced by extreme emotional states (Bound Alberti, 2006, 2010). Taken together, this work has problematized the idea of emotions as universal and unchanging. In particular, many studies have pointed out the complex relationship between expressions of emotion, whether through texts, gestures, speech or objects, and a person's actual feelings. If few historians of emotion subscribe to the "hard constructionist" view that emotions do not exist outside the language in which they are expressed, most would agree that historical experiences can only be accessed via expressions of feeling and that by looking at patterns in these we can understand much about social organization and political control (for instance Eustace *et al.* 2012).

Disability history has also expanded significantly over the same period, uncovering the richness of disabled people's experiences in the past and demonstrating the discursive power of concepts of "normality" and "dis/ability" to order past societies (Burch and Rembis, 2014). However, although there has been significant work on psychiatric illness, and the historical role of doctors and institutions in the treatment of emotional disorder (for example, Oppenheim, 1991), few historical studies of emotion have engaged with disability as a concept, or examined the emotional lives of people with disabilities as a marginalized group. Disability history and the history of emotions share similar goals: both are concerned with questions of health, well-being and difference. There is much scope for a productive dialogue between the fields. Historians of emotion, for example, have asked important questions about the role of emotions in processes by which the individual is inserted into social and political contexts and subordinated to new norms and orders (for example Eustace, 2008). Such approaches might also help understand the processes by which people with disabilities (like older people) have been devalued by having certain emotional states fixed upon them (Verheyen, 2014).

For its part, Disability Studies has led the way in problematizing supposedly benevolent feelings such as "sympathy" or "pity" and by showing how the "plight" of certain "afflicted" people has been exploited by the powerful to win moral capital through philanthropic acts of "conspicuous contribution" (Longmore, 1997). Bringing together the insights of disability scholarship and history of emotions raises questions about the processes by which certain emotions were connected to particular impairments or experiences of disability. It also urges us to explore the ways in which different emotional regimes, by establishing norms of emotional expression and legitimating or proscribing certain feelings or responses, shaped attitudes towards disability and conditioned the ways in which disabled people negotiated them.

Nevertheless, studying disability and emotion raises a number of conceptual and methodological problems. The absence of first-hand accounts written by disabled people in the past acts as a barrier to understanding their feelings and how they were expressed. However, as we shall see, many sources including newspapers, periodicals, medical and philosophical treatises are rich in "emotional" language when discussing disability and provide compelling evidence of the emotional context in which physical difference

was presented and discussed. Furthermore, both “disability” and “emotion” are problematic terms, each with distinctive histories that highlight differences between past understandings and modern terminology. In the eighteenth century, the word “disabled” was used to describe a person’s physical incapacity, but not as an identity position. Moreover, it tended to be used primarily (though not exclusively) to describe men maimed or incapacitated through military or naval service (Turner, 2012, pp. 16-22). A variety of other terms were used to describe impairments, some of which as we shall see carried particular emotional resonance.

At the same time, the concept of emotion as a “set of morally disengaged, bodily, non-cognitive and involuntary feelings” is, as Thomas Dixon has shown, a relatively recent invention (Dixon, 2003, p. 3). The affective vocabulary of the eighteenth century made careful distinctions between “passions”, “affections”, and moral “sentiments” —none of which mapped easily onto modern understandings of “the emotions” (Dixon, 2003, pp. 62-65). “Passions” and “affections” had strong religious, moral and medical connotations and were often discussed in the context of the soul and about various kinds of pathology. Although “passions” might be a general term to describe feelings, it was often used to refer to “more violent commotions of the mind” (Dixon, 2003, p. 62). In contrast, “affection” was sometimes linked to a person’s temper and habitual disposition (such as benevolent, cheerful or timorous) (Cogan, 1813, pp. 9-11). “Emotion”, described a disturbance of mind, or was sometimes used to describe the visible effects of passion on the body, such as trembling, sighing, smiling or reddened skin (Cogan, 1813, p. 7). “Sentiment” described both a thought or opinion and a feeling and so could be both rational and involuntary (Dixon, 2003, pp. 64-65). These differences were not just semantic —they help us to understand better the historical context in which responses to disability were formulated.

DISABLING PASSIONS

In the eighteenth century it was an established medical belief that strong passions could affect not just a person’s mental state, but also their physical health. To Dr John Burton, writing in 1738, it was “certain that Affections of the Mind, especially when sudden and intense, do inflame very much and alter the Constitution, so far as necessarily to bring it under the Physician’s care” (Burton, 1738, p. 334). As Fay Bound Alberti has argued, “emotions” in eighteenth-century

medical culture were “both bodily and psychological events felt in, and symbolized by the heart” (2010, p. 17). In early modern humoral physiology a person’s physical constitution could determine their mental state. For instance, if a person’s heart was too cold, their blood was insufficiently heated and could result in an “evil damp” that caused rage or melancholic thoughts (Rublack, 2002, p. 5).

Drawing on ancient authorities, passions were commonly treated in early modern medical literature as one of the six non-naturals (alongside “air”, food and drink, sleep, exercise and evacuation) that influenced the body’s health and well-being (Porter, 1991, xii). In the “new physiology” that emerged in the seventeenth century, following William Harvey’s discovery of the circulation of the blood in 1628, mechanistic explanations of human emotions became more popular which viewed passions in terms of the way in which they helped or impeded the flow of fluids around the body (Bound Alberti, 2010, p. 23). In his popular and influential *Essay on Health and Long-Life* (1725), the physician George Cheyne divided the passions into “acute” and “chronical”, mirroring the common division between types of disease. The “acute” passions such as “sudden Gusts of Joy, or Grief, Pleasure or Pain”, served to stimulate the body leading to a “risk and lively circulation of the Fluids” (Cheyne, 1725, p. 153). While such passions could threaten health, the chief danger came from the “chronical passions” that “wear-out, waste and destroy the Nervous System gradually”. Consuming passions, whether of grief, melancholy, love or pride, caused the body’s “animal economy” to become sluggish and enervated leading in some cases to what Cheyne called a “disability or tetanus” —immobility or paralysis of the moving parts (Cheyne, 1725, pp. 155-156). People most susceptible to this were those with higher “understanding” or “intellectual faculties” who were most capable of reflective thought, whereas those whose organs of sensation were “incapable of lasting impressions” such as “Idiots, Peasants and Mechanicks” enjoyed better health. Mechanical theories of emotion remained influential throughout this period, but as the century progressed writers increasingly drew attention to the nerves as the primary means by which sensations were transmitted around the body (Bound Alberti, 2010, pp. 29-30).

The idea that passions of the mind could cause serious physical impairment was commonplace in early modern medicine and popular culture. The best-known “emotional” cause of physical difference or disability was the danger of “fancy” or imagina-

tion to pregnant women which was so powerful that it could imprint certain physical features on the foetus, resulting in “monstrous births” (Huet, 1993; Turner, 2012, pp. 45-46). Daniel Turner, one of the principal defenders of the theory of maternal impressions in the early eighteenth century, argued that “fancy” was a powerful influence on the body’s health, which “by causing a Motion in the Humours and Spirits of the Bodies of Men, is capable of producing almost every Disease therein”, from stuttering to smallpox (Turner, 1723, p. 166). Particularly harmful to the imagination were sudden “surprises” or “frights” caused by the sight of an unpleasant, disgusting or unusual object—including the “shocking” sight of physically disabled people, which it was believed caused some women to give birth to children bearing similar impairments such as blemishes or missing limbs (Turner, 1723, p. 176). As it became commonplace during the eighteenth century to view women’s bodies as more sensitive than men’s, based on their finer nerves (Barker-Benfield, 1992), the dangers of the sight of disturbing disabled bodies to women’s health (and that of their unborn children) remained a matter of public concern. A witness to the 1816 Parliamentary enquiry into the state of begging in London, for example, described a woman “destitute of fingers” who was refused a discharge from the parish workhouse since her appearance had “alarmed many ladies, and was the subject of great complaint” (Anonymous, 1816, p. 141).

“Maternal impressions” remained a popular explanation of impairment into the nineteenth century and beyond. However, in medical circles the theory was increasingly discredited and associated with fraud and popular “vulgar error” (Cody, 2005, pp. 137-150). James Augustus Blondel, for example, pointed to what he saw as inconsistencies in the emotional causes of “monstrous” births. Various passions were blamed for “maternal impressions”, including a mother’s longing or desire (which was a common explanation for birthmarks or other skin abnormalities), sudden surprise, fear, consternation and anger, the “sudden sight of an ugly or frightful object” and the “pleasure of looking on, and contemplating a particular object”. As deformities could proceed from the opposite passions of both “anger” and “love”, Blondel reasoned, was it not “ridiculous and absurd to believe, that the very same effect can proceed from two contrary causes, from love and desire, and from fear and abhorrence, from tumultuous passions, and from calm ones”? (Blondel, 1727, pp. 5-6).

Nevertheless, although maternal impressions disappeared from medical and philosophical discussions of the passions as the eighteenth-century wore on, the disabling effects of strong passions remained an important part of medical thinking (Dixon, 2006, p. 35). The apparent contradictions exposed to scorn by Blondel were reconciled by later eighteenth-century authors such as Dr William Falconer who argued that it was the strength of the passion rather than the passion itself that determined its influence on a person’s physical well being. Writing in his acclaimed *Dissertation on the Influence of the Passions upon the Disorders of the Body* (1788), Falconer argued that moderate joy was beneficial for increasing the “actions of the heart and arteries” and for producing a “flow of tears, which generally serve to relieve the painful struggles of nature, and are mostly accompanied with high mental gratification”. But if “moderate” joy was healthful, “excessive” joy could stimulate the body to such an extent that it could produce fevers, deprive the mind of understanding and even cause sudden death (Falconer, 1788, pp. 8-9). In general terms strong passions of all kinds might have a powerful effect on the body. “Vehement desire” was listed as a cause of epilepsy (Falconer, 1788, p. 11-12). “Debilitating passions”, such as fear or grief, generally had an impairing effect on the body, diminishing heart rate and retarding the flow of blood. Grief diminished bodily strength and made a person more liable to contract contagious diseases as well as “blindness, gangrene, and sudden death” (Falconer, 1788, p. 17). Fear might lead in some cases to “tremor, melancholy, insanity, palsy, apoplexy, blindness, epilepsy, and sudden death” (Falconer, 1788, p. 15). Such ideas extended beyond the specialist medical literature into popular culture. For example, it was reported in the press in 1764 that a man had been rendered “deaf and dumb” by fear ever since he “fancied the devil [had] appeared to him” (Universal Museum, 1764, p. 158).

By the same logic, very powerful passions could also remove impairments. Anger, though thought to bring on epileptic fits, might in some circumstances have “good effects” as a stimulating passion: “gout, palsy, dumbness, have all been removed by paroxysms of rage” (Falconer, 1788, p. 13). Similarly, at its height fear could become “powerfully stimulant” and had been a means by “speech has been restored to the dumb, and strength to the paralytic patient” (Falconer, 1788, p. 16). However, the use of passions in healing was complicated for what might “stimulate and rouse the spirits and faculties in once constitution, might have an opposite tendency in one of a weaker

frame" (Falconer, 1788, p. 21). In general, good health and the avoidance of chronic, disabling conditions depended on a patient's temperament and on his or her ability to control their passions (Dixon, 2006, p. 35).

NEGOTIATING SYMPATHY

As well as having "emotional" causes, physical difference was commonly represented as raising powerful feelings in others —from the "surprise" and "fright" of pregnant women encountering maimed street beggars already discussed, to more ennobling "moral sentiments" of pity and sympathy in the "benevolent" and "humane". During the eighteenth century, the culture of sympathy developed in opposition to the Hobbesian view of human beings as motivated by self-interest. Latitudinarian theologians and Christian moralists such as the earl of Shaftesbury and Francis Hutcheson argued that people were naturally virtuous and that compassion for the suffering of others was an "irresistible" force of human nature (Fiering, 1976; Haltunen, 1995; Dixon, 2003, pp. 81-86). Accordingly, how someone reacted to the sufferings of others was seen as an index of their humanity, motivating both personal pity and public philanthropy. The Scottish philosopher Adam Smith argued that the sight of the "deformed", maimed or blind evoked especially strong feelings of pity in others, to the point of creating a sympathetic somatic experience. "Persons of delicate fibres, and a weak constitution of body", he wrote in his *Theory of Moral Sentiments* (1759),

Complain that in looking on the sores and ulcers that are exposed by beggars in the streets, they are apt to feel an itching or uneasy sensation in the correspondent part of their own bodies. The horror which they conceive at the misery of those wretches affects that particular part in themselves more than any other, because that horror arises from conceiving what they themselves would suffer, if they really were the wretches whom they are looking upon ... The very force of this conception is sufficient to produce that itching or uneasy sensation complained of (Smith, 1759, p. 11).

Lacking the negative implications that it would gain in more recent times, pity was cast as both a virtue and a pleasure. In the culture of sensibility disability was useful in that it prompted socially valuable sentiments and sympathies, confirming the beholder's status as a person of refined sensibility and "feeling" (Packham, 2007, p. 426). Some disabled bodies were more liable for emotional outpourings of sympathy and sentiment than others. For example, Simon Parkes has shown how sentimental portrayals of wooden-legged "broken soldiers" as suffering nation-

al heroes served a significant purpose in "containing" the horrors of warfare for eighteenth-century Britons, and provided a focal point for socially useful expressions of patriotism (Parkes, 2013).

Sympathy was an important part of the public discourse of philanthropy in the eighteenth century which underpinned a number of interventions in the lives of people with disabilities, from voluntary hospitals for the "sick and lame" to educational institutions for blind and deaf children (Borsay, 2005, pp. 44-49, 94-98). For those put in a position of having to request assistance from the state through the Poor Laws established between 1598 and 1601, or through begging, "pitiability" was an important resource. Poor law petitions and letters frequently presented disability in strategically emotional terms. These narratives, written by or on behalf of the sick poor, emphasised traits such as destitution and helplessness to strengthen their claims for assistance. (Hindle, 2004, p. 414; Turner, 2012, pp. 138-140). Such appeals should be seen not as evidence of the "real" feelings associated with being sick or disabled, but rather as tools by which marginalised members of society could remind their superiors of the Christian duty of charity.

Similar strategies were employed by street beggars in eighteenth-century London and elsewhere (Hitchcock, 2005). The *Spectator* periodical's correspondent Sir Andrew Freeport described in 1711 how beggars had implored charity from him "with the visual Rhetoric of a sick Wife or Husband at Home, three or four helpless little children all starving with Cold and Hunger", and observed that beggars "must live in Rags to look like Objects of Compassion" (Bond, 1965, vol. 2, p. 402). A hundred years later, the Parliamentary Select Committee enquiry into the State of Mendicity in London heard numerous accounts of emotional manipulation on the part of beggars, which sometimes extended to acts of bodily modification. They included the case of an "Irishman who pretends to be a sailor, and frequently cuts his legs to excite compassion" (Anonymous, 1816, p. 99). Begging emotions were commonly viewed as "performances" of feeling rather than authentic expressions of suffering and were associated with fraud. Indeed, one of the most common ways in which satirists exposed the supposedly fake disabilities of mendicants was to accuse them of emotional inconsistency, contrasting their sorrowful demeanour in the public space of the street with their apparently different emotional styles in private. Thus in his account of the "Beggars' Club", the satirist Ned Ward described ear-

ly eighteenth-century London's begging fraternity as being made up of "wooden leg'd Imposters of good Christian Charity", "Limping Dissemblers" and "sham-disabl'd seamen" who ended the day by retiring to a tavern where they cast off their sorrowful looks along with their crutches, artificial limbs and other props of disability and "wholly resign[ed] themselves to Mirth and Jollity" (Ward, 1709, pp. 224-225).

DISABILITY, DISRUPTION AND WELL BEING

In many eighteenth-century narratives, the idea of disability as a "sorrowful" or "miserable" state rested on the degree to which an impairment or chronic illness disrupted a person's expectations of a happy or productive life course. One of the period's most emotionally evocative phrases used to describe disablement was that someone had been rendered a "cripple for life" by an accident, act of violence or negligence of others. The term was used in various contexts to present disability in sensationalist terms, to evoke sympathy for victims, whilst simultaneously provoking moral outrage. For example, *The Weekly Journal* reported in February 1728 the case of a Dusseldorf schoolboy who had been "whipped so severely" by his Jesuit master that he "will either die of it, or be a Cripple as long as he lives" (*Weekly Journal*, 1728). Being made a "cripple" was represented as a permanent, life-changing experience which damaged a person's well being by potentially affecting their economic capabilities. A 1769 newspaper report of an accident involving a glazier's servant in which he had fallen two storeys and broken his arm, thigh, and fractured his skull, remarked that although there were "great hopes of his recovery ... he must remain a cripple all his life time" (*Middlesex Journal*, 1769). In this respect being a "cripple" meant that he had to come to terms with his new status of victimhood. Contrasted with "recovery", the "cripple" occupied a permanent state of liminality between health and illness.

In modern medical sociological terms, these narratives appear to represent disability as a form of "biographical disruption", something which forced victims to re-examine their plans for the future, bringing about a shift in priorities and relations with others and challenging expectations of a "normal" healthy life course (Bury, 1982). The idea of disablement bringing profound disruption to a person's life was especially pronounced in the numerous personal testimonies used in medical advertising in the eighteenth-century press. Customer testimonials to the effectiveness of various proprietary medicines were

an important component of the eighteenth-century medical marketplace (Porter, 1987). Although they were formulaic and of questionable provenance, the published testimonies of patients, drawn predominantly from the urban middling sort, frequently conceptualised the "misery" of disabling chronic conditions in terms of lack of control. References to sufferers being reliant on sticks or crutches, "confined" to particular rooms, or to chairs and beds, utterly "incapable of business", reinforced the connection between impairment and restriction or lack of liberty, as something that imprisoned the individual and inhibited his or her engagement with the public world of commerce (Turner, 2012, pp. 52-53).

Frequent references to pain or fatigue in testimonies from both sexes expressed the "miserics" of sickness or disability as resulting from disorienting symptoms through which the predictability of daily routine was lost. In a testimony that accompanied an advertisement for "Whitehead's Essence of Mustard" that appeared in the press in 1797, a cure for the "most inveterate cases of Rheumatisms, Lumbago, Gout, Palsy [and] Complaints of the Stomach etc.", W. Jenkins of Broadmead in Bristol complained of the "most excruciating flying pains" brought on by "rheumatic gout", which had left him feeling so hopeless that he had ordered his workshops to be pulled down as he felt he would never again be capable of "business" — a dramatic gesture that seemed to capture the despondency associated with what was believed to be a permanent state of debility (*Kentish Chronicle*, 1797).

Similarly, an account of one Reverend Winder, paralysed by a stroke of palsy, published in the *Gentleman's Magazine* in 1770, described how he had spent a "miserable year in pain and despondency" and "suffered from a constant, very oppressive, heavy perception of pain fixed deep in his breast, which was always accompanied by that dejection of spirit ... when no further hope of recovery remains". The connection between the health of the body and the mind's emotional state was made repeatedly in narratives of affliction and cure in the eighteenth-century press. When Winder's symptoms were relieved, apparently after being struck by lightning, he was said to experience once more the "joy of health" (Anonymous, 1770, pp. 367-368).

But despite the cultural power of narratives that emphasised the miserable sufferings of the sick and impaired, attitudes towards disablement in eighteenth-century Britain were more complex and subject to a range of variables. Timing, context, norms, and the symbolic significance of a particular illness or disabling

condition were all crucial in determining its impact on a person's life course and emotional well being. Indeed, it was a long held view —from Puritan religious conduct literature to eighteenth-century essay periodicals— that misfortune was part of God's design and that illness, physical or sensory impairment were the fate of Everyman. Each person, noted the Spectator in 1711, had a "natural weight of affliction" and misfortune, including sickness or impairment, was the "common Lot of Human Nature" (Bond, 1965, vol. 4, p. 214). Rather than being disruptive, therefore, disablement might be seen as an expected aspect of life (Williams, 2000). In particular, it was a long held view that physical and sensory impairment was central to the ageing process. The conduct book, *A Word to the Aged* (1667), described infirmity as the "Crown of Old Age" and counselled older readers that although they may become "timorous and fearful" due to their physical weakness and impending mortality, there was a "peculiar honour that is twisted with your infirmity", making it symbolic of a life well-lived (Anonymous, 1667, p. 125). In reality, "infirmity" may have been a dubious honour for those struggling to cope with increasing incapacity in a period where older people were expected to work as long as they were able (Ottaway, 2004). Nevertheless, some commentators praised the ability of older people to "sustain their infirmities with an enviable cheerfulness" (Cogan, 1813, p. 140), confounding expectations of their emotional "distress".

Crucially, the relationship between disability and quality of life was also seen as being dependent on the "temper" of the patient and the circumstances of disablement. In a culture where moderate passions were key to a person's health, sudden and unexpected events could be harmful and have "violent" effects on mental health (Cooke, 1839, p. 9; Cogan, 1813, p. 51). As a result, the emotional consequences of sudden disablement were deemed more damaging than those of gradual impairment (Turner, 2012, p. 70). The "affection of mind" most commonly admired in the sick or impaired was their "cheerfulness". "Cheerfulness" had long been seen as a remedy against extremes of passion (Rublack, 2002, p. 4). In the eighteenth century it was regularly recommended in guides to health, politeness and good manners which regularly recommended cheerful "good humour" as a means of easing social interaction and accommodation with others (Leites, 1984). In medical terms, Cogan regarded "cheerfulness, hilarity and social mirth" as promoting a "delectable flow of spirits, which afford a temporary relief from the oppressive and pernicious influence of cares and solitudes" (Cogan, 1813, pp. 297-298).

Maintaining good cheer in the face of adversity was celebrated as a quality of military masculinity in eighteenth—and early nineteenth— century Britain and was found frequently in popular cultural representations of battlefield trauma. Jokes regularly portrayed maimed soldiers or sailors responding to dismemberment with a well-turned witticism, calling for the carpenter instead of the surgeon after losing a leg (Turner, 2012, p. 71). When describing their own battlefield experiences, ex-servicemen also used "cheerfulness" as a form of spirited defiance, a means of maintaining morale and refusing victimhood. In Major Thomas Austin's memoir of losing his leg whilst fighting in the disastrous Walcheren campaign in the Napoleonic Wars (1809), the author stressed his determination to "meet the exigency [of amputation] with becoming fortitude". He wrote of his admiration for those (including enemy soldiers) who retained their "bearing" under traumatic circumstances, and recalled how he had attempted to "raise the spirits" of those about to be operated upon by instilling "some little cheerfulness into my fellow sufferers" (Austin, 1926, pp. 137, 148).

In his autobiographical *Deformity: An Essay* (1754), the Member of Parliament William Hay similarly prescribed good-humoured, stoical acceptance of one's lot as a means by which the "deformed" might come to terms with their stigmatised appearance (Lund, 2005, p. 108). Born with spinal curvature and subject to the prejudicial taunting of strangers in the street, Hay furthermore attempted to re-cast physical difference as a spur to emotional self-improvement. Arguing against Francis Bacon's 1597 essay "On Deformity", which had presented the "deformed" as being "void of natural affection" due to their ill-treatment by "nature" (Bacon, 1985, p. 191), Hay argued that people with physical differences were in fact better placed to feel compassion. Bearing the pains of others' rude or cruel treatment, argued Hay, heightened the "deformed" person's sensitivity to suffering of all kinds, from horror at violent sports to an abhorrence of cruelty to animals (Hay, 1754, pp. 51, 59). Hay presented a model of deformity consistent with the later eighteenth-century cult of sensibility, which regarded sensitivity to suffering as a mark of refinement (Haltunen, 1995). The blind poet Thomas Blacklock also explored the idea of disability as a stimulus for personal development and emotional growth in his article on blindness for the *Encyclopaedia Britannica*. The blind, he argued, were not only particularly "meritorious of social compassion", they were also better qualified to repay "any friendly interposition for their happiness" due to their refined sensibility. Free from distracting visual stimuli they

were “more attentive to their own internal oeconomy, to the particular notices of good and evil impressed on their hearts” ([Blacklock], 1791, p. 289). As such, blindness had the potential to bring wisdom, insight and emotional sincerity (Packham, 2007).

However, in spite of these positive portrayals, some forms of impairment were deemed worse and more difficult to bear than others. Those physical deformities that affected the shape of the spine or caused restriction of movement were deemed to have a particularly damaging effect on the patient’s mental state. In his *Essay on Crookedness, or Distortions of the Spine* (1788), Philip Jones noted that twisted bodies “hurt the eye, and often raise very painful reflections in the mind of those who are the innocent, though unhappy objects” (Jones, 1788, p.25). James Earle, senior surgeon at St. Bartholomew’s Hospital (London) similarly described spinal curvature as “among the most deplorable and distressing maladies to which mankind are subject” (Earle, 1799, p. 1). The spine, wrote Jones, was a “second brain”, whose health and positioning affected the body’s physical and mental health (Jones, 1788, p. 41). Impeding both circulation of blood and the nervous system, spinal deformity was thus deemed to have particularly “miserable” effects on the minds and bodies of those affected, reducing them eventually to complete dependency on others, a state worse than death: “‘Tis better far to die, than crawl thro’ life / Diseases prey —deformed— and wretched” (Jones, 1788, p. 27 and title page). Concerns about the “misery” of spinal patients motivated a growing interest in social orthopaedics, following the publication of Nicolas Andry’s *Orthopaedia* (1743), with methods and devices for “training” young bodies into upright forms —both aesthetically pleasing and morally wholesome (Withey, 2015). Jones himself was the inventor of a “spinal machine” and claimed success in rescuing many young patients from deformity.

Assessments of the “miserable” effects of impairment were influenced by the cultural significance of the body’s functions as well as their perceived effects on the individual. This is particularly evident in debates about whether loss of hearing was more detrimental to a person’s happiness compared to loss of sight. The backdrop to this discussion was the Enlightenment investigation of the hierarchy of the senses which resulted in a proliferation of publications that dealt with how sight, hearing, taste, smell and sensation contributed to the emergence of intelligence (Söderfeldt and Verstraete, 2013, p. 252). For

example, the Scottish philosopher Francis Hutcheson argued that the “Pleasures of Sight and Hearing, are more esteemed than those of Taste or Touch” since they produced “pleasures of the imagination” rather than the simple physical pleasures of “external sensations” (Hutcheson, 1728, p. 6). Hierarchies of the senses produced hierarchies of impairment. The status of sight as the “sovereign of senses and the mother of all the Arts and Sciences”, the agent of politeness, civilisation, poetry and scientific discovery, meant that its loss was, as the *Spectator* put it in 1712, “very grievous” (Bond, 1965, vol. 4 pp. 170-173). The vulnerability of the blind and their reliance on others to guide them also emphasised the importance of independence in notions of well being, which corresponded with the “miserable” feelings associated with people with other physically limiting diseases or impairments (Söderfeldt and Verstraete, 2013, p. 252).

Other commentators regarded deafness as a more debilitating state, since those unable to hear were prevented from receiving divine wisdom, partaking in sociability or expressing their feelings. The deaf were, according to a medical advertisement of 1773, “attended with such oppressive discomfort and continued uneasiness of mind, as none can be truly sensible of who have not in some degree witnessed it in themselves” (Anonymous, 1773). The same year, a newspaper described the case of a “deaf and dumb” youth who had attempted to hang himself “through despair of making any impression on his mistress”, due to his inability to express his feelings of love verbally. Thankfully this story of emotional alienation had a happy ending. The young man was “quickly discovered and cut down”, and “this proof of his affection had so great an effect upon his sweetheart” that it was said “she has consented to marry him” (York Chronicle, 1773).

The idea that humans were distinct from the rest of the animal kingdom by virtue of being “social beings” was believed to make deafness particularly “melancholy” and dehumanising. The deaf person’s isolation was compounded, according to an essay of 1802, by “witnessing the pleasure which conversation affords to those about him, while he is unable to participate”. Deafness reduced a man to “a spectator of [the] happiness” of others, which made him “feel his own misfortune” all the more keenly (Philo, 1802, pp. 101-102). By extension, those who experienced impairments of speech through diseases such as stroke were deemed to be similarly unhappy. For example, an obituary for the author Sir Richard Steele published in 1729 noted that he had become “Paralytick”

in his later years, “and being perfectly disabled for all Sorts of Business, Study and Conversation, having in a great Measure lost his Speech as well as the Use of his Limbs”, he was forced to leave metropolitan literary society and retire to Carmarthen in Wales “where he linger’d several Years in that unhappy Condition” (Anonymous, 1729).

CONCLUSION

During the eighteenth century, “passions”, “affections” and “sentiments” shaped understandings of physical difference. The emotional lexicons of eighteenth-century Britain shed light on the varied ways in which ideas about feeling and physical impairment were linked. Firstly, medical discourses of the “passions” emphasised the interconnectedness of mind and body in the production of health and illness. Certain passions might be “disabling”, either by stimulating the body to such a degree that might cause epilepsy or loss of senses, or by depressing the movement of the “vital spirits” cause long-term health problems. In medical theories that stressed the importance of the heart rather than the brain as the seat of the body’s emotional health (Bound Alberti, 2010, p. 17), certain impairments that impeded the circulation of blood or threatened the nervous system were deemed to have particularly harmful effects on a person’s mental state, causing despair. In the case of spinal deformities, this led to increasing calls for medical intervention to alleviate the “misery” of those affected. Taken together, these findings point to the inter-relatedness of “physical” and “mental” impairment in the eighteenth-century past.

Secondly, the discourse of “moral sentiments” valorised the importance of sympathy for the “afflicted” as a key social value. As a source of “distress” and suffering, disability produced socially purposeful sentiments of benevolence and public philanthropy. This prompted growing intervention in the lives of disabled people, marked by innovations such as voluntary hospitals and special educational provisions for blind and deaf children in the latter half of the century (Borsay, 2005, pp. 46-48, 94-98). Combining “moral sentiments” with economic rationalism, these interventions to promote the “happiness” of blind or deaf children by turning them into “useful”, productive citizens shows how beliefs about the perceived emotional state of people with disabilities began, by the end of this period, to serve a political purpose, fixing certain emotions upon the impaired and justifying the intervention of “experts” in their lives (Söderfeldt and Verstraete, 2013, pp. 259-260).

Sympathy for the “distress” of the blind, deaf or physically impaired rested on a pervasive assumption of the “unhappiness” of disability. Nevertheless, although this idea was widespread it is important not to flatten either the cultural representations of disability in this period or the experiences of the sick or impaired themselves. In practice, experiences of disablement were influenced by a variety of factors, including availability of familial and community support, occupational structures and a person’s access to welfare and medical services (as shown, for example, by many of the essays in Burch and Rembis, 2014). But public discourses of impairment in eighteenth-century Britain focussed on personal qualities and characteristics in evaluating the effects of disablement on well being. Pain, fatigue, loss of control and unpredictability were all thought to bear on the degree of “misery” experienced. Conversely, the idea of infirmity as an expected part of the life course was also important and people were urged to bear stoically with their afflictions. Here a person’s “affections” or habit of mind was important in mitigating the effects of impairment, as “cheerfulness” was recommended as a particular means of resisting the hopelessness associated with life-changing impairment.

While the discourse of “pity” undoubtedly contributed to the marginalisation of people with disabilities, it might also provide a resource for those in need and their supporters to engage the sympathies of others, either in begging on the streets, making public appeals for charity, or negotiating systems of state support via the Poor Law. Such appeals, which carefully wove emotionally resonant words together with certain “emotional objects” such as crutches, empty sleeves or wooden legs into purposeful tales of woe, were no more evidence of the real feelings of disabled people in the past as the patronising depictions of the “pitable” that they sought to harness. While historians will never know what it “felt like” to be “disabled” in any period of history, examining the ways in which people with disabilities drew on established emotional models of impairment in their dealings with authority provides one means of writing a more emotionally nuanced history of disability that regards languages of “pity” and sympathy not simply as tools of oppression but as resources for the marginalized to remind the powerful of their social responsibilities.

Indeed, for all the emphasis on “misery” in eighteenth-century discussions of impairment, there were a few writers prepared to consider the notion that impairment might be a source of happiness in itself. For

example, in 1753 the *World* periodical related a Spanish fable concerning Gonzales de Castro, a “blind, deaf and dumb” man, who suddenly regained his senses at the age of 52. Despite his initial joy, he soon began to “lose the relish of his enjoyment, and to repine at the possession of those faculties, which served only to discover to him the follies and disorders of his neighbours, and to teach him that the intent of speech was too often to deceive”. Well-loved by his neighbours before his “cure” due to his “cheerful submission to so deplorable a misfortune”, he lost their affection when he began to point out their newly discovered faults (Fitz-Adam, 1753). Sensory deprivation was imagined here as giving a person a privileged access to an antediluvian state of innocence. The inability of the “deaf and dumb” to converse socially was offset, according to other writers, by their minds being “less polluted with vain discourse” (Anonymous, 1701). Al-

though blindness was considered highly disabling in an era in which sight was crowned the “sovereign of the senses”, the blind were nevertheless sometimes praised for their wisdom and human insight since they were deemed less susceptible to worldly distractions. While these ideas were rare and not always intended to be taken seriously they, along with William Hay’s attempt to redefine “deformity” as a spur to the refinement of feelings, show that the idea of disability as a source of emotional contentment was not unthinkable to our ancestors. David Bolt’s recent call for disability researchers to be “open to the possibility of positive discourse” is as relevant to those of us who study the past as for those modern activists who see in the removal of social, environmental and attitudinal barriers to disabled people’s participation the prospect of “happiness without cure” (Bolt, 2015, p. 12).

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