

The Medical Context: Disability, Injury, Illness, and Nursing in *Persuasion*

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Students often want to identify with characters, but they may have trouble engaging with Austen's sad, silent, and exhausted Anne Elliot.¹ I stress to them that we need to investigate Anne's sense of depletion, not fight against it. I remind my students that Austen could have written Anne any way she liked. Why might she have chosen to stress that Anne's "bloom had vanished early"? How could it actually serve the novel for Anne to be, at the beginning, "faded and thin" (6; vol. 1, ch. 1)?

One answer is that Anne's decline makes her identifiable. Bodily debility is, in Jasbir Puar's words, "the debilitating ongoingness of structural inequality and suffering," a somatic expression of hopeless economic life (149). It makes sense to attribute the somatic decline of dependent single women in the early nineteenth century to economic disempowerment, "the physical wearing out of a population," but this explanation also resonates with the experiences of modern working-class American adults (Berlant 754). I teach in an urban commuter school with immigrant, first-generation college students. Everyone in my classroom either has a disability or has a friend or family member with one—as is common in populations that often get substandard health care. Many students have experienced a traumatic injury like a broken limb, while others cope with chronic conditions like diabetes. Some vividly remember trying to navigate public transit when they were pregnant, some have had serious illnesses, some have learning disabilities, and some are medicated for anxiety or depression. Many of my students are simply heavier, smaller, or taller than the bodily configurations allowed for by standardized furniture designs. In other words, my students are real people, in a world in which everyone is expected to emulate unrealistic body types.

One of the fundamental tenets of disability studies is that we will all develop disabilities if we live long enough. Activists talk about being temporarily able-bodied.² Disability is a fluid, universally shared experience, and humans naturally have a wide range of capacities. Lennard Davis notes: "the 'problem' is not the person with disabilities; the problem is the way that normalcy is constructed to create the 'problem' of the disabled person" ("Introduction" 1). The concept of normalcy developed between 1840 and 1860 as part of the newly developing fields of statistics and eugenics. Thus, *Persuasion*, published in 1817, gives us a precious glimpse of a culture without the concept of the "normal" (Davis, "Introduction" 2).

Virtually everyone in this novel has some experience of a condition: debility, injury, nervousness, depression, broken collarbone, brain damage, or obesity. Interestingly, having a handsome body and functional mind often seems to be

associated with emotional coldness, as in the cases of Sir Walter Elliot, Elizabeth Elliot, Mr. William Elliot, and Mrs. Clay. As John Wiltshire points out, "Sir Walter thinks he and his like are immune from time," whereas the novel actually emphasizes "the changes and vicissitudes wrought by time, and of the human body as an object besieged by its onslaughts" (*Jane Austen* 164). These characters seem well preserved because they have exiled themselves from the historical changes that have weathered the Crofts, faded Anne, depressed Benwick, irritated Mary, immobilized Mrs. Smith, aggrieved Mrs. Musgrove, and taught Wentworth tenderness for the weak.

Persuasion shows that ordinary people live in ways that require care. After all, in the early nineteenth century, everyone needed care. The causes and prognoses of most illnesses remained largely mysterious, treatments were haphazard, and the lack of germ theory, antiseptics, and diet information meant that ill health was widespread, while a moment's disaster could be fatal. Impairments were not only more common but also much more visible than they are today, since patients were not consigned to hospital but continued to mix in general society.

Bodies are important in Austen, but their meaning changes as her work develops.³ In *Northanger Abbey*, Catherine Morland is strong and healthy. In *Sense and Sensibility*, Elinor Dashwood regards Marianne Dashwood's depression as a deliberate choice, a selfish indulgence that Marianne should and must relinquish. In *Pride and Prejudice*, the flushed cheeks and sparkling eyes of Elizabeth Bennet after her walk, her athleticism, is the subject of Mr. Darcy's admiration. A cold may keep Jane Bennet at Netherfield, but it also sidelines her; it is the healthy sister, not the sick one, to whom the narrative attends. Throughout these early novels, Austen is intrigued by bodily variation, but her interest is primarily in healthy, attractive, sexualized bodies and balanced, reasonable, and cheerful minds. Characters who lack those attributes often get scolded into compliance. Healthy bodies are more appealing, more marriageable.

However, Austen's later novels gradually move from an approbation of health towards an appreciation of disease. *Mansfield Park* features the delicate Fanny Price, and *Emma* the food-refusing Jane Fairfax. Bodily delicacy demands social attention. Whether it is Fanny's cousin insisting that Fanny ride for her health, or Jane's friends pressing food and exercise on Jane, it now seems that the vulnerable female body takes on a new value. Ill health places the women in social relation to others, making them grateful recipients of tender kindnesses (or, alternatively, resentful victims of others' meddling); it generates social situations, the very material of the novels. In Austen's last (unfinished) novel, "Sanditon," an entire town is structured around illness, offering a particularly pointed example of the social advantages of debility.

The feminist theory of ethics of care helps explain this caregiving sociality.⁴ Care ethicists argue that humans are, in Virginia Held's words, "relational and interdependent, not the individualistic autonomous rational agents of the perspective of justice and rights" (72). We have to depend on others to survive. The disabled person and the caretaker—or the parent and the child, or the teacher

and the student—offer examples of the kind of intimate dependency in which we are all enmeshed. A penniless orphan child, an elderly woman, an infant, a second-language learner, and a person who feels sad would all be legitimate recipients of care and can give care as well—nobody is stuck in one role. For instance, Anne's conversation soothes Captain Benwick, while Benwick's attentions flatter Anne. This is a relationship of mutual care.

Care is so widespread in nineteenth-century fiction that a person who needs help often acquires a kind of retinue: a shifting cadre of miscellaneous volunteers. Louisa's care community, for instance, includes Lyme Regis locals who met her only once before her fall, her old nurse, her parents, her romantic interest, and her sister-in-law's sister. Contrast this heterogeneous group with Sir Walter's chosen community in Bath, a rigidly hierarchical organization of affiliates chosen solely for status. These divergent social worlds disorient Anne, who decidedly prefers the care community to the status-based social scene.⁵

Care communities punctuate *Persuasion*, becoming successively larger and more abstract. The first and smallest such community forms when Anne visits her querulous sister Mary, who demands that Anne "come to Uppercross Cottage, and bear her company as long as she should want her" (J. Austen 35; vol. 1, ch. 5). Care, in this case, merely means amusement and companionship. Nineteenth-century people found "the creation of small, select societies around their bedsides one of the greatest advantages of illness," Miriam Bailin explains (20). Indeed, *Persuasion* insists on caregiving as the stuff of ordinary life, not the heroic exception.⁶ But it also insists that caregiving can realign social relations. Initially, Mary's connections are mutually discontented, but the moment Mary's nephew Charles dislocates his collarbone, the Musgroves briefly achieve intense communion—although they will soon lose interest and revert to squabbling once it turns out the child is not in danger.

The second care community Anne encounters is determined by affinity rather than biological relations. Captain Benwick lives with the kindly Harvilles, and Captain Harville, the brother of Benwick's deceased fiancée, Fanny, has, in turn, befriended Captain Wentworth because Wentworth cared for Benwick when Fanny died. The community formed by the Harvilles, Benwick, and Wentworth deeply attracts Anne, accustomed as she is to the Elliot family's formality. She yearns to be part of the group, musing wistfully, "These would have been all my friends" (J. Austen, *Persuasion* 105; vol. 1, ch. 11).

Louisa's accident both incorporates Anne into the community she yearns to join and extends it. Once again, a traumatic injury rearranges social patterns. Louisa's caregivers are quite diverse and include her family—parents, brother, and sister and those siblings' connections (Charles Hayter, Anne, and Mary)—Captain Wentworth; virtual strangers such as Captain Benwick and the Harvilles; the Crofts, who function as concerned but not directly involved connections; and Sarah, the Musgroves' old nursery maid.

This social organization operates according to tacit rules that may seem unusual if we assume the Baronetage represents the period's social norms. First,

the members of this community care for one another, not just for their patient. "Mrs. Musgrove had got Mrs. Harville's children away as much as she could, every possible supply from Uppercross had been furnished, to lighten the inconvenience to the Harvilles, while the Harvilles had been wanting them to come to dinner every day; and in short, it seemed to have been only a struggle on each side as to which should be most disinterested and hospitable" (140; vol. 2, ch. 2). Second, unlike the static upper-class hierarchy, which is recorded in a published volume, this community is a fluid group, as members move in and out of the circle, negotiating, for instance, whether Mary or Anne should stay with Louisa at the Harvilles' home (124; vol. 1, ch. 12). Third, whereas the Elliot family values etiquette, this care community valorizes tender feeling, as expressed through both hospitality and poetry. Whereas the Elliot family identifies people through a lineage, the care community emphasizes reciprocity, the mutual exchange of assistance. Within the alternative social vision of the care community there is space for relationships not possible elsewhere, such as nurturing same-sex ties (Captain Benwick's and Captain Wentworth's mutual devotion), and for an unmarried woman to suddenly be seen as valuable (in Wentworth's words, "no one so proper, so capable as Anne!" [123]). My point here is that from young Charles to Captain Benwick to Louisa, catastrophe creates the kind of social world that allows Anne an alternative to the stratified, formal hierarchy of her upbringing.

Anne takes this liberating alternative with her when she is exiled to Bath, rebelling against her father's and sister's rules by seeking out Mrs. Smith, whose social circle is even more radically fluid, egalitarian, and decentralized than Louisa's. Mrs. Smith monitors information that moves through the laundress, the servant, the nurse, and her patients. Her society includes people whom the Elliots do not even condescend to notice. As Sir Walter sputters, she is "a mere Mrs. Smith, an every day Mrs. Smith, of all people and all names in the world, to be the chosen friend of Miss Anne Elliot, and to be preferred by her, to her own family connections among the nobility of England and Ireland! Mrs. Smith, such a name!" (171; vol. 2, ch. 5). Mrs. Smith holds the power of information; her disability enables her to act as a kind of proto-reporter, or novelist (see Schaffer 180; Miller 73). While "the nobility of England and Ireland" occupy one kind of social space, the laborers, nurses, and sick people compose an alternative, interconnected, networked version of Bath, and Mrs. Smith's information economy will one day supplant the status economy of the Baronetage.

These care communities contrast not only with Sir Walter's strictly hierarchical social world but also with Mr. William Elliot's self-interested marketplace model. Mr. Elliot is the *Homo economicus* of classic liberalism and modern capitalism. He has no ties, refusing to care for Mrs. Smith in spite of his personal and legal responsibilities. Mr. Elliot's idea of liberal autonomy was powerfully attractive in the period in which Austen wrote. Captain Wentworth endorses it when he begs Louisa to be as firmly impervious to outside influence as a glossy hazelnut (*Persuasion* 94-95; vol. 1, ch. 10). However, Wentworth's attempt to assume an impenetrable persona does not last, for his real sympathies are with

suffering, as he is drawn to Anne's weary body. Moreover, through Louisa's trauma and recovery, Austen demonstrates that the self is not a closed, autonomous monad but is rather tremblingly permeable, dependent, and interrelated with others.⁷ Louisa learns the hard lesson that when you jump, you must make sure someone is there to catch you, perhaps the most elemental example of interrelationality.

It is a lesson that the two handsome and lonely Elliots have not learned. They lead an utterly stagnant life. Sir Walter, "at fifty-four, was still a very fine man" (4; vol. 1, ch. 1), while Elizabeth, stuck for thirteen years in the same round of balls and visits, was "still the same handsome Miss Elliot that she had begun to be thirteen years ago" (6). The Elliots have created this stasis because they regard physical signs of experience, aging, and feeling as disadvantages. Only when one admits the possibility of bodies changing—aging, weakening, and hurting—and of loving a person through those changes can one admit the idea of historical change, which is perhaps *Persuasion's* great subject, as Deidre Shauna Lynch argues (Introduction x-xvi; and Wiltshire, *Jane Austen* 163–64). Sailors become weather-beaten; women lose their bloom. "It is a period, indeed! Eight years and a half is a period!" exclaims Wentworth (J. Austen, *Persuasion* 244; vol. 2, ch. 10). Bodily decline and disability make history visible. If Elizabeth has remained unchanged for thirteen years, Anne and Mrs. Smith have a different somatic reality: "twelve years were gone since they had parted, and each presented a somewhat different person from what the other had imagined," as two strong, glowing, and healthy teenagers have become a pale lady and "a poor infirm, helpless widow" (166; vol. 2, ch. 5).

Anne begins the book alone: "only Anne" (6; vol. 1, ch. 1). It is, interestingly, illness that changes that situation. I remind students that Anne has no access to any of the modern ways people create social networks—by joining teams, taking classes, or participating in community activities. In this context, it is only crises of health that can make change possible. For a health crisis provokes caring, which is the feeling that flowers into all other relationships, whether marital or familial ties or friendships, including the avuncular trust of Admiral Croft, the kind maternal fussing of Mrs. Musgrove, the poetic ministrations of Captain Benwick, and the romantic passion of Wentworth. Elizabeth never finds a suitor—perhaps because she allows herself no weakness, and weakness is the site to which love can affix itself in this novel.

Persuasion makes real the modern theoretical recognition that disability is universal. Everyone gets tired, gets distressed, develops blisters, gets fat, sobs; everybody hurts, sometimes. But care is bigger than disability. Everyone in this novel needs help with the children, an invitation to dinner, a fellow driver to help pull the reins, or a sympathetic listener to complaints about the in-laws' disrespect. *Persuasion* recognizes that we live in a relational world where, as Mary writes in her letter, "we love her the better for having nursed her" (179; vol. 2, ch. 6).⁸ This caregiving opposes both Mr. Elliot's experience of cutthroat capitalism and Sir Walter's hierarchical regime based on birth, not to mention

the “slow death” of structural inequality (as Lauren Berlant names it) that many of my students endure today. Today it is easy to resent others’ impairments as departures from the norm, but for Austen, writing before the invention of normality, suffering was simply what happened over time. *Persuasion*’s radical social vision, its lesson of tender, mutual regard for normative, widespread human frailty, may come out of Anne’s fadedness, but it is something that should never lose its bloom.

NOTES

¹ See Wiltshire, *Hidden Jane* 147, for an account of the reader’s experience of inhabiting Anne’s sorrow.

² An excellent introduction to disability studies issues is Davis, *Disabilities*. Foundational texts include Garland-Thomson *Freakery* and *Staring*; Siebers; McRuer; and, for Victorian studies, Stoddard Holmes.

³ For different but important views on this subject, see Wiltshire, *Jane Austen*; Heydt-Stevenson.

⁴ Major scholarship on the ethics of care includes Held; Kittay; and Noddings.

⁵ When Lady Russell reminds Anne of her family in Bath, “Anne would have been ashamed to have it known, how much more she was thinking of Lyme, and Louisa Musgrove, and all her acquaintance there, how much more interesting to her was the home and the friendship of the Harvilles and Captain Benwick, than her own father’s house . . .” (J. Austen, *Persuasion* 134; vol. 2, ch. 1).

⁶ When Anne imagines dramatic mortal illness and heroic interventions in the sick-room, Mrs. Smith immediately punctures her illusions (J. Austen 169; vol. 2, ch. 5).

⁷ As Adela Pinch puts it: “Louisa is now the opposite of the hazelnut Wentworth held up to her as an image of firmness of mind. She has no ‘baked crust of consciousness to parry sensations from the outside world’” (157).

⁸ Mary makes this claim in the letter in which she announces Louisa’s engagement to Captain Benwick—another love that develops through nursing.