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DEBILITY AND DISABILITY IN EDITH WHARTON'S NOVELS

KAREN WEINGARTEN

At the end of Edith Wharton's *The House of Mirth*, Lily Bart, the novel's protagonist, falls into a downward spiral: without a marriage proposal in sight and her money nearly gone, Lily can no longer support the extravagant lifestyle she constructed with the help of New York's high society—and particularly its adoring men. Desperate to pay her bills, she agrees to work at a millinery, a position two of her friends find for her because she had always been good at trimming her own hats. Lily, however, fails miserably at this work. On the one hand, Lily's failure to succeed in her position could be the result of a lack of training and a disdain for the mundane tasks assigned her. Yet, the narrative also provides hints that Lily's body is starting to fail her. For months, as she tells her friend Gerty, she has been plagued with sleepless nights and then drowsy days that make concentrating difficult (Wharton 1984, 254). And when she looks at yet another hat she has been unable to sew, she notes that the forewoman's criticisms of her are warranted: "the sewing on of the spangles was inexcusably bad. What made her so much more clumsy than usual? Was it a growing distaste for her task, or actual physical disability? She felt tired and confused: it was an effort to put her thoughts together" (275). As she leaves the millinery that day, sourly reflecting on her new working-class position, a kind

co-worker offers her some encouragement by telling her that her poor work is clearly the result of not feeling well. “Miss Bart,” she tells her, “I guess you can sew those spangles on as well as I can when you’re feeling right” (275). Lily’s observations of her own body, confirmed by those of her few remaining friends, suggest that Lily’s failure at sewing hats isn’t just because she sees the work as beneath her. Feeling poorly, Lily leaves her place of employment for the last time with “increasing physical weariness” (276) and gives into the temptation to stop in at the chemist’s to purchase chloral, a sleeping potion that will soon lead to her death. There has been much criticism speculating on the cause of Lily’s death: Was it intentional suicide? Accidental poisoning? Does she overdose on a drug that she had become addicted to? Or does Lily’s demise fit into a pattern woven through several of Wharton’s novels that documents the slow, and sometimes fast, debilitation of characters, most often because of economic conditions?

In one of the last scenes of *The House of Mirth*, Lily’s old acquaintance Nettie finds her and notes just how sick Lily appears (Wharton 1984, 301). No one else sees her again after this encounter and so the illness that plagues Lily is just as mysterious as the motivation behind her death. But there’s no question about her state: Lily is sick and her illness contributes to her death because the chloral she drinks was meant to help with all her sleepless nights. To return to and extend Lily’s question about herself: if she is actually physically disabled in the last chapters of the novel, how is her bodily transformation a reflection of her economic decline? Through examining several of Wharton’s other novels with characters that are disabled or debilitated, I’ll argue that a significant thread running through many of Wharton’s novels is an examination of the relationship between disability and economic status, and ultimately a resistance to understanding disability as a static identity that can be delinked from socioeconomic conditions. In Wharton’s novels, bodies that receive social recognition for their impairment foreshadow contemporary understandings of disability that emerged in the mid-twentieth century with the disability rights movement. However, Wharton also identifies another classification of bodies: those that have become debilitated because of their economic and political conditions. This distinction is crucial, I’ll argue, to understanding how disability emerged as a recognized (and protected) identity, and ultimately, the repercussions this has for how disability is understood today.

First, however, what does it mean to understand disability as identity? Most disability studies scholars accept that disability consists of both impairment, which is medically defined, *and* the obstacles faced when infrastructural arrangements or social beliefs refuse to accommodate impairments. The editors of *Keywords for Disability Studies* explain it succinctly as: “disability is produced as much by environmental and social factors as it is by bodily conditions” (Adams, Reiss, and Serlin 2015, 5). Following this definition, using a wheelchair for mobility only poses a problem when buildings aren’t equipped with ramps or elevators. Being deaf might only be a challenge when interpreters aren’t provided or when other technologies don’t exist to aid with communication. In other words, wheelchair use and deafness are only disabilities insofar as our existing infrastructural world and belief system refuse to accommodate these different modes of being in the world. Disability’s status as an identity, as what Lennard Davis calls a “political and cultural formation,” is fairly recent and emerged only in the 1970s (2002, 10). The Americans with Disabilities Act (ADA), which gave people with disabilities some limited political recognition and protection, was created even more recently, in 1990. Yet the word disability, as used to describe variances in ability, has a much longer history. The OED, for example, traces a use of the word that resonates with the contemporary definition to 1561 in early English drama.¹ Sharon Snyder and David Mitchell argue, however, that the negative associations with disability—disability as something to fear, disability as a reason to ostracize—can be traced to the eugenics era in the United States (2006, 3), precisely at the time that Wharton was writing. Drawing on Snyder and Mitchell’s work, Ellen Samuels has argued that discourses of normalcy—or abnormalcy—in the nineteenth century intimately tie race to disability: any race not labeled white was constructed as disabled and disability was often discussed in racializing terms (2014, 15). It is this emerging construction of disability, one that links disability to subject position, to identity, that Wharton’s work explores. However, as I’ll demonstrate below, Wharton’s understanding of disability was prescient enough to recognize that disability is not a homogenous category. There are different ways to be identified as disabled, and many of them are tied to levels of economic privilege, as Wharton’s novels often show.²

Disability Studies arose as a field in the 1980s, and the first disability studies scholars rightfully argued for understanding disability as an identity in much the same way as scholars had been writing

about gender, sexuality, class, and race.³ More recently, however, some scholars have begun challenging this understanding of disability as a stable identity, along similar lines to those feminist theorists who challenged the coherence of “woman” as a stable, unified identity. For example, Jasbir Puar’s work moves to deconstruct the binary set up by traditional definitions of disability: that bodies are either disabled or abled. She argues that a culture of neoliberalism, which rests on individuality, competition, and autonomy, encourages us to view our bodies as always in need of improvement, as always being not quite right. Puar (2017) draws on Julie Livingston’s ethnographic work on debility in Botswana, a framework Livingston developed as she came to realize that the concept of disability didn’t translate well linguistically and socially in the communities she was studying. While “disability” has now commonly been defined by disability studies scholars working in the global west and north as a social construction, the very understanding of “social construction,” as Livingston’s work shows, is itself culturally situated. Livingston’s work in part complicates the more conventional definitions of disability accepted by disability studies scholars. Yet, as Livingston points out, these infrastructural worlds and belief systems vary by culture and location. An impairment in the twenty-first-century United States might be labeled a disability, while in Botswana that same impairment might be seen as a “normal” difference because there aren’t the same infrastructural or social obstacles. Therefore, an impairment, such as blindness, to take one example, isn’t necessarily disabling in the ways it might be in the United States or Western Europe because of the social or familial resources that make moving through one’s environment easier (Livingston 2005, 6-8).

While Livingston and Puar argue for replacing the term disability with debility in order to encompass these shifting social orders,⁴ Wharton’s work, I argue, suggests that both understandings can—and do—co-exist. Scholars of debility theorize our bodies as always constructed as impaired, or on the brink of impairment, by our socioeconomic conditions in order to convince us to buy into a panoply of cures, remedies, and procedures. However, this construction also reifies the distinction between the impaired body and the healthy body towards which we’re told we must always strive, what Margrit Shildrick calls “a fantasy of full capacity that is ever beyond reach” (2015, 14). As long as we can never attain the perfect body, we will continue to try to purchase it. Debility as a theory thus questions how disability as an identity is built on assumptions of place

and culture, and how disability as identity often ignores the economic conditions that sustain such identity. Debilitation, in other words, is an *intentional* by-product of living under capitalism. Bodies are debilitated in order to manage them for the best interest of economic growth.

In what follows, I turn to Wharton's early twentieth-century novels, particularly *Ethan Frome*, *The Fruit of the Tree*, and *Summer*, to engage the concept of debility, in part because of Wharton's well-documented concern with economy and the politics of sex, and in part because of her less well-documented interest in impairment and disability. Wharton was writing at a moment when industrialization was at its peak and capitalism reigned unfettered. While her novels are situated in the United States, their temporal separation from neoliberal regimes provides both a model for theorizing debility outside our current understandings and for tracing how that understanding emerged. I argue that Wharton's work provides a missing link to theorizing impairment in the United States outside of the contemporary, outside of the current construction of disability as identity, and before the rise of neoliberalism, which obscures many of these connections. Her novels present a way to understand how the categories of debility and disability emerged alongside each other as markers of class and as the by-product of economic conditions.

Disability, as it's currently understood, is everywhere in Wharton's novels. In *Ethan Frome*, Zenobia suffers from a number of unnamed maladies that lead her to seek treatment in nearby cities. The eponymous Ethan and his paramour Mattie both become disabled after Ethan slams their sled into a tree in his failed attempt to end their lives. Lily in *The House of Mirth* dies when her body starts deteriorating after months of chronic insomnia. Undine Spragg in *Custom of the Country* has been diagnosed by one critic as having obsessive-compulsive disorder and monomania.⁵ Terry in *The Children* has limited strength and mobility and suffers from fevers every evening. In fact, one of Wharton's earliest attempts at writing fiction was a play, *The Shadow of a Doubt*, only recently rediscovered, in which Wharton explores the themes of euthanasia and paralysis that would also serve as the basis for her novel *The Fruit of the Tree*. Although some of the characters in Wharton's novels are clearly disabled by contemporary standards—Dillon in *The Fruit of the Tree* loses an arm, Mattie in *Ethan Frome* is paralyzed—these details, with some exceptions, have often been analyzed as metaphors for the

social commentary Wharton makes about the constrained economic conditions of early twentieth-century American lives, and especially women's lives.⁶ As David Mitchell has argued, "disability plays host to a panoply of other social maladies that writers seek to address" (2002, 17). Yet, disability itself has rarely been the focus of such criticism on Wharton's work. Furthermore, Mitchell points out that disability in literature often only serves as a plot point to further narrative interest in "the exceptional tale or the tale of exception" (21). However, as I'll show in my readings below, Wharton's novels stand out in their depictions of disability—and debility—precisely because she often *doesn't* figure disability as exceptional but as an intended consequence of economic and political conditions, and in doing so, she also complicates our understanding of disability itself.

EUGENICS OF DISABILITY

There is now a rich history of scholarship on Wharton's work and its engagement with eugenics, which arose as an influential scientific explanation for understanding mechanisms of inheritance in the early days of the twentieth century. While Wharton scholars don't always agree with how eugenic ideology shaped Wharton's portrayal of race in her novels and short stories, the evidence that Wharton was deeply engaged in scientific explanations about race, inheritance, and eugenics is indisputable.⁷ As Elizabeth Ammons succinctly puts it, "Wharton wrote as a raced writer" (1995, 83). Wendy Kline argues that the rise of eugenics in the early twentieth century occurred because of significant economic changes in the 1890s that destabilized the white "self-made man" (2001, 8). The middle class in the United States shifted from a workforce mostly made up of self-employed white men to corporate jobs that provided less social authority (9). At the same time, the number of immigrants coming into the United States increased and African American men were perceived to "possess powerful masculinity" (9), making both groups of people convenient scapegoats for growing unease with a new economic order. And finally, more middle-class women were working outside the home and living independent of men. They were choosing not to have children, or to delay having children, and pushing back against the notion that their most important contribution to society would be as mothers (10–11). This famously led President Theodore Roosevelt to declare in a 1905 speech to the National Congress of Mothers⁸ that the average woman must, above all, be a "good wife, a

good mother, able and willing to perform the first and greatest duty of womanhood, able and willing to bear, and to bring up as they should be brought up, healthy children, sound in body, mind, and character, and numerous enough so that the race shall increase and not decrease” (Roosevelt 1905).⁹ Roosevelt’s speech, echoing eugenic thinking, explicitly links race, gender, and disability because white women had a duty to the (white) race to not only reproduce but to reproduce *healthy children*, who are both physically and mentally “sound.” Roosevelt is drawing on a belief, perpetuated by eugenicists, that working-class and impoverished women were more likely to give birth to feeble-minded and physically-impaired children. This understanding of inheritance permeated much of early twentieth-century thinking about reproduction, and it effectively intertwined race, class, and disability with gender and motherhood.

Jeannie Kassanoff, drawing on the history of eugenics, argues for a more expansive theorization of race as multiple *and* as situated in Wharton’s specific historical moment: early twentieth-century American culture (2004, 40–41). Kassanoff’s work (along with that of Ammons and Dale Bauer) influenced a body of Wharton scholarship to focus on how early twentieth-century beliefs about race infiltrated Wharton’s work, even when race isn’t explicitly discussed, as I explore later in my analysis of race and disability in *Ethan Frome*. As a result, there is now a body of Wharton scholarship examining how her work engages with eugenics; however, this scholarship is almost entirely focused on the question of race. And yet, as I’ve shown, eugenics wasn’t only concerned with racial purity and emerging conceptions of whiteness. As Rosemarie Garland-Thomson argues “eliminating disabled people as discordant social elements” (1997, 35) was a logical extension of eugenics. Since eugenicists strove to “perfect” the human race, that perfection encompassed not just a belief in racial purity but a belief that human beings, with the help of science, could eliminate so-called degeneracy, birth defects, and all human physical and psychological imperfections. Hildegard Hoeller (2011) comes close to touching on this connection in an essay on Wharton’s short story “The Old Maid,” where she shows how the fear of disease is inextricably linked to the fear of racial and class difference. Genetic transmission and infection were both understood through models of contagion that needed to be managed through the separation of populations. Ultimately, Hoeller focuses on the underlying racial fears in “The Old Maid,” but her observation about disease in the story brings up an important connection: for Wharton,

race and disease, race and disability, would have been inextricably tied together because of the prominence of eugenic thought. The writings of early twentieth-century thinkers influenced by eugenics, from Margaret Sanger to W. E. B. Du Bois, reflect these connections deeply.¹⁰

One question that remains, and that Hoeller's work implicitly brings up, is the relationship between disease, illness, and disability. Disability scholars have tended to understand illness, especially chronic illness, as a kind of disability because of the way someone ill experiences the world.¹¹ To be ill is a medical diagnosis, but to be stigmatized for that illness or to encounter social, cultural, or physical challenges because of your illness would mark you as disabled. While illness can be temporary, so too can disability; both a broken leg and cancer would be defined as disability because of the ways they impact how someone moves through her environment with the broken leg or while undergoing treatment for cancer. While some scholars have addressed Wharton's representation of illness,¹² there hasn't been as much discussion about the relationship between illness and disability in her work, or I would add, between illness and debility. When Lily becomes ill, for example, at the end of *The House of Mirth*, that illness seems to be directly tied to her decline in social standing. Lily turns to chloral in part because of the pressures she faces as a single, financially struggling woman with diminishing prospects. Lily, the narrative seems to suggest, becomes debilitated by her economic circumstances. Or, another way to describe it might be the following: the economic conditions surrounding her intentionally create debilitated bodies; they have intentionally debilitated her. As a young, beautiful woman, her use always had a limited lifespan, and by the end of the novel she has reached it.

As I argued earlier, disability in the early twenty-first century has been embraced by disability studies scholars and activists as an identity that should (rightly) be protected, but it also risks becoming an identity that excludes even as it tries to be inclusive. Who counts as disabled? And what are the goals in defining disability as an identity? What is gained by trying to group a myriad number of people who might be defined as disabled (people who are deaf, people who are wheelchair users, people with Down Syndrome, people with autism, people with chronic pain—to name just a few examples)? And how are efforts of inclusion always premised on *not* counting someone as worthy of recognition in your group? Debility, on the other hand, is something that happens to you. In our contemporary moment,

debility can be an illness brought on by the effects of chemical warfare, or it can be the maiming of a political enemy, who is shot in the legs using the justification of protecting the state (as in the example Puar draws on). Debility can also be asthma that's brought on through living in impoverished conditions, or it can be an obstetric fistula that's never treated because of a dearth of gynecological services. Debility keeps certain populations as always in need of repair, as always in a state of physical and mental precarity. Both disability and debility are forms of impairment, but what differentiates them is how they are socially recognized and protected. People living with debility, people who have been debilitated, rarely understand their debility as an identity, and very often, for myriad reasons (many unintentional) they are excluded from being recognized as disabled. As I'll demonstrate further on, more than disability, debility should be seen as the inheritor of eugenic politics in the ways it marks populations as worthy of recognition—or not.

DISABILITY ISN'T A HISTORICAL CATEGORY

Wharton stands out among twentieth-century American writers for writing about disability without figuring it as exceptional. In tracing the reception of *Ethan Frome*, Lina Geriguis suggests that disability in the short novel figures neither exceptionally nor as a plot point to move the narrative along but as both the focus of the story and as an ordinary event. In fact, she argues that it was the ordinariness of disability's representation in the story that underpinned most of the criticism the novel received by contemporary reviewers who found Wharton's depiction of disability as unexceptional, off-putting, and even unrealistic. For Geriguis, Wharton's insistence on centering her story on disability is an example of how she "participated in the early twentieth-century formations of disability theory" (2017, 58) by forcing critics to consider disability as a concern of the novel. Geriguis also notes that while some characters in the novel express the ableist argument that Mattie, who is paralyzed by the novella's end, would have been better off dying in the sledding accident, the appearance of the priest at the end of the story who is "shocked" by this conclusion suggests that "the narrative both records and calls into question the cultural pattern of conceptualizing disability as a threat to individual and communal harmony" (62). *Ethan Frome* may end bleakly, but it doesn't necessarily suggest that Mattie or Ethan should have died.

While Mattie's disability at the end of the novel receives the most attention from critics, it's Zenobia's disabilities that challenge the category of disability itself. Zeena, as the narrator most often calls her, has a number of vaguely described health issues that cause her to seek medical advice from doctors in the larger neighboring cities.¹³ Illness and disability are portrayed as routine aspects of life in Starkfield, which is described as "rich in pathological instances" (Wharton 1911, 77). This description certainly applies to Ethan's smaller world as well: His father "got a kick, out haying, and went soft in the brain," his mother "got queer and dragged along for years as weak as a baby" (14). In fact, Zeena arrives in Ethan's home to care for his dying mother, and it's only after his mother's death and after the two have married that Zeena becomes impaired. Because of her illnesses and her seemingly negative outlook on life, Zeena has overwhelmingly been described in criticism about the novel as a "witch," as the villain, as the novel's negative core. Critics who have read the novel biographically conflate Ethan with Wharton and Zeena with Wharton's husband, who was also diagnosed with a number of maladies.¹⁴ Diane Price Herndl reads Zeena and Mattie's maladies metaphorically, as the narrative's critique of patriarchal structures, that it was "the social structure that was really sick" (1993, 143). But she also suggests that the novel critiques women who use their illnesses to control men.

However, there's a way to read the narrative as challenging Ethan for his treatment of Zeena. In this interpretation, Zeena is less of a villain and more of a victim of Ethan's neglect. When Mattie enters their lives, for example, he begins shaving every day, assumes Zeena doesn't notice, and even if she does, he stops caring because in his mind she "had faded into insubstantial shade" (Wharton 1911, 43). And even before Mattie's arrival, the narrative hints at the ways in which Ethan almost immediately discounted Zeena's desires. When they first married the plan had been to sell Ethan's family farm and move to a larger town. Zeena, in fact, came from a bigger community and made it clear to Ethan from the start that she desired to get away from Starkfield. Despite these plans, however, Ethan couldn't find someone willing to buy the farm, and soon he also tells himself that Zeena couldn't survive somewhere bigger because she would have "suffered a complete loss of identity" (77). Ethan assumes Zeena's identity is static and based on her status as victim, as the one who suffers because of the specialness of her impairments. Yet, this explanation is never explored or challenged through Zeena's

perspective, and so the novel assumes Ethan's interpretation as fact, as have many critics of the story. The structure of the novel intentionally marginalizes Zeena's point of view, often ridiculing her, but buried behind the (male) narrator's and Ethan's perspectives there's often a sense that if Zeena told this story it would take on a radically different tone.

How does Zeena's illness challenge understanding disability as a static identity? Zeena seeks cure, but it's the seeking that grounds her sense of self. Rather than using illness as a metaphor for larger social ills, the novel is, as Geriguis describes, very much about disability. But it's a shifting sense of disability, one that's not always in contrast to ability because Zeena's sense of self is derived from her impairments at a particular moment in time. Herndl writes that "illness is the punishment for making the wrong choice" (1993, 167). Yet in fact, illness for Zeena often seems to be the reward for making the right choice. Illness allows her to maintain her exceptional status in her community and to maintain difference as specialness. It is through her illness, and importantly, it is through turning her illness into a disability (an identity) that she forms relationships with other women who share tips and remedies for their various ailments. Her disability also allows her to insist to Ethan, with the backing of her doctor, that she can't maintain her household duties on her own and that help must be hired. Zeena demands that Ethan recognize her impairment as disability and accommodate it by hiring someone to aid her in everyday tasks. In this way, Zeena—and Wharton in her construction of Zeena—leans on an understanding of disability that was just emerging: an impairment is only an impairment insofar as our society, family, and physical world refuses to accommodate it.

Furthermore, accommodation, such as the hiring of help, is a privilege that marks one's social status and economic security. As Sarah Rose argues, before the early twentieth century what we now label as "disability" or "impairment" "fell under a multiplicity of terms" (2017, 5)—and those words wouldn't necessarily have the same meanings they do today. She explains that "the common twentieth-century notion of equating 'disability' with unproductivity, poor citizenship, and dependency on public or charitable assistance was, truly, an invention" (15). Zeena's character demonstrates that impairments which might in today's terms be framed as disabilities would not disable her if her economic conditions—her class status—could be improved. Her "disability" would only be viewed in negative terms, the terms Rose describes, if Ethan refused to hire someone

to do what was no doubt the physically demanding housework in a farmhouse. If Ethan and Zeena hired someone to help around the house, then they could be perceived as part of Zeena's desired socio-economic class. In fact, Zeena's impairments not only allow her the possibility for upward mobility (or perceived upward mobility) but also open up opportunities for pleasure in the form of the twenty-dollar "electric battery" that Zeena has supposedly "never been able to learn the use" (Wharton 1911, 68). Zeena, in other words, is possibly an early owner of a vibrator, likely prescribed by her doctor because her husband wasn't sexually and emotionally satisfying her.¹⁵ Zeena wants more leisure, or at least this seems to be the diagnosis her doctors give her, and she is able to recognize that owning her disability as an identity might be the route that gets her there. And why shouldn't Zeena want this? The story negatively frames this desire because we're only allowed to see Ethan's perspective on Zeena's motives.

Zeena turns her illness into a disability, and that disability becomes an important identity for her because it gives her access to limited power in her marriage, given early twentieth-century gendered norms and expectations. Claiming disability (even if she doesn't call it that) allows her to insist that Ethan allow her certain privileges. Henri-Jacques Striker writing on the history of disability notes, "from the moment we raise structures and social processes to the status of signs, to be deployed as elements of an utterance, as a form of discourse, we cannot treat them otherwise than in their own situation, in context, which is also to periodicize and date them, make them singular: this is the work of history" (2000, 22). Striker seeks to historicize disability, and his work traces the term from antiquity through the twentieth century. However, in doing so he asks us to question whether a term can maintain coherence through time. Can we say that disability exists as a social construction, and, as we currently understand it in the twenty-first century, existed at a time when the economic, political, and social conditions didn't give rise to it as such? Wharton's depiction of what we now would term disability challenges the coherence of the term through her portrayal of impairment in a different historical and economic context. Her novels show us that not all people with impairments or illness are equal. She presciently saw the power of recognizing illness and impairment as what we would today call "disability as identity," especially as a marker of class power and status: a marker that gave people some recognition and legibility. However, that recognition,

by its very definition, was tied to privilege, to a position only a fraction of Americans could hold.

Ethan Frome has already been understood as a novel implicated in the fantasy of whiteness, as Ellen Samuels (2014) has termed it, and as a novel anxious about the challenge to that fantasy. Ammons reads the novel as offering “a eugenics parable about white Anglo-Saxon New England disappearing. In a setting of overdetermined, glaring whiteness (winter dominates the story: snow is everywhere, frigid, cold, lifeless), Mattie and Ethan die by inches while, not accidentally . . . Zeena gains vitality” (2008, 9). Ammons goes on to explain that Zeena’s body is constructed as the dark other, the threat to a white America.¹⁶ Ammons doesn’t comment on Zeena’s disabilities, or the ones incurred by Mattie and Ethan, except to read them as metaphors for their metaphysical demise or ascendance. For Ammons, as Zeena “gains vitality” it means she sheds her disability, and Mattie and Ethan’s slow death is a metaphor for the death of white supremacy in the novel and in New England overall. Ammons implicates Wharton in this anxiety to argue convincingly that Wharton shared this fear about the end of white America. Yet regardless of what Wharton believed, when Zeena, Mattie, and Ethan’s impairments are read not as standing in for other social issues but as a comment on impairment itself and how interpretations of impairment are tied to class positions, then the novel’s political positions stand on more slippery ground.

When Zeena becomes the caretaker of Ethan and Mattie she is able to uphold her family’s legible position in white America, no matter how tenuous that position might be. Ethan and Mattie’s injuries become disabilities that have legibility as identities. Her caretaking of Mattie, in particular, saves Mattie from complete destitution. Because as the novel clearly understands, what would Mattie do if she didn’t have the care and protection of the Fromes? As their neighbor, Mrs. Hale, tells the narrator, “There was nowhere else for her to go” (Wharton 1911, 193). And as poor as their family of three might be, they still have legibility within their community as white Americans, and that legibility gives rise to their disabilities as recognizable identities. While Ammons reads Zeena as gaining vitality after Mattie’s accident, Mrs. Hale pointedly tells the narrator that Zeena hasn’t “given up doctoring, and she’s had sick spells right along” (193). *Ethan Frome* is, as Ammons reads it, a text that responds to anxieties about a changing world, one where industrialization and the development of a modern capitalist economy

were challenging how bodies were defined—and how disability was understood. In this new economy, as my reading of *The Fruit of the Tree* in the next section will illustrate, was also the development of a division between those bodies marked as disabled because they had someone to care for them and recognize their lives as worthwhile and those marked as debilitated because they could be discarded, because debility was imposed on them quite intentionally as part of an emerging socioeconomic order.

WHARTON'S TURN TO DEBILITY

Rose argues that it was only in the early twentieth century in the United States that individuals with what would now be called disabilities or impairments were depicted as unproductive citizens unable to work, and this was only because the wage labor market began excluding them through an unwillingness to hire them or by firing them if they became injured from work. And yet “disability was an expected aspect of working-class life” (Rose 2017, 121) in the late nineteenth and early twentieth centuries. Wharton's lesser-known novel *The Fruit of the Tree* begins with this turn and with a scene of suffering. Dillon, a millworker, is lying injured in a hospital bed, his right arm bandaged and in severe pain. His attending nurse, Justine, attempts to soothe him to sleep, but Dillon keeps pressing Justine for information about his prognosis. She urges him to not “excite” himself and “keep up the fever,” and in response he tells her, “Excite myself? I—there's four of 'em at home—” (Wharton 1907, 4). Later, Justine confesses to John Amherst, the assistant manager of the mills and a social reformer hoping to use his position to transform labor conditions, that she predicts that Dillon will likely have his arm amputated to the elbow. Amherst is aghast at Dillon's misfortune and suggests that Justine “give him an overdose of morphine, and let the widow collect his life-insurance” (15), for Dillon and his wife already live in poverty and have several children to support. With only one arm, Dillon's working future looks grim. Justine takes a more ambivalent position as she explains her professional obligation to save Dillon's life, and yet she tells Amherst that she agrees that “all the good *is* gone” (15), for Dillon, as Rose documents in similar historical cases, has lost his ability to work and support his family.

Rebecca Garden, in one of the first scholarly articles to consider Wharton's work through the lens of disability, argues that the novel demonstrates the limits of sympathy in the nursing profession,

particularly sympathy (or sometimes empathy) for disabled persons. Garden reads the scene described above as an example of the phrase “Better dead than disabled” and critiques the novel for not portraying how a disabled life can be a life worth living. However, what are the economic possibilities for Dillon now that he cannot return to factory work and likely has few other job opportunities? Wharton’s depictions of Dillon’s future, as seen through the eyes of Justine and Amherst, accurately reflect working conditions in the late nineteenth century for someone severely injured on the job. Ideally, Dillon should be compensated for his injury and given a new job that would allow him to continue supporting a family that depends on him financially. In the novel, Justine and Amherst recognize the near impossibility of such an outcome given labor conditions in the late nineteenth century. Their argument is ultimately an economic one that recognizes the poverty and hardship his family is about to endure because of his severe, life-changing injury. Dillon, in other words, is not disabled but debilitated. He was debilitated *because of* the emergent industrialized economy that produced his working conditions, and that same economy now has no productive place for him as a physically impaired working-class man. Importantly, Dillon’s debilitation is not just an unintended consequence of factory work under a capitalist system, but it’s an *intentional* consequence. A capitalist social order with no protections for its workers means that men like Dillon are expendable workers that can easily be replaced—and should easily be replaced. They become cogs in the machine that come and go as the system deems worthy. Workers that are easily replaced don’t organize; they don’t ask for an increase in wages; they don’t demand more protections. They continue working under difficult and dangerous conditions because they desperately need employment to feed and house themselves and their families. In a different world, after his accident, Dillon might have protections that legally recognize him as disabled and entitled to compensation, but without those protections he is simply debilitated and discarded. When Justine tells Amherst that “all the good *is* gone” it’s not a condemnation of Dillon but a condemnation of a capitalist order that intentionally debilitates human life in order to discard it.

Dillon’s story foreshadows the second disability to pose an ethical dilemma for Justine, and in this case Justine does use euthanasia after her friend and wealthy benefactor Bessy falls off a horse and becomes paralyzed. Bessy’s story is already different because she doesn’t face poverty because of her disability. Her beauty and

mobility give her power, and the novel clearly does wonder what she might be like with neither. Furthermore, pain relief was still quite primitive in the early twentieth century, and Bessy's chief complaint is not her paralysis but the constant pain that can only be mitigated with high doses of morphine. Justine contemplates euthanasia for Bessy in part because she requests it, and in part because the young doctor tending Bessy is keen on saving her—not for the sake of her life but because he wants to demonstrate how someone can live with paralysis and not face death. Justine's primary objection is to how Bessy's body has become a scientific experiment against her will in the hands of this doctor. Thus, although Garden reads Bessy's death by Justine's hands as the devaluing of disabled life, it could also be read as Justine's stand against using Bessy's body—and life—to advance the career of an ambitious male doctor and his desire to claim high financial rewards for his scientific "success."

Wharton's shifting depictions of illness, disfigurement, and impairment coalesce if understood through the framework of debility. Interestingly, Wharton's interest in what we now term debility emerged in one of her earliest fictional endeavors when she wrote the never-performed, and only recently re-discovered, play *The Shadow of a Doubt: A Play in Three Acts* (ca. 1901). The play essentially tells Justine's story in *The Fruit of the Tree*, who is named Kate in this earlier version, but leaves out John Amherst's labor reform work and therefore doesn't include Dillon's opening story as a counterpoint to Bessy, named Agnes in the play. The inclusion of Dillon, indeed Wharton's decision to begin her novel with the scene of his injury, confirms what Kassanoff has described as the "novel's logic of class." In writing about *The Fruit of the Tree*, Kassanoff argues that "Justine's act of euthanasia is thus deeply embedded in the novel's logic of class, for by administering the fatal dose, the nurse effectively restores a measure of her friend's integrity, specificity, and bodily control—the very qualities denied to Dillon, the automatized, prostheticized worker" (2004, 79). *The Shadow of a Doubt*, in contrast, focuses more on the ethics of euthanasia in the face of pain and disability. By turning Kate's story into a story about economics, class, and labor reform when she expanded her play to novel form, Wharton demands that readers consider how definitions of disability and debility are deeply connected to money and to an emergent political system. As the doctor treating Bessy tells Justine, science isn't meant to help individual patients in the present. It's for "the unborn generations" (Wharton 1907, 402).

Justine's critique of the efforts to save Bessy's life seem to implicitly understand this cruel optimism of the world to come. Wyant, the young doctor overseeing Bessy's care, has optimistically convinced Bessy's father that he can save her life and even restore her mobility, although Justine is certain, given her nursing history, that Wyant's drive to keep Bessy alive is "a resolve fortified to the point of exasperation by the skepticism of the consulting surgeons, who saw in it only the youngster's natural desire to distinguish himself by performing a feat which his elders deemed impossible" (Wharton 1907, 419). Wyant is ambitious and sees Bessy's case as having the potential to make his career. Justine mourns how Bessy is no longer "a suffering, agonizing creature" but "a case—a beautiful case" for him (419). In other words, Wyant promises those around him, and promises them *well enough*, that Bessy's suffering should be prolonged contrary to her own desires in order to advance his own career and pecuniary interests. In this way he exemplifies a world to come, one that Wharton seems to have foreseen. As Shildrick describes, "There is nothing, I think, peculiar to neo-liberalism in slow death itself—capitalism has always drained the body of its vitality—but what makes the term fizz with significance is the way in which the specific traits of neo-liberal capital are invested—and successfully so—in recuperating profit even in the face of inexorable deterioration" (2015, 15). Wyant's interest in Bessy's body isn't a commitment to saving *her* but a desire to profit off her body. Justine's refusal to hand over Bessy to Wyant's experiment foresees this turn in medicine toward profit and toward fame, and while there is some validity to the argument that Justine seems incapable of seeing how Bessy's life might be worth living as a disabled woman, she also sees her friend in pain, dying a slow death, and at the whims of an ambitious and unscrupulous doctor.

Yet, there's more. *The Fruit of the Tree* foresees the contrast between those privileged to identify as disabled, the class that Bessy would have entered if she had lived, and those like Dillon, whose debility could have never represented anything but the economic and psychic loss brought by the amputation of his arm. Debility can never be an identity; in Puar's words, "it is instead a form of massification" (2017, xvii). However, the recognition of disability emerged through an insistence on recognizing it as an identity that deserves rights and protections. Even as Bessy resists her husband's social reform, she ultimately becomes a symbol in the novel of how privilege, money, and whiteness function to construct new identities as they fund the

science and infrastructure necessary to support lives deemed livable no matter what. Dillon, on the other hand, will always belong to the masses of replaceable factory workers in which the very system ensures they will regularly become debilitated. When one is injured, another can take his place. The system depends on this expendable labor; it is built on the risk of debilitation. As Wharton's novel shows, even before disability developed as an identity in the late twentieth century, the emergence of a class of factory workers vulnerable to injury and levels of poverty brought about by industrialization were already drawing lines between which bodies were discardable and which were saveable. Bessy, in other words, is disabled because her wealth and social status make her individuated and worth saving. Her disability gives her an identity for those close to her to rally around. Dillon is debilitated because in his world he is one of many workers who will never receive the care and compensation that make his life livable. His debility is embedded in the class system that produced him.

Justine, and Wharton through the empathetic construction of her character, rejects what Lauren Berlant (2011) terms "cruel optimism": the hanging on to hope when all conditions suggest that such hope is a mere illusion. And in doing so, she contributes to the beginning of an understanding of debility in modern life. How even if science, capitalism, and the church have come together to deem all life worth saving, paraphrasing the words of Mr. Tredegar in *The Fruit of the Tree* (Wharton 1907, 418), we must consider how the workings of capitalism exist to make some lives more livable, more saveable, than others. In this way, Wharton's novel rejects disability as a coherent identity for all impairments in order to consider the economic conditions that allow some lives to be valued over others, and to warn us that, in fact, the new economic system that was developing out of industrialization was premised on this division.

PREGNANCY AS DEBILITY OR DISABILITY: ANOTHER TEST CASE

Pregnancy has served as a site for many arguments about what counts as disability and how disability figures into identity.¹⁷ Perhaps that's not a surprise, given how pregnancy is a time when the working of capitalism on bodies, the distinctions between classes, and the ways in which our bodies are marked by race all come into sharp focus. *Summer*, Wharton's 1917 novel about illicit love and the sacrifices women are forced to make during pregnancy, is another case study

demonstrating how Wharton was formulating an understanding of disability as a class marker. Charity, rebelling against her guardian Mr. Royall, their town's only lawyer, has an impassioned love affair with Harney, a young man from New York City who has come to study colonial New England architecture. The love affair ends when Harney returns to the city and admits his engagement to a woman of higher class standing than Charity. As heartbroken as she is, Charity accepts this end because she can't imagine herself on the arm of Harney amidst what she perceives as his more sophisticated, urban milieu. However, when she realizes she is pregnant, she's forced to make a decision about her future: an abortion, an admission to Harney about her condition, running away to the Mountain and its bleak poverty where she believes no one will judge her, or marrying her guardian Mr. Royall. Wharton describes Charity's discovery of her pregnancy as a deeply physically affecting experience. She was dizzy; she felt a wave of nausea; "it seemed as if she were going to die"; she had "pinched-cheeks and dark-ringed eyes" (Wharton 1917, 207). Later, as she tries walking up to the Mountain community where she lived as a young child before her adoption, "she wondered how she would be able to carry her child later, if already he laid such a burden on her" (220), and she feels a "deadly faintness" (220). Pregnancy, as Charity learns, physically transforms a body. And Wharton, as a critic of class, shows through her novels how the physical transformation of a body always has economic repercussions.

As I have argued about the novel elsewhere, when Charity becomes pregnant as a young, unmarried woman, she must choose either the impoverished and lawless conditions of the Mountain community or marriage to the older Mr. Royall, for whom she has no love though he offers protection (Weingarten 2010, 352). In other words, Charity, on the heels of a love affair with a wealthy, educated New Yorker who has left her for a woman of his class, must choose between a pregnancy that would most likely ruin her health and possibly take her life—a pregnancy that would debilitate her—or a pregnancy that would disable her temporarily because she has access to the privileges of middle-class marriage.¹⁸

Charity's response to her pregnancy is to run away to the Mountain, but once there, she discovers that her mother has just died. Again, Wharton's physical descriptions of bodies in these scenes are brutal. Charity is struck by the marks of suffering on her mother's dead body; she was clearly debilitated by her conditions of living. She had a "swollen glistening leg" (Wharton 1917, 226) that Charity

quickly covers with her mother's skirt, and her mother's face was "thin yet swollen, with lips parted in a frozen gasp above the broken teeth" (227). While the cause of death is never stated, it's hinted that poverty, physical labor, and possibly alcoholism led to her demise. And it isn't only Charity's mother who has suffered on the Mountain; during the funeral service, Charity notices "the living faces which too horribly showed by what stages [her mother] had lapsed into death" (228). The novel repeatedly describes Charity's mother and the other residents of the Mountain as barely human, as animal-like, as completely debilitated by their living conditions.

Bauer argues that *Summer* is in part Wharton's critique of what was the popularly circulating eugenic idea that those in the upper classes breed better, healthier children. Bauer describes how Wharton's husband, Teddy, became disabled, and that Wharton believed it was the "anxiety and overstimulation of the leisure class" which "produced his lingering illness and fatigue" (1994, 32). Teddy, in other words, was disabled by his privileged class position. Putting aside the capitalist roots of his disability, however, it's clear that Teddy was accepted as disabled, just as Bessy would have been had she lived. Both of them had lives that were considered worth saving; both of them would have been accommodated, even at a time when disability wasn't clearly understood as an identity. In contrast, the people on the Mountain and the injured factory workers, have bodies that can only be understood as debilitated. While industrialization plays a lesser role in *Summer* than it does in *The Fruit of the Tree*, which so poignantly shows the debilitating effects of factory work, *Summer* does explore how poverty—or wealth—shape the construction of identity and who counts as disabled.

Charity realizes that on the Mountain her pregnant body would be just another debilitated body: starved of food, physically suffering, tired and worn out. Thus, she gives in when Mr. Royall takes her under his wing and tells her, "Do you know what you really want? I'll tell you. You want to be took home and took care of" (Wharton 1907, 242). Charity comes to understand that with Mr. Royall's care her body will be supported, a support she recognizes that she very much needs as her body transforms. The day after her marriage to Mr. Royall, Charity wakes up feeling that "she is safe with him," and she is flooded with "ineffable relief" (250). This sense of safety, this relief, is economic, but it's also bodily, and as Wharton's writing understands so intuitively, economy can never be separated from the body, especially during pregnancy. Snyder and Mitchell argue that

their work together seeks “to identify the eugenic origins of [excessive experimentation and bureaucratic oversight] and to trace them as a primary source of disabled people’s oppression today” (2006, 28). Their work in disability studies, and particularly in its influence on literary studies, shaped the field in profound ways. As a tracing of the representation of disability and debility in Wharton’s novels demonstrates, disabled—and debilitated—people’s oppression has always been tied to economic, racial, and sexual politics. Whether Charity is marked as disabled or debilitated, whether her body has worth or can be discarded, very much depends on whether she lives on the impoverished Mountain or in the safe, economically secure home of Mr. Royall. In much the same way, Zeena’s impairments give her status in her community only if she can prove her social worth. Disability becomes an identity for her. And while Dillon’s work-acquired impairment, his debility, marks his life as discardable, Bessy’s impairment rallies her family and medical community (with the exception of Justine) to do everything to save her—to mark her life as worthwhile, to demonstrate that as a disabled woman she has value. Finally, Lily’s failing body at the end of *The House of Mirth* becomes a debilitated body as all her social connections are severed, and she becomes a working-class woman, a novelty she realizes isn’t very novel at all. In all these examples, Wharton is testing out the new category of disability as identity—for some social classes.

NOTES

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¹ See Alexandra F. Johnston and Margaret Rogerson (1979) for the line “[The] Shirefes of this Citie haue mad right humble request . . . to be spared of the sayd rydyng on Corpus Christi day & Midsomar even, all-egying sundry impedymentes & dishabilities.”

² Yet even as disability coalesced as a protected identity, and as an important topic in academic writing, scholars like Chris Bell, writing in the second issue of the *Disability Studies Reader* (2006), challenged how the subject of disability studies was always assumed to be white and carrying some level of privilege.

- ³ The Society for Disability Studies was founded in 1982 (with a longer name at first). They sponsored the first journal devoted to disability studies, *Disability Studies Quarterly*, which began publishing in 1980.
- ⁴ At the same time, Jasbir Puar does acknowledge the important work done by disability studies scholars and activists who have defined disability as an identity that needs to be protected. She writes, “The political mandate behind such rethinking about disability—or, as I argue, a move from disability to debility—would not be to disavow the crucial political gains enabled by disability activists globally” (2009, 165).
- ⁵ See Leanne Maguire (2014).
- ⁶ For example, Mary Marchand reads Justine’s struggle over euthanizing Bessy as a struggle with “the availability to women of the authority of the professional and the intellectual” (2001, 73). While that’s not an inaccurate reading, it also omits Justine’s very real struggle to watch Bessy in pain because of her impairment.
- ⁷ Hermione Lee, Wharton’s most recent biographer, establishes early on in her biography that Wharton read many of Charles Darwin’s and Herbert Spencer’s books. Spencer is today best known for coining the phrase “survival of the fittest,” which became a foundational concept in the development of eugenics.
- ⁸ The National Congress of Mothers was an early version of a Parent-Teacher Association (or PTA). In 1908 the organization changed its name to the Congress of Mothers and Parent-Teachers, and by 1925 dropped “Mothers” from its title.
- ⁹ See the Theodore Roosevelt Center’s digital library for the full text of Roosevelt’s speech (Roosevelt 1905).
- ¹⁰ See my book, *Abortion in the American Imagination* (2014), for more on Margaret Sanger’s eugenic positions and Kyla Schuller’s *The Biopolitics of Feeling: Race, Sex, and Science in the Nineteenth Century* (2018) for more on how W. E. B. Du Bois was influenced by eugenics.
- ¹¹ See G. Thomas Couser’s work on illness and disability in *Recovering Bodies: Illness, Disability and Life Writing* (1997).
- ¹² For some scholarship on the role of illness in Wharton’s writings see, for example, Mary D. Lagerwey’s “Edith Wharton’s Sick Role” (1994) that takes a sociological approach to examining illness in Wharton’s novels; Lori Jirousek’s “Haunting Hysteria: Wharton, Freeman, and the Ghosts of Masculinity” (1996), which specifically looks at representations of neurasthenia in Wharton’s works; Ann Jurecic’s “The Fall of the Knowledgeable Woman” (1996), and its focus on female healers; and Diane Herndl (1993).
- ¹³ Her breathing is described as asthmatic (Wharton 1911, 62); later she tells Ethan she has “shooting pains” (67); she wears false teeth (56); several times she tells Ethan she doesn’t have the strength for housework and the doctor prescribed home help for her; and finally, she buys several “expensive

remedies” including “an electric battery” (68), suggesting that, in part, her ailment might have a sexual component. After visiting one doctor in town, she tells Ethan that an operation has been recommended (118).

¹⁴ See Orlene Murad (1983).

¹⁵ See Rachel P. Maines’s *The Technology of Orgasm: “Hysteria,” the Vibrator, and Women’s Sexual Satisfaction* (2001) for a history of the vibrator and its use to treat hysteria in the late nineteenth century. While electricity was thought to cure a number of mental illnesses in the nineteenth century, the number of phallic references in *Ethan Frome* (most famously the pickle dish that Zeena so prizes because it was a wedding gift, which Mattie later breaks) and the clear marital frustration expressed between Zeena and Ethan strongly hint that Zeena’s battery may have been prescribed in order to produce orgasms.

¹⁶ Elizabeth Ammons’s evidence is primarily Zeena’s “sallow” complexion and her Syrian first name, which she argues evokes an historical queen who led several invasions and conquests of other countries (1995, 24).

¹⁷ Until 2014, pregnancy was not protected by the Americans with Disability Act (ADA) because pregnancy was considered “a normal, rather than disabling, condition” (Colker 2008, 347). Yet many American women were only able to receive postnatal leave through the Family and Medical Leave Act (FMLA), which protects employees after *both* the birth of a child and a “serious health condition.” In 2014, in a controversial decision that split the Equal Employment Opportunity Commission (EEOC) 3–2, it was ruled that pregnancy must be accommodated as per ADA guidelines. This decision was then supported in the 2015 Supreme Court Case, *Young v. United Parcel Services, Inc.* The EEOC states, “Although pregnancy itself is not a disability, impairments related to pregnancy can be disabilities if they substantially limit one or more major life activities or substantially limited major life activities in the past.” Again, however, meriting protection by the ADA for pregnancy, or any disability—temporary or permanent—first means having access to a secure, legible, and legal job.

¹⁸ Of course even wealthy women with access to doctors were losing their lives to childbirth regularly. However, Charity’s experience of pregnancy before she decides to marry Mr. Royall is in sharp contrast to the representation of pregnancy in some of Wharton’s later novels, which depict women of higher class standing who are pregnant. In *Twilight Sleep*, for example, which takes its name from the state in which women were placed, with the help of drugs, so that they wouldn’t experience—or remember—the pain of childbirth, pregnancy is treated like an illness, or a state of temporary disability, that must be carefully managed and treated. This attitude has problems too, and it eventually initiated a feminist movement to outlaw the practice. However, interestingly, the first and loudest advocates of twilight sleep initially were women, who wanted

to see the pain of childbirth taken seriously and managed with the help of available drugs. See Richard Wertz and Dorothy Wertz's *Lying-In: A History of Childbirth in America* (1989) for more.

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