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DISABILITY IDENTITY IN SAMUEL TAYLOR COLERIDGE'S LETTERS

by

Jackson Fields

A Thesis

Submitted to the Graduate School,
the College of Arts and Sciences
and the School of Humanities
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Master of Arts

Approved by:

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ABSTRACT

This thesis focuses on letters written by British Romantic author Samuel Taylor Coleridge, who wrote about his chronic illness during the period of emerging modern ideas of disability. Coleridge's letters are valuable to readers in the twenty-first century because they enable us to track the formation and negotiation of Coleridge's disability identity. As one of the most important thinkers and authors in the English language, Coleridge has a lot to teach us about how one can understand their illnesses, medical authority, and the influences of disability on friendships and social roles. This thesis considers Coleridge's letters to his loved ones alongside disability studies scholarship. A 1797 letter to Thomas Poole allows Coleridge to retrospectively create a narrative centered around his health, its loss, and the expression of his disability identity. An 1802 letter to his brother James Coleridge allows him to articulate an alternate form of medical authority based in part on his experience as a disabled person. His letters to Robert Southey describe the influences his illnesses had on his sense of self, his inability to meet normative expectations, and negotiations in living with a disabled identity. The final part of the thesis examines his letters to his ill friend and patron Thomas Wedgwood in which he emphasizes their shared connection of living with a disability. Coleridge's letters have potential to reshape modern assumptions about the experience of disability, inviting a reassessment of disabled futures and changing the way we conceive of our relationship with disability in centuries past.

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I would like to acknowledge Dr. Emily Stanback for her belief in the worthiness of this project. I would also like to thank Drs. Leah Parker and Nicolle Jordan for their guidance and direction in helping this project to reach its full potential.

DEDICATION

I dedicate this thesis to my Huntsville parents, Amy and Marcus Brock, and my Texas parents, Charles and Yolanda Fields. They enabled me to attend graduate school and supported me mentally and emotionally throughout my Master's degree.

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CHAPTER I – INTRODUCTION

My bodily feelings are linked in so peculiar a way with my Ideas, that you cannot *enter into* a state of Health so utterly different from your own natural Constitution—you can only see & know, that so it is. (CL II, 887)¹

In November 1802, Samuel Taylor Coleridge wrote the above to his wife, Sarah.

At the time, he was in Carmarthenshire, Wales with his close friend and patron, Tom Wedgwood (1771-1805), whose ill health he saw as similar to his own. Coleridge and Wedgwood bonded over what substances might help their symptoms, and at times Coleridge looked to Wedgwood for advice. For instance, a few days before writing the above quoted letter, Coleridge writes about Wedgwood’s knowledge about how opium might impact “a person, with such a Stomach & Bowels as mine” (CL II, 884).

Coleridge’s relationship with Wedgwood provides one explanation as to why he writes to his wife at this particular moment about her “different” “state of Health.” In the above quotation Coleridge is attempting to explain the part of his identity that he shares with Wedgwood—as people with serious stomach and bowel issues—and how he feels that part of himself is acknowledged around Wedgwood. His wife does not have Coleridge’s or Wedgwood’s chronic health issues, and Coleridge makes it clear that he views his body and mind as working vastly differently than hers. Coleridge sees his wife as a standard of health and does not identify with it.

¹ Throughout, all quotations from Coleridge’s letters are taken from the *Collected Letters of Samuel Taylor Coleridge*, which was edited by Earl Leslie Griggs and published by Clarendon Press. All letters I quote from in this thesis are from Volumes I and II, which I abbreviate as “CL I” and “CL II” in the parenthetical citations throughout. Please note that unless otherwise noted, I replicate all italics and (mis)spellings as printed in Griggs’s edition.

In the above quotation Coleridge also emphasizes his wife's "*natural Constitution*" (emphasis mine) and the ways that his own body ("bodily feelings") and sense of self ("my Ideas") are connected. In so doing, Coleridge shows an awareness that his identity and social status separate him and put him into a distinct social group: one defined by chronic illness. He does not feel understood by those like Sarah whose "natural Constitutions" are healthy. Coleridge's perspective here makes sense as by early adulthood he had dealt with boils, fevers, neuralgia, rheumatism, and stomach and bowel complaints, among other health issues. The recognition and significance Coleridge gives to his "Health" in the above quoted letter reveals that by 1802, Coleridge had begun to claim a disability identity. Moreover, Coleridge makes similar negotiations throughout contemporaneous letters to friends and other family members.

The path to modern disability was laid during Coleridge's lifetime. In the introduction to their book, *A Cultural History of Disability in the Long Eighteenth Century*, D. Christopher Gabbard and Susannah B. Mintz explain how the eighteenth century was a key moment in the emergence of modern disability: "a shift was underway by the end of the period that encompassed a more expansive category of disability, one that included not only defect, deformity, and monstrosity, but also madness, idiocy, blindness, facial disfiguration, and other conditions" (17). Gabbard and Mintz describe additional eighteenth-century shifts in the meaning of disability: "Fierce debates about what constituted the 'human' coincided with the period's preoccupation with taxonomy, so that variations of all sorts were subject to categorization and, in turn, regulation" (17). Through these "debates" about what and who was "human," and how to categorize and regulate those that were not considered fully "human," it is possible to see the

foundations of the medical model of disability, which views disability as a defect within the individual, something to be cured, fixed, or eliminated by medical professionals.

There are other reasons why the eighteenth century is considered the period when ideas about modern disability solidified, including that of self-identification as disabled. Importantly, Gabbard and Mintz call attention to how, “[i]n 1754, [William] Hay, who had a spinal deformity, published what is arguably the first disability memoir, *Deformity: An Essay*, a tract that touts the benefit of its author’s unique corporeal shape” (1). With the publication of Hay’s memoir, modern disability perspectives were starting to be published. Hay’s memoir pushed back against the stereotype “that physical deformity correlated with malicious character” (Gabbard and Mintz 1). Coleridge was born soon after this, on October 21, 1772, and in this thesis, I will examine some of the ways that he participated in shaping modern ideas of disability. Notably, in the third section of this thesis, I read a letter Coleridge sent to his friend Tom Poole (1765-1837) as a form of disability autobiography.

Coleridge is best known as an English lyric poet whose close friendship with William Wordsworth resulted in the joint publication of *Lyrical Ballads* (1798). Coleridge’s well-known poetic works include “Christabel” and “Kubla Khan.” The extent of his influence on our culture can be traced in Coleridge’s image of “the albatross” that “About my [the Ancient Mariner’s] neck was hung” (141–142). Nowadays, following his poem “The Rime of the Ancient Mariner,” an albatross has taken on meaning as a metaphor for the weight of harboring guilt or being punished. In his later years, Coleridge lectured in London and Bristol on various authors as well as authors including Shakespeare and Immanuel Kant, the latter of whom he introduced to the British public

in his lectures. Coleridge's contributions significantly influenced English literature, theory, criticism, politics, philosophy, and theology. Given that Coleridge helped to shape the discourses of his time in such major ways, it makes sense to look to him for insight into disability.

Coleridge wrote about his health and illnesses in many genres, including poetry, prose, letters, and notebooks. While most scholars have tended to treat Coleridge's letters as supplemental texts, I engage with them here as primary material. Indeed, a disability studies approach calls for us to read texts such as Coleridge's letters because they are the best, and perhaps only, place to see the negotiation of his disability identity through his dialogue with others. As a genre that allows for narrative and self-expression, the letter allows us to view the process of disability identity formation.² By contrast, notebooks are a private genre, so they lack the dialogue and negotiation that I will interpret according to Alison Kafer's political/relational model (see below). Coleridge's poetry and prose also tend to lack the dialogue that goes with reaching out to an individual recipient. Moreover, his poetry and prose do not focus on the everyday aspects of negotiating life as a disabled person.

While Coleridge's letters may be valuable to all scholars and readers on the topic of disability, I will demonstrate why he may be considered particularly important to disability studies scholars. For starters, he is a disabled author writing and interacting with other key figures during the period when we see the emergence of modern ideas of

² By using letters in this way, I build on work including that of Janet Gurkin, who, in *Epistolarity: Approaches to a Form*, emphasizes the potential of the letter as a narrative vehicle. Further, scholars, including Nichola Deane, call attention to how as a genre, the letter calls attention to the identity of both the author and the recipient.

disability. His letters personalize the construction of disabled identity so it is human and relatable. This thesis primarily deals with Coleridge's letters to those who were close to him: his brother James Coleridge, Tom Wedgwood, Poole, and Robert Southey (1774-1843). Coleridge's relational networks—who he sent letters to—are important to the construction of his disability identity, and notably, he shows how his disability shaped his relationships with others. For instance, Coleridge apologizes for himself since he feels like his disability prevents him from fulfilling the expectations of his friendships. He also gives medical advice and writes about his eagerness to hear about his friends' health, especially their ill health. In the present—in a world changed by COVID-19, Zoom schooling, and remote work—his letters can guide us in important ways towards building and maintaining relationships across distance. Indeed, treating his letters as literature allows us take seriously what they can teach us in the twenty-first century regarding disabled identity formation and negotiating a disabled identity.

The second section of this thesis explores the ways that Coleridge's health has been interpreted by scholars of Romanticism, and considers him in the context of contemporary disability theory by Alison Kafer, Robert McRuer, and others. Next, I will turn to Coleridge's letters. I will first focus on letters to Poole and James. In an autobiographical 1797 letter to Poole, the focus of the third section of this thesis, Coleridge seeks to express his disability identity by tracing his ill health to his childhood. In the fourth section of the thesis, I explore how Coleridge developed his own form of medical authority in a letter to his brother, James. The following section of the thesis looks at several letters Coleridge wrote to Robert Southey. Throughout the letters I discuss in this section of the thesis, Coleridge actively creates dialogue with Southey

about various topics related to his health—as he does in the 1802 letter to Sarah Coleridge that I quoted above—as well as Southey’s and Wordsworth’s health. I conclude this thesis by looking at Coleridge’s letters to Wedgwood, and by considering Coleridge as a crip ancestor.

In all, Coleridge’s letters are valuable to readers in the twenty-first century because they enable us to track Coleridge’s ongoing negotiations with his disability identity. As one of the most important thinkers and authors in the English language, Coleridge has a lot to teach us about how one can understand their illnesses, medical authority, and the influences of disability on friendships and social roles. On a more personal level, his letters invite readers to see his disabled kinship with Wedgwood. In viewing Coleridge and Wedgwood’s bond, Coleridge’s letters humanize disability but also remind us that “disability became a legible identity category” before the emergence of disability studies in the twentieth and twenty-first centuries (Lau n.p.). I believe there is comfort in knowing that there were others before us, and Coleridge is a valuable crip ancestor.

CHAPTER II – COLERIDGE AND DISABILITY STUDIES

The scholarship on Coleridge's health has changed significantly over the past fifty years. In *Samuel Taylor Coleridge: A Bondage of Opium* (1974), Molly Lefebure articulated the still commonly held view that Coleridge's opium use severely harmed him and left him feeling guilty about his dependency on the substance. She claims, "Coleridge's imaginative powers and concentration were literally destroyed by the drug: his intellectual capacity was fearfully eroded" (14). In *Coleridge and the Doctors, 1795–1806* (2004), Neil Vickers reshaped the conversation about Coleridge's health, claiming that his opium use was not strictly a sign of addiction, writing, "opium was an important but subsidiary element in Coleridge's attempts to manage his condition and that he was more preoccupied by the diseases for which he was taking that substance in the first place" (10). Vickers raises a more immediate and significant concern: what role did illness play in influencing Coleridge? In her 2016 book, *The Wordsworth-Coleridge Circle and the Aesthetics of Disability*, Emily B. Stanback begins to answer this question by demonstrating the extent to which non-normative embodiment influenced Coleridge's thought, aesthetics, and poetry. Taking a disability studies approach, she writes, "Even when—and sometimes especially when—Coleridge's body is in pain, it contributes dynamically to his modes of linguistic expression and aesthetic creation, and over time increasingly influences his conceptions of the human mind, the human imagination, and the divine" (188). In this thesis I follow Vickers in interpreting Coleridge's opium use as a response to illness, and I likewise build on Stanback's argument that non-normative embodiment was central to Coleridge's creative inspiration. Yet neither scholar examines how Coleridge came to construct and negotiate his disabled identity. I intend to add to

ongoing scholarly conversations about Coleridge's health by discussing the importance of letters to Coleridge's disabled identity.

In this thesis I take a disability studies approach, which allows me to examine Coleridge's experiences as not just physiological or embodied but also as socially and culturally constructed. Alison Kafer, Sami Schalk, Emily B. Stanback, and Susan Wendell inspire my disability studies approach to Coleridge. On a basic level, I engage with disability as a "social space that humans can be born into or come to inhabit" (Stanback 7). And as Schalk explains, "I use this term [(dis)ability] to reference the overarching social system of bodily and mental norms that includes ability and disability" (6). In *The Rejected Body: Feminist Reflections on Disability* (1996), Wendell writes, "the biological and the social are interactive in creating disability" (35). Stanback similarly writes that "'disability' is ... the product of complex interactions between embodied human variation, medicine, and culture" (7). Both Wendell and Stanback call attention to the dynamic construction of disability, an important context for tracing how in his letters Coleridge actively negotiates his disabled identity.

In calling Coleridge "disabled," it is important to address the relationships between illness, chronic illness, and disability. As Stanback writes, for disability studies scholars, what separates illness from chronic illness and disability is "duration," which relates to disability as an identity. Stanback emphasizes "the difference between, on the one hand, temporary deviations from standards of 'health'"—such as illnesses—"and, on the other hand, more sustained conditions of embodiment like chronic illnesses" (7). Interpreted in the context of disability studies, Coleridge's chronic illnesses are disabilities. This is especially the case when Coleridge claims chronic illness as an

identity, as he does in the 1802 letter to Sarah that I quoted at the opening of this thesis, when Coleridge contrasts his wife's "natural Constitution" to his "state of Health." Coleridge approaches specific diagnoses similarly; as I will demonstrate below, he conceives of scrofula as a social identity as much as a medical condition.

In claiming a disabled identity while linking his body to his cognition, Coleridge anticipates current disability theory and its use of the term "bodymind." In her book *Bodyminds Reimagined*, Schalk describes bodymind as "a materialist feminist disability studies concept from Margaret Price that refers to the enmeshment of the mind and body, which are typically understood as interacting and connected, yet distinct entities due to the Cartesian dualism of Western philosophy" (5). As Alison Kafer explains, "The term *bodymind* insists on the inextricability of mind and body and highlights how processes within our being impact one another in such a way that the notion of a physical versus mental process is difficult, if not impossible to clearly discern in most cases" (5). Coleridge's writing anticipates Kafer's stance. When Coleridge writes to his wife, Sarah, for example, that "My bodily feelings are linked in so peculiar a way" to "my Ideas," he highlights Kafer's view of the "inextricability of mind and body." It matters that Coleridge anticipates the idea of the bodymind because he is claiming a disability identity in a way that will be recognizable to twenty-first century disability scholars, demonstrating that the concept of the bodymind long predated the emergence of disability studies. In other words, disability scholars should look to the past because authors including Coleridge have articulated disabled identities in ways that resonate with the present, and they can teach us about disability in contemporary society.

In *Feminist, Queer, Crip*, Alison Kafer describes what she terms the political/relational model of disability: “the problem of disability no longer resides in the mind or bodies of individuals but in [the] built environments and social patterns that exclude or stigmatize particular bodies, minds, and ways of being” (6). Kafer’s idea, central to disability studies, is that disabled bodyminds are not inherently inferior or problematic. Expanding on this idea, Kafer writes that “the political/relational model neither opposes nor valorizes medical intervention [...] it recognizes instead that medical representations, diagnoses and treatments of bodily variation are imbued with ideological biases about what constitutes normalcy and deviance” (6). In the context of Coleridge’s letters, Kafer’s statement is valuable in that she calls our attention to how Coleridge, who questions “what constitutes normalcy and deviance” in his letters, is not disabled in a vacuum, but instead his disability is constructed by his deviation from the social expectations of normalcy. Oftentimes, he ends up suffering a bout of illness, which sets in motion his inability to act according to social norms. Since Coleridge conceives of his identity as defined by chronic illness, his letters show us the process by which he came to negotiate the terms of his disability with those around him. Kafer’s emphasis on relationality also allows us to hone in on details such as how Coleridge builds community with the chronically ill Wedgwood by experimenting with various medical substances such as ether, laudanum, and cannabis. Since Coleridge and Wedgwood bond over the shared experiences of illness and medical experimentation, it is necessary that the political/relational model neither opposes nor valorizes medical intervention.

As with other disability studies approaches, Kafer’s political/relational model critiques the ideological biases of medical diagnoses. In his letters, Coleridge similarly

makes it clear that Coleridge himself—and not any physician—is the only one with the power to accurately characterize his illness and his identity. Kafer’s political/relational model helps us to focus on how Coleridge’s letters question and challenge what it means to have a healthy or disabled body. As I discuss in Section IV of this thesis, Coleridge creates a distinct version of medical authority based on his experiences of disability but also interwoven with institutional medical authorities, like published medical books and other accredited doctors. He also positions himself as a conduit of medical knowledge by connecting the people in his epistolary community to expert knowledge. He does this by discussing his friends’ and family members’ bodyminds, their ailments, and possible remedies. Further, Coleridge’s letters “pluralize the ways we understand bodily instability” and emphasize how “disability is experienced in and through relationships; it does not occur in isolation” (Kafer 8). Rather than simply describing a healthy or nonhealthy bodymind as something that one *has*, Coleridge’s letters encourage us to examine the conditions and influence of a person’s illness. When discussing Coleridge’s bodily conditions, we can view disability as what it is: “not simply lodged in the body, but created by the social and material conditions that ‘dis-able’ the full participation of a variety of minds and bodies” (Ginsburg and Rapp 54).

In his book, *Crip Theory*, Robert McRuer says, “Everyone is virtually disabled, both in the sense that able-bodied norms are ‘intrinsically impossible to embody’ fully and in the sense that able-bodied status is always temporary, disability being the one identity category that all people will embody if they live long enough” (30). Coleridge is a significant figure for disability history because his letters show how able-bodied norms are “impossible to embody fully” and he depicts the process of recognizing disability as

an identity. McRuer also writes that “the disability rights movement and disability studies have resisted the demands of compulsory able-bodiedness and have demanded access to a newly imagined and newly configured public sphere where full participation is not contingent on an able body” (30). Coleridge’s negotiations with his loved ones resist these normative “demands” and instead he tries to create relationships that are “not contingent on an able body.” In his letters Coleridge sees nothing wrong with claiming disability as an identity, which is unusual insofar that the letters push back against the emerging medical model’s stance that disability is something to be cured, fixed, or eliminated. In his letters, he reveals how disability and a disabled identity are not things to be corrected; instead, they can be embraced, and worthwhile friendships can be cultivated. Indeed, his relationship with Wedgwood was built through their shared experience of disability, demonstrating how resisting such a system of compulsory able-bodiedness leads to new possibilities of what it means to be human and connect with others.

CHAPTER III – DISABILITY AUTOBIOGRAPHY

In some of his letters, Coleridge tends to monopolize the conversation, and in many instances, these letters seem to have a specific goal: asserting a disabled identity. In this section, I examine one 1797 letter out of a series of five autobiographical letters to Tom Poole in which Coleridge includes a running account of his childhood. In the letter that I focus on, the fourth in the series, Coleridge describes a traumatic fight with his brother after which, he claims, he started experiencing ill health. He asserts a disabled identity in this 1797 letter by retrospectively constructing a childhood centered around his health and its loss. In the wake of William Hay's 1754 deformity essay authors had begun to articulate disability identity in autobiographical forms, and this is how I read letters like Coleridge's 1797 letter to Poole.

Coleridge shares when and how he believes he became disposed to illness to Poole in a letter dated October 16, 1797. Emily B. Stanback also examines these autobiographical letters, which she calls the "Poole letters." Stanback notes that "By the late 1790s, Coleridge conceived of his body as always already pathological, and identified its vicissitudes as the originary source of his creative inspiration." She looks to the Poole letters as part of her broader argument that "Coleridge's struggle with his body ... characterizes much of his textual output," and Coleridge's disability "contributes dynamically to his modes of linguistic expression and aesthetic creation, and over time increasingly influences his conceptions of the human mind, the human imagination, and the divine" (188). My argument diverges in that I am not looking at the letters for what they can reveal about Coleridge's published poetry and philosophy. Instead, I look at the Poole letters as disability autobiography. For an older Coleridge reflecting back, the

childhood moments he depicts in his letters to Poole are pivotal. In sending the 1797 autobiographical letter I will discuss below, which focuses on the (supposed) origins of Coleridge's ill health, Coleridge invites Poole to understand him and his choices in a new light. Coleridge asserts a disability identity that revolves around illnesses that began early in his childhood and that, he claimed, had an impact on his relationships with his family and his life path.

In his fourth autobiographical letter to Poole, Coleridge shares how he got into an altercation with his brother Frank after his brother ruined a portion of crumbly cheese Coleridge had asked his mother to cut for him. The two brothers hit each other, then Frank pretended to be seriously hurt, causing Coleridge to worry. Frank then jumped up and hit Coleridge on the head, leading to Coleridge going after Frank with a knife. When Coleridge's mother discovered what happened, Coleridge fled the house to escape being beaten. Coleridge continues his story by sharing how he rested on a nearby hill, sleeping through a "stormy night" (CL I, 353). The next morning Coleridge realized he was too weak to make it home and was rescued by a local, Sir Stafford Northcote. Coleridge ends his childhood story by writing, "I was put to bed and recovered in a day or so, but I was certainly injured. For I was weakly and subject to the ague for many years after" (CL I, 354).

The way an older Coleridge represents his childhood story shows his realization that he does not have complete control over his body. As Stanback writes, "The crumbly cheese incident neatly stages the moment at which young Coleridge comes into maturity by realizing [...] the extent to which one can be completely powerless to the body and its impulses" (201). While Stanback is invested in how Coleridge's youthful trauma shapes

his later textual embodiments, her analysis calls attention to Coleridge's emerging disabled identity. By claiming that Coleridge "matur[es]" when he realizes how powerless one can be to the "body and its impulses," she emphasizes an insight common to disability experience. That is, in his story, Coleridge seems to gravitate toward accepting what disability studies scholars including Margaret Price refer to as the concept of the "bodymind"—one of several ways that modern-day disability studies scholars may find his letters relevant. Like other Romantic authors, Coleridge often adopted a pre-Cartesian, or anti-Cartesian, understanding of mind and body as intertwined. Coleridge's letter to Poole demonstrates his understanding that "mental and physical processes not only affect each other but also give rise to each other" (Price 2).

Throughout the letter's beginning, Coleridge has control over his body. When Coleridge learns that his brother minced his "crumbly cheese," he "in an agony of passion flew at Frank" (CL I, 353). Similarly, when Coleridge believes that he had injured Frank, he "hung over [Frank] moaning," and after learning Frank feigned being hurt, Coleridge "seized a knife, and [ran] at him" (CL I, 353). In all these descriptions, Coleridge is shown as being able to control his body. When he wants to do something, he is able to. However, there is a dramatic change after he escapes and spends the night on a nearby hill. Coleridge's phrasing shows how, after sleeping through a "stormy night," his childhood self is now unable to control his body. For instance, Coleridge details his lack of control over his body when he writes: "About five in the morning, or a little after, I was broad awake, and attempted to get up and walk; but I could not move" (CL I, 353). Coleridge now has a body that is not responsive to what he wants to do. In another similar instance, Coleridge recalls: "I saw the shepherds and workmen at a distance, and

cried, but so faintly that it was impossible to hear me thirty yards off” (CL I, 353).

Coleridge knows what he wants to do—he wants to call out and be heard by members of the search party—but he is not physically able to do so. He is powerless to his body and its impulses and limitations. In this way, Coleridge discovers that his mind does not have complete control over his body. Instead, he is a bodymind whose physiological functions sometimes control what he is capable of doing.

In the next paragraph of his autobiographical letter to Poole, Coleridge continues considering the long-term consequences of living a sickly life and how that might change his relationships with his family and his career prospects. Coleridge describes how his father “had so little of parental ambition in him, that he had destined his children to be blacksmiths, etc.,” but a year after the crumbly cheese incident “resolved that I should be a parson” (CL I, 353-354). The way he presents his father’s changing resolve suggests that Coleridge believes it was connected to the crumbly cheese incident. Further, the way Coleridge phrases this comment and how he uses the word “parson” is significant. For starters, because of his use of “etc.,” Coleridge constructs his comment in such a way that “blacksmith” could be replaced with several other jobs, such as “carpenter,” without changing the meaning in his sentence. However, there is a finality to how “parson” appears: it is the one profession Coleridge’s father was “resolved” on, and at the time he wrote to Poole, Coleridge was in fact actively considering a career in the church. Given this passage’s placement after the description of what Coleridge frames as a turning point in his childhood, it’s important to consider what the job as a parson would involve—thought, intelligence, and relatively little physical labor. Coleridge implies that given his bodily instability, his father no longer sees being a blacksmith as a possible career path.

Instead, his father's determination that Coleridge become a "parson" supports the idea that illness can significantly change familial relationships, one's potential profession, and one's social position.

We get a more nuanced understanding of what it means to claim a disabled identity when we consider Coleridge's autobiographical letter to Poole as a retrospective construction of disability identity. However, this is not the only benefit of reading Coleridge's autobiographical letter to Poole. Focusing largely on William Hay, Travis Chi Wing Lau has emphasized the advantages of reading eighteenth-century disabled authors. Lau explains the importance for him of encountering Hay's essay: "Prior to encountering Alexander Pope and William Hay, I had no precedents or models for understanding myself as a person with scoliosis-related disability, let alone someone trying to make sense of that experience through writing" (n.p.). Here Lau shows how eighteenth-century disabled authors can provide guidance and a sense of belonging to modern-day readers, scholars, and authors. Lau also shares the personal influence of reading Hay: "My encounter with Hay involved jettisoning all of my own ableist assumptions about what I thought disability felt and looked like in history" (n.p.). Much like how, as Lau explains, Hay's writing challenged the eighteenth-century beliefs that disabled people cannot succeed in public life, Coleridge's letters challenged the medical model's stance that disability is something to be cured instead of embraced as a marker of one's identity. Coleridge's letters have great potential to teach scholars and readers alike about disability self-identification and self-acceptance, and can connect present-day readers to Coleridge as a disabled ancestor.

CHAPTER IV – CLAIMING ALTERNATE MEDICAL AUTHORITY

In a letter Coleridge wrote on December 14, 1802, to his brother James, Coleridge constructs an alternate form of medical authority based partly on his own experiences as a disabled person. By acting as an expert on illness and medicine while assessing his and his brother's health, Coleridge highlights his own disabled identity. When I write that Coleridge asserts an alternate form of medical authority, I mean that he claims medical knowledge and mastery based on individual research and personal experience as a disabled person—instead of asserting more traditional medical authority, which would require institutional training and professional experience. While Coleridge never received medical training, like many of his contemporaries he read medical texts, so he was well-educated about the state of medical knowledge and practices. As a result, his alternate form of medical authority uses some of the discursive standards of medical texts. In addition to his individually motivated medical education, he bases his medical authority on his experimental knowledge of disease. For these reasons, I view Coleridge's model of medical authority as interwoven with institutional resources but distinctly his own. One way Coleridge asserts medical authority is by the certainty in his voice when diagnosing his and his brother's ailments. His confidence shows that he has done his medical research and has the knowledge to recognize ailments and prescribe remedies. Such moments signal Coleridge's investment in understanding his disabled identity. In his case, one way of understanding his disabled identity would be to consult medical conversations about the illnesses and symptoms he experienced, which he clearly did. Additionally, when Coleridge recommends his brother write to Coleridge's friend, Dr.

Thomas Beddoes, Coleridge positions himself as a conduit of medical knowledge by connecting the people in his epistolary community to medical experts.

The most significant moments in his 1802 letter to James are when Coleridge describes his own health, ailments, and medical solutions. When he addresses his bodymind, Coleridge constructs his alternate medical authority. He begins by stating his overall goal: “At present, my main plan must be to recover my health” (CL 897). Writing this, he positions himself as unwell and then moves to list how he is not healthy. He writes, “My stomach is weak–& disposed to flatulence with all its pains & heaviness–& I have no [doubt that] there is a taint of Scrofula in my constitution” (CL II, 897). When he writes that his stomach is “disposed” and that there is scrofula in his “constitution,” he is establishing illness as his identity, rather than a temporary state. The confidence in his self-diagnosis (“I have no [doubt]”) shows how comfortable he is with claiming medical authority. In his description, Coleridge notes that he is dealing with scrofula, or glandular swelling. Coleridge defines his illness using medical terminology. Describing it in terms that apply beyond his case, he writes that in referring to scrofula,

I mean no more than an irritable State [of] the muscles, with deficient venous action, & a languor of the absorbents–accompanied with an undue sensibility of the nervous system, or of whatever unknown parts of our body are the more immediate Instruments of Feeling & Ideas. (CL II, 897)

Coleridge reinforces his position as a medical authority by being able to clearly define scrofula, like a medical professional would. Coleridge also writes to his brother about his remedies, such as “Ginger Tea with milk & sugar–& just at the moment of dinner, two or three pills, containing in the whole–four or five Grains of Rhubarb mixed up in gum

water with an equal or greater quantity of Ginger” (CL II, 897). Coleridge’s mastery in articulating what scrofula is and how to treat his own symptoms lends him legitimacy as a medical authority.

Coleridge frames scrofula as a chronic illness or disability in such a way that it is clear he sees it as an identity—one that relates to positive qualities, like a person’s intellect and personality. He writes, “Where you find a man indolent in body & indisposed to definite action, but with lively Feelings, vivid ideal Images, & a power of habit of continuous Thinking, you may always, I believe, suspect a somewhat of Scrofula” (CL II, 897). In other words, Coleridge says that those that are physically inactive but have strong imaginations are more susceptible to scrofula. Further, through his phrasing, Coleridge asserts medical authority as he seems to establish for James the medical criteria for diagnosing scrofula. Coleridge’s eagerness to diagnose himself with Scrofula may lie in the belief that those with the disease also have greater intellectual and charismatic qualities. For instance, Stanback notes that Dr. Thomas Beddoes described “the intellectual superiority of children of the scrophulous temperament” in his multi-volume 1802 medical text, *Hygëia* (209). As Beddoes and Coleridge were good friends and in communication with each other, Stanback calls attention to how Coleridge may have been influenced by Beddoes’s description of scrofula.³ Stanback writes,

Coleridge also may have been influenced by Beddoes’s treatment of many chronic illnesses (including scrofula and gout) as aesthetic as much as

³ Beddoes, an English chemist and physician, was born April 13, 1760. Beddoes was a friend to Coleridge, and his library of German philosophical texts was important to Coleridge’s intellectual life. Beddoes is significant, especially in relation to how Coleridge co-opts Beddoes’ medical authority for himself.

pathological categories [...] By linking scrofula to the diseases of trees, Coleridge is able to associate a definitively positive aesthetic judgment ('beautiful') with the condition he believes is ravaging his body. (209)

Scrofula is clearly an identity in Coleridge's mind—one he claims with medical and experiential authority.

Additionally, the certainty when he writes about his own case history reinforces his status as a medical authority. He goes on to explain how Scrofula is "more than a suspicion" in his case by listing multiple times he experienced symptoms of swelling. He states, "I had several glandular Swellings at School—& within the last four years a Lump has formed on my left cheek, just on the edge of my Whisker" (CL II, 897). A striking element of these passages is how particularly he describes the instances of swelling. At the time of his letter to James, Coleridge was 30. To recall specific instances of glandular swellings at school suggests that they were pivotal memories that held some significance in influencing his sense of identity. In the context of asserting medical authority, his story of illness in school is unique insofar as it shows him giving a case history of himself and self-diagnosing. Typically, a person would go to the doctor and recall any past symptoms, which would enable the doctor to diagnose them. Here, Coleridge is replicating all of that on his own. Contemporary readers may note at moments like this that Coleridge models how important it is for disabled people to assert their voice in describing their own conditions and their medical histories, as Coleridge does with scrofula and his history of swelling.

Coleridge does not just assert medical authority in writing about his own health, but also takes on the role of an alternate medical authority in writing about James's

health. Coleridge writes that on the topic of James's health, he is "adding my opinions to those you have already received" (CL II, 895). Presumably, some of the opinions given to James would have been from medical professionals. Importantly, it seems that Coleridge sharing his medical opinions is not a rare occurrence, as evidenced by Coleridge's coy note that in offering advice, "I will run the risk of being smiled at by you" (CL II, 895). This suggests that Coleridge's family—his brother, in this instance—is used to him sharing his thoughts on other people's symptoms and illnesses. Coleridge's tendency to discuss illness in his letters calls attention to the ways that Coleridge's disabled identity has led him to construct an experientially-based form of medical authority. For James, this bout of illness might be a temporary issue. However, illness does not go away for Coleridge, who lives an ill existence and whose conversations with his family clearly touch on medical topics frequently.

In the next section of his 1802 letter to James, Coleridge acts as a medical authority by honing in on one moment in James's account of his health. Coleridge gives special attention to a sentence written by James in his last letter to Coleridge, "In short, I am not in a Decline because I lose no flesh, and look very healthy" (CL II, 895). James believes that since he is not losing weight and appears physically well, he has no reason to worry. Rather than agree with him, Coleridge challenges James, responding, "I have no doubt, that you see the Truth / but I suspect, that you do not see it in all it's Bearings." (CL II, 895). Coleridge's claim that he has knowledge of the "Truth" that James does not have positions Coleridge as a medical authority. Coleridge writes to James, "I was with a very shrewd & *common sense* physician lately, who had much experience in pulmonary consumption" (CL II, 895). Coleridge makes reference here to the fact that his social

circles included many in the sciences and medicine, and he positions himself here as a conduit of medical knowledge. Coleridge's participation in the medical community seems to be a way of better understanding himself. Indeed, throughout his letters, Coleridge is interested in learning more about health, bodies, and illnesses—it seems at least partly in response to his own disabled identity. By the age of 30, Coleridge already was having persistent health issues. Discussing medical topics with professionals and exploring a spectrum of medical conditions could help Coleridge better understand his own illnesses and symptoms.

Coleridge likewise shows his involvement and interest in the practice of medicine when he indicates that his brother should write to Coleridge's personal friend Dr. Thomas Beddoes. Coleridge lists many reasons why James should write to Dr. Beddoes, writing,

But there is no man in Europe who has had under his inspection so many cases of Scrofula, Hypochondriasis, (or complaints of the Stomach & other digestive organs) and of consumption, whether purely organical & pulmonary, or scrofulous, or hypochondriac, or all conjoined—& these in all possible stages of the Disorders, & modified by all possible Differences of Age, Habits, Sex, & Constitution—. (CL II, 896)

When Coleridge writes this, he presents himself as someone who is able and qualified to judge medical expertise. That Coleridge is personally connected to Beddoes as a friend establishes Coleridge's credibility as a conduit of medical knowledge.

Coleridge's December 14 letter addresses the additional perspectives on James' health that James has received. Coleridge writes, "George tells you, you are bilious, Ned that you have an acid in your stomach, and Mother, that you have the rheumatic Gout"

(CL II, 895). Other members of Coleridge's family have provided their own diagnoses, but Coleridge disagrees with them, confidently asserting his superior knowledge of James's symptoms and his proper diagnosis:

Who does not know, that there exists a close sympathy between the Lungs & the Stomach, & between the Stomach & the Liver? Where the stomach & Lungs are confessedly diseased, the Liver will always secrete the Bile [...] So no doubt a Stomach that turns even Fat acid, will often have an acid in it—& a Stomach, that generates wind in such quantities, must needs afflict the body with these flying pains, which my Mother calls the rheumatic Gout [...] they confound the Symptoms with the primary Disease. (CL II, 895)

In setting out to disprove his family member's diagnoses, his tone seems all knowing. Through comments including "Who does not know" and "so no doubt," Coleridge is claiming authority *over* James, his mother, and George. He asserts his knowledge when discussing issues of the body, which reveals how his identity in his family has been shaped by disability and his role as an authority with experiential knowledge of illness.

Continuing to think in relation to health and illness, Coleridge gives a potential remedy to James' health problems: "A warm climate would certainly & immediately effect a cure in your case" (CL II, 897). The remedy he gives was a common therapy for people of higher classes. Tom Wedgwood sailed to the Caribbean for this reason, and Coleridge himself went to Malta in 1804 for this reason. In prescribing a cure, Coleridge asserts medical authority. However, interestingly, Coleridge still defers to his brother's judgment. Coleridge notes, "I am not quite so mad as to wish that you should place any Reliance on my prescriptions" (CL II, 897). Coleridge seems to be claiming (or at least

pretending) at humility here. Even though he leaves ultimate authority to his brother, Coleridge does not seem to defer to anyone else in the letter. His reluctance to defer to anyone else in his letter suggests that his humility here may be a rhetorical move; even the most authoritative voices at this time usually claimed humility, and that was sometimes even seen as a way to bolster their credibility. It is also possible that Coleridge recognized that ultimately people should be in charge of their own health and treatment, so even if he was the person with the expertise to prescribe and refer James to Beddoes, he wouldn't presume to strongarm him into a particular treatment.

Coleridge's letter to his brother reveals the ways he asserted himself as an alternate medical authority and a conduit between his epistolary community and medical experts, and how this aspect of his disability identity shaped his relationships with his family members. These are all things we can learn from in the twenty-first century. In particular, we can also look to Coleridge as a model for asserting medical authority as a disabled person. For instance, my mother, Amy Brock, went through chemotherapy for her breast cancer. After her treatment, she had many complications, including neuropathy, bone degeneration, osteopenia, lymphedema, dysphagia, chronic pain, arthritis, NASH, fibromyalgia, and hearing loss. Early in her treatment, she did not know how to assert her voice to medical professionals. But, as she continued to go to more doctor appointments, she started negotiating with her doctors about her medications and the best treatment options for her. What Coleridge's letters and Brock's experiences call attention to is how asserting medical authority enables a disabled person to negotiate in their best interest. Silence or compliance strips the agency of disabled people and can cause emotional and physiological harm. According to Kafer, leaving out "the voices and

experiences of disabled people” is dangerous (4). When disabled people are not allowed a voice, there is a chance that disabled people lose their rights or their ability to negotiate their future. For this reason, reading Coleridge in the twenty-first century can allow people to understand the importance of asserting their voices.

CHAPTER V – CONVERSATIONAL NEGOTIATIONS WITH SOUTHEY

As I have demonstrated, Coleridge adopts his version of medical authority in his letter to James. Indeed, developing an alternative form of medical authority is one way he comes to accept and explore living with a chronic illness and assert his disability identity. In his conversational letters to Southey, we can identify the everyday changes Coleridge has made to live with a disability. In this section, I examine the ways Coleridge explains his disability and its influences to Southey, a non-disabled friend, the negotiations Coleridge had with his friends about their health, and the way Coleridge's disability seems to have shaped his friendships. Additionally, I also consider Coleridge's letters to Southey alongside definitions of *crip time* by Ellen Samuels and Alison Kafer. Juxtaposing Kafer and Samuels with Coleridge's letters reveals how he depicts experiences of what we would now call *crip time*. Coleridge's letters are a unique and valuable resource in understanding the complex relationship disabled individuals have with their bodyminds and the world that constructs them as disabled.

In a letter to Southey that Coleridge sent on October 15, 1799, Coleridge describes his mixed experience of chronic illness. In sharing his feelings after suffering a bout of rheumatism, Coleridge goes back and forth between describing pain, then pleasure, then back to pain. Coleridge writes, "I am harassed with the rheumatism in my head and shoulders, not without arm-and-thigh-twitches" (CL I, 539). Similarly, later in the letter he writes: "And yet, I have, and do suffer from it, in much pain and sleeplessness and often sick at stomach through indigestion of the food, which I eat from compulsion" (CL I, 539). While Southey might expect Coleridge's relationship with his illness to be purely negative, especially since he describes his pain and suffering,

Coleridge does not seem to view the rheumatism as a purely negative thing. Instead, he also looks to the pleasurable potential of experiencing pain: “when the pain intermits it leaves my sensitive frame *so* sensitive,” which in turn leads him to experience “enjoyments [...] so deep, of the fire, of the candle, of the thought I am thinking, of the old folio I am reading, and the silence of the silent house” (CL I, 539). His description reveals to Southey an unlikely and positive consequence of the rheumatism.

Coleridge’s detailed description of his pains—and pleasures—may be especially useful to Southey, who, as a non-disabled individual, might have trouble envisioning a bout of rheumatism as anything other than negative. Kafer reminds us that disability is “a product of social relations” (Kafer 5), and in this case Coleridge may have meaningfully shaped his letter to communicate his experiences to his non-disabled friend. According to Kafer’s political/relational model, “The problem of disability is solved not through medical intervention or surgical normalization but through social change and political transformation” (6). Given that Coleridge’s complex view of his disability challenges stereotypes of chronic illness as a purely negative experience, we may read Coleridge’s letter to Southey as turning a medical issue into a political one. All in all, Coleridge engages his rheumatism with deep reflection, refusing to see it as one-dimensional and asking his non-disabled friend to do the same.

By contrast, two years later, in a May 6, 1801 letter to Southey, Coleridge suggests how disability makes it impossible to consistently fulfill the social obligations expected of the healthy. Coleridge blames his disability for influencing a previous letter that he deems “very, very gloomy” (CL II, 727). In his previous letter to Southey on February 28, 1800, he had written, “It goes to my heart, my dear Southey! to sit down

and write to you, knowing that I can scarcely fill half a side—the postage lies on my conscience” (CL I, 575). Stanback and other scholars have noted Coleridge’s sometimes “seemingly perpetual” use of “illness” as an “excuse for his perceived shortcomings”—and in particular his inability to finish projects and meet obligations (201). Here Coleridge feels intense guilt in not being able to complete a full letter to Southey. Likewise, in the opening line of the May 6, 1801 letter Coleridge apologizes to Southey, writing, “I have taken blame to myself for inflicting so much pain on you without any adequate motive” (CL II, 727). Similar to the guilt Coleridge felt when he could not write a full letter to Southey, here Coleridge knows he is not able to fulfill the social obligations of a healthy friend. He is blaming himself—his disability—here for his inability to maintain a positive outlook when illness strikes. He shows how his disability affects his capacity to meet the social expectations of friends like Southey. So, when Coleridge “blame[s]” himself, his wording exemplifies Kafer’s writing on “social patterns that exclude or stigmatize particular bodies, minds, and ways of being” (6). Coleridge’s judgment and his shame here reveal his internalized ableism. “Ableism, like other ‘isms’ such as racism and sexism, describes discrimination towards a social group, in this case disabled people, but it also describes how certain ideals and attributes are valued or not valued” (Friedman & Owen 1). Internalized ableism, as we see here in Coleridge’s May 6, 1801 letter, is when a disabled person internalizes these normative ableist standards and judges themselves according to them.

Looking at the concept of *crip time* helps unpack the reasons behind Coleridge’s approach to the future in his letters. Kafer describes *crip time* as “requir[ing] reimagining our notions of what can and should happen in time” (27). When she writes this, she is

emphasizing that there are normative expectations about how one experiences time: when one chooses to do something and how long it takes them. Throughout history these expectations have often been made up by the non-disabled majority, which has harmed those unable to meet the majority's expectations of timing and pacing. Crip time acknowledges these expectations and challenges them, Kafer writes, "As one slang dictionary puts it, "crip time" means both "a flexible standard for punctuality" and "the extra time needed to arrive or accomplish something" (26).

We can use the concept of crip time to reinterpret a passage in which Coleridge, writing to Southey on May 6, 1801, laments his inability to imagine a positive future. Coleridge writes, "Not that I exaggerated anything, as far as the immediate present is concerned; but had I been in better health and a more genial state of sensation, I should have assuredly looked out upon a more cheerful future," which shows his bodymind limiting him from visualizing a positive future (CL II, 727). In her article, "Six Ways of Looking at Crip Time," Ellen Samuels defines one version of crip time as "*grief time*. It is a time of loss, and of the crushing undertow that accompanies loss" (n.p., emphasis in original). Coleridge admits that his illness is so overpowering that he cannot see a time past the present, especially since his illness ties him to the present, to the very moment he is in. When considering how much pain Coleridge could be in during times of illness, it is understandable why he seems unable to see something positive ahead—even though, as he described to Southey in 1799, he was well aware of the pleasure that could follow pain. The language Coleridge uses in imagining the "more cheerful future" he "should assuredly have looked out upon" laments his inability at that time to hope. There is loss in his inability, which is also present in the tone of Coleridge's letter, in his struggle to

visualize beyond his present moment. For Coleridge, this *crip time* may well be grief time.

Yet it is also possible to read Coleridge here as not providing an explanation but instead providing a justification meant to excuse his “very, very gloomy letter.” Following this logic, his inability to imagine a “cheerful future” may play into stereotypes of a man plagued with chronic illness—a response someone without a disability would understand. As I noted above, Coleridge was known to use his illness to make excuses or justify his actions. For instance, in an April 1798 letter to his brother, the Rev. George Coleridge, Coleridge writes about an illness “which confined me to my bed, prevented me from returning an immediate answer to your kind and interesting letter” (CL I, 394). In this instance, Coleridge emphasizes the idea of social expectations constructing disability. His disability lies in his inability to reply to his brother because he is stuck in bed. This is just one place of many where his letters bear witness to the negotiations that take place around his disabled identity.

In his May 6, 1801 letter to Southey, Coleridge also demonstrates how his illnesses are influenced by the changing weather of the seasons. After describing his severe fit of illness in the previous paragraph, he writes, “Whether I shall be able to pass the next winter in this country is doubtful; nor is it possible I should know till the fall of the leaf” (CL II, 727–28). Coleridge reveals how he does not know how his body will react until the cold weather arrives, and is keenly aware that he cannot control how his bodymind responds to the changing weather of the seasons. Coleridge’s unpredictable dependence on the weather mirrors an idea in one definition of Samuels’s *crip time*: “*crip time is broken time*” (n.p., emphasis in original). Coleridge is not able to build a

consistent routine in the same way someone non-disabled can. He is at the whim of the weather, which means that every winter he might have to “break in [his] body and mind to new rhythms, new patterns of thinking and feeling and moving through the world” (Samuels n.p.).

Further, it is well known among Coleridge scholars that Coleridge traveled to Malta in 1804 largely because of his chronic illnesses and his increasing dependency on opium (see Holmes, for example). In a June, 1804, letter to his wife, sent from Malta, he emphasized the weather over the landscape: “For 8 months in the year the climate of Malta is delightful; but a drearier Place Eye never saw” (CL II, 1138).⁴ The way he gives up being around everyone he knows and loves by journeying to Malta emphasizes how serious his chronic illness is, how the weather influences his disability, and how he makes sacrifices to try to regain his health. Consequently, writing letters becomes another way to maintain his relationships. This example reveals the extent to which his chronic illness and the treatments he seeks for it change how he builds community and maintains his relationships.

The need to maintain his friendships through letters and seasonal visits also can be seen when Coleridge asks Southey to spend the warm seasons with him in his May 6, 1801 letter. Coleridge writes that he “hope[s]” Southey will “spend as much of the summer and autumn with us as will be in your power, and if our *healths* should permit it, I am confident there will be no other solid objection to our living together in the same house, divided” (CL II, 355). Considering Coleridge’s chronic illness and his tendency to

⁴ It should be noted that at least part of why Coleridge traveled so much during this period of his life is because of his strained relationship with his wife.

leave during winter to visit friends or family, or travel abroad, this excerpt reveals how his chronic illness influences the way he builds relationships and experiences community. Yet, this is not entirely negative. For all the community he might have lost, he also had the potential to gain a new community as he migrated. When he was not able to live near Southey, Coleridge wrote him letters, which is a form of community and relationship building itself.

In some letters to friends, Coleridge discusses self-medication. Writing in December 1802 to Southey, Coleridge shares how he experimented with his diet and alcohol intake: “I am exceedingly temperate in everything, abstain wholly from wine, spirits, or fermented liquors” and “live almost entirely on eggs, fish, flesh, and fowl, and thus contrive not to be *ill*” (CL II, 902). Coleridge tries different foods in an attempt to regain health, and we see here how disability radically changes his life and lifestyle. Coleridge’s self-experiments with lifestyle sometimes directly impact his social activities. In his August 1, 1801 letter to Southey, Coleridge writes, “Dr. Fenwick has earnestly persuaded me to try horse-exercising and warm sea-bathing and I took the opportunity of riding with Sara Hutchinson to her brother Tom” (CL II, 748). Much like his experiments with nutrition, his entry into these activities is because he “was taken ill,” in this case because his “left knee swelled ‘pregnant with agony’” (CL II, 748). Horseback riding and “warm sea-bathing” are restorative activities, and here Coleridge also expresses agency over his body and his illness by controlling his experimental treatments. Although Coleridge writes about several aspects of disability experience in his poetry, he does not discuss mundane details like these. Additionally, horse-exercising would be a social

activity, so it provides a space where he can negotiate his disability in relation to others' bodyminds.

At several moments, Coleridge seems especially eager to communicate with his friends when he believes they are ill. In such contexts, Coleridge positions himself as a disabled friend who can provide insights into living with a disability, suggesting that together, both disabled friends can navigate living with a disability. Such moments resemble the eagerness with which Coleridge approached his brother's possible ill health in the 1802 letter I discussed in the previous section, although in his letters to ill friends Coleridge did not tend to adopt medical discourse and medical authority to the same extent he did in his letter to James. As Richard Holmes writes, "For Coleridge, the act of nursing or being nursed, and the intimacy of the sickroom, eventually became an emblem of true love and understanding. Sickroom incidents are frequent in his life, and gradually begin to pass into his poetry as a major theme" (15). Stanback importantly qualifies Holmes's point. She does not read scenes of nursing as indicating what Homes calls a "'dependent' personality" (15). Instead, Stanback explains that she "read[s] Coleridge's preoccupation with such scenes as an acknowledgment of how being or becoming disabled can create new intersubjective possibilities, many of which are enriching or fulfilling—and are impossible to recreate in "healthy" states" (200). In his letters to Southey, we see evidence of this.

In a letter that Coleridge sent to Southey on December 19, 1799, for example, Coleridge begins by writing, "I pray you in your next give me the particulars of your health" (CL I, 547). Coleridge describes having heard conflicting reports about Southey's health, writing, "I hear accounts so contradictory that I know only enough to be a good

deal frightened” (CL I, 547). It’s clear here how concerned Coleridge is, and it does seem like this is a serious circumstance. If Southey’s health is failing, Coleridge could connect with Southey through the shared experience of disability. When considered in this light, Coleridge’s urgent request to Southey to “give me the particulars of your health” in this letter appears like a sympathetic attempt to support Southey. Coleridge writes, “You will surely think it your duty to suspend all intellectual exertion,” acting on his authority as a disabled person (CL I, 547). He is giving advice based on his own experience, just as he did with his brother James—and he may be gratified to be in a position to give Southey advice. Now that Southey is ill, Coleridge can be a valuable authority. Most significantly, this is an intense moment of renegotiation. Coleridge is in a new potential position of authority as an experienced disabled person now that Southey may be ill. Coleridge shows how his disability identity gives him the authority to speak as an expert voice, and it is important to listen to disabled voices because of the knowledge that they can offer.

Coleridge demonstrates a similar concern with Wordsworth’s health in a November 10, 1799 letter to Southey. In the letter Coleridge explains that he journeyed to check in on Wordsworth after hearing frightening stories about the latter’s wellbeing. Coleridge writes, “I am anxious lest so long silence should seem unaffectionate, or I would not, having so little to say, write to you from such a distant corner of the kingdom. I was called up to the North by alarming accounts of Wordsworth’s health, which, thank God! are but little more than alarms” (CL I, 545). Coleridge explains how he has jumped eagerly into action when a dear friend seemed ill. Coleridge traveled a great distance to see Wordsworth and recorded it in his letter; to go to such a great and unusual length for his friend in illness reveals how much Coleridge values the trip. He renegotiates his

relationships when an able-bodied friend seems to be in need of his expertise as a disabled person.

Coleridge's letters to Southey detail how Coleridge understands his disability, how his disability influences his friendships, and how his disabled identity gives him the authority to speak as an expert on disability, especially to friends who might be sick. In more than one instance, Coleridge reveals how being disabled is not at all an enviable thing (see CL II, 748, for example). Yet, despite the pain and sickness, Coleridge still refuses to see his disability as one-dimensional. Instead, Coleridge chooses to explore his disability and how it changed his life, reflecting on the relationship his disability has to his body, his mind, how he perceives time, and his relationships. His letters are a unique and valuable resource in understanding the complex relationship disabled individuals have with their bodyminds. With this in mind, Coleridge's letters to Southey truly depict the everyday negotiations Coleridge had to make and the consequences to them. In choosing to embrace his disabled identity by accepting and exploring his experiences of disability, he claims a place for himself as an authority on disability. In disability studies, disabled activists and scholars have long been claiming better knowledge of their disabled bodies than medical professionals. In his negotiations with Southey, Coleridge shows how disabled people negotiate their daily lives, which explains how disabled people know their bodies better than medical professionals.

CHAPTER VI – WEDGWOOD AND CRIP ANCESTORS

In his letters to Tom Wedgwood, Coleridge emphasizes their shared experience of living with a disability. Indeed, his relationship with Wedgwood was unique in that both men experienced similar health issues. I have already demonstrated how Coleridge's disability changes how he understands himself and others, as well as his relationships. In some cases, it also impacted who he considered might best understand him. For instance, in "Coleridge and Tom Wedgwood," Neil Vickers writes, Coleridge "saw his sufferings as similar in kind if not in degree to Wedgwood's. This furnished him with a further means of distinguishing himself from Wordsworth" (n.p.). Vickers calls attention here to a shift in Coleridge's social circle, one based on shared disability. Stanback also emphasizes Coleridge's strong bond with Wedgwood. She writes, "Coleridge [believed] he had finally found in Wedgwood someone with whom he could share a perfect sympathy. Both had temperaments, intellectual tendencies, and aesthetic predispositions that were shaped by their bodies in pain" (216).

Between 1800 and 1804, Coleridge seems to have realized that his illnesses were not temporary; indeed, his illnesses were chronic and would return. His awareness of this shows his acceptance and negotiation of a disabled identity. So, following Vickers and Stanback, we may regard Coleridge's friendship with Wedgwood as one way Coleridge's disability pushes him to renegotiate his friendships. It is Coleridge's and Wedgwood's shared long-term health issues—their disabled identities—that enable such a close connection between the two. In what follows I will briefly look at letters that demonstrate how disability influences Coleridge and Wedgwood's friendship. By examining their letters, we can see what friendship between two disabled people may be like, and explore

excerpts in which Coleridge shares potential medical remedies with Wedgwood. As Vickers writes, “Even the cures that Coleridge proposed to try out suggest strong identification with Wedgwood” (n.p.). In being able to recognize and relate to each other, Coleridge and Wedgwood built community by engaging their shared disability.

In a letter that Coleridge sent to Wedgwood on January 14, 1803, Coleridge looks at how two disabled people can empathize, relate to, and understand each other. He explains how a disabled friendship works when he writes:

Many a healthy man would have been layed up with such a Bout or thorough Wet & intense Cold at the same time, as I had on Kirkstone. Would to God that also for your sake I were a stronger man; but I have strong wishes to be with you, & love your society; & receiving much comfort from you, & believing that I receive likewise much improvement, I find a delight (very great, my dear friend! Indeed it is) when I have reason to imagine that I am in return an alleviation of your destinies, & a comfort to you. (CL II, 917)

In this passage, Coleridge demonstrates how closely he listens to his bodymind. It is a moment where Coleridge clearly sees himself as disabled, as opposed to the “Many a healthy man” to which he refers. He has given other people medical advice multiple times throughout his life, so the idea of Wedgwood guiding Coleridge here is significant. Coleridge shares the positive impact of Wedgwood’s suggestions, how Wedgwood’s “advice” has helped Coleridge to quickly recover. In his appreciative response to Wedgwood, Coleridge shows how friendships between disabled individuals can be fruitful to helping each other balance their disability with their goals. The way Coleridge ends his letter is telling of how important Coleridge’s disabled friendship with

Wedgwood was. Coleridge writes that he “love[s] your [Wedgwood’s] society.”

Wedgwood’s companionship is a source of joy and happiness for Coleridge. Further, he reveals how Wedgwood provides peace (“comfort”) and better health (“much improvement”) to Coleridge, which he hopes is reciprocal.

Coleridge is very considerate of Wedgwood’s bodymind since he is keenly aware of what it is like to have an illness. Coleridge’s awareness and sensitivity for his friend’s bodymind is also a form of community building. Not only was Coleridge there for Wedgwood, but he rushed to support Southey and Wordsworth and gave them advice when he learned of their possible illnesses. When Coleridge encounters other people who have gone through various illnesses or pain, he feels a sense of kinship because they have a shared experience. Even if it is different pain, or a different disease, there is an underlying theme that they know pain and understand what it is to struggle with the side effects of illness.

Kafer’s approach to disability can allow us to call attention to the immense value that Coleridge’s letters hold for modern-day disability scholars and advocates. Kafer writes, “How one understands disability in the present determines how one imagines disability in the future; one’s assumptions about the experience of disability create one’s conception of a better future” (2). In this context, Coleridge’s letters point out the positive ways he constructed and negotiated his disabled identity. Kafer allows us to call attention to the potential in Coleridge’s letters to reshape assumptions about the experience of disability, which will change the way we conceive of a future for disabled people. This is needed, especially considering the prevalence of ableism, even today. Kafer acknowledges this when she describes the common assumption that “disability is seen as

the sign of no future, or at least of no good future” (2). Coleridge’s letters disprove this assumption about living with a disability. His letters show how he built a future, one with good in it, with meaningful friendships. Kafer writes that it is common to view embracing disability as “disordered, unbalanced, sick” (2). Coleridge’s letters refuse this perspective. For Coleridge, to accept his disability as an identity enables him to forge connections with others, like Wedgwood, who become his support network. Kafer writes of how, “In imagining more accessible futures, I am yearning for an elsewhere—and, perhaps, an ‘elsewhen’—in which disability is understood otherwise: as political, as valuable, as integral” (3). Coleridge’s letters show “other ways of being” that are just and sustainable. His letters represent disability as political, negotiable, valuable, and integral to his identity. When she writes about “yearning” for an “elsewhen,” Coleridge’s letters provide one, and suggest how we may learn about the present by reading from history.

In her article, “On the Ancestral Plane,” Stacey Milbern writes, “People sometimes assume ancestorship is reserved for those who are biologically related, but a queered or crippled understanding of ancestorship holds that our deepest relationships are with people we choose to be connected to and honor day after day” (269). Coleridge is a crip ancestor and that makes his history, his voice, and his negotiations powerful and worthwhile for modern disabled readers. Milbern’s essay highlights how “Ancestorship, like love is expansive and breaks man-made boundaries cast upon it, like the nuclear family model or artificial nation-state boundaries” (269). This is why we may see Coleridge as an important point of reference for disability history and crip ancestorship. Milbern writes: “Most important, I believe they [crip ancestors] learn as we are learning, just as we learn from them. We grow knowledge and movements with them. We crip

futurism with them. We demand and entice the world to change the way things have always been done, with them” (269). Crip ancestorship does not end with death. It is an ongoing negotiation of what a person chooses to consistently value. Coleridge’s letters show us what he identified with and chose to value and honor. His friendship with Wedgwood is one example. For these reasons, I urge disability studies scholars to revisit Coleridge’s writing about his experiences as a disabled individual.

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