

Figuring Disability and Illness: D. H. Lawrence's Masculine Somatology

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Summary

This thesis seeks to situate D. H. Lawrence as a disabled writer and to understand his writing of the male body from both a social model of disability and a biographical perspective. In so doing, the thesis contributes to a fresh approach to Lawrence studies while at the same time fostering critical and creative reflections on the relatively new field of literary disability studies.

Chapter 1 considers the relevant debates and developments within the field. Drawing on Lawrence's letters, various biographies and the novel *Kangaroo*, Chapter 2 examines his 1911 health crisis, and the military and border examinations he was forced to undergo. Lawrence's response to his health, widely portrayed as 'irrational' and 'medicophobic', is here understood in terms of 'passing' and 'masquerade' and the need to manage the public relations of his health status for pragmatic reasons. In Chapter 3, a selection of non-fictional texts are considered in order to trace the development of Lawrence's mind-body philosophy focusing particularly on his assimilation of theosophical interpretations of Tantric Yoga. This exploration prepares the ground for an analysis of *Lady Chatterley's Lover* in Chapter 4, in which the novel is read within the context of Lawrence's personal circumstances at the time and his engagement with Yoga. Both Mellors and Clifford's bodily topographies are mapped-out and the origins of their psycho-somatic wounds excavated to reveal Lawrence's masculine somatotypes.

This investigation reveals the significance of visible and invisible disabilities in Lawrence's Tantric body schema while the hostile narration of Clifford acts as a point of 'aesthetic nervousness' within the novel. Finally, the tensions inherent in attempting to examine psychological aspects of illness from a critical disability perspective emerge. Lacking a language of personal illness experience, disability theory is forced to draw on psychological concepts that may further stigmatise. Dialogue with other body and psychological theories is required in order to cultivate more nuanced disability readings of texts, in which personal narratives and socio-historical perspectives can correspond.

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Cue Titles

<i>ALCL</i>	<i>Apropos of “Lady Chatterley’s Lover”</i>
<i>AWR</i>	<i>Apocalypse and the Writings on Revelation</i>
<i>CP</i>	<i>The Complete Poems of D. H. Lawrence</i>
<i>FLC</i>	<i>The First Lady Chatterley</i>
<i>HJC</i>	‘Henry St. John de Crêvecoeur’
<i>LCL</i>	<i>Lady Chatterley’s Lover</i>
i.	<i>The Letters of D. H. Lawrence Volume I</i>
ii.	<i>The Letters of D. H. Lawrence Volume II</i>
iii.	<i>The Letters of D. H. Lawrence Volume III</i>
iv.	<i>The Letters of D. H. Lawrence Volume IV</i>
v.	<i>The Letters of D. H. Lawrence Volume V</i>
vii.	<i>The Letters of D. H. Lawrence Volume VII</i>
<i>NIBW</i>	<i>“Not I, But the Wind...”</i>
<i>PU and FU</i>	<i>Psychoanalysis and the Unconscious and Fantasia of the Unconscious</i>
<i>TP</i>	‘The Two Principles’
<i>WL</i>	<i>Women in Love</i>

Chapter 1: Setting the Scene – Disability Theory and Lawrence

D. H. Lawrence's health has been exhaustively discussed in the critical literature generating a good deal of speculation about when exactly he developed tuberculosis and whether or not he became impotent. It is not only the critics who are concerned with his ailments; Lawrence's writings, both fictional and non-fictional, also reflect *his* personal preoccupation with bodily jouissance and vigour, and the relationship between physical and psychological disease. This preoccupation reaches its climax in Lawrence's later writings such as *Lady Chatterley's Lover*, *The Escaped Cock* and *Apocalypse and the Writings on Revelation*, works that are almost singularly absorbed with finding routes to the reinvigoration of the erotic, physical body.

Critical engagement has typically drawn upon psychological theories to explain Lawrence's reactions to his own health problems, with little to say about the wider social and environmental contexts within which he lived.¹ A further significant focus has been on his writing of the body in the context of 'theory' including trauma studies, the abject body, psychoanalysis, gender studies,² and the analysis of illness and disability in terms of metaphor.³ Social disability theory, in contrast, examines disability not as a personal issue that arises from an individual's impairment,⁴ but positions it as an outcome of societal structures 'that makes inclusion conditional upon a level of physical functioning.'⁵ In so doing, deep seated assumptions about what constitutes normal and abnormal bodies –

¹ Wayne Templeton, 'D. H. Lawrence: Illness, Identity, and Writing', in *D. H. Lawrence: The Cosmic Adventurer*, ed. by Lawrence B. Gamache (Ontario: Borealis Press, 1993), pp. 184-204. Templeton adopts a largely psychological approach in interpreting what he considers to be Lawrence's avoidant behaviour in relation to his own health. Similarly, James C. Cowan in 'The Two Analyses of D. H. Lawrence', in *D. H. Lawrence the Cosmic Adventurer* ed. by Lawrence B. Gamache (Ontario: Borealis Press, 1996), pp. 146-168, (p. 155), conducts a psychoanalytic investigation into pre-oedipal mother and son relations to partly explain the aetiology of Lawrence's illness of 1911.

² See for example, Paul Poplawski ed., *Writing the Body in D. H. Lawrence: Essays on Language, Representation, and Sexuality*, (Connecticut: Greenwood Press, 2001). Similarly, Gerald Doherty 'The Chatterley/Bolton Affair: The Freudian Path of Regression in *Lady Chatterley's Lover*', *Papers on Language and Literature*, 34 (1998), 372-387, ProQuest Central, [accessed 2 January 2018], also constructs a Freudian psychoanalytic interpretation of Clifford's regressive relationship with Mrs Bolton in *Lady Chatterley's Lover*.

³ See Judith Ruderman, 'D. H. Lawrence's Dis-Ease: Examining the Symptoms of "Illness as Metaphor"', *The D.H. Lawrence Review*, 36, (2011), 72-91, <www.jstor.org/stable/45176295> [accessed 16 November 2020].

⁴ Colin Barnes and Geoff Mercer eds., 'Chapter One: Exploring the Divide', in *Exploring the Divide: Illness and Disability* (Leeds: The Disability Press, 1996), 11-16, (para. 15) <<https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Mercer-exloring-the-divide-ch1.pdf>> [accessed 17 November 2020].

⁵ Alex Tankard, *Tuberculosis and Disabled Identity in Nineteenth Century Literature* (Palgrave Macmillan, 2018), p. 3.

usually uncontested within a medical model of the body – are laid bare, and the constructedness of the body is revealed.⁶

The theorisation of disability, and the subsequent development of literary and historical disability theory, has greatly contributed to historical revision and the reappraisal of all genres of literature.⁷ In relation to Lawrence and his historical milieu, a social theory of disability has been particularly fruitful for exploring Modernist aesthetics. Critics such as Maren Tova Linett have framed Lawrence as part of a Modernist movement in which ugliness becomes beautiful and the disabled and irregular body is embraced as a metaphor for a new aesthetic that favourably ‘deforms’ narrative and poetic form.⁸ Disability theory has led to new developments in literary studies, too: Mitchell and Snyder in their theory of ‘narrative prosthesis’ have extended our understanding of the impact of disability on literary narratives,⁹ while Ato Quayson has highlighted the uneasy relationship between the aesthetic and ethical domains of the representation of disability in literary texts through his notion of ‘aesthetic nervousness’.¹⁰ Yet despite these significant advances in literary disability theory, consideration of Lawrence as a disabled writer and analysis of his texts from a social model of disability, is still in its infancy. Substantial readings of significant works by Lawrence from such a perspective are few.

While this thesis primarily seeks to understand Lawrence’s personal and creative responses to a number of health-related events, and to examine the text of *Lady Chatterley’s Lover* from a literary disability studies perspective, it recognises that a single theoretical approach cannot do justice to the breadth and complexity of Lawrence’s fictional and non-fictional output without risking one dimensional readings. This concern extends to the social model of disability the main shortcoming of which, it has been argued, lies in its inability to

⁶ Ato Quayson, *Aesthetic Nervousness: Disability and the Crisis of Representation* (New York: Columbia University Press, 2007), pp. 17-18.

⁷ For an overview of the political roots of social disability theory and its impact on literary studies, see Alice Hall, *An Introduction to Disability Studies*, in *Literature and Disability* (London: Routledge, 2016), pp. 19-29. For a discussion of the development of literary disability studies, see Clare Barker and Stuart Murray ‘On Reading Disability and Literature’, in *The Cambridge Companion to Literature and Disability*, ed. by Clare Barker and Stuart Murray, (Cambridge: Cambridge University Press, 2018), pp. 1-13. For a broad overview of the history of disability, see Henri-Jacques Stiker, *A History of Disability* (Ann Arbor: The University of Michigan Press, 1999).

⁸ Maren Tova Linett, ‘Deformity and Modernist Form’, in *Bodies of Modernism: Physical Disability in Transatlantic Modernist Literature* (Ann Arbor: University of Michigan Press, 2017), pp. 143-196. See also Valerie L. Popp, ‘“Eloquent Limbs”: D.H. Lawrence and the Aesthetics of Disability’, *Journal of Literary & Cultural Disability Studies*, 5, (2011), 35-52, (p. 35), ProQuest Central [accessed 13 September 2020] who goes as far as to argue that Lawrence ‘creates a proto-disability movement’ in which ‘disability is fundamental to Lawrence’s vision of literary form.’

⁹ David T. Mitchell and Sharon L. Snyder, *Narrative Prosthesis* (Ann Arbor: The University of Michigan Press, 2000), pp. 6-10.

¹⁰ Quayson, *Aesthetic Nervousness*, p. 19.

provide insight into the many ways in which disability and illness can be personally experienced.¹¹ Any hope of understanding the construction of Lawrencian bodies must also entail an investigation of Lawrence's socio-historical milieu, his personal illness narratives, and his shifting mind-body psychology formed through the accretion of numerous philosophical and cultural influences absorbed over his foreshortened, but intensely lived and well-travelled, life. Yet synthesising these theoretical approaches is not straightforward. While biographical perspectives have been successfully adopted by literary disability scholars in order to recover the stories of disabled writers and re-examine their work afresh, psychological approaches can seem at odds with the liberatory ambitions of social disability theory. Such models have been accused of reinforcing the oppressive linkage of physical impairment to psychopathology, and framing illness and disability as inevitably traumatic and personally devastating. In particular, Freudian psychoanalytic theory has been called to task for portraying disabled people as narcissistic, uncanny, and sexually deviant.¹² Yet, without recourse to a psychological language, access to personal illness and disability narratives is stymied, and accounts of disability experienced as trauma or loss, at odds with a celebratory disability body, risk being rehabilitated or swept to one side.

Biographical approaches offer a bridge between the personal and the political by providing insight into the individual, lived experience of illness. The first wave of literary disability studies focused on reclaiming the abundance of writing by disabled authors and exploring their biographies.¹³ Mitchell and Snyder note the importance of such approaches in foregrounding disability perspectives through examination of texts written by disabled authors or those involved with disabled people, critiquing previous readings of disability in texts, and examining the relationship between medicine, disability, and literature. These historical revisionist studies have searched for what has been termed a 'disability logic' that may imbue works featuring disability, and they have challenged the idea that literary representations of disability are only produced by non-disabled authors.¹⁴

¹¹ Janine Owens, 'Exploring the critiques of the social model of disability: the transformative possibility of Arendt's notion of power', *Sociology of Health & Illness*, 37 (2015), 385-403, (p. 388), <<https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.12199>> [accessed 4 December 2020].

¹² See for example, Tobin Siebers, 'Chapter Two: Tender Organs, Narcissism and Identity Politics', in *Disability Theory* (Ann Arbor: University of Michigan Press, 2009), pp. 34-52. Also of note is Maxwell E. Cabbage and Kenneth R. Thomas, 'Freud and Disability', *Rehabilitation Psychology*, 34, (1989), 161-173, <[Freud-and-disability.pdf \(researchgate.net\)](#)> [accessed 17 May 2020], which, while not critiquing Freud's assessment of the psychological impact of disability on the disabled person, does set out some of the key psychopathologies Freud considered to beset the disabled as a result of their disabilities.

¹³ Hall, *Literature and Disability*, p. 32.

¹⁴ Mitchell and Snyder, *Narrative Prosthesis*, p. 30

Adopting a biographical approach to understanding not only the writer but also their writing is, however, fraught with dangers, in particular the risk of making disability the sole focus of interpretation. For example, Wayne Templeton has argued that Lawrence's writing output changed dramatically in terms of characterisation, themes, and style after the war due to the impact of his own deteriorating health.¹⁵ This, he suggests, led Lawrence to have an identity crisis and suffer a loss of dignity. As a result, Lawrence was forced to develop certain coping mechanisms, one of these being to present himself through his writing as virile and vibrantly healthy. Lawrence's inevitable realisation of his terminal condition would thus have affected his sense of a future life and creativity leading him to deny his tuberculosis and develop an ideological 'prescription for survival', a strategy that affected his personal identity and his writing.¹⁶ While there may be some truth to this, it is important to resist a totalising view of illness and disability when appraising an author's works. David Ellis highlights how the appearance of illness and disability in a writer seduces us into drawing on it 'to explain behaviour', an explanation that then tends to 'occupy all the interpretative space'. As Ellis cautions, we must not let illness and disability distract from other potentially fruitful interpretative directions.¹⁷ This totalising tendency of illness and disability can be seen in earlier criticism that characterises Lawrence and his writing as 'tubercular',¹⁸ mirroring wider discourses around illness and disability, particularly in relation to creativity, to produce disability identities that completely define the individual and explain their output. This is ironic given that Lawrence – living during a time of increasing support for eugenic thinking when the adoption or imposition of a disability identity was mostly stigmatising, limiting and sometimes dangerous – resisted identifying with illness as much as he possibly could.

A further danger lies in viewing closely autobiographical scenes or chapters in fictional writing as pure biography. In Lawrence's accounts of Somers' military examinations in *Kangaroo*,¹⁹ almost identical to the descriptions he gives in his letters in many aspects, there are still notable variations that reveal Lawrence's attempts to work through the ethical dilemmas posed by those examinations and his desire to be at peace with his own body, replete with ailments. The factual aspects become transformed to create unique characterisations and narratives.

¹⁵ Templeton, in *The Cosmic Adventurer*, p. 184.

¹⁶ Templeton, in *The Cosmic Adventurer*, pp. 186-7.

¹⁷ Ellis, in *Writing the Lives of Writers*, pp. 209-10.

¹⁸ See for example, Paul Delany's reference to Lawrence's 'tubercular rage' in *D. H. Lawrence's Nightmare: The Writer and his Circle in the years of the Great War* (Hassocks: Harvester Press, 1979), p. 249.

¹⁹ D. H. Lawrence, *Kangaroo*, ed. by Bruce Steele (Cambridge: Cambridge University Press, 2002), hereafter referred to as *K*.

Nonetheless, we cannot ignore the fact that Lawrence drew heavily on both his own life and that of his circle in his fictional output, and that he wrote numerous essays in which his views on the body, health and illness are quite clearly presented. Furthermore, Lawrence's personal health problems impacted on his life profoundly, quite likely preventing him from having children, putting a stop to his teaching career, affecting his ability to travel, and almost killing him on a number of occasions. During the last five years of his life, while still only in his early forties, he became chronically unwell, extremely gaunt, permanently breathless, often unable to walk very far and probably impotent. It is inevitable that illness influenced his writing to some degree. Ignoring the relationship between Lawrence's life and his writings could be as unjustifiable as viewing disability as the key aspect of his life.

With these points in mind, this thesis seeks to engage with Lawrence as a disabled writer and to examine his writing of the ill and disabled male body through a selection of fictional, non-fictional and epistolary writings. But while critical disability studies provides an important perspective, the limitations of a social model of disability in a literary studies context will also be discussed, and the need for greater dialogue with other body and psychological theories, in order to reinstate the personal aspects of disability experience, will be considered.

The main body of the thesis comprises two key sections made up of three chapters. The first section, formed by Chapter 2, adopts both a disability studies and biographical approach, employing the notions of passing and masquerade in order to make sense of Lawrence's apparent denial of his health problems and his management of the public relations of his health. This is achieved through examination of his letters, his experiences of three military examinations and their reworking in the 'Nightmare' chapter of the novel *Kangaroo*, and his handling of the public health authorities at the El Paso border crossing in 1925 whilst extremely ill with tuberculosis. The second section, formed by Chapters 3 and 4, explores (in Chapter 3) Lawrence's body philosophy and appropriation of Tantric Yoga, as set out in a range of essays and non-fictional texts, most notably *Studies in Classic American Literature*,²⁰ *Psychoanalysis and the Unconscious and Fantasia of the Unconscious*²¹ and *Apocalypse and the Writings on Revelation*,²² in preparation for a

²⁰ D. H. Lawrence, *Studies in Classic American Literature*, ed. by Ezra Greenspan and others, (Cambridge: Cambridge University Press, 2014), hereafter referred to as *SCAL*.

²¹ D. H. Lawrence, *Psychoanalysis and the Unconscious and Fantasia of the Unconscious*, ed. by Bruce Steele (Cambridge: Cambridge University Press, 2004), hereafter referred to as *PU* and *FU*.

²² D. H. Lawrence, *Apocalypse and the Writings on Revelation*, ed. by Mara Kalnins, (Cambridge: Cambridge University Press, 1980), hereafter referred to as *AWR*.

reading of *Lady Chatterley's Lover*.²³ In the textual analysis that forms Chapter 4, biographical parallels between the Lawrence-Frieda-Ravagli triangle and the Mellors-Connie-Clifford affair are considered, and Lawrence's identification with both Mellors and Clifford examined, followed by a consideration of the ways in which Lawrence's personal experiences of illness and his mind-body philosophy literally shape the two key male figures, Mellors and Clifford. In the course of the chapter, Mellors' and Clifford's bodily topographies are mapped out, the roots of their mind-body wounds excavated, and their respective relationship journeys chartered. The thesis concludes with an exploration of the reasons for the harsh narratorial treatment of Clifford and developments in psychology and disability theory that might prove fruitful for literary disability studies.

One final point concerns the debates regarding the use of language and terminology in relation to illness and disability, many of which have raised the need to articulate more nuanced and varied discourses regarding disability experience. One particular debate pivots around the extent to which chronic illness can be subsumed under the label of disability, with some arguing that the multiplicity of disability and illness experiences is at risk of being lost as a result. Linked to this are efforts to unpick the experience of health and illness in relation to disability, the so-called 'healthy' and 'unhealthy' disabled. Similarly, there has been significant focus on understanding the qualitative difference in disability experience between those with visible and those with invisible disabilities, this aspect being of particular relevance to the exploration of passing and masquerade in Chapter 2 of this thesis.²⁴ Finally, the often-quoted distinction made between disability and impairment is worth considering: the term 'disability' understood in the political sense (which now also includes chronic, degenerative, and relapsing and remitting illnesses), views disability as arising out of the social and environmental obstacles that impede full engagement with the world, while the term 'impairment' refers to illness or disability related 'deficiencies' that prevent the possibility of realising one's potential. As Quayson points out, in reality it is not so easy to uncouple the two terms, as what counts as impairment can change, dependent on our conceptions of normality and our ability to create environments that can accommodate greater bodily diversity.²⁵

²³ D. H. Lawrence, *Lady Chatterley's Lover*, ed. by Michael Squires (Cambridge: Cambridge University Press, 2002), hereafter referred to as *LCL*.

²⁴ For a discussion of the relationship between illness and disability, and the healthy and unhealthy disabled, see Susan Wendell, 'Unhealthy Disabled: Treating Chronic Illnesses a Disabilities', *Hypatia*, 16, (2001), 17-33, <<https://www.jstor.org/stable/3810781>> [accessed 25 April 2019].

²⁵ Quayson, *Aesthetic Nervousness*, pp. 3-4.

In a similar vein, Lennard Davies notes how the term ‘disability’ begins to break down when one scrutinises who constitutes the ‘disabled’. It is a category that will include most people at some point in their lives making the idea of a disabled/non-disabled binary problematic.²⁶ As mentioned earlier, chronic illnesses are now included under the umbrella term of disability, but this classification is not straightforward either. There are significant differences between the permanent and stable disability identity of someone who is paraplegic, and the fluctuating chronic illness or ‘sickness’ identity of someone with an illness such as tuberculosis or bronchitis whose condition is likely to be characterised by periods of relapse and remission. Conditions such as tuberculosis and bronchitis have always carried the hope of cure or remission, but talk of cures raises concerns that such desires are the product of ableist discourses that seek to erase bodily difference through treatments and prosthesis, sometime involving unwanted or unnecessary and painful procedures. Similarly, a focus on impairment and cure when discussing illness might perpetuate the idea that those with a stable disability identity should also be viewed as sick, impaired and in need of being fixed or cured, taking the focus away from social oppression as the source of their difficulties.²⁷ Nevertheless, as Susan Wendell argues, we simply cannot get away from the fact that ‘some people with disabilities *are* sick, diseased, and ill’ and some aspects of their situation cannot be ameliorated by any level of social justice.²⁸ Rather than seeking one totalising discourse for all aspects of disability and illness experience, a language is required that recognises both the social construction of disabled and ill bodies, and the personal experience of illness and impairment informed by psychological, medical, cultural, and religious influences.

Throughout this thesis I will refer to Lawrence interchangeably as disabled and ill. While Lawrence is unlikely to have understood himself to be ‘disabled’ in any political, or indeed in any other, sense of the word, my use of this terms reflects the fact that even before he was definitively diagnosed with tuberculosis, he was widely suspected to be tubercular, a suspicion that created significant socio-economic challenges and stigmatised him. I also refer to Lawrence at times as unwell, or suffering from a chronic illness, to recognise that his bronchitis, bouts of pneumonia and later tuberculosis, not infrequently incapacitated him. While prior to 1925 he experienced many sustained periods of exceptional health and vitality, including walking across the Alps in 1913,²⁹ after 1925, his previously invisible

²⁶ Lennard J. Davis, *Enforcing Normalcy* (London: Verso, 1995), p. xv.

²⁷ Wendell, ‘Unhealthy Disabled’, pp. 19-22.

²⁸ Wendell, ‘Unhealthy Disabled’, p. 18.

²⁹ Ellis, in *Writing the Lives of Writers*, pp. 206-7, discusses how these episodes of vitality have been absorbed into the myth of the tubercular Lawrence, to become yet another symptom of his illness.

health problems became more visible as a result of his increasing thinness and chronic cough, both signifiers of consumption.

Chapter 2: Lawrence ‘Manages’ the Authorities

This chapter examines key events in Lawrence’s life from a biographical perspective, situating Lawrence as a disabled writer. Rather than drawing on psychological theories to explain Lawrence’s attitudes towards his own illnesses, the medical profession and the authorities, these events will be explored from a social model of disability, based on a Foucauldian understanding of how ‘normal’ and ‘abnormal’ bodies emerge through networks of knowledge and power,³⁰ in particular the ways in which institutional forces regulate and classify bodies, in this case the medical and military authorities of the time. A common view of Lawrence amongst Lawrence scholars and some of those in Lawrence’s close circle, such as Aldous Huxley, is that of a man who was medicophobic and anti-science in his disdain for doctors and his reluctance to engage in medical treatment.³¹ In this chapter, an alternative view will be considered in which many of Lawrence’s behaviours can be understood in terms of ‘passing’ and ‘masquerade’.

To explore how Lawrence used passing and masquerade, key events in his life will be examined, including the series of three military examinations Lawrence was forced to undergo between 1917 and 18, and Lawrence’s health collapse of 1925 when he was diagnosed with tuberculosis and, shortly after, forced to deal with the official doctor at the El Paso border in order to re-enter the USA. Drawing on Lawrence’s letters, his novel *Kangaroo* and biographies of Lawrence, a picture emerges of a man who found creative and highly rational ways to deal with institutions of power so that he could, for the most part, continue writing and living as he wanted to.

Passing and Masquerade

In *Stigma*, Erving Goffman defines passing as a means by which to deal with the stigma associated with what he calls ‘spoiled identities’,³² that is, ‘those identities discredited by law, opinion, or social contention.’³³ This might refer to Jews passing as Christians, LGBTQ+ individuals passing as cis heterosexuals, or black people passing as white.

³⁰ Michel Foucault, *Abnormal: Lectures at the Collège de France* (New York: Picador, 2003), p. 61.

³¹ Peter Mortensen, ‘“I Went to the Scientific Doctor”: D. H. Lawrence, Medical Holism, and Modern Therapeutic Selfhood’, *The D.H. Lawrence Review*, 36, (2011), 31-55, (p. 31), <<https://www.jstor.org/stable/45176245>> [accessed 29 March 2019].

³² Irving Goffman, *Stigma: Notes on the Management of Spoiled Identities* (London: Penguin, 1963).

³³ Siebers, *Disability Theory*, p. 97.

Similarly, Siebers argues, disabled people also draw on their ingenuity to mask their differences and pass as able-bodied.³⁴

Rosemary Garland-Thomson suggests that when an individual has a highly visible disability it becomes the main focus of non-disabled perception and reaction formation. The disability can so dominate the non-disabled view that the disabled person becomes reduced to a single attribute.³⁵ To deal with this, disabled people learn to manage relationships using charm, humour, and defence. But this compensation comes at a cost: if a disabled individual attempts to normalise the situation too much, they may end up negating any pain and limitations they experience in order to reassure the 'normate'. This results in 'passing', that is fitting in and masking the disability. The notion of passing contains within it the idea of the closet and, as those with first-hand experience know, coming out of the closet can be risky.³⁶

Garland-Thomson's notion of passing suggests a preoccupation on the part of the disabled person with reducing the discomfort felt by others at their unconcealed presence, and she highlights the psychological harm to the disabled in doing so. Lawrence may have been more interested in passing in order to retain control of his life than in making others feel comfortable, but having said that, he generally disliked being nursed when he was ill and Frieda did not relish nursing him by all accounts,³⁷ possibly causing Lawrence to 'pass' for her. Tobin Siebers picks up on a more positive aspect of passing, however, noting that when disabled individuals pass for able-bodied people, they demonstrate their ability to recognise the constructedness and artifice of the so-called natural world.³⁸ Siebers asks us to view this insight into the relationship between physical ability and the environment as 'embodied knowledge'.³⁹ Nevertheless, in this understanding of passing, the dominant, normate social position continues to be reinforced.⁴⁰

There are, however, limits to how much we can liken disability passing to queer passing. While such similarities exist in the sense that people can slip in and out of illness and disability or attempt to conceal an illness/disability – in other words, they can choose to be

³⁴ Siebers, *Disability Theory*, p. 97.

³⁵ Rosemary Garland-Thomson, *Extraordinary Bodies* (Chichester, West Sussex: Columbia University Press, 1997), p. 12.

³⁶ Garland-Thomson, *Extraordinary Bodies*, p. 13.

³⁷ David Ellis, *Dying Game 1922-1930*, (Cambridge: Cambridge University Press, 2011), p. 289. Lawrence's sister, Ada, and others such as the Huxley's, were shocked by Frieda's apparently 'nonchalant view of her nursing responsibilities.'

³⁸ Siebers, *Disability Theory*, pp. 117-8.

³⁹ Siebers, *Disability Theory*, p. 24.

⁴⁰ Siebers, *Disability Theory*, p. 101.

‘out’ or to ‘pass’ – the notion of the closet can only be applied to disability up to a point because sexuality is generally not marked on the body in the way that visible disabilities are. Disabled people may use a less stigmatised disability to disguise another more stigmatised disability, or exaggerate their disability in order to display it more clearly, whereas, Siebers argues, attempting to pass as a more stigmatised group is not something that Queer and Black people usually do. Siebers calls these unique aspects of disability passing ‘masquerade’.⁴¹

Both the notion of passing and the idea of masquerade have been discussed in terms of gender, perhaps most famously with Joan Riviere’s idea of ‘womanliness’ as a masquerade that conceals the desire to be masculine,⁴² and more recently Judith Butler’s theorising of performativity and drag.⁴³ Butler focuses on the constructedness of gender just as social models of disability reveal the constructedness of disability as an effect of environmental limitations, cultural notions of normality and disabling institutional practices. But disability theorists such as Siebers, and Snyder and Mitchell have highlighted the tendency of post-structuralist theories to erase the embodied experience and the physical reality of disability in their preoccupation with the linguistically constructed body. They have argued that a move beyond post-structuralism is required in order to theorise a new materiality of the body that does not simply revert to a medical model of disability,⁴⁴ or a form of bodily essentialism.⁴⁵ For Mitchell and Snyder, this literary materiality of the body can be accessed through historicising texts in order to reveal how the ‘normal’ world is constructed.⁴⁶ Reclaiming the visceral reality and the multifarious disabled voices of history is crucial to developing a narrative theory of disability and enabling a more diverse, yet still politicised, understanding.⁴⁷

Passing and masquerade in relation to disability are mostly discussed in terms of visible signifiers such as the use of prosthetics, clothes, medical signs, or other visible bodily difference. Siebers shares a personal example of exaggerating his polio-related limp when

⁴¹ Siebers, *Disability Theory*, pp. 100-101.

⁴² Joan Riviere, ‘Womanliness as a Masquerade’, *The International Journal of Psychoanalysis*, 10, (1929), 303–313.

⁴³ Judith Butler, *Bodies That Matter* (Abingdon: Routledge, 1993).

⁴⁴ For a critique of Butler’s abject body, Foucault’s docile body, and the problem of representing pain in social construction models of the body, see Siebers, *Disability Theory*, pp. 53-69.

⁴⁵ See Michael Feely, ‘Disability Studies After the Ontological Turn: A Return to the Material World and Material Bodies Without a Return to Essentialism’, *Disability and Society*, 31, (2016), 863-883, <<http://dx.doi.org/10.1080/09687599.2016.1208603>> [accessed 20 November 2019].

⁴⁶ Mitchell and Snyder, *Narrative Prosthesis*, pp. 29-30.

⁴⁷ Mitchell and Snyder, *Narrative Prosthesis*, p. 10.

boarding planes after once being challenged by an attendant who said only wheelchair users could use the early boarding option. He writes:

My exaggeration is not always sufficient to render my disability visible – gatekeepers still question me on occasion – but I continue to use the strategy, despite the fact that it fills me with a sense of anxiety and bad faith, emotions that resonate with previous experiences in which doctors and nurses have accused me of false complaints, oversensitivity, and malingering.⁴⁸

Using prosthetics or exaggeration as masquerade, is often employed to reassure or communicate a disability to the non-disabled observer. To prostheticise a body, or a rhetorical figure, requires us to make assumptions about what is considered aberrant, which, Mitchell and Snyder suggest, is always a deeply social judgement. They argue that all bodies are deficient and that prostheticisation really is the norm.⁴⁹ Lawrence's only clear use of prosthesis in this context was makeup, in the form of rouge, that he applied to hide his sickly pallor while crossing the El Paso border,⁵⁰ but according to Lawrence's accounts, he frequently used facial expression, tone of voice and general demeanour to both pass and masquerade in an attempt to take charge of situations and, as he described it, 'manage' the authorities.⁵¹ He also reworked and reimagined these encounters in his fictional writing providing insights into his creative processes.

But of greater significance, over and above his visual performances, was Lawrence's use of language in his written presentations of his health and the descriptions of his dealings with medical officials, to be found in his letters. These sources reveal his use of vague and indefinite terminology in reference to his health conditions, providing rich examples of deliberate obfuscation. His fictional writings, populated by characters with similarly indeterminate health conditions, mirror this ambiguity.

As previously alluded to in Siebers' own personal example, passing and masquerade can have negative consequences. Tom Shakespeare comments that passing can lead to the formation of 'temporary or compromised identities' which impact on the individual's sense of safety and wellbeing.⁵² The sense of foreboding and panic that was experienced by Lawrence at the prospect of the military examinations, followed by the rage and

⁴⁸ Siebers, *Disability Theory*, pp. 96-7.

⁴⁹ Mitchell and Snyder, *Narrative Prosthesis*, pp. 6-7.

⁵⁰ Dorothy Brett, *Lawrence and Brett: A Friendship*, (London: Secker, 1933), p. 207, cited in Ellis, *Dying Game*, p. 240.

⁵¹ In a letter to Barbara Low of 8 July 1916, Lawrence writes that he was 'able, spiritually, to manage the doctors' and that he was able to draw upon a 'certain authority.' George J. Zytaruk and James T. Boulton eds. *The Letters of D. H. Lawrence Volume II* (Cambridge: Cambridge University, 1981), p. 623. Hereafter referred to as 'ii.'

⁵² Tom Shakespeare, 'Disability, Identity and Difference', in *Exploring the Divide: Illness and Disability*, ed. by Colin Barnes and Geoff Mercer (Leeds: Disability Press, 1996), pp. 94-113, (p. 100).

‘ignominy’ he suffered afterwards (ii. 618-9), (only here the effort required was to *masquerade* convincingly, rather than pass), testify to this dynamic. It was six years before Lawrence was able to write about his final military examination, unleashing his fury in his novel *Kangaroo*.

Siebers also draws attention to the ways in which temporary passing can be empowering, providing moments of freedom and respite from curious stares. Nevertheless, the long-term consequences might include guilt, depression, and an internalisation of the disability prejudice.⁵³ It is worth noting that these reactions can apply not only to passing but also to disability masquerade. While Lawrence appears to have expressed little guilt in relation to passing – the border situation at El Paso producing rage rather than guilt – the masquerades performed for the military examinations were acutely humiliating to him and caused him to question his right to avoid military service.

The Health Crises

narrow shoulders, concave chest, and a thin high-pitched voice suggesting bellows too weak to pump the organ.⁵⁴

Before looking more closely at Lawrence’s military examinations and his crossing of the El Paso border, it is worthwhile reviewing his health as a child and young man, and considering the impact of the ever-present threat of consumption on individuals like the ‘bronchial’ Lawrence who were considered to be at particular risk.

Lawrence experienced chronic and acute health problems throughout his life and, despite periods of relatively good health and great productivity, his constitution was always fragile. According to Frieda Lawrence, near his death Lawrence described how he contracted bronchitis just two weeks after he was born.⁵⁵ Following this was another significant period of illness, possibly pneumonia, between the ages of four and seven, coinciding with a three year absence from school.⁵⁶ A local shopkeeper described Lawrence as a ‘snuffly-nosed little beggar, seldom without a cold’,⁵⁷ and George Neville, a boyhood friend, pronounced him ‘a thin, pale, weakly lad [...] with no energy left for our

⁵³ Siebers, *Disability Theory*, p. 118.

⁵⁴ Brenda Maddox, *The Married Man: A Life of D. H. Lawrence* (London: Minerva, 1995), p. 79

⁵⁵ Frieda Lawrence, *“Not I but the Wind...”*, (New York: The Viking Press, 1934), p. 292, hereafter referred to as *NITW*.

⁵⁶ John Worthen, *D. H. Lawrence: The Early Years 1885-1912* (Cambridge: Cambridge University Press, 2011), pp. 75-76

⁵⁷ Worthen, *The Early Years*, p. 5.

oft-times over-robust games, and no apparent inclination to attempt to join us.’⁵⁸ Neville also refers to Lawrence’s persistent cough from high school days, a ‘little, troublesome, hacking cough that used to bring his left hand so sharply to his mouth – a cough and action that he never lost.’⁵⁹

When Lawrence started working at a firm of surgical garments manufacturers in 1901, housed in an old building with poor lighting and little ventilation, his health deteriorated again.⁶⁰ Later that year, Ernest, Lawrence’s brother, died suddenly of erysipelas and pneumonia.⁶¹ These events, combined with the arrival of a heavy grey fog that enveloped the warehouse for days, and an incident with the work girls in which they maliciously cornered Lawrence and tried to undress him, caused Lawrence to go down with possibly his second, this time almost fatal, bout of pneumonia.⁶² Lawrence’s early childhood and youth, therefore, set the scene for the health crises to come and what would be the ever present threat of tuberculosis.

Maddox claims that Lawrence was aware that his mother had been told by a local doctor as early as 1901 that her son was ‘tubercular’.⁶³ Similarly, Templeton argues that Lawrence may have contracted tuberculosis as a child and ‘definitely’ had it in 1911, and that he resigned from teaching because Lawrence took the hint from the doctor that he would not be allowed to work in schools again as a result.⁶⁴ But the view that Lawrence had tuberculosis before 1911 or even later is highly contentious. David Ellis, for example, notes that critics and biographers have tended to look for evidence of the disease significantly earlier than 1925, a tendency he believes to be misguided.⁶⁵

Lawrence was twenty-six in 1911 and held a teaching position in Croydon at Davidson Road school for boys, lodging nearby with the school inspector John Jones.⁶⁶ He was still distraught at the death of his mother who had died in December 1910,⁶⁷ and, although of the opinion that he had a natural aptitude for teaching, he felt trapped in the job. Lawrence wrote to Louie Burrows (his fiancée at the time) in September 1911 expressing his

⁵⁸ G. H. Neville, *A Memoir of D. H. Lawrence: The Betrayal*, ed. by Carl Baron (Cambridge: Cambridge University Press, 2010), p. 38.

⁵⁹ Neville, *A Memoir*, p. 40.

⁶⁰ Worthen, *The Early Years*, p. 95.

⁶¹ Worthen, *The Early Years* p. 96.

⁶² Worthen, *The Early Years* p. 99.

⁶³ Maddox, *The Married Man*, p. 81.

⁶⁴ Templeton, in *The Cosmic Adventurer*, pp. 188-9.

⁶⁵ Ellis, in *Writing the Lives of Writers*, p. 205.

⁶⁶ Thomas Dormandy, *The White Death*, (London: Hambledon Press, 1999) p. 286.

⁶⁷ Worthen, *The Early Years*, p. xxvii.

frustration: ‘school trammels me and makes me feel as if I can’t breathe’.⁶⁸ Typically for Lawrence, his love life was complicated and the social scene in London hectic.⁶⁹ On Saturday 18 November he went to visit the publisher Edward Garnett in Kent after another exhausting week of work and socialising nearly every night. On the way there he was caught in a rain shower and remained in wet clothes that evening. Lawrence returned to Croydon on the Sunday feeling very unwell. On the Monday he was unable to get out of bed.⁷⁰

Lawrence was diagnosed with double pneumonia. Ada, Lawrence’s sister, wrote to Louie Burrows on 28 November indicating that Lawrence was bed-ridden and attended by a nurse with frequent visits from the doctor. Although he was delirious at times, the doctor was optimistic of recovery.⁷¹ Lawrence was given a sputum test for tuberculosis, which proved negative,⁷² although it was understood that a negative result was no guarantee of the absence of active infection.⁷³ The best diagnostic test at the time was the chest X-ray but that was not available on health-insurance and was prohibitively expensive if conducted privately.⁷⁴ In a letter to Louie of 18 December 1911, Lawrence describes how he and Ada manipulated the thermometer readings so that only normal readings were recorded, illustrating Lawrence and Ada’s collusion so that Lawrence could ‘pass’ as non-tuberculous:

If the temperature is high Ada doesn’t register it. We wait awhile, then I drink cold water, then lo, it is normal – a huge joke – the doctor gets so jumpy if I’m high. (i. 340)

On 17 December Lawrence wrote to Ed Garnett:

The doctor says I mustn’t go to school again or I shall be consumptive. But he doesn’t know. I shan’t send in my notice, but shall ask for a long leave of absence. Then I can go back if I get broke. (i. 337)

Lawrence appears to dismiss the doctor’s prognosis, airily optimistic that the door will be left open for his return to teaching, if desired. Ada also wrote to Ed Garnett on the same day with the good news: ‘The report concerning the expectoration was very satisfactory. No germs were discovered, and since then both lungs have almost completely cleared up.’ This uplifting news was followed by the doctor’s warning: ‘Of course my brother will be

⁶⁸ D. H. Lawrence, *The Letters of D. H. Lawrence Volume I 1901-1913*, ed. by James T. Boulton (Cambridge: Cambridge University Press, 1979), p. 302, hereafter referred to as i.

⁶⁹ Worthen, *The Early Years*, p. 321.

⁷⁰ Worthen, *The Early Years*, p. 322.

⁷¹ Worthen, *The Early Years*, p. 322.

⁷² Worthen, *The Early Years*, p. 323.

⁷³ Ellis, in *Writing the Lives of Writers*, p. 206.

⁷⁴ Dormandy, *The White Death*, p. 286.

very liable to consumption and as the doctors say will always need great care. He has to give up school too.’⁷⁵ In a letter to Louie of 4 February 1912, Lawrence reveals that the doctor in Croydon and in Bournemouth had ‘urged’ him ‘not to marry, at least for a long time, if ever’ (i. 361).

We cannot be sure if both doctors suspected that Lawrence had some form of, as yet, latent or undetected tuberculosis, or if he was advised to give up his job in recognition that the demands of teaching had been pivotal in causing his health breakdown. Templeton, however, is insistent in his view: ‘Nevertheless, his friends and relatives knew what the problem was, as did the Kent County Council who refused to renew his teaching contract.’⁷⁶ To support this argument Templeton draws on a number of biographies. The first of these is that of Jeffrey Myers’ in which he states that a Dr William Ober was of the opinion that the 1911 illness may have been ‘a reactivation of an “arrested juvenile tubercular infection”’.⁷⁷ Ford Maddox Ford also wrote in his memoirs:

And then came the scourge! He was pronounced tubercular [...] I don’t think he ever mentioned it to me; perhaps he did not to anyone. It was a subject he was shy of mentioning.⁷⁸

Richard Aldington’s biography *Portrait of a Genius, But...* refers to Lawrence succumbing to ‘tubercular pneumonia’ and ‘always thereafter under the threat of tuberculosis, which sometimes suspended its attack but never left him.’⁷⁹ Finally, Helen Corke (cited in Emily Hahn’s biography of Lawrence, *Lorenzo*) wrote in her memoirs:

[I]t was discovered [...] that he had tuberculosis, though he would never admit it and, indeed, was never heard to pronounce the word. He realised, however, that it meant the end of his career as a teacher, for nobody with a history of tuberculosis was permitted to work in school.⁸⁰

Templeton also uses Lawrence’s exemption from the military in 1916 due to consumption as confirmation of an earlier tuberculosis diagnosis.⁸¹ Yet there is no proof of tuberculosis in 1911, and the conclusions Templeton draws regarding Lawrence’s use of the term ‘consumption’ in his 1916 military examination are highly problematic, a matter that will be discussed in the next section. Regardless of whether Lawrence had tuberculosis or not,

⁷⁵ Letter from Ada Lawrence to Edward Garnett, 17 December 1911, New York Public Library, Manuscript, cited in Worthen, *The Early Years*, p. 323.

⁷⁶ Templeton, in *The Cosmic Adventurer*, p. 189.

⁷⁷ Jeffrey Meyers, *D. H. Lawrence: A Biography* (New York: Knopf, 1990), p. 73, cited in Templeton, in *The Cosmic Adventurer*, p. 189.

⁷⁸ Ford Maddox Ford, *Your Mirror to My Times* (New York: Holt, Rinehart and Winston, 1971), p. 319 cited in Templeton, in *The Cosmic Adventurer*, p. 189.

⁷⁹ Richard Aldington, *Portrait of a Genius, But...* (London: William Heinemann Ltd, 1950), pp. 99-100

⁸⁰ Emily Hahn, *Lorenzo: D. H. Lawrence and the Women Who Loved Him* (New York: J. B. Lippincott, 1975), p. 55.

⁸¹ Templeton, *The Cosmic Adventurer*, p. 189.

we might treat these retrospective accounts as part of the formation of the myth of Lawrence as the tubercular artist, consumed and ruled by the disease until he becomes a pure “naked flame of life”.⁸² These accounts also support the myth of ‘*omnis pthisicus alax*, every tubercular a lecher’,⁸³ reflected in the words of Katherine Anne Porter. Her article ‘A Wreath for the Gamekeeper’⁸⁴ was used by the prosecution to cross-examine the first defence expert witnesses Graham Hough, in the absence of any expert prosecution witnesses.⁸⁵ Porter’s article states that *Lady Chatterley’s Lover* is ‘the fevered day-dream of a dying man sitting under his umbrella pines in Italy indulging in his sexual fantasies.’⁸⁶ The prosecution leapt on this characterisation of Lawrence as a pornographic, tubercular writer to undermine the merits of the book. This view of Lawrence was also nourished by Curtis Brown who seeded the idea that *Lady Chatterley’s Lover* was the result of Lawrence’s tuberculous ‘sex impulses’,⁸⁷ despite Lawrence’s supposed impotence at that time.⁸⁸ In the absence of evidence for a clear diagnosis which, if present, would more readily suggest that Lawrence was in denial, we might view Lawrence’s re-presentation and sometimes subtle rewording of advice and pronouncements made by the doctors in his letters as part of the process of passing, or, perhaps more accurately, we might say that Lawrence was ensuring that the very idea that he had tuberculosis never gained a foothold. For, even if he were erroneously thought to have tuberculosis, this would have been highly detrimental to the rest of his life, potentially affecting the reception of his artistic identity and output by the public.⁸⁹ As Tankard notes in her investigation of two consumptive artists, Aubrey Beardsley and John Keats:

Non-fiction texts [of the late nineteenth century] show that real consumptive men faced having their identities erased and rewritten by doctors, critics and even friends who presumed to know better than the poor invalid – and who generally outlived him and took control of his story.⁹⁰

Lawrence was clearly at risk of all these outcomes.

⁸² Aldington, *The Life of D. H. Lawrence*, p. 100, quoting Jessie Chambers.

⁸³ Dormandy, *The White Death*, p. 290.

⁸⁴ Katherine Anne Porter, ‘A Wreath for the Gamekeeper’, *Encounter*, (1960), 69-76, (p. 73) <<https://www.unz.com/print/Encounter-1960feb-00069>> [accessed 1 November 2021].

⁸⁵ C. H. Rolph, ed., *The Trial of Lady Chatterley’s Lover*, (Harmondsworth, Middlesex: Penguin Books Ltd., 1961). The witnesses listed on the contents page of the trial transcript show that no expert prosecution witnesses were called. The only prosecution witness was a policeman, D. I. Charles Monahan, a witness of fact rather than an expert, whose role was to prove that the book had been published (p. 22).

⁸⁶ Porter, ‘A Wreath for the Gamekeeper,’ 1960, p. 73.

⁸⁷ Curtis Brown, *Contact* (London: Cassell, 1935), p. 82, cited in David Ellis, *Death and the Author*, (Oxford University Press: Oxford, 2008), p. 59.

⁸⁸ Ellis, in *Writing the Live of Writers*, p. 209.

⁸⁹ Tankard, *Tuberculosis and Disabled Identity*, p. 89.

⁹⁰ Tankard, *Tuberculosis and Disabled Identity*, p. 16.

Tuberculosis in the Early Twentieth Century

Tuberculosis was a highly stigmatising illness, usually fatal, and difficult to diagnose, such that one might never be quite sure of one's status until quite near death.⁹¹ Moreover, prior to the 1940s, there was no reliable treatment or cure, remission being the best one could hope for. A definitive diagnosis did not offer much in the way of benefit, either; indeed, it could result in loss of employment and restrictions on travel abroad. Lawrence, aware of the threat of tuberculosis both in the sense of the actual disease and the stigma of the condition, adopted a number of strategies to cope with these uncertainties: he remained silent, he referred to tuberculosis as other conditions, and he played his health status up or down depending on circumstances. Lawrence also used language, medical collusion, substitution, as well as makeup and bodily gestures, to pass as acceptably healthy and to masquerade as ill in order to manage the authorities. These behaviours should not be conflated with malingering (accusations often made of chronically ill people, particularly those with invisible disabilities), or denial of reality. The alternative was to submit to the doctors' advice and enter a sanatorium where few visits would be allowed and strict limits would be placed on his writing activity. As Tankard notes, during the first half of the twentieth century, the majority of sanatoria became places of restriction, institutionalisation, and loneliness.⁹² Once admitted, Lawrence might have been pressed into undergoing potentially fatal medical interventions for which there was little evidence of efficacy, and would, in all likelihood, have died there alone. The reality was that many consumptive patients fared better at home, particularly if their diet and living conditions could be improved.⁹³

The idea that tuberculosis was hereditary and a sign of degenerate breeding, rather than a contagious disease, was still very prominent in Britain in the early twentieth century, despite the tubercle bacillus having been discovered by Robert Koch (amongst others), in 1882, thus confirming the contagious nature of the illness.⁹⁴ Before then, any conditions of the chest or ailments causing wasting, such as cancer, lung abscesses, diabetes and silicosis, were all thought to be what we now call tuberculosis,⁹⁵ although the term

⁹¹ René Dubos and John Dubos, *The White Plague: Tuberculosis, Man, and Society*, (New Brunswick: Rutgers University Press, 1996) p. 118.

⁹² Tankard, *Tuberculosis and Disabled Identity*, pp. 17-18.

⁹³ F. B. Smith, *The Retreat of Tuberculosis 1850-1950* (London: Croom Helm, 1979) p. 245, and Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth Century Britain* (Oxford: Oxford University Press, 1988), p. 197, both cited in Tankard, *Tuberculosis and Disabled Identity*, p. 200.

⁹⁴ Dubos, *The White Plague*, p. 101.

⁹⁵ Dubos, *The White Plague*, pp. 5 and 72.

consumption would have been used,⁹⁶ referring to a ‘vague state of chronic wasting’.⁹⁷ Conversely, more unusual forms of the disease were often not recognised as tuberculosis.⁹⁸ From the mid-1850s onwards ‘tuberculosis’ became the recognised medical term for the disease rather than ‘phthisis’. Nevertheless, ‘consumption’ persisted as the lay term well into the twentieth century.⁹⁹

Despite these advances in the understanding of the contagious nature of tuberculosis, the idea that it was an illness arising out of a particular hereditary disposition still held fast. At the 1911 at the Destitution Conference, delegates were persuaded that there was “‘a proven family atmosphere [which] nurtured the grand parade of the tuberculous, the syphilitics [...] the uncivilised and the undisciplined.”” Beatrice Webb, addressing the conference, argued: ‘Public money would be better spent on inculcating selective parentage than on building sanatoria’.¹⁰⁰ Major Leonard Darwin even proposed ‘birth control and voluntary sterilisation as a prophylactic remedy for the “undoubted hereditary nature of tuberculosis”’.¹⁰¹ Similarly, Max Nordau’s late nineteenth century polemic, *Degeneration*, cautioned against the decadence of Modernist artists and their output, and highlighted their susceptibility to illnesses, such as consumption, as an aspect of their degeneracy.¹⁰² This emphasis on an unsavoury family environment and poor moral fibre in the pathogenesis of tuberculosis resulted in a heightening of the stigma associated with the disease. Lawrence’s fragile physique, literary associations and bohemian friends were more than enough to leave him vulnerable to the accusation of a degenerate lifestyle by those in the very strait-laced, middle-class borough of Croydon.¹⁰³ His landlord, John Jones, already suspected Lawrence of being tubercular before the 1911 crisis and insisted Lawrence move out of his lodgings once he had recovered from the acute attack of pneumonia.¹⁰⁴

⁹⁶ Dubos, *The White Plague*, p. 10. Other names for tuberculosis included pthisis, scrofula, inflammation of the lungs, tabes, asthenia, bronchitis, hectic fever, lupus and gastric fever. In most cases, these conditions describe illnesses caused by the tubercle bacillus.

⁹⁷ Tankard, *Tuberculosis and Disabled Identity*, p. 28.

⁹⁸ Dubos, *The White Plague*, 1996, p. 6.

⁹⁹ John Frith, ‘History of Tuberculosis. Part 1 – Phthisis, Consumption and the White Plague’, *JMVH*, 22 (2014), 29-35, (p. 33).

¹⁰⁰ Beatrice Webb in *Proceedings of the National Conference on the Prevention of Destitution* (London, 1911), p.63, cited in Dormandy, *The White Death*, p.236.

¹⁰¹ L. Darwin, *British Medical Journal*, 2, (1928) p. 257, cited in Dormandy. *The White Death*, p. 237.

¹⁰² Max Nordau, *Degeneration* (London: William Heinemann, 1898), pp. viiii, 35.

<<http://www.gutenberg.org/files/51161/51161-h/51161-h.htm>> [accessed 9 October 2020].

¹⁰³ A short discussion on class degeneration is provided on page 65, footnote 271.

¹⁰⁴ Dormandy, *The White Death*, pp. 285-6.

The requirement for doctors to report tuberculosis to the authorities as a notifiable disease was introduced in Britain between 1911 and 1913,¹⁰⁵ while X-ray machines offering a more definitive diagnosis were not routinely used in Britain until the 1920s.¹⁰⁶ The unreliable sputum test required access to laboratory facilities and was only useful in identifying active respiratory tuberculosis.¹⁰⁷ As a result, obtaining a definitive diagnosis in the first two decades of the twentieth century was problematic. Doctors could only suggest that tuberculosis was the likely or probable cause of illness unless the condition was in its last stages and very apparent. This lack of certainty in relation to a diagnosis undoubtedly contributed to the hope of recovery in many patients, particularly if one could strengthen one's constitution sufficiently. Afflicted individuals might also visit a variety of doctors for other opinions and treatments. For example, Katherine Mansfield, even when already firmly diagnosed with tuberculosis, wrote in her journal 'I don't want to find this is real consumption – perhaps it's going to gallop – who knows – and I shan't have my work written.'¹⁰⁸ Like Lawrence, her desire was to be able to write. But of particular interest here is the sense that there are degrees of tuberculosis: one could have 'real consumption', or a touch of something less that was not really tuberculosis at all, with no clear point of differentiation between the two states.

As a result of this diagnostic uncertainty and the stigma of tuberculosis, many doctors avoided giving tuberculosis as the cause of death if any doubt existed, and outside of the hospital situation, registrars took their cue from the next of kin regarding the cause of death. After 1870 the term bronchitis rather than tuberculosis came into use as a more acceptable term, particularly for children who had died.¹⁰⁹ The language used by patients, families and doctors might, therefore, be vague, sometimes deliberately so, and avoidance of the word tuberculosis was not uncommon amongst doctors as well as those afflicted. Susan Sontag interprets such silence and evasion as a result of industrial societies finding it increasingly difficult to come to terms with death.¹¹⁰ However, as René and Jean Dubos argue, there were far more immediate and practical problems associated with the stigma of

¹⁰⁵ Annual report of the Medical Officer of Health, Wakefield, 1935, Wakefield: West Yorkshire Archives, WRD7/6/3/282, 151 and 154., cited in Sue Bowden and Alex Sadler, 'Getting it Right? Lessons from the Interwar Years on Pulmonary Tuberculosis Control in England and Wales', *Med Hist.*, 59 (2015), 101-135, (p. 104). The requirement of notification of all Poor Law cases of tuberculosis came into force in 1909, followed by all hospital cases of tuberculosis in 1911, compulsory notification of all cases of pulmonary TB in 1912, and then finally compulsory notification of all non-pulmonary cases in 1913.

¹⁰⁶ Dormandy, *The White Death*, pp. 205-206.

¹⁰⁷ Bowden and Sadler, 'Getting it Right?', pp. 109-110.

¹⁰⁸ Margaret Scott ed., *The Katherine Mansfield Notebooks Complete Edition* (Minneapolis: Minnesota University Press, 2002), Volume 2, p. 125.

¹⁰⁹ Dormandy, *The White Death*, pp. 77-8.

¹¹⁰ Susan Sontag, *Illness as a Metaphor and Aids and Its Metaphors*, (London: Penguin Books, 1991), p. 8.

tuberculosis which might lead both the afflicted and their wider family to hide the condition or avoid association with it:

The occurrence of a tuberculous death in the family was considered as a stigma, the disease being associated in the minds of most people with some obscure hereditary defect or with poverty. It decreased eligibility for marriage, for certain occupations and even for life insurance in other members of the family.¹¹¹

Brenda Maddox goes as far as to claim that it left individuals susceptible to blackmail.¹¹²

On 15 September 1913, two years after his 1911 health crisis, Lawrence contacted Henry Savage, a minor writer who had written a positive review of Lawrence's *The White Peacock*,¹¹³ writing:

I was pretty ill two years ago – six months before I met Frieda – with pneumonia – which was the third time I'd had it. So that my lungs are crocky, but I'm not consumptive – the type, as they say. I am not really afraid of consumption. I don't know why – I don't think I shall ever die of that. For one thing, I am quite certain that when I have been ill, it has been sheer distress and nerve strain which have let go on my lungs. I am one of those fools who take my living damnably hard. And I have a good old English habit of shutting my rages of trouble well inside my belly, so that they play havoc with my innards [...] I am just learning – thanks to Frieda – to let go a bit. It is this sitting tight, and this inability to let go, which is killing the modern England, I think. But soon you will see a bust, I believe. (ii. 72-73)

Having survived three severe outbreaks of pneumonia, and with no apparent definitive diagnosis of tuberculosis given, perhaps Lawrence was justified in believing he was somehow immune to the condition, as indeed, many individuals were, having been exposed as children. This letter clearly shows Lawrence's belief in a 'consumptive' type, and the impact, not only of stress, but also of the wrong sort of emotional connections and states, in its aetiology.

The outbreak of war came the following year: perhaps this was the 'bust' that Lawrence cannily predicted in his letter to Henry Savage in 1913. Rather than 'passing' as publicly free of tuberculosis, the war would require Lawrence to masquerade as ill enough to convince the military authorities of his lack of fitness for war-time service.

¹¹¹ Dubos, *The White Plague*, p. 6.

¹¹² Maddox, *The Married Man*, p. 79.

¹¹³ Harry T. Moore and D. H. Lawrence, 'D. H. Lawrence to Henry Savage: Two Further Letters', *The Yale University Library Gazette*, 46, (1972), 262-267, (p. 262).

The Medical Inspections and *Kangaroo*

Lawrence was inspected by the army medical boards on three occasions: the first occurred 28 and 29 June 1916 at Bodmin, just days after general conscription came into effect; the second took place on 23 June 1917, also at Bodmin; and the third on 26 September 1918 in Derby. All three inspections caused Lawrence some humiliation, but the final occasion was especially degrading and physically ‘invasive’.¹¹⁴

The 1916 inspection occurred while Lawrence was living in Cornwall busily writing an early draft of *Women in Love* called *The Sisters*.¹¹⁵ The Lawrences had moved to Cornwall in the spring of 1916, but still hoped to emigrate to America.¹¹⁶ On the day of the examination, 29 June, Lawrence sent his friend Kot a brief communication: ‘I spent last night in the barracks here, like a criminal. Today I have a complete exemption. But – fui!’ (ii. 618).

The following day he wrote a longer letter to Dollie Radford:

We were kept – thirty poor devils – in the barracks all night, and treated as incipient soldiers. Luckily I got a total exemption – and am home again. But it was a great shock, that barracks experience – that being escorted by train, lined up on station platforms, marched like a criminal through the streets to a barracks. The ignominy is horrible, the humiliation [...] Thirty men in their shirts, being weighed like sheep, one after the other – God, they have such impossible feet. (ii. 618)

In the same letter he describes the ambivalence of the other men to conscription, possibly reflecting his own conflicted feelings: ‘Among the men, there is such a valiant sense of doing what is right, in joining up, overlaying a deeper sense of catastrophe’ (ii. 618-619).

Later, in July, he wrote to Barbara Low:

I got my complete exemption because I was able, spiritually, to manage the doctors. Usually in a crisis like that, one has a certain authority. I said the doctors said I had had consumption – I didn’t produce any certificate. I didn’t think it fair to Jones [...] I should have died if they had made me a soldier. (ii. 623-4)

Lawrence’s first two letters to Kot and Dollie Radford convey his sense of deep humiliation at the examination process, but also a concern for the other men that tugs at his conscience. Lawrence clearly felt a natural camaraderie but resisted the war-time spirit, dismissing it as part of the ‘degradation’ of the military and a loss of individuality. His

¹¹⁴ Tracy E. Bilsing, ‘“To every man, the war is himself”: D. H. Lawrence, the Battle of the Sexes, and the Great War’ *CEA Critic*, 66, (2004), 76-91, (p. 78) <<https://www-jstor-org/stable/44377692>> [accessed 6 January 2021].

¹¹⁵ Mark Kinkead-Weekes, *D. H. Lawrence: Triumph to Exile 1912-1922* (Cambridge: Cambridge University Press, 2011), pp. 331-2.

¹¹⁶ Kinkead-Weekes, *Triumph to Exile*, p. xxx.

awareness of them physically, and later of his own physicality in relation to them – more emphasised in his later *Kangaroo* accounts – is discernible in the reference to their ‘impossible feet’.

However, the third letter to Barbara Low is much more up-beat, jubilant even. Lawrence’s shame and confusion disappear; his focus now on his ability to manage the doctors and determine the outcome of the inspections. Lawrence’s comment ‘I didn’t think it fair to Jones’ probably refers to his acquaintance, Dr Ernest Jones, a physician, psychoanalyst and founder of the London Psychoanalytic Society in 1913. It is quite plausible that Jones did issue a medical certificate to Lawrence earlier in 1915,¹¹⁷ a possibility that is used by Templeton to argue that the certificate stated a diagnosis of tuberculosis.¹¹⁸ We can only speculate about what it said, and to what extent it massaged the truth. Lawrence clearly felt some desire to protect Jones, suggesting collusion between the two men, but on this occasion he was able to manage the situation without a certificate. His phrase: ‘I said the doctors said I had had consumption’ is an excellent example of his sly verbal obfuscation. He has succeeded in ‘spiritually’ managing the doctors using his personal ‘authority’ and successful word manipulation as part of a clever masquerade. The term ‘consumption’, as discussed earlier, does not automatically refer to tuberculosis; it might simply suggest a weak chest, bronchitis, or some other wasting condition, allowing Lawrence at a future time to deny he had tuberculosis and avoid facing further restrictions to his life as a result. Yet referencing ‘consumption’ allows him to bring tuberculosis into the picture by inference and grant him automatic exemption. The use of the past perfect tense places this brush with tuberculosis somewhere in the distant past, to a time when notification of the disease was not required, but it also suggests that he no longer has the condition, or is in remission, without ruling out the threat of re-activation.

Lawrence was called for his second military examination at Bodmin once again. After his exemption at the first examination, he was optimistic. On 11 June he wrote to John Middleton Murry:

The military are bothering me again. They called me up for re-examination on 23rd. inst. I got a certif. from Dr Rice here, to say I was unfit, but they sent it back saying they could not accept it. I don’t intend to go to Bodmin again if I can help it [...] So I shall probably come up to London this week to see a specialist, or see if I can do anything about being examined. (iii. 132)

¹¹⁷ George J. Zytaruk and James T. Boulton eds., *The Letters of D. H. Lawrence Volume II 1913-1916*, (Cambridge: Cambridge University Press, 1981) fn. 3, p. 623, hereafter referred to as ii.

¹¹⁸ Templeton, in *The Cosmic Adventurer*, p. 201, fn. 3. In this footnote, Templeton refers to p. 623 in letters ii. as proof that Lawrence had been diagnosed with tuberculosis, but nowhere in this footnote do Zytaruk and Boulton claim that Ernst’s letter proved that Lawrence had tuberculosis.

The prospect of being examined by the specialist in London filled Lawrence with forebodings. In a letter to Cecil Gray on 14 June he wrote: 'It is raining in wild torrents here, the air is full of dark omens, and surcharged with Starr's destructive electricity. I feel as if bad things were on the wing, a doom, huge and dark, flying towards us' (iii. 133). However, his mood changed after the trip to London. This is expressed in a letter to Dollie Radford dated 20 June 1917:

Although I don't think I got much good out of the doctors, still something in the visit made me happier, a new, freer, happier feeling [...] Bodmin hardly troubled me. It will come out all right. (iii. 134)

Although Lawrence claimed he had had consumption at his first examination, there was always the possibility that he actually did have tuberculosis, which a more thorough and detailed examination might reveal. The London examination was Lawrence's third and possibly most expert examination of all since 1911, when a sputum test proved negative, and then in 1916 after severe illness.¹¹⁹ Kinkead-Weekes suggests that the only sense that can be made of Lawrence's change of mood is that he was given the all-clear for tuberculosis, but was deemed unfit to be conscripted or to work, with a certificate to back this up.¹²⁰

The actual military examination proved straightforward and Lawrence was graded as C3, meaning unfit for active fighting service but suitable for light military duties.¹²¹ However, unlike the first inspection, when the examination was the central topic of many of his letters of the time, there are only brief references to the second examination. To J. B. Pinker, on 25 June, he wrote: 'I have been having some bother about medical re-examination, but have got rejected again. I wouldn't do anything for the army, anyway' (iii. 135).

To Edward Marsh on 26 June he wrote:

I got myself rejected again at Bodmin on Saturday; cursed the loathsome performance. As for flourishing, I should like to flourish a pistol under the nose of the fools that govern us. They make one spit with anger and disgust. (iii. 136)

Of note in these accounts is Lawrence's phrasing when he says, 'I got myself rejected again', emphasising his sense of agency and ability to manipulate the situation.

However, while the first and second inspections were deeply humiliating for Lawrence, the third plumbed new depths of ignominy. This is interesting given that the medical

¹¹⁹ Kinkead-Weekes, *Triumph to Exile*, p. 383.

¹²⁰ Kinkead-Weekes, *Triumph to Exile*, p. 383.

¹²¹ Kinkead-Weekes, *Triumph to Exile*, p. 384.

examination system was completely restructured between Lawrence's second and third inspection and a new classification system put in place in response to concerns that men who were too ill or disabled to serve were being conscripted, alongside revelations that the military had put pressure on the Presidents of the boards to recruit more men and ignore medical advice, particularly during the Battle of the Somme. As a result, the number being classified as grade A rose from twenty-five percent to fifty percent between September 1916 and the new year of 1917.¹²²

The new system, set up in November 1917, saw the country split into eight regions, each with its own board, with the military men, who had up until then headed the examination boards, replaced by a civilian board.¹²³

Winter summarises how the examinations, conducted by four different doctors, operated under the new system:

The first [doctor] was to take the man's standard measurements and distinguishing features, such as hair and eye colour. The second was to assess his general condition and physique and to investigate any deformities such as flat feet. The third was to test vision, hearing, nerve reflexes and examine eyes, ears, teeth, throat and thyroid. The job of the fourth was to inspect the recruit's chest and abdomen, to inquire as to any previous illness from which he had suffered, and to form some judgement, the grounds for which were never specified, as to the man's "mental condition" [...] All of this work was to be done at the rate of twelve men per hour in two two-and-a-half hour sessions per day. In other words, each doctor had on average five minutes with each man. After all the tests had been completed, the doctors discussed each case under the chairmanship of the president of the medical board and reached a collective decision as to classification.¹²⁴

In addition to these procedural changes, a new simpler classification system came into place. The previous system employed three classifications: A ('fit for general service'), B, ('fit for service abroad in a support category'), and C ('fit for service at home only'), each category having subclassifications. After the select committee changes were implemented, however, four grades were introduced: Grade I was equivalent to the previous A group and included men with the 'full normal standard of health and strength'; Grade II corresponded to the old B1 and C1 categories, including men who 'do not reach the standard of I but do not suffer progressive disease'; men in Grade III corresponded to the former B2, B3, C2 and C3 categories, showing men with signs of 'marked physical disabilities or evidence of

¹²² J. M. Winter, 'Military Fitness and Civilian Health in Britain during the First World War', *Journal of Contemporary History*, 15, (1980), 211-244, (p. 217), <<https://www.jstor.org/stable/260511>> [accessed 4 August 2018].

¹²³ Winter, 'Military Fitness', p. 218.

¹²⁴ Ministry of National Service Records, *General Directions*, NATS/1/13/M/87, MNSR 24, pp. 43ff, cited in Winter, 'Military Fitness', p. 220.

past disease' making them 'unsuitable for combat'; and a new category of Grade IV applied to men who were considered to be 'totally and permanently unfit for any form of military service.'¹²⁵

Joanna Bourke observes that the key concern was not necessarily the presence of disease or impairment in any judgement regarding the fitness of a particular man, but rather the actual shape of the body. In particular 'height, chest width and weight formed the basis for the decision.'¹²⁶ These new categories loosened as the war went on, but in the first few months it was reported that the reason given for the rejection of over one third of those not enlisted was 'defective chest measurements'.¹²⁷ Furthermore, inspection for fitness to serve meant that between 1914 and 1918, most young and middle-aged British men were 'surveyed and categorized' by the medical authorities at least once.¹²⁸ Records reveal that forty-two percent of men inspected were placed in the two lowest grades.¹²⁹ This preoccupation with chest size, build and stance will be further considered in Chapter 4 in relation to the male physical archetypes to be found in *Lady Chatterley's Lover*.

Despite this overhaul of the medical examination system, criticisms rumbled on. Another discussion took place on 27 June 1918 regarding the reliability of the Grade I to IV classification system and the mistakes that were being made, mostly in regard to severe health problems which were missed in the examinations, with the result that men who were unfit were put into active service. Individual cases highlighted included that of an epileptic man who, despite presenting his medical certificates at the inspection, suffered a fatal seizure whilst in service, and that of a haemophiliac man placed in Grade III even though the examination alone nearly killed him.¹³⁰ It is probably the case that more unfit men were passed as fit, than fit men passed as unfit.¹³¹ Alongside this, the new classification system

¹²⁵ Ministry of National Service, *Report Upon the Physical Examination of Men of Military Age by National Service Boards from November 1st 1917-October 31st, 1918*, Vol. 1 (Cmd. 504), H. C., (1919), XXVI, (London: H. M. Stationary Office, 1920) <<https://wellcomelibrary.org/item/b18758666#?c=0&m=0&s=0&cv=0&z=-0.6443%2C-0.1121%2C2.255%2C1.5325>> [accessed 3 June 2019], pp. 1-2. Also, House of Commons, 'Consolidated Fund (No. 2) Bill, Military Service (Medical Grading)' *Hansard's Parliamentary Debates: The Official Report* (20 June 1918, vol. 107, cols 607-42) (London: Hansard) <<https://api.parliament.uk/historic-hansard/commons/1918/jun/20/military-service-medical-grading>> [accessed 4 February 2021].

¹²⁶ Bourke, *Dismembering the Male*, p. 172.

¹²⁷ L. Lawson Dicks, *Ricketts* (London: 1922), p. 387, cited in Bourke, 1996, p. 172.

¹²⁸ Bourke, *Dismembering the Male*, p. 172.

¹²⁹ Ministry of National Service, *Report Upon the Physical Examination of Men of Military Age by National Service Boards from November 1st 1917-October 31st, 1918*, Vol. 1 (Cmd. 504), H. C., (1919), XXVI, (London: H. M. Stationary Office, 1920).

<<https://wellcomelibrary.org/item/b18758666#?c=0&m=0&s=0&cv=0&z=-0.6443%2C-0.1121%2C2.255%2C1.5325>> [accessed 3 June 2019], pp. 12-13.

¹³⁰ Winter, 'Military Fitness', 1980, pp. 227-230.

¹³¹ Winter, 'Military Fitness', 1980, p. 241.

presented a misleadingly negative picture of the health and fitness of British men fuelling eugenic rhetoric regarding the degeneration of the British 'race'.¹³²

By the time the third inspection call came around, Lawrence and Frieda had left Cornwall due to the harassment they had received at the hands of the authorities who suspected them of spying. After receiving the papers requesting his attendance in Derby on 21 September 1918, Lawrence wrote to Lady Cynthia Asquith on 12 September describing how he had instantly returned them, which merely served to produce a command to attend under threat of prison a couple of days later on 26 September:

Yesterday I got papers to be medically re-examined – at Derby, on the 21st. I sent them back – and said how could they expect me to do anything if I am still a black marked person. I feel like hitting them all across the mouth. – However, if it comes to, I suppose I shall submit to another medical examination. But beyond that I submit to nothing. – However, they would reject me again, – it is not of any great importance. (iii. 282-3)

In the same letter, Lawrence reveals his desire to take up some meaningful work, quite likely to prevent the military from imposing their work on him:

Do you think there is anything that *I* could do – that I *would* do. – I can type, rather badly – not shorthand. I feel the war is going to end. And I would dearly love to be active afterwards, in the afterwards [...] See if there is anything possible [...] I want to burst this sort of cocoon I'm in – it's likely to prove a shroud if I don't. (iii. 282)

To Kot he wrote on 18 September 1918:

I got notice to go to be medically examined once more. I sent it back. They replied with their usual insolence. I must go on the 26th. It infuriates me to such a degree, that I feel I will not go. – One must have one's own back – oh, thoroughly. (iii. 284)

After the examination he wrote to Catherine Carswell on 26 September:

I have been examined – am put in Grade III – and from this day I take a new line. I've done with society and humanity. – Labour and Military can alike go to hell. Henceforth it is for myself, my own life, I live [...] I am going to try to get a job: quick, before the military attempt to paw me again – for they shall *never* touch me again. (iii. 288)

Yet about the examination itself there is no description in his letters.

What, then, did Lawrence actually endure in this third and final inspection that was so traumatic? One way to address this question is to examine Lawrence's fictional account of Somers' medicals, particularly the third examination, in his 1923 novel *Kangaroo*,¹³³ and compare these accounts to what we know of Lawrence's real experiences. This could

¹³² Winter, 'Military Fitness', 1980, pp. 227-230.

¹³³ D. H. Lawrence, *Kangaroo*, ed. by Bruce Steele (Cambridge: Cambridge University Press, 2002), hereafter referred to as *K*.

provide insight not only into the details of Lawrence's third examination (if we assume there are biographical similarities), but also into how Lawrence transforms his experiences through his fictional writing.

In the novel, we follow the protagonist Richard Lovat Somers and his wife Harriet on their trip to New South Wales in the early 1920s, very much a mirror of the three-month trip to Australia made by the Lawrences in 1922. In the 'Nightmare' chapter, Somers reflects on his wartime experience in England while living in Australia. The first two inspections described in *Kangaroo* echo what we know of Lawrence's military examinations from his letters, even down to the location. There are, however, subtle changes of emphasis. Of significance in the description of the first inspection at Bodmin in *Kangaroo* is an increased emphasis on the respectfulness and care of the examiners towards Somers, as well as the other men: 'Was medically examined in the morning by two doctors, both gentlemen, who knew the sacredness of another naked man: and was rejected' (K 214). These examiners treat Somers almost reverentially, and 'leave him free' in recognition of his specialness. There is also a shift in the mood of the other examinees, from patriotism and comradeship to resentment; they are, for the most part, 'miserable and bitter' at being there, justifying Somers', and perhaps Lawrence's, outrage at the whole process (K 219, 218).

The comparisons Lawrence makes between his own body and those of the other men in his letters, and his desire to honour his own fragile body, are also to be found in Somers'

Kangaroo account:

[Somers] took off his clothes and sat in his shirt in the cold lobby, the fat fellow pointed to his thin delicate legs with a jeer [...] The queer, soft, pale-bodied fellow, against Somers' thin, delicate whiteness. (K 219)

The narrator seeks to restore Somers' bodily dignity yet this is not achieved by making him physically stronger; rather, he elevates the qualities of Somers' frail body. His thin, delicate legs become signifiers of a rarefied nature, something of which to be proud. The man who jeers at him is physically repugnant, reinforcing Somers' integrity and wholesomeness:

Somers did not care. Let them label me unfit, he said to himself. I know my own body is fragile, in its way, but it is also very strong, and it's the only body that would carry my particular self. Let the fools peer at it and put me down undeveloped chest and what they like, so long as they leave me to my own way. (K 221)

The reference to Somers' undeveloped chest reinforces the significance of a broad chest both in the military examinations and in regard to general ideals of men and masculinity at

the time, ideals that Lawrence subverted and transformed into a sign of pathology in Gerald in *Women in Love* and Clifford in *Lady Chatterley's Lover*. Yet still, when Somers receives the confirmation of his status, it rankles. The word 'Rejected' is 'ignominious': Rejected as unfit. One of the unfit. What did he care?' (K 221).

Somers expresses ambivalence about his masquerade, feeling relieved at the rejection but galled by the actual label; his performance induces an unpleasant sensation of bad faith. Somers articulates the dilemma faced by many men in the war: to hide illnesses in order to pass as fit and gain respect, or be rejected (by presenting real illnesses or exaggerating conditions) and risk shame at being labelled 'unfit':

The Cornish are always horrified of any ailment or physical disablement "What's amiss then?" they would ask. They would say that you might as well be shot outright as labelled unfit. But they most of them tried hard to find constitutional weaknesses in themselves, that would get them rejected also, notwithstanding. And at the same time they felt they must be horribly ashamed at their physical ignominy if they were labelled unfit. (K 221)

While Somers' tone is scornful of the 'Cornish', this passage highlights how the game of passing and masquerade is not just Somers' concern. Many men were confronted with the prospect of being shamed by declaring a 'weakness' (whether real or contrived), while others attempted to conceal illness and pass the examination in order to avoid stigma. To further complicate matters, a man seeking to be rejected might still despise another man who is rejected.

The account of the second examination also closely follows the events described by Lawrence in his letters. Somers visits a doctor to get a certificate of exemption, the anxiety induced by the encounter straining his heart and breathing (K 228-9). The certificate is rejected by the authorities forcing Somers to attend the military examination. This time he receives a C3 (unfit for military service but conscripted for light military duties), as there is no longer a rejection classification (K 231).

Somers' third summons arrives in September after his return to Derbyshire; he wryly notes the absurdity of being asked to fight for his country while being monitored as a potential spy (K 251-2). The examination takes place in a Sunday School, dominated by the 'Judgement-Day table' at which the officials and 'military buffers' sit in 'power'. Somers is 'stripped as usual' and the men sit naked on a bench with only their jackets around them, a fire nearby. There is a large collier, who looks 'inhuman' in his nakedness, and another man showing off his physique, throwing out his chest and elevating his head nobly. The scene is an 'operetta' (K 252). Somers stands waiting 'in his street jacket and thin legs and

beard'. When it is his turn to be measured the examiners treat him like a 'block of meat'. The atmosphere is 'corrosive' (*K 253*).

Somers visits each doctor in turn. One gives him an eye test; another makes him hop and then bend over to check for physical deformities; a third questions him about any health conditions, to which Somers says he has had pneumonia three times and been "threatened with consumption". As a result he is sent to another section where a different doctor questions him about when exactly he had pneumonia and the name of the doctor who said he was so threatened. Somers feels they have anticipated him and are deliberately treating him with derision. The doctor auscultates his heart and lungs, writes something down, and then strolls over to the great table (*K 253*). Somers is sent to the next section where a 'young puppy' makes jokes and puts Somers through a ritualised, public humiliation. He looks him up and down, gets him to adopt 'other attitudes', puts his hands between his legs, and presses up to make him cough. Finally, he orders Somers to face the judgement table with legs apart while he stands behind him. He forces Somers to bend over, lower and lower, until Somers realises he is peering into his anus (*K 254*).

Somers is called over by an official who asks him sneering questions about his writing. In response to this Somers sends out vibrations from his heart and spine 'that should annihilate them – blot them out, the *canaille*, stamp them into the mud they belonged to.' He feels he can bring the table to silence through his demeanour and composure despite 'his ridiculous thin legs in his ridiculous jacket'. He curses them as he waits for their pronouncement (*K 255*). Finally they make their judgement: he is deemed to be a C2¹³⁴ – fit for non-military service (*K 256*).

Recalling these examinations while in Australia, Somers describes getting ill, mirroring Lawrence's near-death encounter with what was probably Spanish Influenza in November 1918. The passage also describes how Somers' rage at the examinations erupts like 'white hot lava' (260). He feels that both he and the other men have been 'desecrated' by the authorities (*K 262*). But, just as Lawrence felt he could spiritually influence the authorities through the power of his presence, Somers sends out waves of repudiation through his upper chest and spine that will obliterate them (*K 255*). This refers to the heart plexus and

¹³⁴ By the time of Lawrence's third military examination, the system had been changed to the I-IV categories, but Somers still refers the ACB category in which C2 men are fit for non-military service being capable of walking 'to and from work a distance not exceeding five miles and hear sufficiently well for ordinary purposes' but are not likely 'to be suitable to undergo military training for combatant service.' *Hansard's Parliamentary Debates: The Official Report* (20 June 1918, vol. 107, cols 607-42).

the thoracic ganglion, centres of consciousness based on the Yogic system of chakras to be discussed in Chapter 3.

Somers' third encounter with the medical and military authorities differs from the other two in a fundamental way: whereas previously there had been a modicum of civility, now there is a significant element of gratuitous and ritual humiliation. If we assume that Somers' account runs close to Lawrence's experience, it is possible that an element of personal attack on Lawrence was present, linked to his objections at the previous examinations and his status as a suspicious person. But it is also clear that, for whatever reasons – a new examining board that has lost its way without the steadying hand of a disciplined military influence, or a personal attack on Lawrence – something had gone terribly wrong. Kinkead-Weekes suggests the examining boards had become corrupt and bullying. Regardless of the cause, it was all made harder for Lawrence to endure because of his strong convictions regarding his 'reverence for the body and the private self.'¹³⁵

The outcome of this nightmare was that Lawrence was categorised as a Grade III, describing men who:

present marked physical disabilities or such evidence of past disease that they are not considered fit to undergo the degree of physical exertion required for the higher grades. Examples of men suitable for this Grade are those with badly deformed toes, severe flat foot and some cases of hernia and varicose veins; other instances of those who should be placed in this Grade are indicated later under the headings of the various diseases and disabilities. The third Grade will also include those who are fit only for clerical and other sedentary occupations, such as tailoring or boot making.¹³⁶

One might have thought that Lawrence would be placed in Grade IV: 'All those who are totally or permanently unfit for any form of Military Service.'¹³⁷ However, despite his fragile health and chronic pulmonary disease, he did not exhibit signs of the conditions that would automatically exclude him from service, such as 'respiratory tuberculosis, epilepsy, severe spinal curvature, and acute valvular diseases of the heart.'¹³⁸ Lawrence's challenge – to avoid being diagnosed with tuberculosis but to be considered unfit enough to avoid conscription – had required of him a virtuoso performance: to both pass and masquerade

¹³⁵ Kinkead-Weekes, *Triumph to Exile*, p. 471.

¹³⁶ Ministry of National Service, 1917-1919, 'Upon the Physical Examination of Men of Military Age by National Service Medical Boards from 1 November 1917 to 31 October 1918.' Report, Vol. I, in S. J. P. *Journal of the Institute of Actuaries* (1886-1994), 52 (2) (October 1920), 179-183, (p. 180), <<http://www.jstor.org/stable/41136954>> [accessed 11 January 2019].

¹³⁷ Ministry of National Service, 1917-1919, 'Upon the Physical Examination of Men', p. 180.

¹³⁸ Winter, 'Civilian Fitness', p. 222.

simultaneously which he achieved through words, body language, bearing, and collusion with doctors.

This grading meant that Lawrence would not be called to see active service, but it did throw him into a panic regarding what work he could undertake to keep the authorities happy and prevent them drafting him into their work. He contacted Cynthia Asquith to see if there was anything in the Ministry of Education he could do. She vacillated, but he pursued the matter, going to London and contacting a range of associates.¹³⁹ However, with the Armistice only seven weeks away, this turned out to be a problem Lawrence never had to resolve.

Passing at El Paso

The next event under consideration is Lawrence's major health crisis of 1925 while in Mexico, during which he was definitively diagnosed with tuberculosis and had to 'pass' as healthy in order to re-enter the USA through the El Paso border, and to return to his beloved ranch in New Mexico.

Lawrence had been ill since December 1924 while in Oaxaca, Mexico.¹⁴⁰ On 10 January 1925, hopeful that his condition would improve rapidly, Lawrence wrote to Curtis Brown to say that he and Frieda might be in England by March 1925 (v. 193).¹⁴¹ In an extraordinary letter of 26 January 1925 he accuses Dorothy Brett of making him ill through a lack of sensuality in their relationship (v. 203-4), and in February Lawrence wrote to Constantine Richards to let him know that their trip to Mexico City has been delayed due to poor health: 'The tail end of my influenza got tangled up with a bit of malaria in my inside – very unpleasant' (v. 210). In a further letter to Brett of 5 February, he speculates that he has had malaria since visiting Ceylon, although he also notes that the houses in Oaxaca 'have malaria mosquitos from the little river.' Brett was about to set off from Mexico City to El Paso and Lawrence gives her a prescient warning about the border: 'Go quietly and simply at El Paso and they won't bother you' (v. 210-11).¹⁴² But Lawrence still

¹³⁹ Kinkead-Weekes, *Triumph to Exile*, pp. 471-2.

¹⁴⁰ Ellis, *Dying Game*, 1998, p. 234.

¹⁴¹ D. H. Lawrence, *The Letters of D. H. Lawrence Volume V 1924-1927*, ed. by James T. Boulton and Lindeth Vasey (Cambridge: Cambridge University Press, 1989), p. 193, hereafter referred to as v.

¹⁴² Lawrence may have been concerned about how Brett might be treated by the border officials due to her deafness and conspicuous use of an ear trumpet. The immigration regulations of 1917 included deafness as a cause for exclusion. See Victoria Brignell, 'When America Believed in Eugenics' (Part 2), *New Statesman*, 10 December 2010 <https://www.newstatesman.com/society/2010/12/disabled-america-immigration> [accessed 12 February 2021], (para 3).

hoped to be able to travel back to England on 20 February (v. 212). He felt a little better by 7 February, only to have a serious relapse the following week, requiring him to be moved to the Hotel Francia by stretcher, where it was felt it would be easier for Frieda to nurse him.¹⁴³

On 25 February, the Lawrences left Oaxaca for Mexico City. They arrived the next day and stayed in the Imperial Hotel which had good facilities for nursing Lawrence. Frieda was also ill from influenza and beginning to face up to the possibility that her husband might never recover,¹⁴⁴ but Lawrence was still hopeful of travelling back to England from Veracruz (v. 214). In a letter to Brett on the 27 February, Lawrence describes himself as ‘pale green and no longer fat’; and he also wrote, ‘I get thinner and thinner [...]’ (v. 215), his diminishing physique now an acute source of anxiety.¹⁴⁵

In early March, the doctors were still treating Lawrence for malaria and telling him that he must rest at lower altitude by the sea. In a letter to Curtis Brown on 2 March Lawrence wrote:

We are due to sail on the Hamburg [...] Land in Plymouth about April 3rd. I think we shall stay down in Devonshire for a while, to get strong: doctors say I must be by the sea: too much altitude in these places. (v. 217)

To Ada his sister, he wrote on 3 March: ‘My malaria and grippe got me very badly in my inside, there’d soon be no more me, but my shoes’ (v. 217). Lawrence is still talking about his condition as malaria to Brett and still expects to sail on the *Rio Bravo* from Veracruz, having booked cabins (v. 218-219).

In the meantime, Lawrence discovered that an associate, Luis Quintanilla, was in the city. He wrote to him on 3 March about getting ‘malaria, plus grippe’ and being ‘a month in bed and can still hardly crawl.’ Yet, ever the optimist, Lawrence tentatively suggests that they meet up in a few days for tea (v. 220-221).

However, on 11 March, after a gap in Lawrence’s letters of six days, he wrote to Emily King: ‘Another blow. After various examinations and blood tests the doctor won’t let me take a sea voyage nor go to England. He says I must stay in Mexico in the sun, or return to the ranch [...] But it’s a blow’ (v. 221).

A distressing and significant event had occurred: Lawrence had suffered a severe pulmonary haemorrhage whilst at the Imperial Hotel. The doctor Lawrence refers to in his

¹⁴³ Ellis, *Dying Game*, p. 235.

¹⁴⁴ Ellis, *Dying Game*, p. 236.

¹⁴⁵ Ellis, *Dying Game*, p. 236.

letter to King was one Sydney Ulfelder, head of surgery at the American hospital with an excellent reputation. He was able to staunch the bleeding but insisted that Lawrence have an X-ray and a battery of investigations, including blood and sputum tests. Sometime between Lawrence's last letter to King and the letter before to Luis Quintanilla, the results came back. The news was grim: Lawrence definitely had stage III tuberculosis with only a year left, two at most. It was also made clear that going back to England would likely finish him off earlier; the ranch at Taos was the best place for the Lawrences to live.¹⁴⁶ The news was first conveyed to Luis Quintanilla who, then, broke it to Frieda.¹⁴⁷ They decided not to tell Lawrence "for the time being",¹⁴⁸ but, despite their desire to shield him, the diagnosis was bluntly relayed to Lawrence by the 'analyst doctor' shortly afterwards. On hearing the news Lawrence, according to Frieda, looked at her with 'unforgettable eyes.' (NIBW 151)¹⁴⁹

Lawrence continued writing letters to his friends and associates who were expecting his return to England, but all talk of 'malaria' and 'grippe' disappears in these letters; he states, matter of factly, that he has undergone tests and has been told by the doctors he must not travel but should return to the warmth and altitude of the ranch. Nevertheless, signs of the toll the whole experience had taken on him can be found in odd phrases that slip in, such as 'So we give in' (Idella Purnell, 11 March v. 223). Lawrence never once mentions tuberculosis, consumption nor anything that would suggest it, such as lungs or 'bronchials'. In contrast, a letter from Frieda to Brett sent around 19 March does name the afflicted organ: 'The doctor says in a year Lawr's lungs should be quite cured, but he must *not* write and become a vegetable [...]' (v. 222). This is the closest mention of tuberculosis in any letter in the metonymy of 'lungs', and Frieda is adamant that he will recover.

As time goes by, however, Lawrence begins to fall back on his old friend pneumonia to help him pass as acceptably ill. He wrote to Idella Purnell on 19 March:

The doctor put me to bed again, and kept me there: threat of pneumonia. Now I'm up and about [...] This time, *nothing* has gone right. Let's hope for the next time. (v. 225)

Then, sometime between 20 and 23 March, Lawrence wrote to Martin Secker: 'We are done in after all, I got so ill with my malaria etc, the doctor wouldn't let me sail' (v. 226). Lawrence now reverts to the original suspected illness – malaria with an indefinite 'etc.'

¹⁴⁶ Maddox, 'The Married Man', p. 285.

¹⁴⁷ Ellis, *Dying Game*, p. 237.

¹⁴⁸ Edward Nehls, *D. H. Lawrence: A Composite Biography, Volume 2, 1919-1925*, (Madison: University of Wisconsin Press, 1958) p. 396, cited in Ellis, *Dying Game*, p. 237.

¹⁴⁹ Frieda Lawrence, *"Not I but the Wind..."*, (New York: The Viking Press, 1934), p. 151, hereafter referred to as NIBW.

tagged on the end. Having initially evaded the issue by avoiding mention of a diagnosis, Lawrence may have found it easier to offer some sort of explanation to deal with the inevitable inquiries about his health.

Once Lawrence was well enough to travel, he and Frieda left Mexico City on 25 March 1925. They obtained visas to enter the USA with the cooperation of the American consulate, but only applied for a stay of up to 6 months. The immigration officials were less helpful, however, and insisted that Lawrence undertake an examination.¹⁵⁰ Under new rules issued in February 1924, any person with ‘any form’ of tuberculosis was denied entry, adding to the list of those already restricted including ‘paupers’, ‘imbeciles’, ‘epileptics’, ‘prostitutes’ and persons guilty of crimes ‘involving moral turpitude.’¹⁵¹ The official advice to the border doctors was that there was little to be concerned about unless clinical signs were visible and the tubercle bacilli were found in the sputum, in which case a slide showing the bacilli would be prepared as a record.¹⁵²

After enduring the misery of sickness and the finality of his diagnosis, Lawrence now had yet another hurdle to surmount: to pass as reasonably fit and healthy with no sign of active tuberculosis in order to be allowed to cross the border into New Mexico. back to his beloved ranch. But he looked emaciated and was a ghastly ‘pale green’ colour; this boded ill given that the diagnostic protocol at the borders placed a heavy reliance on the physician’s ‘gaze’.¹⁵³ Everything now hinged on how well Lawrence looked.

Unfortunately for Lawrence, this was to be another degrading and infuriating episode. He refers to the examination in a letter to Anne Conway of 2 April:

The Emigration people in El Paso – the Americans – were most insulting and hateful. Before you grumble at the Mexicans, as the worst ever, try this sort of American. *Canaille* of the most doggy-bottom order, and filthy with insolence. (v. 228-9)

Recalling the event some years later, in a letter to Maria Chambers of 19 January 1929, he describes being detained, ‘called a liar when I was speaking plain truth’, being stripped, kept naked and ‘examined by a down at heel fellow’ who looked more like a ‘liquor runner’ than a doctor (vii. 144).¹⁵⁴ Correspondence was later found acknowledging an

¹⁵⁰ Ellis, *Dying Game*, p. 239.

¹⁵¹ Maldwyn Allen Jones, *American Immigration*, 2nd edn (Chicago: University of Chicago Press, 1992) p. 225

¹⁵² Bureau of Public Health and Marine-Hospital, Treasury Department, *Book of Instructions for the Medical Inspection of Migrants*, (Washington: Government Printing Office, 1903), United States Public Health Service, p. 8.

¹⁵³ Alison Bateman-House and Amy Fairchild, ‘Medical Examination of Immigrants at Ellis Island’, *American Medical Association Journal of Ethics*, 10, (2008), 235-241, (p. 236).

¹⁵⁴ D. H. Lawrence, *The Letters of D. H. Lawrence Volume VII 1928-1930* ed. by Keith Sagar and James T. Boulton (Cambridge: Cambridge University Press, 2002), p. 144, hereafter referred to as vii.

‘extravagant’ letter of complaint Lawrence had written to the American vice Consul in Mexico City about his treatment.¹⁵⁵ Yet, despite the apparent suspicion of the officials, medical certificates were issued a few days later stating ‘No Physical or Mental Defects’, and Lawrence and Frieda were finally free to enter the USA.¹⁵⁶

In order to help Lawrence get through the border examination, Frieda bought him some make-up. Lawrence, commenting on this subterfuge, wrote rather sardonically:

I looked so awful when I reached Mexico City from Oaxaca: just pale green. The people stared at me so in the streets that I could not bear it, so Frieda bought me some rouge. I rouged my cheeks and gave myself such a lovely, healthy complexion that no one ever turned to stare at me again. You should have seen me! I used the rouge all the time until I reached New Mexico – until I got past that terrible doctor at El Paso.¹⁵⁷

Ellis suggests that it was unlikely that this artifice would have convinced the border doctor, concluding that Lawrence was let in because he was only permitted to remain in America for six months. Whatever the truth of this observation, Ellis is undoubtedly right to conclude that Lawrence’s eagerness to conceal his illness ‘demonstrates the strong, practical interest individuals might have at this time in not admitting they were suffering from tuberculosis, even to themselves’.¹⁵⁸

Frieda and Lawrence’s strategies to help Lawrence ‘pass’, in this case to look less ill, demonstrate their understanding of the importance of visual markers in the assessment of health and illness by health officials at that time. The earlier military examinations had also valued observable and measurable physical qualities over physical capabilities or markers of disease concealed within the body. Many men, desperate to get into the army, physically performed during the examinations, puffing out their chests, holding their chins up high and standing as tall as possible to ‘pass’. At the El Paso border examination, however, the shockingly emaciated and frail Lawrence must have enacted a less convincing performance of health. It is telling that Frieda’s rouge allowed Lawrence respite from the curious and possibly alarmed stares of passers-by. One might have expected a man wearing rouge in the 1920s to attract more stares, not fewer.

Despite travelling widely in Europe and engaging in speculative discussions about visiting the USA again, Lawrence never returned to America nor set eyes on his beloved ranch in New Mexico after his trip back to the UK in September 1925, knowing it unlikely he

¹⁵⁵ Ellis, *Dying Game*, p. 239, fn. 44, pp. 659-60.

¹⁵⁶ Ellis, *Dying Game*, p. 240.

¹⁵⁷ Brett, *Lawrence and Brett: A Friendship*, p. 207, cited in Ellis, *Dying Game*, p. 240

¹⁵⁸ Ellis, *Dying Game*, p. 240.

would get across the border control again.¹⁵⁹ In his letters, he maintained the pretence that his health problems were not life-threatening, just a ‘touch of bronchitis’ or ‘flu’ (Baroness Anna von Richthofen 4 April 1926, v. 411), even reintroducing the idea of malaria in a letter to Catherine Carswell, a condition that ‘comes back in very hot sun’ he claimed (24 August 1925, v. 289). If his friends enquired as to when he might go back to New Mexico, Lawrence would nonchalantly deflect the probe: ‘I doubt if we shall go to the ranch this year’ (Catherine Carswell 2 March 1926, v. 401). At other times he expressed his dislike of America in general, condemning it as ‘hard and tense’ for example (Mabel Luhan 12 April 1926, v. 422), or voicing concern at such a ‘long, weary’ journey (William and Rachel Hawk 19 April 1926, v. 429), a journey that Lawrence must have known was beyond him.

Lawrence lived the rest of his life on the Continent, mostly in Italy and then France, but the ranch – its landscape, animals, and people – always called to him. The desire to return remained with him right up to the very end of his life.

¹⁵⁹ John Worthen, *D. H. Lawrence: The Life of an Outsider* (New York: Counterpoint, 2005), pp. 327-8.

Chapter 3: Lawrence's Body Philosophy

Lawrence's literary output reveals his preoccupation with the shapes, gaits, and morphologies of human bodies. Both his fictional and non-fictional writings suggest that physical characteristics and bodily zones of weakness and strength have much to say about the character and psyche of a person. In the key fictional text of interest in this section, *Lady Chatterley's Lover*,¹⁶⁰ the narrator repeatedly draws attention to the contrast between Clifford's upper and lower body, and compares Mellors' slightly drooping stance (affected by complications of chronic pneumonia hinting at consumption) with Clifford's broad-shouldered military bearing. Connie, deprived of 'touch', has a nervous breakdown which manifests physically in the loss of liveliness and fullness to her buttocks (*LCL* 71). Similarly, in *Women in Love*,¹⁶¹ Birkin's weak chest and delicate build, but otherworldly vitality, is juxtaposed with Gerald's preternatural vigour and powerful chest that encases an inner void. And the miners, typically referred to as an undifferentiated mass by Lawrence, are presented as kindly and good but somewhat 'deformed' by the pit. They trail home 'grey-black, distorted, one shoulder higher than the other, slurring their heavy iron shod boots [...] necks cringing from the pit roof, shoulders out of shape' (*LCL* 159).

The disabled and traumatised body is another common aspect of Lawrence's writing of the body. Alongside the more obvious examples – paraplegic Clifford and Maurice the blind protagonist of the short story 'The Blind Man'¹⁶² – there are many other narratives that pivot around mental breakdown, illness and disability including the 'crippled' girl Joyce in the short story 'England, My England',¹⁶³ and the seriously war wounded Count Dionysus in the novella *The Ladybird*.¹⁶⁴ 'Pthisis' or consumption makes a regular appearance in Lawrence's writings too, openly stated in regard to Lady Daphne in *The Ladybird*, but more subtly hinted at in relation to Mellors and Birkin through descriptions of physique and temperament. While there is a long history of literary representation of characters with tuberculosis, epitomised by the 'too good for this world' consumptive such as Helen Burns in *Jane Eyre*, or the trope of the consumptive creative genius, exemplified by Keats,¹⁶⁵

¹⁶⁰ D. H. Lawrence, *Lady Chatterley's Lover*, ed. by Michael Squires (Cambridge: Cambridge University Press, 1993) hereafter referred to as *LCL*.

¹⁶¹ D. H. Lawrence, *Women in Love* ed. by David Farmer, Lindeth Vasey and John Worthen (Cambridge: Cambridge University Press, 1987), hereafter referred to as *WL*.

¹⁶² D. H. Lawrence, 'The Blind Man' in *England My England*, ed. by Bruce Steele (Cambridge: Cambridge University Press, 1990), pp. 46-65.

¹⁶³ D. H. Lawrence, 'England, My England' in *England My England*, ed. by Bruce Steele (Cambridge: Cambridge University Press, 1990), pp. 5-33.

¹⁶⁴ D. H. Lawrence, 'The Ladybird' in *The Fox, The Captain's Doll, The Ladybird*, ed. by Dieter Mehl (Cambridge: Cambridge University Press, 2002), pp. 157-221.

¹⁶⁵ Tankard, *Tuberculosis and Disabled Identity*, p. 1.

Lawrence grew up at a time when biomedical and eugenic models of tuberculosis began to dominate. His writings certainly contain elements of the romantic consumptive, but he subverts these representations to create figures such as Mellors and Birkin who both retain aspects of the physical delicacy, femininity and spirituality of the romantic figure while being more sexually potent and energetically vital. Lawrence rejected the biomedical model in favour of his own personal understanding of health, illness and recovery based on the need to balance the functioning of the great bodily centres which shape the nature of personal and societal relationships, rather than trusting in what he perceived to be the increasingly mechanical intervention of doctors. In Lawrence's stories and novels, his emerging body philosophy and physiology provide explanations for both his characters' and his own bodily and psychic pathologies, suggesting routes to physical and psychic health and redemption.

Lawrence's beliefs were heavily influenced by contemporary theosophical writings, but he also had a good grasp of modern autonomic nervous system physiology.¹⁶⁶ These varying influences, often radically revised by Lawrence to serve his own purposes, were expressed and refined over a number of years in a variety of non-fictional publications and private writings, including: his letters; essays such 'Hector St John de Crèvecoeur'¹⁶⁷ and 'The Two Principles'¹⁶⁸ (first versions of both published in the *English Review* in 1919, final versions in 1923 in America); later, *Psychoanalysis and the Unconscious* (1921) and *Fantasia of the Unconscious* (1922);¹⁶⁹ and, finally, *Apocalypse and the Writings on Revelation* (published 1931).

Belief systems that posit the body as a physical manifestation of an individual's character and psyche can produce highly stigmatising and dehumanising views of illness and disability. While Lawrence certainly did write characters whose physical shapes symbolise certain psychological or spiritual 'types', his writing is mostly too sophisticated to simply present the physically ill or injured as inevitably morally flawed or psychologically deficient and, conversely, the strong and healthy as virtuous. He expresses many ambivalent attitudes towards the disabled characters in his texts, subverting or even

¹⁶⁶ Christopher Heywood, "'Blood-Consciousness" and the Pioneers of the Reflex and Ganglionic Systems', in *D. H. Lawrence: New Studies*, ed. by C. Heywood (London: Palgrave Macmillan, 1987), pp. 103-106.

¹⁶⁷ D. H. Lawrence, 'Hector St John de Crèvecoeur', in *Studies in Classical American Literature*, ed. by Ezra Greenspan, Lindeth Vasey and John Worthen (Cambridge: Cambridge University Press, 2014) first version (1918-9) pp. 191-203, hereafter referred to as *HJC*.

¹⁶⁸ D. H. Lawrence, 'The Two Principles', *Studies in Classical American Literature*, ed. by Ezra Greenspan, Lindeth Vasey and John Worthen (Cambridge: Cambridge University Press, 2014), first version (1918-9), pp. 260-271, hereafter referred to as *TP*.

¹⁶⁹ D. H. Lawrence, *Psychoanalysis and the Unconscious* and *Fantasia of the Unconscious* ed. by Bruce Steele (Cambridge: Cambridge University Press, 2004) hereafter referred to as *PU* and *FU*.

reversing contemporaneous ideas regarding the ways in which physical and psychological wellbeing influence, and are reflected in, bodily morphology, posture, and gait. At the risk of oversimplifying matters, we may see in Lawrence's writings certain counterintuitive bodily 'archetypes', the most notable being that of the physically slim and frail but vital man with a strong connection to nature who develops over the course of the narrative, exemplified by Birkin and Mellors. This figure is often contrasted with a physically hale and successful man with a military style bearing, linked with industry and wealth, who, unable to develop, is ultimately doomed. In this scenario it is the traditional 'hero' figure who is the problem to be resolved in the narrative. While a military posture was widely seen as a sign of moral fibre, vigorous health, patriotism and even nationalism in the early first half of the twentieth century,¹⁷⁰ it is presented by Lawrence as signifying less benign traits: an overbearing will, a machine-like quality, and an inability to form positive and creative connections with others. It is the result of an overdeveloped thoracic ganglion, Lawrence's negative pole to the heart chakra, part of the Tantric philosophy that fundamentally influenced his outlook on life and deeply influenced his later novels. This is in contrast to the psychosomatic dynamic of those prone to phthisis whose lungs are burnt out by an overactive heart centre with its love and charity ideal; by caring too much. Understanding Lawrence's body philosophy is, therefore, crucial to understanding the formation and narrative development of his characters.

The culmination of the second half of this thesis is, then, an exploration of Lawrence's final version of *Lady Chatterley's Lover* in relation to his body philosophy. In Chapter 4, Lawrence's representations of Clifford and Mellors' body morphologies are considered in order to understand the capacity of an individual to engage in what Lawrence considered to be the right kind of love. Lawrence's own situation at the time of writing the novel, namely his rapidly deteriorating health and increasing need for nursing and care, against the backdrop of Frieda's affair with Count Ravagli, is appraised in the context of Clifford and Connie's relationship, and Clifford's relationship with Mrs Bolton. Lack of touch, sensual intimacy, sterility, and industrialisation – key themes of the novel – are examined in relation to the symbolism of paraplegia and the wheelchair. Finally, consideration is given to why Clifford, seemingly denied recourse to any form of redemption, unlike Connie and Mellors, is such a troubling presence at the heart of the novel; a character who is so

¹⁷⁰ Sander L. Gilman, *Stand Up Straight!: A History of Posture* (London: Reaktion Books, 2018), pp. 281-294.

densely encrusted with meaning and symbolism that he becomes what I have called a ‘super-symbol.’¹⁷¹

In preparation for the reading of *Lady Chatterley’s Lover*, Chapter 3 traces the development of Lawrence’s body philosophy from his early religious beliefs and the famous ‘blood consciousnesses’, to his interest in Yoga and the nerve centres of consciousness, or chakras, deployed by Lawrence to explain, not only bodily characteristics and physiology, but also psychological development. This section will draw particularly on the scholarship of Gerald Doherty and his 2001 publication *Oriental Lawrence: The Quest for the Secrets of Sex*,¹⁷² one of the few studies to recognise the extent to which Tantric Yoga influenced Lawrence and his later writings. Luke Ferretter’s 2013 study of the evolution of Lawrence’s religious beliefs, *The Glyph and the Gramophone*,¹⁷³ is a further valuable resource.

The Road to the Senses

For man, the vast marvel is to be alive [...] We ought to dance with rapture that we should be alive and in the flesh, and part of the incarnate cosmos.
(AWR 199-200)

Lawrence saw himself as writer whose creativity was inextricably bound up in his religious beliefs. Over time he developed a religion of the body and flesh which incorporated an understanding of creativity arising out of ‘the depths’ of his religious experience (ii. 165). Brought up in the Congregationalist Church, Lawrence rejected his Christian faith as a young adult,¹⁷⁴ considering it to be too anti-sex.¹⁷⁵ But while he never stopped believing in a God,¹⁷⁶ he felt that religion had to be ‘painfully gathered [...] together’ and was ‘never complete and final [...]’ (i. 40). In contrast to the teachings of his Congregationalist upbringing, Lawrence experienced religion as ‘an uncontrollable sensual experience even more so than love [...] an experience deep down in the senses, inexplicable and inscrutable.’¹⁷⁷ Religion was not a rational activity, nor even primarily a love and charity

¹⁷¹ I have coined the term ‘super-symbol’ to convey the extent to which every aspect of Clifford’s being is ascribed meaning by the narrator as a result of his paraplegia, from his broad shoulders to the pale blue of his eyes, making him more like an object or a creature than a three-dimensional character.

¹⁷² Gerald Doherty, *Oriental Lawrence: The Quest for the Secrets of Sex*, Studies in Twentieth Century British Literature Vol. 4, (New York: Peter Lang Publishing, 2001).

¹⁷³ Luke Ferretter, *The Glyph and the Gramophone: D. H. Lawrence’s Religion* (London: Bloomsbury, 2013).

¹⁷⁴ Ferretter, *The Glyph*, p. 1.

¹⁷⁵ Doherty, *Oriental Lawrence*, p. 3.

¹⁷⁶ Ferretter, *The Glyph*, p. 7.

¹⁷⁷ D. H. Lawrence, *Mornings in Mexico and Other Essays*, ed. by Virginia Cross White Hyde (Cambridge: Cambridge University Press, 2009), p. 178.

affair for Lawrence. His desire was to cut out an intermediary to religious encounters, so that the experience would be fully alive, and one would become whole again, like the fire of the holy ghost entering one (i. 519). For Lawrence, the whole physical and sensual world was sacred.¹⁷⁸

Two aspects of Lawrence's philosophy emerged quite early on: duality as a fundamental aspect of all life, and the famous 'blood consciousness', a belief in a sensual non-mental awareness that exists in the blood. Lawrence's interest in the dynamic 'forces of attraction and repulsion' as a basic principle of science and a fundamental quality of all life, developed from 1907 after reading Herbert Spencer.¹⁷⁹ Lawrence also read John Burnet's book *Early Greek Philosophy* in which Burnet argues that the tension between opposites, including that of the sexes and within the body, is the central idea in Pre-Socratic philosophy.¹⁸⁰ Ferretter notes that Lawrence gives these opposing forces many names: 'darkness and light, the beginning and the end, the flesh and the spirit...'¹⁸¹ Indeed, Lawrence believed that one could come to God through darkness, another way of referring to 'the way of flesh' and the 'road to the senses' (*TI* 265),¹⁸² highlighting his desire to give equal weight both to the God encountered through the sensual body and the God of transcendence and infinity.¹⁸³

Lawrence was expounding his blood consciousness around the time of his move to Cornwall in 1915, but the idea had been with him earlier, possibly from 1912, and was visible in his early novels such as *The Rainbow*. Blood consciousness was, in a sense, a development of his earlier polarity philosophy, only this time the opposition was between the brain, will, rationality and science on the one hand, and an instinctive, intuitive and sensual intelligence on the other.¹⁸⁴ In a letter of 1913, he wrote: 'My great religion is a belief in the blood, the flesh, as being wiser than the intellect. We can go wrong in our minds. But what our blood feels and believes and says, is always true' (i. 503-4). He summarised his emerging ideas in a letter of 1915 to Bertrand Russell:

there is another seat of consciousness than the brain and the nerve system:
there is a blood consciousness which exists independently of the ordinary
mental consciousness which depends on the eye as its source or connector.

¹⁷⁸ Ferretter, *The Glyph*, pp. 3, 6.

¹⁷⁹ Herbert Spencer, *First Principles*, 6th edn (London: Watts and Co, 1945), p. 201, cited in Ferretter, p. 21.

¹⁸⁰ John Burnet, *Early Greek Philosophy*, 2nd and 3rd edn (London: A & C Black, 1908 and 1920), pp. 56, 282, 242, cited in Ferretter, *The Glyph*, p. 21.

¹⁸¹ Ferretter, *The Glyph*, p. 23.

¹⁸² D. H. Lawrence, *Twilight in Italy and Other Essays*, ed. by Paul Eggert (Cambridge: Cambridge University Press, 1994), p. 469, hereafter referred to as *TI*.

¹⁸³ Ferretter, *The Glyph*, p. 24.

¹⁸⁴ Jane Costin, 'Lawrence's "Best Adventure": Blood Consciousness and Cornwall', *Études Lawrenciennes*, 43 (2012), 151-172 <<https://doi.org?10.4000/lawrence.95>> [accessed 21 February 2020], (para 2 of 27).

There is the blood-consciousness, with the sexual connection, holding the same relation as the eye, in seeing, holds to the mental consciousness. One lives, knows, and has one's being in the blood, without any reference to nerves and brains. (ii. 470)

At this time, Lawrence dismissed the importance of the nervous system, viewing it as part of the brain and a 'mental consciousness' linked to the eyes which he believed exerted 'a tyranny over the blood consciousness [...]'. He firmly asserted that his beliefs were 'formed by my blood consciousness, not by my mind or nerves at all' (ii. 470). Indeed, he would later denigrate a visually and mentally achieved sensuality and satisfaction as 'sex in the head' (*FU* 55).

The Turn to the East

Lawrence fundamentally changed his belief in the exclusive primacy of the blood after his introduction to anthroposophical and theosophical colonialist reworkings of ancient Eastern texts written by Helena Blavatsky, James Pryse, and Annie Besant,¹⁸⁵ which he began reading between 1915 and 1918.¹⁸⁶ Many theosophists and acquaintances of Lawrence were drawn to Buddhism, including his friends Earl and Achsah Brewster. As a consequence, it was inevitable that it was to Buddhism that Lawrence first gravitated, having earlier in life rejected most aspects of his congregationalist Christian upbringing.¹⁸⁷

Much of Lawrence's understanding of Buddhism was first gleaned from reading Schopenhauer and Nietzsche,¹⁸⁸ but his relationship with Buddhism blew hot and cold, finally petering out completely; it was too recent and idealistic, and not animistic enough, for Lawrence.¹⁸⁹ Nevertheless, he was enamoured of it enough at one point to 'make a trial of it' on his trip to Ceylon in 1922.¹⁹⁰ Once there, the reality punctured his infatuation: Lawrence described it as a 'conceited, selfish show, a vulgar temple of serenity built over an empty hole in space' (iv. 226). More than anything, he wanted a religion which celebrated bodily jouissance, a nirvana 'rooted in the body' as opposed to a 'spiritualised

¹⁸⁵ Bruce Steele, 'Introduction' in *Psychoanalysis and the Unconscious and Fantasia of the Unconscious*, by D. H. Lawrence, ed. by Bruce Steele, (Cambridge: Cambridge University Press, 2004), pp. xxxvi-vii.

¹⁸⁶ Doherty, *Oriental Lawrence*, p. 16.

¹⁸⁷ Mark Kinkead-Weekes, 'D. H. Lawrence: "A Passionately Religious Man"', *The Sewanee Review*, 109 (2001), 379-397, (pp. 380-387) <<https://www.jstor.org/stable/27549058>> [accessed online 7 November 2021]. Kinkead-Weekes here provides a succinct summary of Lawrence's early engagement with, and rejection of, Congregationalism, and discusses some of the Christian influences and theological debates that preoccupied Lawrence for the rest of his life.

¹⁸⁸ Doherty, *Oriental Lawrence*, pp. 15-16.

¹⁸⁹ William York Tindall, 'Lawrence and the Primitive', *The Sewanee Review*, 45, (1937), 198-211, (p. 206) <URL: <<https://www.jstor.org/stable/27535321>> [accessed online 22nd May 2020].

¹⁹⁰ Doherty, *Oriental Lawrence*, p. 21.

flesh'.¹⁹¹ In 1926, Lawrence wrote 'I don't like Buddha, at the best: much prefer Hinduism' (v. 390), just before he started work on *Lady Chatterley's Lover*.

In Britain, the theosophists incorporated Hinduism as well as Buddhism into their theosophical doctrines, including Tantric Yoga, a spiritual practice which provided many points of affinity with Lawrence's desire for a sensual body philosophy.¹⁹² Yoga originates in ancient Vedantic texts, the *Upanishads*, which were systemised into a collection of 195 Sanskrit sutras or aphorisms by the Indian sage Pantanjali around 400 CE, laying out the theory and practice of Yoga.¹⁹³ According to Chaman Nahal, Lawrence's knowledge of scriptural Hindu thought was probably quite insubstantial. He may have been familiar with some of the Vedic hymns, but was unlikely to have read the *Upanishads* themselves which form the closing section of the *Vedas*. It is likely that Lawrence's knowledge came primarily from secondary sources.¹⁹⁴

Despite Lawrence's decidedly unsystematic absorption of Hinduism and Yoga, a number of Indian scholars have commented on the compatibility between Lawrence's worldview and that of Hinduism. Amit Chaudhuri, for example, notes how 'the Lawrentian consciousness' has similarities with the Festive Hindu consciousness, 'one without a fixed or reassuring presence, but shot through with absences and decentrings *and* plenitudes.'¹⁹⁵ Nahal also notes a number of Hindu beliefs that would have been attractive to Lawrence, in particular the absence of a fall from grace narrative. Lawrence was so averse to the idea of The Fall that it contributed greatly to his withdrawal from Christianity.¹⁹⁶ Other compatible beliefs included the Hindu view of life as a mystery, requiring one to be open to the living moment, a state of being Lawrence sought to cultivate in his own life;¹⁹⁷ the notion that all existence is imbued with the divine;¹⁹⁸ and the acceptance of negative as well as positive emotions, including anger and passion alongside the more idealistic qualities of 'kindness'

¹⁹¹ Doherty, *Oriental Lawrence*, pp. 24-25.

¹⁹² Tindall, 'D. H. Lawrence and the Primitive', p. 206.

¹⁹³ Dominik Wujastyk, 'The Path to Liberation Through Yogic Mindfulness in Early Ayurveda' in *Yoga in Practice*, ed. David Gordon White (Princeton and Oxford: Princeton University Press, 2012), <<https://doi.org/10.7939/r3-5y1j-dw50>> [accessed 3 August 2020], pp. 32-33.

¹⁹⁴ Chaman Nahal, *D. H. Lawrence: An Eastern View* (Cranbury: A. S. Barnes and Company, 1970), pp. 20-21. See also Tindall, p. 206 who draws attention to letters from Lawrence to Earl Brewster suggesting that he had some knowledge of the *Vedas* and *Upanishads*' and had also read a number of books on Hindu philosophy including Ananda Coomaraswamy's 1918 publication *Dance of Shiva*, J. C. Chatterji's 1914 *Kashmir Shaivism*, and Niccolao Manucci's *History of the Moghul Dynasty in India 1399-1657* (translated and reprinted in 1913).

¹⁹⁵ Amit Chaudhuri, *D. H. Lawrence and Difference: Postcoloniality and the Poetry of the Present* (Oxford: Clarendon Press, 2003), p. 128.

¹⁹⁶ Nahal, *An Eastern View*, p. 50-51.

¹⁹⁷ Nahal, *An Eastern View*, pp. 27-29.

¹⁹⁸ Nahal, *An Eastern View*, pp. 23, 25.

and ‘goodness’.¹⁹⁹ This last view fitted well with Lawrence’s criticism of the ‘love and charity ideal’ which he held responsible for the widespread social malaise affecting the Western World. But perhaps of most interest to Lawrence was the importance placed on sexual fulfilment in certain strands of Hindu teaching, both for physical health and spiritual enlightenment.²⁰⁰ Lawrence commented to Earl Brewster ‘I have always worshipped Shiva’,²⁰¹ Shiva being the personification of Shakti, the embodiment of power in both the destructive and regenerative or sexual sense. The Shiva idol is represented as a stone lingam or phallus, symbolising the divine sex act which upholds the Universe.²⁰² Lawrence was certainly aware of the celebration of sexuality in earlier periods of Hinduism prior to the rise of Buddhism which introduced more rigid codes of behaviour and favoured practices of abstinence.²⁰³

The Theosophists

Between 1916 and 1919, Lawrence learned about the basic chakra system from the theosophists,²⁰⁴ having been introduced to various occult writings through his friend Philip Heseltine on his visit to Cornwall in 1917.²⁰⁵ Lawrence wrote to the psychoanalyst David Eder, commenting that he was reading Blavatsky’s 1888 *Secret Doctrine* (iii. 150), which argues for a ‘universal belief of ancient man’ linked to reincarnation and Karmic laws.²⁰⁶ He also read Pryse’s *Apocalypse Unsealed* (1910)²⁰⁷ which draws on the Hindu ‘cakra’ system to uncover the esoteric ‘code’ in the *Book of Revelations*, underpinning all ancient religions and scientific knowledge.²⁰⁸ While these texts assimilate other religious views into a theosophist framework, there was an attempt at more scholarly engagement focused purely on Tantra by John Woodroffe in *The Tantra of the Great Liberation* (1913), and *The Serpent Power* (1919). Despite a lack of evidence that he read Woodroffe’s texts, Lawrence was, at the very least, likely to have been aware of them, probably receiving second-hand accounts from his theosophical and Buddhist friends.²⁰⁹

¹⁹⁹ Nahal, *An Eastern View*, p. 30.

²⁰⁰ Nahal, *An Eastern View*, p. 31.

²⁰¹ Earl and Achsah Brewster, *D. H. Lawrence: Reminiscences and Correspondences*, (London: Martin Secker), p. 112.

²⁰² Nahal, *An Eastern View*, pp. 31-32.

²⁰³ Nahal, *An Eastern View*, p. 32.

²⁰⁴ Doherty, *Oriental Lawrence*, p. 86.

²⁰⁵ Ferretter, *The Glyph*, p. 27.

²⁰⁶ Tindall, ‘Lawrence and the Primitive’ p. 205.

²⁰⁷ Ferretter, *The Glyph*, p. 28.

²⁰⁸ James Pryse, *Apocalypse Unsealed* (Milton Keynes: Pantianos Classics, 1910), pp. 8-9.

²⁰⁹ Doherty, *Oriental Lawrence*, p. 84.

In Tantra, sexual desire and activity become routes to enlightenment. Ritualised sexual desire can shatter ordinary consciousness and turn mundane desire into extraordinary desire. However, Tantra suffered a bad reputation due to its explicit sexual practices. Theosophists like Pryse disapproved of the focus on sexual desire,²¹⁰ to the extent of seeking to bring about the obsolescence of the procreative centres through spiritual practice.²¹¹ But unlike Pryse, Woodroffe did not shy away from the inclusion of the sexual aspects of Tantra that sacralised the sexual body.²¹² Regardless of whether Lawrence was aware of Woodroffe's work or not, Doherty argues that he intuitively understood the erotic aspects of Tantra that were censored in Pryse and Blavatsky's writings.²¹³

Nevertheless, it was from Pryse's book, *Apocalypse Unsealed*, that Lawrence most obviously gained his basic understanding of Yoga and the chakra system which, Doherty argues, addressed two of Lawrence's most significant concerns: 'sex and soteriology'.²¹⁴ In *Apocalypse Unsealed* the great nerve centres of the body, or the chakras as they are known in the *Upanishads*,²¹⁵ are placed centre stage, and Lawrence's focus shifts dramatically onto these bodily nerve centres.²¹⁶ In this new departure, the primary consciousness is not, he asserts, located in the brain. Discussing the duality of 'spirit and sense, soul and body, mind and matter', Lawrence claimed that consciousness is to be found:

in the great nerve centres of the breast and bowels, the cardiac plexus and the solar plexus. Here life first seethes into active impulse and consciousness, the mental understanding comes later [...] The great nerve centres of the upper part of the body, and the great nerve centres of the lower part of the body, these are awake first. (*HJC* 192)

Lawrence was particularly attracted to Pryse's presentation of yogic physiology in which the physical body is viewed as a microcosm of the material world. Drawing from the Western scientific approach, Pryse identified 'two nervous systems' connected to these centres: the 'cerebro-spinal' system including the brain and spinal cord, and the 'sympathetic or ganglionic' system incorporating a number of nerve centres running along the spinal column (*AU* 14-15), also referred to as ganglia. Each one of these seven centres is linked to one of the seven seals in St John,²¹⁷ the scroll being the body and the seals the chakra centres. Pryse's seven centres, running vertically from lowest to highest, include the

²¹⁰ Doherty, *Oriental Lawrence*, p. 97.

²¹¹ Pryse, *Apocalypse Unsealed*, p. 34.

²¹² Doherty, *Oriental Lawrence*, p. 98.

²¹³ Doherty, *Oriental Lawrence*, p. 97.

²¹⁴ Doherty, *Oriental Lawrence*, p. 97.

²¹⁵ Ferretter, *The Glyph*, p. 29.

²¹⁶ Steele, 'Introduction', *Psychoanalysis and the Unconscious and Fantasia of the Unconscious*, pp. xxiii-xxiv.

²¹⁷ The Bible. King James Version (Revelations 5:1).

sacral chakra at the base of the spine, the prostatic centre, the epigastric centre, the cardiac centre, the pharyngeal centre, the cavernous centre, and the conarium at the top of the head. (AU 16). The body is also divided into ‘four somatic divisions’ (AU 21), associated with certain physical and psychical states: the genital zone is the centre of the ‘vivifying forces of the lowest plane of existence’, linked to sensuality; the navel is the centre of the ‘passional nature’, associated with desire; the heart concerns ‘the lower mind’, associated with the logos, the spiritual and ideal (AU 33); and ‘the head or brain’ is characterised by intuitive wisdom’ (AU 14-15, 21).

Working alongside these centres is the energy of kundalini, described by Pryse as resembling ‘a living, conscious electricity, of incredible voltage’ zooniphied as the ‘Good Serpent’ (AU 13). This usually dormant energy can be roused and unleashed by spiritual practice or force of will, and sent spiralling upwards, transforming each chakra on its journey.²¹⁸ Such an event awakens ‘creative and regenerative forces’ which, once roused, have the capacity to transform an individual ‘into a divine being bodied in a deathless ethereal form of ineffable beauty’ (AU 12). With the activation of the head centres the individual becomes ‘The Conqueror’ or ‘the hero of [...] the Apocalyptic Drama’ and is able to access ‘direct cognition’ (AU 22), achieving freedom from the physical plane through the “birth from above” (AU 18).

Yoga’s focus on process and change chimed with Lawrence’s philosophy of interplay between poles of duality, and the somatic basis for psychical transformation met his need to find a religion that could sacralise the body rather than creating a disembodied spirit. While there are many forms of Yoga, some with strongly ascetic aspects that devalue physical existence and teach sexual continence in order to preserve the vitality lost through orgasm,²¹⁹ Lawrence found in Tantric Yoga a celebration of embodied sexual pleasure as a path to moments of transcendence and transformation. But there were aspects of the theosophist interpretations that galled him. Doherty claims that Lawrence found the lack of clarity on the specific sexual and physiological aspects in these sanitised Western texts frustrating.²²⁰ Furthermore, he did not like the meditation practices, which he felt encouraged a mental passivity and self-absorption that dampened any spontaneous action. An even greater problem for Lawrence was the privileging of transcendence as an upward journey, with the crown chakra representing the highest pinnacle of enlightenment.²²¹

²¹⁸ Ferretter, *The Glyph*, p. 29.

²¹⁹ Doherty, *Oriental Lawrence*, pp. 86, 84.

²²⁰ Doherty, *Oriental Lawrence*, pp. 86-87.

²²¹ Doherty, *Oriental Lawrence*, p. 84.

Nevertheless, despite these gripes, Lawrence's engagement with Yoga endured; his adoption and adaptation of the chakras becoming fundamental to his interpretation of 'psychic dynamics'.²²² In addition to pitting his version of Yoga against what he considered to be Freud's mechanistic psychological theories, Lawrence also employed it to elaborate his own body philosophy and physiology, which provided him with a framework for diagnosing sexual and psychological ills, and prescribing cures, not only for these psychical pathologies, but also for their resultant physical diseases. Indeed, Lawrence began to see himself as a sort of 'psychic physician'. In a letter to Cynthia Asquith of January 1918, Lawrence, discussing her son Herbert whom we might now consider to be autistic, diagnosed his difficulties as something being 'locked in his psychic mechanism'. He felt that if Herbert spent some time with Lawrence and Frieda, simply being in their presence might help him (iii. 201).

The influence of Pryse's theosophical writings on Lawrence's own writings emerges in the essays that form *Studies in Classical American Literature*, begun in 1917 and published in the USA in 1923 (*SCAL* xvii). Of particular interest are the essays 'Henry St. John de Crèvecoeur' and 'The Two Principles'. In 'Crèvecoeur' Lawrence discusses the duality of 'body and soul, matter and spirit'. The initial awareness of the infant, he argues, is situated not in the brain, but emphatically in the body, in 'the great nerve centres of the breast and bowels, the cardiac plexus and the solar plexus' (*HJC* 192). The cardiac plexus he describes as 'the centre of our dynamic spiritual consciousness', the source of 'selfless spiritual love', whereas the solar plexus is 'the centre of our dynamic sensual consciousness' the source of a self-centred 'sensual love' (*HJC* 192), the place where 'the self is the magnificent centre wherein all life pivots' (*TP* 268). Unlike Pryse's desire for spiritual transcendence over the sensual realm, Lawrence was concerned with the union and balancing of the knowledge provided by the upper and lower centres, to form 'one third pure state of wholeness' in which one can become one's true self: 'free', 'spontaneous' and 'creative' (*HJC* 194).

In 'The Two Principles', Lawrence's polarity philosophy and blood consciousness become merged with the new nervous system physiology. He describes 'the blood' as having 'a consciousness of weight, of rich, down-pouring motion, of powerful self-positivity'; it is where 'we have our strongest self-knowledge, our most positive dark conscience' (*TP* 269). This quality of blood consciousness sounds very similar to the dark, sensual potency of the lower centres. In contrast, the sympathetic nerves emanating from the breast allow

²²² Doherty, *Oriental Lawrence*, p. 83.

us to extend outwards to others and the wider world (*TP* 269). While Lawrence makes no reference to Pryse's system of chakras above the neck, he creates his own plexuses of the face and fingers:

Through the portals of the eyes and nose and mouth and ears, through the delicate portals of the fingers, through the great window of the yearning breast, we pass into our oneness with the universe, our great extension of being, towards infinitude. (*TP* 268-9)

He also creates a new centre of the 'loins', 'where the deep calls to deep' and 'our passionate self-possession' is located (*TP* 269 - 70).

In 'Crêvecoeur', Lawrence establishes a balance between the belly and breast. In 'The Two Principles', however, this develops into a fourfold balance between the cardiac and solar plexuses, and the plexuses of the face and loins. But Lawrence does not stop there. In response to Pryse's differentiation between the cerebrospinal system, 'consisting of the brain and spinal cord and the sympathetic or ganglionic system' (*AU*15), he creates a further polarity comprising not only a horizontal division at the diaphragm between the upper centres of the face and breast and the lower centres of the bowels and loins, but also a perpendicular division between the receptive, sympathetic anterior body, and the closed posterior of the body creating an eightfold schema, a polarity, of 'for and against' (*TP* 270-1). This new dimension, according to Ferretter, creates 'an ethics of balance between spiritual and sensual consciousness on the one hand, and between self-giving sympathy and self-asserting on the other'.²²³

Lawrence increasingly ascribed an overbearing spiritual will – responsible for enforcing ideas of 'social virtue' and 'equality' on the world – to the cervical and thoracic ganglia, which he considered to be 'the great centres of spiritual compulsion or control or dominion'. But there is another will that emanates from the centres of the lumbar and sacral ganglia, 'the great sensual will to dominion. From these lower centres the soul goes forth haughty, indomitable, seeking for mastery' and it is from there, claimed Lawrence, that soldiers and tigers draw their strength and power (*TP* 270). *Women in Love*, which Lawrence was writing at the time, provides many examples of characters who manifest such psycho-physical states: Hermione is the doyenne of an overbearing spiritual will, while Thomas Crich, Gerald's father, gives too much of himself to the miners, driven by his ideals of equality and charity. Gerald's subjugation of the terrified white mare as the train crosses his path displays his sensual will.

²²³ Ferretter, *The Glyph*, p. 38

Psychoanalysis and Fantasia

Lawrence's most extensive exposition of his body philosophy and morphology can be found in *Psychoanalysis and the Unconscious* and *Fantasia of the Unconscious*, the first collection of essays published in 1921, the second in 1922. The essays in *Psychoanalysis* challenge the Freudian psychoanalytic formulations of the 'unconscious' and set out a counter psychology that is situated in the body rather than the head. In contrast, the essays in *Fantasia* are less unified and more playful in tone, covering Lawrence's theory of child development based around the chakra centres, as well as his cosmology. Lawrence saw the essays as a statement of his personal beliefs and philosophy at a peak point in his writing career, and as providing a direction for his ensuing work.²²⁴

In *Psychoanalysis* and *Fantasia* Lawrence focuses primarily on four centres: the cardiac and solar plexuses at the front of the body, and the corresponding thoracic and lumbar ganglia at the back, forming polarities on both the vertical and horizontal axes. The other centres referred to in *SCAL* are little mentioned, the sensual lumbar and sacral centres only obliquely alluded to. He says: 'If we had to consider the whole lambent blood-stream, we should have to descend too deep for our unpractised minds' (*PU* 33); and later: 'the further heights and depths are not even hinted at. Nay, in public it would hardly be allowed us to hint at them' (*PU* 43). Lawrence may have simplified his chakra schema and avoided dwelling on overtly sexual aspects to increase the chances of these publications appealing to a wider, trans-Atlantic audience. He also presents the upper centres, which become the source of spiritual will and idealism, as guilty of suppressing the lower sensual and intuitive centres, resulting in the morass of ills which he believed to afflict Western civilisation. Finally, the importance of the quality of interaction of the chakra centres between individuals, in the formation of their psychology, is given greater prominence.

Lawrence begins by describing how the foetus first sparks to life in the solar plexus. When the child is born, it desires to regain the immersive relationship it had with the mother through the umbilical centre, 'to re-establish the old oneness' (*PU* 21). But while the sympathetic solar plexus of the child forms a relationship of connection with the navel of the mother, 'like a lovely, suave, fluid, *creative* electricity that flows in a circuit', the child strives to escape this connection, too: 'There is a hurricane of temper. The child is kicking itself in a blind paroxysm of freedom'. These gestures herald the awakening of a new centre, the corresponding voluntary lumbar ganglion, which sends out 'violent waves of

²²⁴ Bruce Steele, 'Introduction' in D. H. Lawrence, *Psychoanalysis and the Unconscious and Fantasia of the Unconscious*, pp. xix-xx.

frictional repudiation' (*PU* 23). The abdomen and back now form a duality; the stiffening of the spine asserts the infant's own separate existence. This duality, the desire for both union and singleness, arising from the navel and the lumbar ganglion connections between child and mother, creates a series of oppositions: 'love and wrath, cleaving and repulsion, inglutination²²⁵ and excrementation'. These polarities are the source of creativity, the 'path of the unconscious', which is killed by 'invented "ideal" behaviour' (*PU* 24).

Once the circuit is established on the lower plane, the upper two centres above the diaphragm awaken. While the lower centres are 'assimilative' and 'subjective', the upper two centres in the thorax produce an 'objective consciousness'. The sympathetic plexus of the breast is described by Lawrence as 'the heart's mind', rising like 'a sun in the chest'. Unlike its corresponding centre, the navel, which is primarily self-regarding, the cardiac plexus seeks an object 'to dwell upon' (*PU* 27-29). This, Lawrence claims, is how humans acquire objective knowledge:

And from the cardiac plexus goes forth that strange effluence of the self which seeks and dwells upon the beloved, lovingly roving like the fingers of an infant or a blind man over the face of the treasured object, gathering her mould into itself and transferring her mould forever into its own deep unconscious psyche. This is the first acquiring of objective knowledge, sightless, unspeakably direct. (*PU* 29)

Then, the thoracic ganglion comes to life, the voluntary aspect of the sympathetic heart plexus, 'filling the shoulders with strength' (*PU* 27). Other parts of the body develop out of these centres too: the movement of the eyes and hands are stimulated by the child's suckling at the breast, whereas the ears and feet come under the domain of the 'powerful lower ganglia of the spine' (*PU* 30). While an individual can only develop 'in the first place' through a 'polarized connection' with another, (*PU* 40), within an individual the two great centres, the breast and navel, and their corresponding ganglia, also establish a circuit allowing an individual their separate existence or, as Lawrence puts it: 'its rights to be alone' (*PU* 30).

In the *Psychoanalysis* and *Fantasia* schema, there are four circuits within the individual, which is doubled in the relationship between two individuals, creating a potential eightfold polarity. However, not all the polarities may develop, resulting in a 'psychic inadequacy' in the child (*PU* 40). Rather than perversions arising out of the infant's failure to traverse all three stages of child development as posited by Freud, in Lawrence's psycho-somatic philosophy, perversions arise from suppression or overactivation of particular centres of the body and the dysfunctional connections made between individuals. This is nowhere

²²⁵ 'The act of swallowing', *PU*, p. 24, fn. 24:31, p. 212.

better articulated than in Lawrence's short lecture on children's deportment in *Fantasia*, a homily which sets out many of his fundamental beliefs regarding the influence of the great centres on the development of personality and perversions:

Then always watch its deportment. Above all things encourage a straight backbone and proud shoulders. Above all things despise a slovenly movement, an ugly bearing, an unpleasing manner. And make a mock of petulance and of too much timidity [...] Morality which is based on ideas, or on an ideal, is an unmitigated evil. A child which is proud and free in its movements, in all its deportment, will be quite as moral as need be [...] Immorality, vice, crime, these come from a suppression or a collapse at one or other of the great primary centres [...] at every cost and charge keep the first four centres alive and alert, active, and vivid in reaction. And then you need fear no perversion. (*FU* 113)

Of note here is Lawrence's emphasis on freedom of movement and a denigration of 'an ugly bearing', denying those who have restricted movement or postural disabilities the kind of nobility and moral superiority given to his 'proud' and 'free' child.

Apocalypse and the Downward Turn

The next major development of Lawrence's body philosophy occurred in *Apocalypse and the Writings on Revelation*, started in October 1929 and completed a few months later, but not published until after his death in 1931 (*AWR* xii). Although Lawrence began writing this book after completing *Lady Chatterley's Lover*, it reflects the development of his body somatology from 1923 onwards. Here, Lawrence modifies his chakra schema yet again, this time adopting the classical map of seven chakras outlined in *The Apocalypse Unsealed*,²²⁶ which are said to span the base of the spine to the top of the head, with little emphasis on the polarisation of the centres that was so heavily featured in *PU* and *FU*.²²⁷ Lawrence divides these 'spheres of consciousness' into the four 'deeper' centres and the three 'higher', all of which must be 'conquered, transformed, transfigured' so that the 'old Adam' can die and be 're-born as the new Adam' (*AWR* 101). His concern becomes increasingly one of transformation and rebirth realised through the attainment of what Doherty describes as 'rapturous now moments', leading to a bodily-centred transcendence.²²⁸

Lawrence had already discussed some of these ideas in a letter of June 1923 to his friend Frederick Carter, a painter, writer, astrologer, and mystic. Carter had been collaborating

²²⁶ Also sometimes presented as 6 chakras, with the crown centre not a chakra but the point of transcendence.

²²⁷ Doherty, *Oriental Lawrence*, pp. 92-3.

²²⁸ Doherty, *Oriental Lawrence*, p. 4.

with Lawrence on his study of St John.²²⁹ By this time Lawrence had finished writing *PU* and *FU*, in 1921 and 1922 respectively, while *SCAL* was being prepared for publication in the August of 1923. Carter sent Lawrence a manuscript of his drawings and text entitled *The Dragon of the Apocalypse* for him to review.²³⁰ Kundalini, the serpent of Tantric Yoga that resides at the base of the spine, now became the focus of interest. Lawrence wrote:

Apocalypse' is [...] a revelation of initiation experience, and the clue is in the microcosm, in the human body itself [...] The Seals are ganglia of nerve consciousness [...] The Dragon is the Will and Desire [...] The serpent girdle below the paps [breast or nipples] is the division of the diaphragm into upper and lower man. The revelation is a conquest, one by one, of the lower affective centres by the mind. (iv. 460)²³¹

This letter sets out the orthodox description of the journey of Kundalini, starting at the base of the spine, moving up through the sensual lower centres to the nobler upper centres, with enlightenment achieved when the serpent reaches the crown chakra. But Lawrence then fundamentally revises this schema, reversing the direction of travel to privilege the lower centres. He wants

'[a] fresh start, in the first direction, *with the polarity downwards* [my emphasis] as it was in the great pre-Greek Aeons, all Egypt and Chaldea [...] The great *down* direction, away from mind, to power, that was old Egypt. The sceptre, not the logos. (iv. 461)

Lawrence creates an 'enlightenment' that travels away from the head and idealism, towards the lower centres and their connection with the earth, something that he considered to be much closer to the 'esoteric core of ancient religion' than anything the theosophists had achieved.²³² For Lawrence, it was the lower chakras that required activation in modern Western civilisations, not the already over-stimulated upper centres. Yet, it was understood by theosophists such as Pryse and Leadbeater that Kundalini energy could be devastating if directed downward, exciting 'undesirable passions' and causing men to become 'satyrs, monsters of depravity' possibly even being drawn into 'black magic'.²³³ Lawrence was undeterred:

In the feet we rock like the lotus, rooted in the under-mud of the earth. In the knees, in the thighs we sway with the dark motion of the flood, darkly water-conscious, like the thick, strong, swaying stems of the lotus [...] It is in the lower body that we are chiefly blood-conscious'. (*SCAL* 269)

²²⁹ Tindall, 'Lawrence and the Primitive', p. 208.

²³⁰ Mara Kalnins, 'Introduction', in D. H. Lawrence, *Apocalypse and the Writings of Revelation* ed. by Mara Kalnins (Cambridge: Cambridge University Press, 1980), p. 4.

²³¹ D. H. Lawrence, *The Letters of D. H. Lawrence Volume IV 1821-1924*, ed. by Warren Roberts, James T. Boulton and Elizabeth Mansfield (Cambridge: Cambridge University Press, 2002), hereafter referred to as iv.

²³² Ferretter, *The Glyph*, p. 38.

²³³ C. W. Leadbeater, *The Inner Life* (Great Britain: Monadic Deva Press, 2017), p.154.

Lawrence, seeking a religion of transformation, latched onto the aspect of personal transformation to be found in Kundalini Yoga. The 'as above so below' bodily and cosmic correspondences allowed him to mythologize the body, opening it up to transformation by non-human powers.²³⁴ In Tantric Yoga, Lawrence finally encounters a body-centric religion that promises a constant interplay between the bodily centres of the unconscious and the cosmic powers that charge them:

[...] the sense of the living astrological heavens gives me an extension of my being. I am become big and glittering and vast with sumptuous vastness. I am the macrocosm, and it is wonderful. (*AWR* 46-7)

²³⁴ Doherty, *Oriental Lawrence*, p. 85.

Chapter 4: Tantric Male Somatotypes in *Lady Chatterley*

Having provided a brief outline of the evolution of Lawrence's Yogic physiology in the previous chapter, Chapter 4 traces the physical and psychological development of the two main male characters in *Lady Chatterley's Lover*, Clifford and Mellors, within the context of that Tantric somatology, in order to foreground aspects of the novel that have been overlooked by purely metaphorical readings of their bodily ailments and disabilities, Clifford's in particular. This engagement with the materiality of the body is a positive response to Siebers' challenge to reinstate the reality of the physically disabled body, often lost in poststructuralist readings.²³⁵ However, the 'as without, so within' aspect of Lawrence's mind-body philosophy contains intrinsic correspondences between the physical and the psychological realms which are impossible to uncouple. Clifford and Mellors' physical typologies and disabilities must, therefore, be examined in relation to their spiritual wounds and chakra imbalances, and the relevance of these wounds considered, in order to understand the impetus of their respective relationship journeys. First, however, there follows a review of the pertinent details of Lawrence's life from 1925 to provide biographical context to the novel.

Biographical Context

In 1925, the year before he started writing *Lady Chatterley's Lover*, Lawrence had his first serious pulmonary haemorrhage and was unequivocally diagnosed with tuberculosis; from then on, he experienced fewer periods of good health and was probably impotent. At this time, Frieda had either commenced, or was on the brink of, an affair with Count Angelo Ravagli, an officer in the Italian Bersaglieria and landlord of the Villa Bernarda in Spotorno which the Lawrences had rented between November 1925 and April 1926.²³⁶ It is unclear if Frieda told Lawrence about the Ravagli affair – she had certainly taken other lovers which Lawrence tolerated, and he too had enjoyed brief encounters – but it would seem that these affairs had not threatened their relationship at a fundamental level.²³⁷ There is a suggestion, however, that Frieda started this affair because of Lawrence's declining

²³⁵ Siebers, *Disability Theory*, pp. 54-69.

²³⁶ Worthen, *The Life of an Outsider*, p. 336. See also Raymond T. Caffrey, 'D. H. Lawrence's Impotence and Frieda Lawrence's Affair with Angelo Ravagli: Fact and Tradition', *Journal of D. H. Lawrence Studies*, 1998, 96-121, (pp. 118), <[JDHLS 1998 – Journal of D.H.Lawrence Studies](#)> [accessed 8 February 2021]. This article provides a detailed and balanced discussion about the evidence for Frieda's affair and Lawrence's potency from 1925 onwards.

²³⁷ Worthen, *The Life of an Outsider*, p. 337.

sexual potency, based on comments apparently made by Frieda herself,²³⁸ although as Worthen points out, Frieda had never previously expressed any justification for her affairs.²³⁹ Nevertheless, further evidence that Lawrence might have been experiencing diminishing potency is to be found in Brett's account of two unsuccessful sexual encounters with Lawrence in 1926.²⁴⁰

Untreated tuberculosis frequently results in loss of sexual desire, erectile problems, impotence, and infertility, and there is no doubt Lawrence was very ill with the condition at this point.²⁴¹ He had started to write movingly about loss of desire in his later poetry, for example in 'Man Reaches a Point,' part of his *Pansies* collection, published in 1929:

I cannot help but be alone
For desire has died in me, silence has grown
And nothing now reaches out to draw
Another's flesh to my own.²⁴²

In 1928 he confided to the writer Brigit Patmore: 'you think you have something in your life which makes up for everything, and then you find you haven't got it [...] Two years ago I found this out'.²⁴³ While this might allude to Frieda's affair, Worthen suggests that it is generally understood to refer to the decline of the sensual aspect of their relationship.²⁴⁴ It is undoubtedly dangerous to understand such references to loss as referring narrowly and literally to the demise of sexual desire, yet the focus on sexual potency and fertility in *Lady Chatterley's Lover* suggests that these were major preoccupations for Lawrence at the time.

²³⁸ Harry T. Moore, *The Intelligent Heart*, (rev. edn., 1960), p. 477, cited in Worthen, *The Life of An Outsider*, p. 338. Lawrence's friend, Richard Aldington, claimed after Lawrence's death that Frieda disclosed to her intimate circle that "Lawrence had been impotent since 1926." Frieda, however, denied this rumour in a letter to A. F. Frere Reeves and blamed John Middleton Murry for spreading it (fn. 38, p. 482). Worthen claims Aldington was to blame (p. 338).

²³⁹ Worthen, *The Life of an Outsider*, p. 338.

²⁴⁰ At a time of significant tensions between Frieda and Lawrence, Brett and Lawrence went on a painting trip to Amalfi. In her 1933 memoir, Brett describes leaving suddenly to sort out her immigration papers in Naples, but in a second account of the late 1960s she claims the real reason she left was because of their failed attempts at lovemaking. An earlier letter to Brett from Lawrence of 26 January 1925 (v. 203), in which Lawrence castigates Brett for her inability to have a friendship with him that is both spiritual and sensual, backs up Brett's second account (Ellis, *Dying Game*, pp. 203-204). There are also suggestions that by early March he and Frieda had not made love for some time, either because he was then physically unable to do so or because he had started to find Frieda sexually intimidating (Ellis, *Dying Game*, pp. 292-4).

²⁴¹ Doaa M. Magdya, Ahmed Metwally, Randa A. El Zohne, 'Erectile dysfunction in pulmonary tuberculosis: is it a common association?', *The Egyptian Journal of Bronchology*, 13, (2019) 105-8, (p. 105).

²⁴² D. H. Lawrence, *The Complete Poems of D. H. Lawrence* (Ware: Wordsworth Editions, 1994), p. 421.

²⁴³ Brigit Patmore, *My Friends When Young: The Memoirs of Brigit Patmore*, ed. by Derek Patmore (Heinemann, 1968), p. 138.

²⁴⁴ Worthen, *The Life of an Outsider*, p. 354.

Like Connie, Frieda was born into an upper-class family.²⁴⁵ At the time of first meeting Lawrence, she was married to Ernest Weekley, with whom she had three children. Weekley was a Professor at Nottingham University specialising in etymology; Lawrence rather mockingly described him as a man who ‘writes about words and gives radio lectures on words’ in a letter to Lady Cynthia Asquith (15 April 1926, v. 424). Weekley is known to have been the template for the rather unflattering portrayal of the Reverend Mr Saywell in the novella *The Virgin and the Gypsy* (a forerunner to Clifford in *Lady Chatterley’s Lover*). In the novella, his wife deserts him and his children just as Frieda had left her husband and children to be with Lawrence.²⁴⁶ Weekley may also have provided direct inspiration for the character of Clifford. His interest in words and language mirror Clifford’s initial preoccupation with writing rather ‘personal’, ‘spiteful’ and ‘meaningless’ stories about people he knows (*LCL* 16), although this is a description that could just as well be applied to Lawrence, particularly by those individuals on whom Lawrence freely based his characters.

Despite her cosmopolitan upbringing within German intellectual circles and her affairs, Frieda’s life with the apparently sexually unadventurous Weekley was rather conventional. When they first met, the then thirty-four-year-old Professor quickly became infatuated with nineteen-year-old Frieda. Even after their marriage, Weekley continued to worship her as his ‘child-bride’ (rather like Clifford’s chaste, courtly love towards Connie) despite Frieda’s sexually spontaneous and exuberant personality, her ability to hold her own in any intellectual conversation and her writing achievements.²⁴⁷ Like Connie and her extra marital affairs, Frieda also took lovers during her marriage to Weekley and felt no moral qualms in doing so;²⁴⁸ and when Frieda left Weekley for Lawrence, he was hard and cruel, like Clifford was to Connie. Frieda also shared many physical similarities with Connie who is described as ‘a soft, ruddy, country looking girl inclined to freckle,’ with ‘rather strong, female loins [...] considered a little old-fashioned and “womanly”’ (*LCL* 19).²⁴⁹

The parallels in the novel with Lawrence himself are more complex, however: while Worthen suggests that Lawrence, in the writing of the last two versions of the novel, aspired to become more like Mellors,²⁵⁰ aspects of Lawrence are apparent in both men.

²⁴⁵ Worthen, *The Early Years*, pp. 374.

²⁴⁶ Ellis, *Dying Game* (Cambridge: Cambridge University Press, 2011), pp 285-7.

²⁴⁷ Worthen, *The Early Years*, pp. 372-377.

²⁴⁸ Frieda wrote ‘Fanatically I believed that if only sex were “free” the world would straight-away turn into a paradise.’ (*NITW* 3).

²⁴⁹ Frieda was described by Lawrence as ‘full-bosomed...gleaming with life, like a flower in the sun and like a cat that looks round in the sunshine and finds it good.’ Worthen, *The Early Years*, p. 376.

²⁵⁰ Worthen, *The Early Years*, pp. 352-353.

Mellors is physically closer to Lawrence, and they share the same ability to adapt, chameleon-like, to all strata of society. However, Lawrence has much in common with Clifford too: his writing and painting ambition;²⁵¹ his lack of children and an increasingly sexless marriage; a willingness to tolerate his wife's affairs; and his likely impotence at the time of writing the novel. Lawrence also relied on Frieda to read his work, even contribute to it, as Connie does for Clifford in the novel;²⁵² and Lawrence and Frieda entertained their own circle of 'cronies', mirroring those who frequented Wragby Hall, including sketches of friends and acquaintances such as Aldous Huxley. Finally, Lawrence required extended periods of nursing at this time.

Earl Ingersoll confirms that when Harry T. Moore was writing his biography of Lawrence in the 1950s, Frieda, contacted him confirming that both Mellors and Clifford were 'authorial figures'. Frieda said: "The terrible thing about Lady C. is that L. identified himself with both Clifford and Mellors; that took courage, that made me shiver, when I read it as he wrote it."²⁵³ But while Mellors is clearly a Lawrence mouthpiece, Mellors' physical and sexual potency may have been a fading memory of the past for Lawrence. Ingersoll suggests that Lawrence drew on his memory of the 'honeymoon' summer with Frieda in 1912 when describing the sexual relationship between Connie and Mellors. In effect, he wrote a younger version of himself for Frieda: 'not as a sentimental souvenir of their first love' suggests Ingersoll, 'but as a testament of the potential for a recuperated love on the threshold of death.' Although closer in sexual potency to Clifford, unlike him, Ingersoll argues, Lawrence seems to have generously accepted Frieda's relationship with a 'younger brother', Ravagli, who 'replaced him in the marriage bed.'²⁵⁴

Worthen, however, presents a slightly different view, suggesting that the second and third versions of the novel became:

verbal acts of love to Frieda [...] a way of insisting that he was not too withdrawn, ill or fragile to imagine making intense love to Frieda, as he always had done; and to experience (and make the reader feel) what she felt.²⁵⁵

While the true state of Lawrence and Frieda's sexual relationship during the last few years of his life will never be fully known, we do know that Frieda carefully read and

²⁵¹ D. H. Lawrence, *The First Lady Chatterley*, (London: Heineman, 1944), p. 3., hereafter referred to *FLC*. Clifford paints as well as writes in *FLC*.

²⁵² Worthen, *The Life of an Outsider*, p. 352.

²⁵³ Frieda Lawrence, *The Memoirs and Correspondences* ed. by E. W Tedlock, (Heineman, 1961), p. 352, cited in Ellis, *Dying Game*, p. 327, fn. 24, p. 675.

²⁵⁴ Earl Ingersoll, "'What's in a Name?': Naming Men in Lawrence's Novels", *The D.H. Lawrence Review*, 37, (2012), 37-64, (p. 57).

²⁵⁵ Worthen, *The Life of an Outsider*, p. 353.

commented on everything Lawrence wrote when he was working on the first version of *Lady Chatterley's Lover*, the version that is kinder to Clifford, and which Frieda preferred but Lawrence considered too tender and wistful (*FLC* x).²⁵⁶

A preoccupation with Lawrence's state of sexual potency and desire might seem unnecessarily voyeuristic, but such enquiries provide important insights into the relationship between illness, disability, and sexuality both in terms of the symbolic meanings attached to impotence in literature, and in the more concrete experiences of illness and disability and their intersections with sexuality. Lawrence's fictional and non-fictional writings are an important source of material through which to examine the impact of illness and disability on sexuality, and through which to understand how a writer such as Lawrence might respond creatively to loss of desire. The following analysis of *Lady Chatterley's Lover* seeks to capture the complexity of a writer who drew on many sources – philosophical, psychological, religious, political, and perhaps most of all his own life – and to understand how his affective and erotic experiences became transformed through his writing.²⁵⁷

Bodies

Clifford is 'big and strong' (*LCL* 16); he has pale blue eyes and fair hair, his shoulders are broad, he has a deep chest, strong arms, and very strong hands. Clifford is 'bright and cheerful,' almost 'chirpy with his ruddy healthy-looking face and [...] challenging bright eyes' (*LCL* 6). He sits 'square and well-groomed in his chair, his hair sleek [...] his face fresh, his blue eyes pale and a little prominent' (*LCL* 77). Blond and handsome, he likes to embellish his strong torso with 'neckties from Bond Street' and expensive tailoring (*LCL* 6). But, despite Clifford's general demeanour of health and vitality, his lower body is a site of unspeakable trauma. He is described by the narrator as being 'absolutely dependent', 'helpless' (*LCL* 16), foreshadowing his infantile regression. Similarly, it is declared that he is paralysed from 'the hips down...forever' (*LCL* 5); his case is made hopeless from the outset of the novel.

Where Clifford is strong and ruddy in his upper body, Mellors is delicate. Mellors is 'moderately tall, and lean'; his face and frame are 'thin', his back is 'white' and 'slender', his frame is 'stooping a little', but also 'young and bright' (*LCL* 68). He strides 'softly' and is 'silent and aloof' (*LCL* 46-47). Mellors' face 'change[s] all the time'. He is 'baffling'

²⁵⁶ D. H. Lawrence, *The First Lady Chatterley* (London: Heinemann, 1944), p. x, hereafter referred to as *FLC*.

²⁵⁷ David Lodge, *The Practice of Writing* (Harmondsworth: Penguin Books, 1997), p. 100.

(LCL 67). But despite his ‘vividness’, he too is damaged and sickly: there is a ‘pallor of isolation’ about him, his bones are ‘showing a little’ (LCL 68), and he is ‘not far from death itself.’ There is ‘suffering and detachment’ in his eyes, but also ‘warmth’. He breathes hard but is ‘curiously full of vitality’, despite being ‘frail, and quenched’ (LCL 47). Connie notes his cough which Mellors brushes off: ‘it’s nothing’ (LCL 113). But chronic pneumonia has left Mellors’ heart “‘not so strong – and the lungs not so elastic.” He should not make ‘violent physical efforts’ (LCL 196). When Mellors pushes Clifford up the hill in his broken-down wheelchair, the effort strains him to the limit: ‘The keeper [...] went to sit on the bank, his heart racing and his face white with the effort, semi-conscious.’ But while physically vulnerable, his otherworldly vitality is unquestioned as Connie wonders at his ‘extraordinary strength’ (LCL 191).

Mellors’ cough and frail physique, but vivid manner, echo the Romantic portrayal of consumption as a disease that spiritualises and purifies. But, rather than making Mellors less corporeal, Lawrence’s writing of Mellors and his ailment makes him more bodily. While not beautiful, he has a body ‘that one might touch’, and this makes him ‘special’ and ‘uncommon’ (LCL 68-9). Unlike Clifford, who appears healthy, but is inwardly disintegrating, Mellors, while a little ‘distant’ and physically vulnerable, is ‘sane and wholesome’ inside (LCL 112).

Strangely, we are told very little about Clifford’s war wounds and how they affect him, even though Lawrence was not averse to providing details regarding his characters’ ailments and recovery. For example, in ‘England My England’, we follow closely the wounding and partial recovery of Joyce, a little girl who cuts her knee deeply on a sickle. Yet, Clifford, living with a complex injury that poses the risk of many secondary conditions which could lead to death, particularly urinary tract infections and pressure sores that often resulted in sepsis,²⁵⁸ appears to receive no ongoing expert medical care after he is pronounced ‘a cure’ (LCL 5). Only the minimum of basic care is performed by Connie, although we have little idea what this entails either. There is no mention of catheters, visits by or to specialised doctors or psychiatrists (the latter were often involved in the long-term care of soldiers with spinal cord injuries), nor reference to the latest treatments such as electrotherapy and the developments in the emerging field of physiotherapy involving massage and exercises.²⁵⁹

²⁵⁸ Marie-France Weiner and John Russell Silver, ‘The Origins of the Treatment of Traumatic Spinal Injuries’, *European Neurology*, 72, (2014), 363-369, (pp. 364-366) <ENE365287.indd (karger.com)> [accessed 23 February 2020].

²⁵⁹ Weiner and Silver, ‘The Origins of the Treatment of Traumatic Spinal Injuries’, pp. 364-6.

This void in relation to the Clifford's legs, and the reactions of the other characters and the narrator to his paralysis, builds an atmosphere of horror and morbid fascination. The sight of his legs elicits swoons of revulsion in Mellors who goes 'pale, with a sort of fear' on seeing Connie 'lifting the inert legs of the man in her arms, into the other chair'. For Connie, his 'dead legs' are an oppressive weight, sapping her of life (*LCL* 48). Occasional expressions of narratorial sympathy are expressed: 'It was cruel for Clifford, while the world bloomed, to have to be helped from chair to bath-chair' (*LCL* 179) or 'Poor Clifford, he was not to blame. His was the greater misfortune. It was all part of the general catastrophe' (*LCL* 72). And we are also given fleeting glimpses into the shame and stigma experienced by Clifford; he becomes 'shy and self-conscious' and 'hates seeing anyone except the personal servants. For he had to sit in a wheeled chair, a sort of bath chair' (*LCL* 15). But any queasiness at condemning Clifford is ultimately overcome, and the narrator finally pronounces him guilty of an inherent coldness that he shares with the rest of the upper classes, a coldness that makes him not only deserving of his ill-fortune, but is also the cause of it:

This lack of warmth, this lack of the simpler, warm physical contact – was he not to blame for that? He was never really warm, but never. Kind, thoughtful, considerate in a well-bred cold sort of way! But never warm as a man can be warm to a woman'. (*LCL* 72)

The horror of Clifford's legs centres on their association with sexual vitality in Lawrence's body schema. Legs for Lawrence are a phallic symbol, a vital conduit for downflowing transformational kundalini energy. In *Lady Chatterley*, Clifford's paralysed legs induce castration anxiety in the other characters,²⁶⁰ particularly Mellors.

Having made Clifford's legs so pathological, one might think that his seemingly hale and healthy upper body would be spared these narratorial excoriations, but no aspect of Clifford is granted true vitality. Rather than admiring the strength and vigour of his chest, shoulders and arms, and his determination to survive his injuries, the narrator subtly pathologises Clifford's upper body too: he is uncannily strong, 'strange'; his face is 'healthy *looking*' (my emphasis, *LCL* 6), suggesting a veneer of health rather than authentic vigour. He is 'queer and rapacious and civilised, with broad shoulders and no real legs', and he has 'no warmth' despite his ruddy complexion. Even Clifford's pale blue eyes suggest coldness, their prominence hinting at some malefic visuo-mental overactivity, 'an extra-alert will' (*LCL* 138). Clifford's seated posture is similarly problematised: standing was generally seen as essential for the health of the internal organs which could be

²⁶⁰ Cabbage, 'Freud and Disability', p. 163.

‘crushed’ by long periods of sitting,²⁶¹ and Lawrence himself set great store on being upright and able to walk, proof of the vitality of the legs and lower centres. His own legs became a deep source of grief, and quite possibly shame, particularly during periods of illness when he was unable to stand or walk, with all the connotations of dependency and reduced vitality this evoked. As early as 1911, while bed bound from pneumonia, he wrote:

I could walk like a grenadier guard, but for my left leg, which slumbers on, when all the rest of me is awake. [...] I loathe to be an invalid. It is nearly unendurable to have to wait for one’s strength to come back – like Penelope. I hate my legs, miserable defaulters. (i. 343)

He even expressed irritation with the seated Buddha: ‘Oh, how I wish he would stand up!’²⁶² But while an upstanding posture was seen as crucial to civilising people,²⁶³ Clifford’s permanently seated posture becomes associated with writing, typing, talking and the life of the mind. In other words, it overly civilises him.

The shapes and movement of legs are so important in the novel that a lengthy section is given over to their description in which legs are classified and linked to patterns of sensuality, vitality, and psychic pathology. When Connie and her sister Hilda meet up with their father, who has recently married a younger woman, in London, we learn that he is a sensualist through the description of his thighs which are ‘still strong and well-knit [...] the thighs of a healthy man who had taken his pleasure in life.’ But his legs do not have the ‘alert sensitiveness and power of tenderness which is the very essence of youth, that never dies, once it is there’ (*LCL* 254). This sensitivity and alertness characterises Mellors’ legs, making him capable of a quality of connection with another not possible for a pure sensualist. Mellors wants men to wear bright red trousers so they can walk ‘with legs close bright scarlet, and buttocks nice an’ showing scarlet under a little white jacket’ (*LCL* 219), thus reinstating the lower sensual centres.

Connie, influenced by Mellors and his sensitivity to such physical signs, ‘[wakes] up to the existence of legs’:

They became more important than faces, which are no longer very real [...] She looked at the men in the stalls. Great pudding thighs in black pudding-cloth, or lean wooden sticks in black funeral stuff, or well-shaped young legs without any meaning whatever, either sensuality or tenderness or sensitiveness, just mere leggy ordinariness that pranced around [...] But the women were not daunted. The awful mill-posts of most females! really

²⁶¹ Patricia Vertinsky, ‘Physique as Destiny: William H. Sheldon, Barbara Honeyman Heath and the Struggle for Hegemony in the Science of Somatotyping’, *Bulletin Canadien d’histoire de la Médecine - Canadian Bulletin of Medical History*, 24, (2007), 291-316, (p. 296), DOI: <[10.3138/cbmh.24.2.291](https://doi.org/10.3138/cbmh.24.2.291)> [accessed September 2020],

²⁶² Earl and Achsah Brewster, *D H Lawrence: Reminiscences and Correspondences* (London: Martin Secker Ltd., 1934), p. 49.

²⁶³ Vertinsky, ‘Physique as Destiny’, p. 296.

shocking, really enough to justify murder! Or the poor thin pegs! Or the neat trim things in silk stockings, without the slightest look of life!. (*LCL* 254)

In Lawrence's schema it is not the broad shoulders and the deep chest of the upper body, the military bearing, that signal health and vibrant sensuality; rather it is the lower body that reveals much more about modern people, more so even than their faces. Lawrence once again privileges the lower body over the upper, making Clifford doubly incapacitated: his legs paralysed and his healthy and strong, but uncanny, upper body hinting at the psychological break-down to come. Without access to Lawrence's lower centres of rejuvenation, Clifford is made psychically and spiritually moribund.

Clifford's dependence on a motorised wheelchair not only places him in a perpetual sitting position but further debases him through its association with machinery. Rather than being portrayed as a welcome means to greater mobility, this mechanical chair which 'chuffs' and 'puffs' like the pit (*LCL* 41, 16), figures Clifford as an uncanny man-machine. It is a prosthetic device that disconnects Clifford from the natural world and the life of the body. Clifford is associated with other machines too: those contraptions connected to intellectual activity such as writing and talking, notably the typewriter and the newly invented radio. When not typing Clifford 'talked, always talked, infinite small analysis of people and motives and results, characters and personalities' (*LCL* 83). Clifford's talking, described as 'clapping and gurgling' (*LCL* 138), is an inhuman, meaningless noise. If not talking, Clifford 'tap – tap – tapped on a typewriter, to infinity'; and when not occupied with either he listens to the radio in a vacant trance 'like a person losing his mind' (*LCL* 110).

Lawrence could be deeply disparaging about prosthetic devices; even a simple hearing trumpet, as used by his good friend Brett (and despite his own mild deafness) becomes the butt of his scorn (*FU* 73).²⁶⁴ Such devices – the typewriter, the radio, and the wheelchair – are indicative of a cerebral overactivity that withers the sensual body, diverting the libido from the lower centres to the head. In Mellor's words, Clifford becomes a "twiddling machine" (*LCL* 217), which is lifeless and dead when not switched on by the false desires of fame, money, and industry.

Wounds

Clifford and his circle of upper-class Cambridge cronies – now scientists, writers, and captains of industry – all exhibit the signs of a cultural malaise. Apart from Tommy Dukes,

²⁶⁴ The full quote is given on p. 82.

a soldier and Mellors prototype who articulates the Lawrence-Mellors' philosophy but does not fully embody it,²⁶⁵ they all believe in 'the life of the mind' (*LCL* 31). Sex to them is like talking or eating, an appetite to satisfy or a 'dynamo' that helps men achieve success (*LCL* 33, 32).

When in love, the Cronies are only capable of a distant, disembodied courtly love in which the men do not even like the women very much. Connie's lover, Michaelis, is the doyen of such bloodless courtship, performing 'hand kissing, flower-bearing, adoration, and weeping [...] the clapped-out conventions of love'. Doherty notes the logocentric aspect of these thoracic-dominated affairs. For Michaelis, real sexual satisfaction is achieved by hearing Connie praise his plays, generating 'the last thin thrills of passion, beyond any sexual orgasm' (*LCL* 54).²⁶⁶ Even his orgasms are restricted to the upper body, going 'off from the top of [his] head like [a] squib' (*LCL* 52). The unwholesome miasma of those like Clifford and his cronies is contagious. Connie sickens under Clifford's insistent will, the nerves of her heart affected, according to her doctor:

"a bit queer already: oh yes!"... "Nothing but nerves; ... You're spending your life without renewing it... You're spending your vitality without making any. Can't go on, you know. Depression! Avoid depression!" (*LCL* 78)

Clifford and the cronies are what Doherty calls, 'Connoisseurs of the symbolic'. They engage with 'precision discourse', in their interest in concepts, science and philosophy but their intellectual idealism disconnects them from the living, phenomenal world.²⁶⁷ When Connie brings Clifford flowers his response is to quote 'Ode on a Grecian Urn' (*LCL* 93).²⁶⁸ Their conversations are littered with French terms – '*demi-vierge*', '*hors de combat*' and affair '*au grand sérieux*' (*LCL* 17, 34-5, 161) – terms that obscure communication, in contrast to the sparse, direct language used by Mellors. And despite possessing incisive analytical skills, Clifford and his circle are deprived of sexual *jouissance* and must, as Doherty points out, resort to 'fame, money, or prestige or its linguistic equivalent' as a substitute. Indeed, their discussions about sex have replaced real, physical sexual connection.²⁶⁹

²⁶⁵ "Real knowledge comes out of the whole corpus of the consciousness, out of your belly and your penis as much as your brain or mind. The mind can only analyse and rationalise. – Set the mind and reason to cock it over the rest, and all they can do is criticise and make deadness" (*LCL* 37).

²⁶⁶ Doherty, *Oriental Lawrence*, p. 127.

²⁶⁷ Doherty, *Oriental Lawrence*, pp. 36-37.

²⁶⁸ Doherty *Oriental Lawrence*, p. 126.

²⁶⁹ Doherty, *Oriental Lawrence*, p. 39.

On the surface, Clifford heals and becomes a picture of health, but it is a false recovery, the real wound and trauma yet to emerge fully. His upper body vitality is a deception that conceals an even greater pathology of inner disintegration:

He looked so well and ruddy, in the face [...] he had put on flesh. And yet, at the same time, he was afraid of death. A terrible hollow seemed to menace somewhere, somehow, a void, and into this void his energy would collapse[...] he felt at times he was dead, really dead. (*LCL* 140)

In Lawrence's Yogic body philosophy, with its 'as above so below' cosmology, suggesting a further dimension of 'as within, so without', it is inevitable that Clifford, whose whole outwardly visible body is so relentlessly pathologized, is also psychically besieged. The shock of his injuries has impacted on his 'emotional soul' forming a 'bruise which slowly deepens its terrible ache, till it fills all the psyche [...] gradually spreading in his affective self' (*LCL* 49).

Tactfully renamed 'neurasthenia' in the late nineteenth century for the benefit of upper-class male patients, hysteria was understood at that time to be triggered not only by intellectual, cultural, and sensual overstimulation, and by the general stresses of modern life, but also by spinal injury resulting in a traumatic hysteria with paralysis and anaesthesia. Like the ovaries in female hysterics, the testes could act as hysterogenic points which, if irritated, had the ability to precipitate or abort an attack. However, regardless of the trigger, an underlying constitutional tendency towards the condition was always considered necessary.²⁷⁰ Clifford was already sensually deadened before the war: 'He had been a virgin when he married: and the sex part did not mean much to him' (*LCL* 12). His paraplegia and accompanying hysteria are physical and spiritual wounds that signal his class degeneration,²⁷¹ amatory failings and inherited emotional paralysis.

²⁷⁰ Daniela S. Barberis, 'Hysteria in the Male: Images of the Masculinity in Late-Nineteenth-Century France', in *Phallacies: Historical Intersections of Disability and Masculinity*, ed. by Kathleen M. Brian and James W. Trent Jr (New York: Oxford University Press, 2017) pp. 181-187.

²⁷¹ Ideas regarding the degeneration of classes and whole 'races' developed out of nineteenth century developments in the biological sciences, most notably Charles Darwin's theory of evolution which posited that organisms develop from simple to more complex forms over time. This opened up the possibility that organisms might retrogress to more 'primitive' states or pass down undesirable characteristics resulting in the degradation of whole 'races', even extinction (see David Game, 'Aspects of Degenerationism in D. H. Lawrence's "Kangaroo"', *The D.H. Lawrence Review*, 32/33, (2003-2004), 87-101, p.88 <<https://www.jstor.org/stable/44234511>> [accessed 29 November 2021]). Rising birth rates within the lower classes relative to the upper classes, and high rates of illness, prostitution and crime amongst the poor fuelled concerns regarding the deteriorating fitness of the British working classes and raised fears that their perceived physical, mental and moral inferiority would 'contaminate' the whole nation (see Lucy Bland and Lesley A. Hall, 'Eugenics in Britain: The View from the Metropole', in *The Oxford Handbook of the History of Eugenics*, (Oxford: Oxford University Press, 2010) p. 213). Urban life and industrialisation were seen as important contributory factors. All this led to the development of eugenics in the late nineteenth century (see Nils Roll-Hansen, 'Eugenics and the Science of Genetics' in *The Oxford Handbook of the History of Eugenics*, ed. by Alison Bashford and Philippa Lavine (Oxford: Oxford University Press, 2010) pp. 80-81).

The usual cause of incurable wounds to the lower body in courtly-love romances was sexual excess or adultery,²⁷² only ameliorable through chastity, acts of selfless love, or even death.²⁷³ In Lawrence's Tantric schema, however, Clifford's crime concerns his *lack* of sexual connection, his inability to 'fuck with [a] warm heart' (*LCL* 206), a result of his overdeveloped thoracic will. Clifford's only hope of salvation is the formation of the right kind of sexual connection with another capable of activating a mutual downward flow of kundalini energy, transforming both lovers' lower centres of consciousness. Perversely, however, Clifford is denied any means to carry out this salvific sexual act, not just because of his class legacy and inherently cold disposition, but also because of the nature of his physical impairment. Connecting sexually with Connie in anything other than an active, penetrative genital coitus on his part is not only unacceptable in Lawrence's body philosophy, but would also exacerbate the very chakra imbalances that have contributed to Clifford's wounds in the first place.

Alternative, achievable forms of sexual arousal and satisfaction for Clifford and Connie are firmly out of the question. Masturbatory sexual activity, for example, quite possible despite Clifford's paralysis, is condemned by Lawrence as a form of depravity leading to mental self-absorption and preventing the formation of a regenerative connection with another person.²⁷⁴ Even intercourse in which the woman waits for the man to experience orgasm before actively achieving her own satisfaction is prohibited in *Lady Chatterley's Lover*, such women being the target of Mellors' murderous outpourings (*LCL* 203).

The impact of Clifford's rampantly overdeveloped thoracic centre, with no lower body sensuality available to reign it in, is to turn him into 'a creature with a hard, efficient shell'. He becomes:

Degeneration and regeneration, both of nations and individuals, is a recurring theme in Lawrence's writings. In *Lady Chatterley's Lover*, it is the upper classes who are dying out due to an inherent hardness and 'lack of warmth' (*LCL* 72) epitomised by the heirless Clifford, whose family line is withering (*LCL* 12). But the working-class are problematised too, the miners having regressed to subhuman, 'weird fauna of the coal seams.' (*LCL* 159) Exceptional individuals like Mellors are the best hope for the future. For a detailed study of the influence of Darwinism on Lawrence's writing see Ronald Granofsky, *D. H. Lawrence and Survival*, (London: McGill-Queen's University Press, 2003). For an exploration of the significance of eugenics and notions of degeneration in a range of Modernist writers see Donald J. Childs, *Modernism and Eugenics*, (Cambridge: Cambridge University Press, 2001), and for a discussion of work, class and degeneration in *Lady Chatterley's Lover* see Morag Shiach, 'Work and Selfhood in *Lady Chatterley's Lover*', in *The Cambridge Companion to D. H. Lawrence*, ed. by Anne Fernihough (Cambridge: Cambridge University Press, 2001), pp. 87-102.

²⁷² Margit M. Sinka, 'Wound Imagery in Gottfried von Strassburg's "Tristan"', *South Atlantic Bulletin*, 42, (1977), 3-10 (pp. 3-4) <<http://www.jstor.com/stable/3199059>> [accessed 10 September 2020].

²⁷³ Sinka, 'Wound Imagery', pp. 5-7.

²⁷⁴ James C. Cowan, 'Lawrence, Freud and Masturbation' *Mosaic: A Journal for the Interdisciplinary Study of Literature*, 28, (1995), 69-98, (pp. 69, 72) <<https://www.jstor.org/stable/24782212>> [accessed 4 May 2018].

one of the amazing crabs and lobsters of the modern industrial and financial world, invertebrates of the crustacean order, with shells of steel, like machine, and inner bodies of soft pulp. (*LCL* 110)

Like ‘a skeleton, sending out a skeleton’s cold grisly *will*’ (*LCL* 194), Clifford disavows the sensual world and asserts his belief in the supremacy of his mental will. He asserts:

‘Neither my mind nor my will is crippled, and I don’t rule with my legs’ (*LCL* 182).

Clifford’s carapace of ruddy vigour conceals a deepening fear and void which can only be filled with sound and activity: playing games and secretly savouring the local gossip with Mrs Bolton, listening to the radio or tapping at his typewriter. And when his writing project can no longer keep the void at bay, Clifford finds another project, modernising the mine, which gives him ‘a new sense of power’ (*LCL* 105).

Not everything about the thoracic ganglion is negative, it should be stated. According to Lawrence, it ‘fills the shoulders with strength’ (*PU* 27), and has a ‘strong rejective force’ which balances the tendency to merge with another individual through the sympathetic heart centre (*PU* 34). Lawrence also associates learning to explore, touch, and feel through the use of the arms and hands with this centre (*FU* 90). But the quality of this thoracic touch and feel is of a particular kind: rather than the touch of intimacy and healing that derives from the dark flow of the lower sensual centres, of which Clifford is made incapable, it is the touch of the scientist seeking objective knowledge of the world, exemplified in Clifford’s appetite to find things out, get a grip on the pit, and his objectification of the men whom he views as components of the pit machine (*LCL* 108, 15-16). It is a critical ‘curiosity’ that mentally assesses through the eyes in the full glare of light, rather than connecting and understanding intuitively and sensually in the dark (*FU* 101).

The cold will of the upper centre is in contrast to the hot will of the lumbar centre, which manifests as temper and masterfulness, and is found in Mellors’ fiery, sexual relationship with Bertha, his estranged wife; a relationship which degenerates into power games. While none of the centres is bad in itself, it is the balance and interplay within and between individuals that is key: ‘We either love too much, or impose our will too much, are too spiritual or too sensual’ (*FU* 89). In a more harmonious state, the thoracic centre is a source of eagerness to learn about things, and to invent (*FU* 84). But Clifford shows no signs of any such redeeming features.

While Clifford’s thoracic chakra imbalance is readily diagnosable, the origin and nature of Mellor’s malaise is more complex, but there are clues to be found in his back-story including his prior relationships and army experiences. Mellors, who is ‘quite as clever as

Sir Clifford', won a grammar-school scholarship like Lawrence; but fearful of the world he retreats, and chooses instead to work with the pit ponies (*LCL* 145). His first love affair is a 'romantic' relationship with a schoolmaster's daughter based around literature, talking and ideas – rather like Connie and Clifford. But the problem is sex; she wants him to kiss her and talk to her but not 'the other'. A subsequent affair with a more experienced woman, a teacher, follows a similar path (*LCL* 200). When Bertha Coutts returns to Tevershall, a woman Mellors already knew from childhood, he sees in her a 'sensual bloom'; here is a woman who is not frightened of sex. After taking up with her, Mellors lets go of his intellectual ambitions and stops talking "fine"; he wants to be common. But once they are married their relationship quickly deteriorates into a sexual power struggle, and the arrival of a child heralds the final death knell of their relationship (*LCL* 201).

In 1915, soon after his split with Bertha, Mellors joins the army. He is sent out to India where an older, unmarried Indian colonel 'took a fancy to him', promoting him to lieutenant. He spends time as a blacksmith to the cavalry in Egypt but then returns to India and travels with the colonel up to the northwest frontier border with Afghanistan before becoming ill (*LCL* 92). Mellors experiences a 'blind thoughtless life with the horses' and with the Indian colonel 'whom he had loved' and let run his life. When the colonel dies of pneumonia Mellors is on the brink of being made a captain, but he too becomes ill and very nearly dies (*LCL* 141, 216).

In contrast to his angry rant against women, Mellors' description of his relationship with his colonel is suffused with love and gratitude, adoration even. But after all that has happened – his failed relationships, the death of his colonel and then his health crisis – nothing matters to Mellors anymore. He cares about no one, not even his own child or mother, and certainly not his estranged wife. Returning to Wragby, Mellors is disconnected from the wider world, 'alone and apart from life' simply 'existing from day to day, without connection, and without hope' (*LCL* 141). In contrast to Clifford's cold will and rages, Mellors' 'wound' manifests in his melancholic temperament. He is solitary and fearful of the future, prone to fits of gloom, and bouts of bad temper wherein he cannot "quite digest [his] bile" (*LCL* 168), rather like Lawrence who found it hard to 'digest [his] inward spleen' (vii. 574). While Mellors is energetically heavy and torpid, the root of the problem does not appear to be with the lower centres; although somewhat dormant, Mellors' loins and legs exhibit all the signs of capacity for Lawrence's lower-centre *jouissance*. The location of Mellors' 'wound' is in his chest, evidenced by his weak heart and lungs, the organs of the sympathetic heart centre. Through the outward flow of this centre the individual is able to encounter the other: 'Now I look with wonder, with tenderness, with

joyful yearning towards that which is outside me' (*LCL* 82). But if this centre is pushed too hard by caring too much, the lungs are 'burnt' and the heart 'strained' resulting in 'phthisis' (*FU* 93). Having failed in his relationships with women and let go of his homoerotic desires, Mellors is at rock bottom. His challenge is to open himself up to another relationship without losing his individuality; to maintain the 'there I am' of the solar plexus (*FU* 74).

Mellors' links to India and Egypt hint at access to ancient esoteric knowledge and practices, underlined by the presence of three books on India on his bookshelf that he reads to calm himself (*LCL* 212, 120). His relationship with the Indian colonel has the quality of a neophyte learning from the master, a rite of passage to manhood, responsibility, and the leadership role he has hitherto evaded. While homo-erotic friendships or desire for a blood brother is a prevalent theme in Lawrence's novels, and despite Lawrence's own attraction to men, he was strongly condemnatory of homosexual relationships for the same reasons as his censure of masturbation: the absence of polarity in self-pleasuring or in homosexual sexual activity, which is present in heterosexual coitus. For Lawrence, male-female relations, while difficult, open up the possibility of entering the world of another.²⁷⁵ Mellors senses that his connection with Connie could be the catalyst that will bring him back to life (*LCL* 143), but this is not a wholly welcome prospect; it requires him to "be broken open again" when all he wants is to be left alone (*LCL* 118).

Yet, Mellor's connection with the colonel has enabled him to experience the touch between men, 'that natural, physical tenderness' which the narrator describes as 'cunt awareness' (*LCL* 277).²⁷⁶ Although an ironic term to describe male physical closeness, Lawrence is suggesting that there is a feminine quality in men that needs to be released in order for bodily awareness and tenderness to flourish between them, albeit 'in a proper manly way' (*LCL* 277). This is the preparation for the male-female touch that is to come. Had Mellors stayed in the army and continued under his colonel's guidance, he may have become like Tommy Dukes: a great leader of men but unable to achieve a Tantric awakening without the right sort of connection with a woman. Mellors has to 'come into tender touch, without losing his pride or his dignity or his integrity as a man' (*LCL* 279). Having met Connie, herself ailing and desperate for touch, Mellors has the chance not only to form a

²⁷⁵ Howard J. Booth, 'D. H. Lawrence and Male Homosexual Desire', *The Review of English Studies* New Series, 53, (2002), 86-107, (p. 89) <DOI: 10.1093/res/53.209.86> [accessed 2 February 2020].

²⁷⁶ The close bonds and physically expressive relationships that developed between men in The Great War are beautifully and compassionately described by Santanu Das in *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005). See in particular Part II 'Intimacies' pp. 109-172

relationship that makes possible bodily and spiritual rebirth, but also to re-engage with the world and take up the wider responsibilities he has avoided.

Renewal

Mellors' renewal is achieved through a series of ritualised sexual encounters with Connie, mostly taking place in the Eden-like woods surrounding Wragby Hall. As Doherty highlights, it was Frank Kermode who first noted the seven-stage process of liberation in the form of initiation, awakening and rebirth, articulated by Lawrence in *Apocalypse*, which provides the structure of *Lady Chatterley's Lover*:²⁷⁷

The old Adam is going to be conquered and die, and be reborn as the new Adam: but in stages, in seven-fold stages: or in six stages, and then a climax, seven. For man has seven levels of awareness, deeper and higher: or seven spheres of consciousness. And one by one these must be conquered, transformed, transfigured. (*AWR* 101)

Doherty develops this idea further by setting out a purely Tantric understanding of the structure of the novel, in which the first section is concerned with quietening the over-stimulated, chattering upper chakra activity; the second with Connie's awakening and gradual reversal in her flow of life from her head to her lower body; and the final section with celebrating the release of the lower sensual centres achieved by the lovers.²⁷⁸ This seven-stage process is closely mirrored in Connie and Mellor's first seven sexual encounters, which form their journey towards transformation and renewal, in sharp contrast to Clifford's regressive relationship with Mrs Bolton.

From her first meeting with Mellors, Connie's reaction to him is primarily physical and wordlessly epiphanic. When she comes upon him washing himself outside his cottage, it produces a reaction in the middle of her body, first in her solar plexus and then in her womb, the sacral centre. As a result of this encounter, she strips herself naked on her return home to squarely assess herself and her situation (*LCL* 66, 70-1).²⁷⁹ This ritual undressing and self-accounting hints at the ceremonial encounters to come between the lovers.

Connie and Mellor's first, largely silent, sexual encounter – preceded by Clifford's verbal lovemaking to Connie – fills them with a brief moment of peace (*LCL* 116-7). The second episode is characterised by Connie's state of physical disconnection, in which she observes what is going on outside of her body as tensions mount between the lower and upper

²⁷⁷ Frank Kermode, *Lawrence* (London: Fontana, 1973), p. 140.

²⁷⁸ Doherty, *Oriental Lawrence*, pp. 123-5.

²⁷⁹ Doherty, *Oriental Lawrence*, p. 128

centres. In the third and fourth encounters, Connie is no longer interested in engineering her own orgasms, or trying to ‘get a grip for her own satisfaction’. Her orgasms are watery, and they dampen down her upper chakra chatter (*LCL* 133-4, 174). In these first four encounters, the upper centres are quietened, and the desire to control allayed.²⁸⁰

The next three encounters are more ritualised and relate to the lower centres. Doherty describes them as relating to ‘fire, water and earth’, and the ‘colours, emblems, attitudes and soteriological forces’ of the traditional chakra symbols. The fifth encounter is centred on the solar plexus, relating to the sun and personal power, taking place after Mellor’s angry rant.²⁸¹ Mellors rages about his wife Bertha and certain types of women in general, but finally holds himself to account, saying: “Do you not think I don’t know what a broken-backed snake that’s been trodden on I was myself!” (*LCL* 199-206). Commonly viewed as a deeply misogynistic tirade, this passage can also be understood as an encounter with dissolution and death, a rite of passage in which the neophyte must confront their own death drive and mortality, and release those feelings and beliefs that have held them back, most famously enacted in the argument between Ursula and Birkin in the ‘Excuse’ chapter (*WL* 306-12).²⁸² Mellors has touched the deepest most repugnant aspects of himself and reached a low point of nihilism: “‘There’s black days coming – for all of us and everybody’”. But then he finds he does believe in something:

“I believe in being warm-hearted. I believe especially in being warm-hearted in love, in fucking with a warm heart. I believe if men could fuck with warm hearts, and the women take it warm-heartedly, everything would come all right”. (*LCL* 206)

The next morning their lovemaking occurs during sunrise, an invocation to the sun and the solar plexus chakra. The anger of the night before, a dominant trait of the solar plexus chakra until transmuted to joy by kundalini, has been purged. At the end of their lovemaking, Mellors, in his broadest vernacular, asks Connie to speak no more. He sits with his hand ‘on her mound of Venus... and himself sat still and naked on the bed, his face motionless in physical abstraction, almost like the face of Buddha’ (*LCL* 212). This scene presents a static tableau reminiscent of the blissful sexual unions between deities such as Shakti and Shiva, a state beyond language that temporarily brings the narrative to a halt.

The sixth encounter evokes the imagery of flooding and sexual frenzy and takes place in the rain. It is directed by the predominantly female ‘genital’ or sacral chakra associated

²⁸⁰ Doherty, *Oriental Lawrence*, pp. 129-131

²⁸¹ Doherty, *Oriental Lawrence*, p. 132

²⁸² Doherty, *Oriental Lawrence*, pp. 101-2

with water, the excretory functions and lust. Connie is in her element here and assumes an active role in their exchange. Running naked into the rain, she performs her invocatory dance, her buttocks ‘rounded’ and ‘twinkling’, ‘full haunche[d]’, ‘belly forward’, ‘keen animal breast[ed]’ (*LCL* 221). Rejecting face to face intimacy, Mellors takes Connie from behind ‘short, sharp and finished, like an animal.’ Mellors’ libidinal talk now exalts her excretory functions: “‘an if tha shits an’ pisses, I’m glad’”. Just as Mellors is divinised as a Tantric Buddha in the previous encounter, Connie here is described in the likeness of a fertility goddess with full buttocks and a small head (*LCL* 221-223). Following this scene, they proceed to anoint each other’s major chakra centres – breasts, navels, and genitals – with flowers (*LCL* 227-9). The lovers have consummated the cosmic marriage of fire and water the ‘two great living elements and opposites’ (*AWR* 112). The next stage is the opening of the seventh seal in which the initiate must die to be reborn (*AWR* 106-07).²⁸³

The final Tantric encounter concerns the release of kundalini and the activation of the base chakra, situated between the genitals and the anus. This chakra relates to the earth, decay, death and ultimately renewal.²⁸⁴ To be awakened, this otherwise unrefined and heavy chakra requires a deep descent into matter.²⁸⁵ Once pierced, the individual is liberated from neuroticism and shame. In this encounter, widely understood to involve anal intercourse, Connie is described as being liberated, free to be her ‘her sensual self, naked and unashamed’. There is, however, a more disquieting aspect to this passage: Connie’s reduction to a ‘passive, consenting thing, like a slave’ (*LCL* 247). Nevertheless, the narrator ‘eulogizes’ this sex act which reveals the lies and hypocrisy at the heart of romantic love (*LCL* 247).²⁸⁶ Although traditionally a transformative sexual encounter of this importance would lead to the liberation of the crown chakra, here kundalini is released downwards, and the sexually taboo anal region becomes the site of liberation.

A final eighth lovemaking scene is described in the urban setting of Mellor’s London attic room after Connie’s return from Venice. Doherty argues that this meeting does not form part of the seven ritualistic encounters previously described as it lacks a Yogic subtext. Instead, domestic and financial concerns are foregrounded, with Connie announcing her pregnancy which produces panic in Mellors.²⁸⁷ However, I would suggest that the Tantric subtext is still present. While less rhapsodic, their sexual encounter displays more personal intimacy and tenderness, and Mellors here demonstrates, for the first time, his capacity to

²⁸³ Doherty, *Oriental Lawrence*, pp. 132-4.

²⁸⁴ Doherty, *Oriental Lawrence*, p. 132.

²⁸⁵ Leadbetter, *The Inner Life*, pp. 27-28.

²⁸⁶ Doherty, *Oriental Lawrence*, pp. 135-6.

²⁸⁷ Doherty, *Oriental Lawrence*, pp. 136-7.

reach out from his heart centre with love to Connie and the unborn child, without relinquishing his separateness or entering into power games (*LCL* 278-9). The bodily centres have been rebalanced, and the lower centres rejuvenated by kundalini, the ‘right’ kind of energetic connections have finally been established between the lovers. Free of the confines of Wragby, and their dysfunctional marriages, Connie and Mellors must take their chances in world.

Regression

While Connie and Mellor’s spiritual regeneration and restoration to health is achieved through a series of Tantric sexual encounters, Clifford’s journey towards a false regeneration is activated through his relationship with Mrs Bolton, driven by his domineering thoracic chakra.

Mrs Bolton, a handsome woman in her forties, nursed Clifford through scarlet fever when he was a child (*LCL* 79-80), characterising their relationship from the outset as one of carer and child. She is employed to care for Clifford when Connie becomes ill, and quickly insinuates herself with him. Mrs Bolton is used to playing the confident maternal figure with the wounded colliers but she is intelligent enough to realise the dynamic is different with Clifford. Fearful and in awe of him at first, she soon begins to revel in her subservience:

she became very mute, with her long handsome face and down-cast eyes, to administer to him. And she said very humbly: “Shall I do this, now, Sir Clifford? Shall I do that?”. (*LCL* 82)

This dynamic imbues Clifford with a sense of power, and he becomes ‘somewhat lordly’ with her (*LCL* 82). But the more she does for him, the more dependent he becomes on her, eventually letting her bathe him all over and shave him ‘as if he were a child’ (*LCL* 109).

Under Mrs Bolton’s influence, Clifford drops his writing ambitions to take on the ‘meat and bones’ of industry (*LCL* 107). Renewing his interest in the management of the pit, he visits his mine where he feels invigorated by the power he feels over the colliers: ‘*Now* life came into him!’ (*LCL* 108). Fired up by his new endeavour, Clifford hints at the possibility of a returning potency:

“Of course I may have a child yet. I’m not really mutilated at all. The potency may easily come back, if even the muscles of the hips and legs are paralysed. And then the seed may be transferred.” (*LCL* 147)

This is not such a ridiculous suggestion; paraplegia does not automatically signify impotence or sterility. While over eighty percent of men in World War I with spinal cord

injuries died of their wounds due to secondary infections and other complications, of those that survived, such as Clifford, the spinal cord lesion was more likely to be partial. The experience of World War II spinal cord injury veterans, a much more researched group of men, showed that over time many regained a level of sexual motor and sensation function that enabled them to father children.²⁸⁸ Even in the absence of such improvements, reflex erections via manual stimulation were possible, depending on the location of the spinal cord injury.²⁸⁹ We might ask: did Clifford really want to engage in sexual activity of any kind, or was his goal simply to produce an heir, preferably by some impersonal transference of ‘the seed’? (*LCL* 147). He had been indifferent about sex before his injuries and the narrator suggests that Clifford would not mind if the process of reproduction through sex were done away with altogether, sex being ‘merely an accident, or an adjunct: one of the curious obsolete organic processes which persisted in its own clumsiness.’ In conversation with his cronies, he declares: ‘All the love business, for example, it might just as well go. I suppose it would, if we could breed babies in bottles’ (*LCL* 12, 74). Clifford is quite happy to leave the messy business of physical entanglement behind, as long as he can worship Connie from afar and have a son to carry on the Wragby line, even if that son is sired by another man. The quivers of any real or imagined returning potency are driven, not by the yearning for physical intimacy and touch, but by a false desire directed towards success and money, stimulated by his relationship with Mrs Bolton (*LCL* 107).

Clifford and Mrs Bolton’s erotically charged encounters in the intimate space of Clifford’s bedroom pivot around salacious gossiping, milky drinks, games and betting. She brings him malted milk or camomile tea (*LCL* 139, 140), reminiscent of the nursery, and they play chess, piquet, cards, or pontoon in which Clifford engages ‘with strange lust’ until the early hours of the morning (*LCL* 214-5).

Matters reach a crisis when Clifford receives a letter from Connie telling him she has fallen in love with another man and wishes to be divorced. His response is that of an ‘hysterical child’. Having nursed soldiers, Mrs Bolton is very familiar with ‘male hysteria’ (*LCL* 288-9). Rather than attempting to fire-up his manhood, which she fears has all but gone, she

²⁸⁸ Beth Linker and Whitney E. Laemli, ‘Half a Man: The Symbolism and Science of Paraplegic Impotence in World War II America’, in *Phallacies: Historical Intersections of Disability and Masculinity*, ed. by Kathleen M. Brian and James W. Trent (New York: Oxford University Press, 2017), p. 128; see also William H. Donovan, Spinal Cord Injury – Past, Present and Future, *The Journal of Spinal Cord Medicine*, 30, (2007) 85-100, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2031949/#i1079-0268-30-2-85-b4>> [accessed 19th October 2018], p. 87.

²⁸⁹ Marika J. Hess and Sigmund Hough, ‘Impact of spinal cord injury on sexuality: Broad-based clinical practice intervention and practical application’, *Journal of Spinal Cord Medicine*, (2012), 35(4), 211–218, (pp. 211-2) <doi:10.1179/2045772312Y.0000000025> [accessed 18 October 2018].

encourages him to 'release his self-pity', causing Clifford to break down. He shivers, sobs, shakes, and clings to her 'like a child'. From that moment, Clifford becomes a man-child, his relationship with Mrs Bolton oscillating between that of mother-child and master-servant. As the child, he wants her to kiss his body all over, to 'rest his head on her breast' and to 'feel her breasts, and kiss them in exaltation, the exaltation of perversity, of being a child when he was a man' (*LCL* 290-1).

Mrs Bolton is 'both thrilled and ashamed', 'loves it and hates it'. She becomes 'the Magna Mater', enjoying her influence over the 'great blond man child' (*LCL* 291). Clifford has reached the apex of his transformation: on the outside 'a *real* business-man', 'sharp as a needle, and impervious as a bit of steel', 'quite inhuman', but only able to sustain this role through a counterbalancing masochistic infantilism (*LCL* 291-292). Mrs Bolton considers Clifford to be 'getting on' but also despises him:

He was to her the fallen beast, the squirming monster. And while she aided and abetted him all she could, away in the remotest corner of her ancient healthy womanhood she despised him with a savage contempt that knew no bounds. (*LCL* 292)

Doherty characterises Clifford's breakdown as a perverse regression through Freud's three stages of child development, oral, anal, and genital,²⁹⁰ arguing that Lawrence knowingly and ironically draws on Freud in his writing of the 'Chatterley/Bolton' relationship. The destruction of Clifford's 'genital primacy', and the irreversibility of his mutilation, ensures that Clifford is prevented from gaining genital potency and psychological recovery, setting him on a journey from anal fixation to oral obsession,²⁹¹ and providing the counterpart to the Connie/Mellor's forward journey towards genital and anal release.²⁹²

Clifford, Doherty suggests, exhibits the classic sado-masochistic desires for mastery and to be mastered, the key manifestation of anal stage fixation, along with his preoccupation with money, his renewed interest in the coal pit, the excitement of being underground and converting coal into cash.²⁹³ His ecstatic fixation on Mrs Bolton's breasts contrasts with the lack of reference to mouths and breasts in encounters between Connie and Mellors, according to Doherty.²⁹⁴ Doherty acknowledges that it is not easy to justify the anal aspect of the Mellors-Connie relationship when the Chatterley-Bolton anality is clearly understood to be perverse. However, he argues that it is made abundantly clear of whom

²⁹⁰ Gerald Doherty 'The Chatterley/Bolton Affair: The Freudian Path of Regression in *Lady Chatterley's Lover*', *Papers on Language and Literature*, 34, (1998) 372 – 387, p. 373.

²⁹¹ Doherty, 'The Chatterley/Bolton Affair', p. 376.

²⁹² Doherty, 'The Chatterley/Bolton Affair' p. 378

²⁹³ Doherty, 'The Chatterley/Bolton Affair', p. 383.

²⁹⁴ Doherty, 'The Chatterley/Bolton Affair', p. 383.

we should approve and of whom we should censure by the celebratory tone of Connie and Mellors' anal explorations, which is sharply juxtaposed with the condemnatory narration of Mrs Bolton's 'voluptuous "handlings"' of Clifford.²⁹⁵

While Doherty's chakra-based analysis of Connie and Mellors sexual odyssey in his 2001 publication is convincing, his reading of Clifford's regression as Freudian in an earlier paper, is problematic. The sado-masochistic aspect of the relationship is clearly present, but Doherty's assertion that we are to understand Clifford's Freudian anality as reprehensible and Mellors' base-chakra anality as a cause for celebration on the basis of an authorial interjection about 'the novel', and how it can direct our sympathies in the right direction (*LCL* 101),²⁹⁶ strains the interpretation and fails to explain why one is acceptable and the other reprehensible. Furthermore, even a cursory glance at the text reveals more references to breasts and mouths in relation to Connie and Mellors than between Clifford and Mrs Bolton. Mellors is described as 'softly stroking her loins or her breasts' (*LCL* 121), making her breasts swing 'like golden bells' (*LCL* 209) and even pressing her breasts up over his ears, to block out the sound of the pit hooters (*LCL* 211); yet there is nothing to suggest that Mellors is stuck in a regressive oral stage. Rather than a Freudian regression, Clifford's metamorphosis into the hard businessman, and the breakdown that finally releases the man-child, could be understood in terms of Lawrence's chakra schema. Clifford has suffered a break-down of his intuitive 'psyche', resulting in the complete take-over of all his spontaneous centres of consciousness by his thoracic will. Clifford's mind has become automated as a result (*PU* 42-43). His transformation into a man-machine, the flip side of the monstrous 'squirming' child, is now complete.

At the beginning of this chapter I suggested that Lawrence identified with Clifford as much as he did Mellors, and that he drew on his personal experiences of illness and convalescence in the formation of both characters. The description of Clifford resting his head on Mrs Bolton's bosom is strikingly similar to a scene described by Lawrence's friend Rhys Davies when, on entering Lawrence and Frieda's room one day, he found them 'in bed under a tumbled counterpane of crimson velvet, Lawrence's bearded head nestling contentedly on a hearty bosom refreshed by a fortnight's breathing of its native air.'²⁹⁷

We might also view Frieda as the inspiration for Mrs Bolton as well as Connie. Indeed, the two relationships, Mellors-Connie and Clifford-Mrs Bolton, can be understood to represent

²⁹⁵ Doherty, 'The Chatterley/Bolton Affair', p. 381.

²⁹⁶ Doherty, 'The Chatterley/Bolton Affair', p. 381.

²⁹⁷ Rhys Davies, *Print of a Hare's Foot* (Dodd Mead, 1969), p. 157, cited in Worthen, *Life of an Outsider*, p. 393.

distinct stages in Frieda and Lawrence's relationship. There are strong parallels between the trapped Connie and an increasingly exasperated Frieda who wished to spend more time with Ravagli. In a letter to her mother of May 1928 Frieda described her desire to pull away from Lawrence:

with every bit of inward strength I make myself slowly freer, I can't bear always just living his illness – and always just sacrificing myself – that's not what I understand of life.²⁹⁸

She even listed the dreary tasks which formed the routine of looking after the sick Lawrence, including the nightly malted milk drink.²⁹⁹

Her pulling away sounds remarkably like Connie's withdrawal from Clifford:

It was as if thousands and thousands of little roots and threads of consciousness in him and her had grown together into a tangled mass, till they could crowd no more, and the plant was dying. Now quietly, subtly, she was untangling the tangle of his consciousness in hers, breaking the threads quietly, one by one, with patience and impatience, to get clear. (*LCL* 83)

Freida struggled to live with Lawrence and his illness in his last years, in despair that what she had always considered to be her ability to heal him physically through simple bodily contact no longer revived him (*NIBW* 289). Nevertheless, while Connie makes a clear break from Clifford in the novel, Frieda was with Lawrence at the end, despite her frequent trips to spend time with Ravagli. We can only wonder what Lawrence felt as he wrote of Connie and Mellors' hopes for a new life together while facing the end of his. Perhaps Lawrence came to terms with Freida's affair, even celebrating the pleasure and renewal this liaison might afford her in his writing of Connie. But if Lawrence identified with both men, perhaps we should not lose sight of Clifford's rage towards Connie and the more difficult emotions Lawrence may have harboured as he sensed Frieda quietly 'breaking the threads' of their physical intimacy as she directed her desire elsewhere.

²⁹⁸ Letter from Frieda Lawrence to Anna Von Richthofen, April 1928, (University of Texas), tr CR – W And JW, cited in Worthen, *The Life of an Outsider*, p. 375.

²⁹⁹ Letter from Frieda Lawrence to Anna von Richthofen, 28 December 1927, (University of Texas), tr. CR-W and JW, cited in Worthen, *The Life of an Outsider*, p. 370.

Chapter 5: Abject Clifford – The Lawrence Shadow

This thesis has explored a variety of fictional, epistolary, and non-fictional texts from the perspective of Lawrence as a disabled writer. Using a social model of disability and drawing on biographical research, an alternative understanding of Lawrence's response to his own health problems has been considered; one in which the practical reasons why Lawrence might disassociate himself from illness and wish to avoid the use of the term 'tuberculosis', let alone enter a sanatorium, are presented. Lawrence's use of 'masquerade' during his military examinations, the influence of these examinations on 'The Nightmare' chapter of his novel *Kangaroo*, and, later, his need to 'pass' at the Mexican border, foreground the social factors that influenced his behaviours and motivations in regard to his health, and demonstrate Lawrence's razor-sharp insights into the mechanisms by which bodies, particularly male bodies, were constructed and controlled by the medical and military authorities.

The analysis of *Lady Chatterley's Lover* has contextualised the novel within Lawrence's mind-body philosophy, more specifically tracing the development of the two key male characters from a biographical and disability perspective that also considers the aetiology and progression of their particular mind-body afflictions in light of Lawrence's chakra somatology. Lawrence put his somatology very much in the service of constructing a male body that can feel and touch and be touched; a body that does not always conform to contemporaneous notions of the desirable male body. However, Lawrence's body schema requires a clearly 'wrong' kind of body too, in the form of Clifford, who is progressively dehumanised, first becoming a 'creature': a 'crab' or 'lobster' (*LCL* 110), then a 'skeleton' (*LCL* 194-5), finally to be re-fleshed and reborn as 'the squirming monster' (*LCL* 292). This is in contrast to the 'right' kind of body, Mellor's body, even though that body is also imperfect. Lawrence's repurposed Yoga schema produces a somatology that selectively approves and condemns particular bodily shapes, linking them to psychological characteristics, diatheses and even classes. His schema creates its own disability stereotypes and a disability and illness hierarchy in which Clifford is presented as abject.

Relevant to Lawrence's classification of bodies is the distinction that has been made between visible and invisible disabilities, permanent and fluctuating conditions, and the unwell and healthy disabled. Such distinctions help to tease out a more fine-grained awareness of disability experiences, disability metaphors and the operation of stigma. Clifford, permanently and visibly disabled, becomes symbolic of immutable psychological and sexual pathologies. The right kind of body on the other hand, exemplified by Mellors,

conceals an invisible disability in the form of a relapsing and remitting chronic health condition. Wendell argues that bodies prone to fluctuating states may increase the sense of personal responsibility for one's illness more than for those with a permanent, unchanging disability. Remitting and relapsing conditions also open up the possibility of cure.³⁰⁰ Lawrence never let go of the desire to be healed, but for him this involved so much more than the removal of physical disease: it entailed nothing less than the restoration of psychological, spiritual, and even social vigour.

Lady Chatterley's Lover is widely considered to be a flawed novel, and the treatment of Clifford is considered one of its major shortcomings. As Ruderman notes, Clifford is denied any access to redemption, unlike Mellors who can still hope to find health and wholeness through his sexual relations with Connie, echoing Lawrence's own experience of surviving pneumonia in 1911, to emerge "a resurrected man".³⁰¹ But it seems that Lawrence had no desire to imagine ways in which Clifford and Connie could connect sexually. His writing about sex in the novel validates a very circumscribed range of sexual activity – active male penetration and passive female reception – activity that would be difficult, if not impossible, for Clifford to achieve. At the same time, Clifford's options for sexual intimacy, such as those afforded by his erotic connection with Mrs Bolton, are all condemned as perversion. Without the possibility of a downward flow of kundalini through the legs, Clifford is doomed to a pathological libido that can only be sublimated upwards to the head, finding expression in creative and industrial vanity projects.

Denying Clifford any path to sexual connection and redemption leads to interesting narrative consequences. Typically, disabled characters in texts present 'a problem in need of a solution',³⁰² the resolution usually achieved through the atonement or cure of deserving disabled characters, or the punishment and even death, of non-deserving characters. By resolving the situation of the disabled character, normality is restored and the discomfort produced by confrontation with bodily difference is relieved.³⁰³ This is not the case in *Lady Chatterley's Lover*, however; the writing of Clifford disrupts all the narrative expectations of disability in that he does not die, get better, become a better person, or disappear. He remains firmly put in Wragby, refusing to divorce Connie, and intent on putting obstacles in the way of the lovers. The uncertainty that characterises the

³⁰⁰ Wendell, 'Unhealthy Disabled', p. 29.

³⁰¹ D. H. Lawrence, *The Virgin and the Gipsy*, ed. by Michael Herbert, Bethan Jones and Lindeth Vasey (Cambridge: Cambridge University Press, 2014), p. 58. Major Eastwood refers to the Gipsy (who nearly died of pneumonia) as being "a resurrected man" to him. Tommy Dukes also exclaims: "Give me the resurrection of the body!" (LCL 75).

³⁰² Mitchell and Snyder, *Narrative Prosthesis*, p. 47.

³⁰³ Garland-Thompson, *Extraordinary Bodies*, p. 15.

end of the novel is not just the result of Mellors' fear and forebodings of 'bad times' ahead, (*LCL* 300); it is also created by the lack of resolution of disability within the narrative, contributing to the 'aesthetic nervousness' that pervades the novel and prevents the reader from slipping unquestioningly into a familiar narrative account of disability. This breakdown of the aesthetic domain, arguably, allows ethical concerns to surface and causes the representation of disability to swing awkwardly between the two perspectives.³⁰⁴

There are various narrative devices employed within the novel that contribute to these moments of disorientation. The first of these concerns the use of focalisation and narratorial interjections. The lack of focalisation on Clifford makes it hard for the reader to empathise with him, in contrast to the much greater level of insight provided into the other characters' reactions to Clifford – mostly pity, fear, and revulsion. The narratorial treatment of Clifford is hostile, although the condemnation is never quite absolute: the narrator interrogates his own damning conclusions on occasions, allowing doubts to leak through, and creating the possibility that some misjustice towards Clifford may have been committed.

A further point of aesthetic nervousness can be found in the creation of static tableau scenes in which the narrative falters. In relation to Mellors and Connie, their tableau scenes show the lovers in moments of wordless bliss or revelation such as Mellors' Buddha-like state and Connie's first sighting of Mellors as he washes himself (*LCL* 212, 66). Less commented on, however, are tableaux relating to Clifford which also halt the narrative, though not through moments of sublime transcendence. In these tableaux Clifford, arguably, becomes a spectacle in which the reader is made complicit in an act of staring. One such moment occurs during a description of Clifford descending into the mine:

he went down in a tub, and in a tub was hauled out into the workings [...] He sat there, crippled, in a tub, with the underground manager showing him the seam with a powerful torch. And he said little. But his mind began to work.
(*LCL* 107)

The scene is suggestive of a freak show. The narrative falters as those observing strain to comprehend the spectacle of the 'crippled' Lord of the Manor 'in a tub', the repetition of the latter phrase serving to emphasise Clifford's impairment. Clifford is rendered even more bizarre and uncanny by the juxtaposition of his paralysed body and his overactive brain which begins to click into gear like a mechanical device as he hangs suspended.

³⁰⁴ Quayson, *Aesthetic Nervousness*, p. 19.

A second example features a fully regressed, preverbal (in contrast to his unstoppable verbosity and mentalising as a man), and rapturous Clifford in the arms of Mrs Bolton:

And he lay with a queer, blank face like a child, with a bit of the wonderment of a child. And he would gaze on her with wide, childish eyes, in a relaxation of Madonna-worship. It was sheer relaxation on his part, letting go all his manhood, and sinking back to a childish position that was really perverse. And then he would put his hand on her bosom, and feel her breasts, and kiss them in exultation, the exultation of perversity, of being a child when he was a man. (*LCL* 291)

Clifford's regressive silence forms a symmetry with the transcendent silence of Mellors and Connie. But rather than the erotic sublime, this is a confrontation with the sexually perverse and abject, the 'the squirming monster' (*LCL* 292), forming a counter-sublime of disgust and revulsion.

Clifford in his wheelchair represents Lawrence's worst nightmares. His paraplegia becomes a shorthand for a host of psychological, physical and social ills, including the pervasive link that has been made between lameness, impotence and spiritual and emotional sterility in literature since Classical times.³⁰⁵ He is the embodiment of, and dumping ground for, everything Lawrence hated, not only in the upper classes and industrialists, the intellectuals and scientists, and those who live self-consciously in their heads out of touch with their bodies, but also of those aspects of his own being and situation at that time. Clifford is subject to the 'excess of meanings', and the compulsion to interpretation forced on disability both in literature and in real life.³⁰⁶ At times almost a pantomime villain, Clifford is a casualty of Lawrence's somatology, doomed by metaphors and correspondences that construct his whole being in a negative light.

Lawrence was well aware that utilising Clifford's paraplegia as a key symbolic device was controversial. He wrote in *Apropos of 'Lady Chatterley's Lover'*: 'literary friends say, it would have been better to have left him [Clifford] whole and potent, and to have made the woman leave him nevertheless' (*ALCL* 333). This approach would have avoided the conflation of Clifford's physical disability with both psychological and social states which fix his narrative to an inevitable trajectory, yet, these are exactly the kinds of connections Lawrence wanted to make. For better or worse, he remained faithful to his first instincts.

It is interesting to note how Lawrence considers the problems caused by Clifford's paraplegia to be unfair to Connie rather than Clifford:

³⁰⁵ Quayson, *Aesthetic Nervousness*, pp. 32-3.

³⁰⁶ Quayson, *Aesthetic Nervousness*, p. 4.

As to whether the “symbolism” is intentional – I don’t know. Certainly not in the beginning [...] They [Clifford and Connie] just came, pretty much as they are. But the novel was written, from start to finish, three times. And when I read the first version, I recognised the lameness of Clifford was symbolic of the paralysis, the deeper emotional or passionate paralysis, of most men of his sort and class today. I realised that it was perhaps taking an unfair advantage of Connie, to paralyse him technically. It made it so much more vulgar of her to leave him. Yet the story came as it did, by itself, so I left it alone. Whether we call it symbolism or not, it is, in the sense of its happening, inevitable. (*ALCL* 333)

Given the evidence that Lawrence partially identified with Clifford, his writing of him is baffling. As Worthen points out: ‘The novel shows less sympathy for the husband than would seem possible for a writer who must have been concerned by Clifford’s predicament, and whose own lack of desire troubled him so much.’³⁰⁷ This comment assumes, however, that someone ill or disabled, like Lawrence, will automatically feel empathy or pity for another with a similar condition, but as discussed in Chapter 2, Lawrence often refused to identify with, or express empathy towards, those who suffered from consumption or any other ailment. For example, he ridicules the user of an ear trumpet despite his own mild deafness:

I feel with you, dear reader, as I do with a deaf man when he pushes his vulcanite ear, his listening machine, towards my mouth. I want to shout down the telephone ear-hole all kinds of improper things, to see what effect they will have on the stupid deaf face at the end of the coil of wire. After all, words must be very different after they’ve trickled round and round a long wire coil. Whatever becomes of them! And I, who am a bit deaf myself, and may in the end have a deaf machine to poke at my friends, it ill becomes me to be so unkind, yet that’s how I feel. So there we are. (*FU* 73)

He even expressed contempt for Katherine Mansfield when, she claimed, he wrote: ‘I loathe you, you revolt me stewing in your consumption’ (iii. 47). Yet, at other times he was acutely sensitive and solicitous towards those dealing with illness, such as his friend Gertie Cooper whose lung was eventually removed as a result of tuberculosis (letter to Gertie Cooper 23 September 1926, v. 541). Lawrence felt that the more one thought about illness, the more ill one would become, commenting in relation to Gertie’s gruelling operation: ‘If one let it work on one’s imagination, one would get ill out of very horror’ (vi. 48). He did not esteem or elevate suffering and illness, neither did he see it as a path to something greater. Mostly he saw disability as a sign of psychic dysregulation, an indicator that one was to blame for living one’s life in the wrong way, only remediable through profound psychological change and the cultivation of the right kind of relationships.

³⁰⁷ Worthen, *The Life of an Outsider*, pp. 352-3.

It is no surprise, therefore, that Clifford is written not only as a physically disabled character, but also as spiritually hollow and psychologically neurasthenic. Nevertheless, while there may be explanations for the exaggeration of his character (to dramatise the text, for example), we still need to dig deeper to understand the impetus for the narrator's unaccountably harsh portrayal of Clifford, one that became more hostile over the writing of the three drafts of the novel. If Lawrence hoped to experience vitality and physical renewal through his writing of Mellors, an outcome he might still have yearned for in his private life, did he also imagine purging himself of the attitudes and behaviours that he felt made him ill in his writing of Clifford? Might we see Clifford as Lawrence's shadow self, a figure onto whom he projects his scorn, disgust and bitterness at his own physical deterioration and psychic failings, rather like a form of exorcism?

Marina Ludwigs asks similar questions:

With such an eruption of animosity toward a character, a question that suggests itself is whether this is not an act of disavowal we are witnessing – “no, I am not Clifford Chatterley!” – which in turn suggests that the narrative is covering up an authorial projection onto a figure of absolute abjection. While the author wants to be Mellors, in whose mouth he puts his vitalist credo, he suspects that in reality he is Clifford. Who would be a more fitting figure of identification for the author than another highly literate character and writer?³⁰⁸

This conclusion is highly plausible, although Ludwigs' suggestion that it is a purely unconscious projection does quite not ring true. In light of Frieda's comments about Lawrence's knowing identification with both men, Lawrence's treatment of Clifford would appear to be more considered than is suggested by Ludwigs. Lawrence had no hesitation in using material from his own life, but his tendency to rewrite and thoroughly rework his novels, including *Lady Chatterley's Lover*, suggests that by the end of this process, raw biographical material would be thoroughly transformed by the creative writing process. For Lawrence, alchemically transmuting his personal experience through writing was part of the medicine: ‘One sheds one's sickness in books – repeats and presents again one's emotions, to be master of them’ (ii. 90). Writing out his illnesses allowed him a sense of control over his own health, and this insistence on maintaining control and living by his personal philosophy was a powerful placebo which probably extended his life.³⁰⁹ There is a paradox here however: while often helpful to the individual, personal illness narratives and

³⁰⁸ Marina Ludwigs “A Democracy of Touch”: Masochism and Tenderness in D. H. Lawrence's *Lady Chatterley's Lover*, *Anthropoetics*, 16, (2011), (para 76)
<<http://anthropoetics.ucla.edu/ap1602/1602ludwigs/>> [accessed 17 November 2020].

³⁰⁹ After being diagnosed with stage III tuberculosis in 1925 and given only a year or so to live, Lawrence lived for a further 5 years.

philosophies are not always politically correct. Aspects of Lawrence's somatology are deeply victim blaming and his insistence on linking physical illness and disability with corresponding psychological disturbance further stigmatising.

The formation of psychological narratives is central to the way many individuals make sense of their personal experiences of physical disability and illness, but in so doing they may draw on psychological models and language that are oppressive or encourage internalised hatred. A classic example of this is the idea of a Just World in which people somehow deserve whatever happens to them, be it good or bad. On the other hand, personal illness narratives that provide the individual with a sense of control over the situation can be empowering.³¹⁰

In the first chapter of this thesis, I alluded to the difficulty of integrating disability readings with more psychologically orientated critical approaches. While biographical approaches sit comfortably with critical disability readings, disability scholars have highlighted how psychological approaches can be actively antagonistic towards social disability perspectives. Psychoanalytic approaches are a particular focus of critique, the links made by Freud between narcissism and disability and illness, discussed earlier, providing one such example. Yet, social models of disability also take from psychoanalytic theory; indeed, it is difficult to discuss certain aspects of disability experience without recourse to psychological perspectives, such as the notion of 'masquerade' which originated from psychoanalytic concepts developed by Riviera, herself a psychoanalyst.

To understand how individuals have made sense of disability, illness, and pain, through careful recovery of 'social and historical particulars',³¹¹ a methodology is required that fosters dialogue between critical disability theory and other areas of body and psychological theory, including trauma studies, narrative medicine, and even the much-maligned medical model with which many ill and disabled people must, and/or wish to, engage.

Attempts have been made to breach this divide. For example, James Berger's essay 'Trauma Without Disability, Disability Without Trauma'³¹² extends an invitation for those in the area of trauma and disability studies to collaborate, or, at the very least, talk to one

³¹⁰ Howard Brody, *Stories of Sickness*, 2nd ed, (Oxford: Oxford University Press, 2003), p. 13.

³¹¹ Fuson Wang, 'The Historicist Turn of Romantic-Era Disability Studies, or Frankenstein in the Dark', *Literature Compass*, 14, (2017), 1-10, <https://onlinelibrary.wiley.com/doi/epdf/10.1111/lic3.12400?saml_referrer> [accessed 5 May 2020], p. 2.

³¹² James Berger, 'Trauma Without Disability, Disability Without Trauma: A Disciplinary Divide', *JAC*, 24, (2004) 563-82 <<http://www.jstor.org/stable/20866643>> [accessed 17 November 2020]

another. Similarly Dan Goodley's paper 'Social psychoanalytic disability studies' acknowledges the ways in which psychotherapy has further marginalised disabled people and led to their institutionalisation. He sets out a new development, social psychoanalytic disability studies, which offers a framework for understanding the psychology and operation of disability discrimination by focusing on understanding the psychology of ableism,³¹³ opening up interesting new avenues for reading texts. Literary studies, so dependent on psychological approaches, could well profit from these developments.

It is only right that we should end with Lawrence. In a letter to Witter Bynner, written only months before his death, Lawrence was still straining to understand the psycho-social origins of his illness, part of a life-long enquiry that might reveal the cure. His yearning to be in New Mexico is more ardent than ever; the letter full of wistful plans for his return, despite his awareness that he would never be allowed back into the USA again. The following extract articulates his understanding of the psycho-somatic origins of his illness and provides a poignant insight into Lawrence's ongoing struggle to regain his health:

Dear Bynner

I meant to answer you long ago, but the flesh is very weak. My health is very tiresome, and I don't feel like doing a thing: unusual for me. But I do believe the root of all my sickness is a sort of rage. I realise now, Europe gets me into an inward rage, that keeps my bronchials hellish inflamed. I believe I'd get better in no time in New Mexico, because I'm not really weak. But I can't digest my inward spleen in Europe – that's what ails me. And in New Mexico I can. – Now I have come really to this conclusion, I shall try all my might to arrange getting back, in the New Year. I wish there weren't all these passport difficulties. – And if we can come we should probably try to take some little furnished place in Santa Fe for the first month or so, to get used to the altitude – and also to look round for a winter house near Santa Fe, and just summer at the ranch [...]

I do really and firmly believe, though, that it's Europe that has made me so ill. One gets so innerly angry with the dull sort of hopelessness and deadness there is over there. Anyhow, in New Mexico the sun and the air are alive, let man be what he may. But here they've killed the very sun, the very air.

(D. H. Lawrence, 26 November 1929, vii. 574)

³¹³ Dan Goodley, 'Social psychoanalytic disability studies', *Disability and Society*, 26, (2011), 715-728.

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