

Intervening Bodies

Disability, Queerness, and Crip Theory in Virginia Woolf's *On Being Ill*, *Mrs. Dalloway*, and

Orlando



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Introduction: Virginia Woolf, Eugenics, and Disability Studies

In an infamous diary entry from 1915, Virginia Woolf records seeing a group of people with cognitive disabilities. Describing these people, she records that

we met & had to pass a long line of imbeciles. The first was a very tall young man, just queer enough to look twice at, but no more; the second shuffled, & looked aside; and then one realised that every one in that long line was a miserable ineffective shuffling idiotic creature, with no forehead, or no chin, & an imbecile grin, or a wild suspicious stare. It was perfectly horrible. They should certainly be killed. (*Volume One* 13)

In this diary entry, Woolf's impression that disabled people should be killed is reminiscent of the eugenic discourse that viewed disabled people as a sign of degeneration and therefore as inferior to non-disabled people. Although this fear of degeneration may appear outdated to modern readers, the idea that people with disabilities posed a threat to the development of British society was popular among eugenic scientists during the first half of the twentieth century, as is reflected in the founding of the Eugenics Society in 1908 by the statistician Francis Galton, who coined the word "eugenics" in 1893. Influenced by the ideology of Social Darwinism, which posed a theory of human beings as being subjected to and defined by genetic heredity (Peach 440), eugenics grew to be a popular science from the 1850s onwards that influenced discussions surrounding race, gender, and disability. While eugenics is widely considered to be a pseudo-science in the present day, Maren Linnet notes that eugenics was "the dominant mode of understanding human populations during this period" (*Bodies* 24), and Donald MacKenzie demonstrates that eugenics "became a definite topic of public discussion" from the 1880s onwards (MacKenzie 503). As such, eugenics was very influential during the modernist period.

It is not surprising, then, that we may find traces of eugenic discourse in Woolf's writings. As Hermione Lee points out in her biography of Virginia Woolf, the Stephen family had family connections with Galton. In fact, Galton described the Stephens as a perfect example of genetic heredity in his book *Hereditary Genius* from 1869 (Lee 55). What is more, Woolf herself demonstrated a significant interest in heredity in her life and in her writing. In her autobiographical essay "A Sketch of the Past", for example, Woolf considers her identity to have been shaped by her ancestors ("Sketch" 90), and in *Orlando*, the titular character is described as both an individual and as part of a particular family history (Lee 50).

In recent years, Woolf's engagement with eugenics has been thoroughly examined by modernist scholars, who disagree about the extent to which eugenic thought influenced Woolf's life and work. Linden Peach, for example, argues that "Woolf never embarked upon a sustained exploration of eugenic themes . . . Rather, in her writings, eugenics constitutes part of their diverse range of contemporary allusions" (439). Other critics such as Donald Childs, however, believe that Woolf's engagement with eugenics had been ignored until the early 2000s because of Woolf's progressive image as a feminist icon (22). Childs argues that issues raised by eugenics "were so important to Woolf as to force their way not just into [her autobiographical writing], but also in her novels and her influential feminist essay *A Room of One's Own*" (24). Indeed, eugenic ideas seem to have played a large part in Woolf's own life; suffering from bouts of both physical and mental illness throughout her life which eventually led to her suicide in 1941, Woolf was often placed in the care of doctors whose fear of the potential hereditary nature of her ailments led them to discourage the Woolfs from having children of their own (Childs 29). The influence of eugenics, as well as the influence of Woolf's illness throughout the course of her life, is thus vital in understanding her writing.

While scholarly interest in Woolf's engagement with eugenics has thus proliferated since the 1990s, it has not been until recently that critics have related this interest in eugenics

to the field of disability studies. Since the 1980s, disability studies has been steadily gaining ground within literary studies in order to understand how literature conceives of and contributes to understandings and representations of disability. As Alice Hall points out in *Literature and Disability*, disability perspectives can “destabilize established theoretical paradigms in literary criticism and provide a fresh, often provocative approach to analysing all literary texts” (1). Modernist literature is particularly suited to analysis through a disability studies lens, because the modernist period saw an increasing interest in the body, science, and the establishment of bodily norms. As Hall notes, “modernist writing is marked by a multisensory aesthetic, an attempt to write from and about the body in new ways.” Furthermore, she points out that “High Modernism . . . acknowledges bodily experience in new ways which chime with autobiographical writing, particularly the autobiographical writing of people with illness and disabilities” (92). Since this is clearly also the case for Woolf, it is vital to consider how her work explores bodily experience in relation to illness and disability.

Since the early 2000s, explorations of Woolf’s work in relation to disability have flourished, and these explorations have been particularly fruitful in the context of crip theory. Crip theory, as conceptualized by Robert McRuer, “has to do with studying how bodies and disabilities have been conceived and materialized in multiple cultural locations, and how they might be understood and imaged as forms of resistance to cultural homogenization” (33). Crip theory is significant in studying modernist literature in general and Woolf’s work in particular because, as Linett contends, “cripping modernism can mean bringing to light its rejection of normality, its pursuit of the extraordinary, its fascination with deformity” (“Crippling Modernism” 1), just as Hall believes that disability perspectives can provide a fresh approach to some literary texts. Linett continues to point out that modernist literature works in both eugenic and anti-eugenic ways, celebrating mental and bodily perfection on the one hand, but

embracing deformity on the other (1-4). Because of Modernism's fascination with the body, this movement's literature "offers reflexive meditations on nonnormative bodies and minds" (4). This is especially important because Woolf's status as a progressive feminist writer, most often related to *A Room of One's Own*, has led critics to consider how her work was ahead of its time in many ways, thereby at times discarding Woolf's overtly eugenic and by extension ableist ideas about disability. As will become apparent, Woolf's relationship with eugenics, illness, and disability is characterized by ambiguity and contradictions, and studying this relationship can grant us important insight into Woolf's ideas about disability and illness in particular, and modernist literature in general.

The abovementioned ambiguity in Woolf's life and work has led critics to be divided in their assessment of Woolf's work in relation to disability and illness. As mentioned previously, Woolf's work on the one hand clearly demonstrates an interest in and a favorable opinion of eugenics as a way to limit the existence of people with both physical and cognitive disabilities. On the other hand, however, a great deal of Woolf's work appears to exhibit a certain awareness of how illness and disability may function in different, ambiguous ways. In her essay *On Being Ill* from 1930, Woolf notes that "considering how common illness is, how tremendous the spiritual change that it brings . . . it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature" (3-4). It appears here as though Woolf is already aware of what Mitchell and Snyder call narrative prosthesis, a concept that refers to "both the prevalence of disability representation and the myriad meanings ascribed to it" (Mitchell and Snyder 4). Indeed, meditating on the relationship between illness, consciousness, and art, Woolf seems to be acutely aware of how illness and disability influence one's experience of the world; in an apt observation of how society treats ill and disabled people, she points out that "the law is on the side of the normal" (*Ill* 23).

Woolf's meditations on the nature of illness and her apparent awareness of how illness and disability are constructed categories dependent on social constructs of ability have led some scholars to explore Woolf's work through a disability studies lens. Madelyn Detloff, for example, in considering *On Being Ill*, argues that her work exhibits "a form of nascent crip theory that illuminates the violence and the social force of eugenicist norms" (103), detecting in her work the potentiality for transgressive and subversive readings and characterizations of disability. Peach's reading of *The Voyage Out*, published in 1915 – the same year as the aforementioned diary entry condemning people with cognitive disabilities to death – supports this potential. Writing that in the novel, "eugenic radical thought is made to look conservative and oppressive", Peach goes on to argue that "within a decade of the 1915 diary entry, Woolf's primary interest in inheritability shifted to literary creative and inheritance from a woman-centered perspective" (441). Thus, Peach seems to contend, after 1915 Woolf abandons any support she may have had for eugenic ideas and spends the rest of her literary career criticizing eugenics.

However, other critics argue that while Woolf does partly deconstruct the violence and social force of eugenics that Detloff mentions, she ultimately fails to do this consistently. Matt Franks appears to agree with Detloff when he points out that *On Being Ill* does show that illness affords certain people "new modernist perspectives of randomness and fragmentation that challenge military and eugenic uprightness" ("Homefront" 2). On the other hand, though, Franks contends that Woolf's critique of society's treatment of the disabled remains largely performative. Indeed, he argues that Woolf's work is exemplary of the ways in which "interwar feminist and anti-imperialist authors mobilized discourses of eugenics, and eugenic notions of race and disability in particular, to do the work of their radical social dissent even as they stigmatized people with disabilities" (3). Highlighting that Woolf uses the disabled characters in service of certain aesthetic goals, such as the modernist epiphany that the suicide

of Septimus Warren Smith brings about for the seemingly able-bodied Clarissa in *Mrs. Dalloway* (“Queer Aesthetics” 81), Franks believes that ultimately, Woolf “participated in the transition from eugenic determinism to liberal biopolitics” (“Homefront” 3). As such, Franks seems to be critical of the potential of Woolf as the nascent crip theorist that Detloff believes her to be.

In a similar fashion, some scholars have emphasized the ways in which Woolf uses language of disability and deformity to meditate on the patriarchal oppression of women. This becomes especially evident in *A Room of One’s Own*, in which Woolf claims that literary production by women is necessarily “twisted and deformed” (38) because of this patriarchal oppression. Linett points out that this negative connotation between disability and oppression is a kind of leitmotif in much of Woolf’s work, and as such Woolf contributes to negative metaphorical representations of disability that further stigmatize those with disabilities as deformed and less than human (*Bodies* 145). Evidently, Woolf’s attitudes to eugenics, illness, and disability are ambiguous and contradictory, dividing critics in their assessments of her work. This thesis aims to further investigate how Woolf conceives of and conceptualizes notions of illness and disability and whether she can be considered a proto-crip theorist. In doing so, I will argue that Woolf’s ambiguity and contradiction in her attitudes towards disability allow for and encourage a crip theoretical reading, and that ultimately, Woolf can certainly be called a nascent crip theorist in her rejection of bodily normativity and in her celebration of non-normative bodyminds, as well as in the ways in which she poignantly deconstructs ableist ideologies.

The first chapter of this thesis will consider Woolf’s essay *On Being Ill* in order to understand how Woolf’s ideas about disability and illness can be linked to disability theory. In analyzing *On Being Ill*, this chapter will examine the ways in which Woolf reflects on the difference between the “upright”, those people who fit within able-bodied hegemony, and

deserters, the ill and disabled, who have no access to this hegemony. Although disability theory has been applied to Woolf's work, few scholars apart from Detloff have considered how Woolf *herself* could be seen as a disability theorist. This chapter will do precisely this by linking Woolf's notion of the upright to what McRuer calls compulsory able-bodiedness, a system which forces people with disabilities to the margins of society (*Crip Theory* 8). In addition, this chapter will use Rosemarie Garland-Thomson's concept of the normate, which designates "the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them" (Garland-Thomson 7), to explore the extent to which Woolf may be said to criticize this system and offer alternative ways of being in which illness and disability may in fact allow for a superior kind of existence in comparison to that of non-disabled people. Pointing to the hyperconsciousness that Woolf grants to the ill and disabled people living on the margins of society, this chapter contends that ultimately, *On Being Ill* can be read as a kind of proto-crip manifesto that argues *for* the rights of disabled people, thus nuancing and complicating the view of Woolf as a traditional eugenicist.

In chapter two, I will apply Woolf's insights from *On Being Ill Own* to her novel *Mrs. Dalloway*, which relates the story of the World War One veteran Septimus Warren Smith, who is afflicted by shell shock and ultimately fails to reintegrate into able-bodied post-war Britain. Specifically, this chapter will consider how representations of illness and disability in the novel intersect with modernist notions about gender and sexuality. According to McRuer, able-bodied identity and heterosexual identity are linked in their mutual impossibility and in their mutual incomprehensibility – each is an identity that is simultaneously the ground on which all identities supposedly rest and an impressive achievement that is always deferred and thus never really guaranteed. (*Crip Theory* 9)

Many critics, such as Franks, have paid close attention to how Septimus's disability in the form of his PTSD collides with his supposed deviant sexual behavior in relation to his commanding officer Evans as well as his failure to return to the supposed normalcy of post-war Britain. However, less attention has been paid to how the character of Clarissa Dalloway may also be read as disabled and chronically ill, as well as to how other characters such as Peter Walsh and Elizabeth Dalloway expose the socially constructed nature of both able-bodiedness and heterosexuality. Returning to Garland-Thomson's notion of the normate, the central argument of this chapter will be that a disability studies perspective reveals how Woolf criticizes and deconstructs the medical model of disability, a model which sees cure as the only remedy to disability and illness and places the responsibility for cure on the disabled individual. Instead, this chapter argues that Woolf adheres to the political model of disability, pointing out that able-bodiedness is not simply a natural condition, and demonstrating that disability and illness, alongside able-bodiedness, are socially and culturally constructed.

Finally, the third chapter will examine how *Orlando* may be considered a disability narrative and how the novel subverts able-bodied hegemony in its rejection of normative embodiment and its celebration of bodily variation. While this novel has been studied extensively in the context of (trans-)gender studies and sexuality, the text's use of disability in relation to its depiction of gender and sexuality has not yet been sufficiently analyzed. This chapter will argue that a disability studies reading of *Orlando* grants us new insights into the connections between gender, sexuality, and ability. In doing so, this chapter will consider how the narrative conventions of this novel subverts ideologies of compulsory able-bodiedness and compulsory heterosexuality. Rather than perpetuating these ideologies, the novel uses Orlando's transformation from male to female to demonstrate how deconstructing the gender binary alongside the deconstruction of able-bodiedness allows him/her to free him/herself from the constraints that compulsory heterosexuality and compulsory able-bodiedness place

on him/her. Instead, this chapter illuminates how reading *Orlando* as a disability narrative reveals the ways in which Woolf propagates a worldview in which there is room for different varieties of bodyminds.

In using Woolf's autobiographical writing to consider her novels from a crip theoretical perspective, this thesis aims to contribute to the growing body of scholarship that considers representations of disability and deformity in modernist literature. Not only does studying these representations grant us significant insight in how Woolf particularly and modernist art, literature, and culture in general conceived of disability, but it also allows us to trace the continuities and differences between attitudes toward disability during the early twentieth century and these attitudes in the present day. Since representations of disability in art, literature, and culture inform how we view and treat people with disabilities, it is vital to consider how Woolf's potential as a crip theorist can allow readers to reevaluate how they themselves view disability and illness, paving the way for more nuanced and truthful representations that do justice to the lives of disabled people around the globe.

“All day, all night the body intervenes”: Compulsory Able-Bodiedness, Normates, and Crip

Consciousness in *On Being Ill*

First published in 1930, Virginia Woolf's *On Being Ill* describes her views on the ways in which illness and disability inform her experience of the world, as well as how illness is a prominent, yet according to Woolf underappreciated, theme in literature. Sarah Pett describes that in recent decades, *On Being Ill* has garnered more critical attention due to both an increasing interest in Woolf's nonfictional work within literary studies, and the rise of the discipline of medical humanities (27). Indeed, scholarship on Woolf's engagement with illness and disability, both in her personal life and in her writings, has proliferated over the past decade. While this scholarship on illness and disability in Woolf's work generally and about *On Being Ill* specifically comprises different approaches, it is only recently that Woolf's essay has been interpreted in light of disability studies.

In fact, a great deal of work on Woolf and illness and disability has often glossed over the importance of disability in Woolf's life, even though she may have been disabled herself. Hermione Lee, for instance, while devoting a chapter in her biography of Woolf to her 'madness', contends that Woolf was "a sane woman who had an illness" (175). Lee argues that she refuses to diagnose Woolf with any specific illness or disability because "to name the illness is to begin a process of description which can demote her extraordinary personality to a collection of symptoms, or reduce her writing to an exercise in therapy", even if Woolf's illness had a profound effect on her writing and her daily life (176). While it is undoubtedly true that Woolf must not be reduced to a set of diagnoses, Lee's approach represents a tendency to view Woolf's illness and disability as conditions to be overcome "to do her life's work" (Lee 104), rather than as a point of departure to apply a disability studies lens to Woolf's work. Instead, Woolf's mediations on illness in *On Being Ill* have been primarily related to the aesthetics of modernist literature. Kimberly Engdahl Coates, for example,

relates *On Being Ill* to the presence of illness as a “quintessential aesthetic experience in Woolf” (242), and in doing so reveals important insights into the ways in which Woolf uses the language of illness as “a provocative metaphor for a modernist aesthetic” (247). However, Coates also employs language that seemingly erases the importance of disability in interpreting Woolf’s essay. Writing that “illness has the capacity to liberate her from handicaps inflicted by the male-dominated world of letters” (250), Coates uses metaphorical language of disability to describe the patriarchal world of literature Woolf encountered. This use of disability as metaphor illustrates Sami Schalk’s argument that the oppression of women has often been described as a kind of disabling force (172), and in this way, Coates characterizes disability as a negative force in its connections to patriarchal oppression.

What is more, Coates argues that the experience of illness Woolf describes means “we are not disabled but strangely, in Woolf’s terms, more ‘able’” (252). By insisting that Woolf was not disabled, critics such as Lee and Coates rule out significant avenues of analysis. Although Woolf certainly refutes the notion that illness is purely an inhibiting force, to erase or disregard the importance of illness as disability forecloses the potential of a fruitful disability studies reading of the text. In fact, Woolf’s rejection of illness as a solely tragic and impairing circumstance is precisely what *does* make her work fascinating and relevant in the context of disability studies.

In recent years, several scholars have demonstrated the importance of a disability studies reading of *On Being Ill*. Pett, for example, argues that Woolf’s descriptions of illness “evoke a sense of illness as a complex lived experience shaped by profound paradoxes . . . an experience shaped by the very social, cultural, and political spheres it estranges individuals from” (30). In other words, Woolf refuses to consider illness a solely individual experience, and instead pays attention to how society and culture influence the construction of illness. Moreover, Claire Barber-Stetson points out that although Woolf does describe illness as a

“painful experience with potentially serious social repercussions, she also highlights opportunities to which it gives access”. Calling this a radical position, Barber-Stetson thus argues that *On Being Ill* offers vital contributions to disability studies (48).

In this chapter, I will argue that, even though Woolf’s work is marked by ambiguity and contradictions in relation to disability and illness, *On Being Ill* is suited to a crip theoretical reading and as such provides vital insights into the ways in which Woolf’s work can contribute to the field of disability studies and vice versa. Firstly, I will demonstrate how Woolf deconstructs notions about health and illness as well as disability and ‘abnormalcy’. In order to do so, this chapter will employ McRuer’s notion of compulsory able-bodiedness as well as Rosemarie Garland-Thomson’s conception of the normate. In this manner, this chapter will show how Woolf subverts views of illness and disability by characterizing them as socially constructed concepts rather than as merely individual impairments. In employing these concepts, this chapter aims to illuminate how Woolf critiques the dominant views of illness and disability of her time. Moreover, I will demonstrate why Woolf can be called a crip theorist by considering how she uses *On Being Ill* to expand definitions of illness and disability by including these categories in alternative rather than inferior ways of being. By analyzing the ways in which Woolf describes illness and disability, this chapter aims to contribute to readings of Woolf’s work as representing “a form of nascent crip theory” (Detloff 103), as well as to use *On Being Ill* as a starting point for developing a crip theoretical framework through which to analyze Woolf’s fiction.

As Robert McRuer explains in *Crip Theory*, crip theory shares many features of and overlaps with queer theory. He contends that to crip something entails “to question and to subvert dominant cultural expectations about [able-bodiedness] in fresh new ways” (*Crip Theory* 45). In the opening sentence to *On Being Ill*, Woolf immediately establishes that her essay will be subverting dominant cultural expectations about illness: “considering how

common illness is . . . it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature” (3). Observing that illness is thus a common everyday experience, Woolf accurately demonstrates an awareness of how society attempts to erase the omnipresence of illness at the same time: “Literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two passions such as desire and greed, is null, and negligible and non-existent” (4). The body, then, is supposedly merely a container for the soul and, as such, is considered to be of little importance, both in literature and in everyday life. Woolf, by contrast, argues that this is not the case: “all day, all night the body intervenes” (4), emphasizing that mind and body are not independent, but in fact closely connected. The body and embodiment, then, are vital in understanding the mind.

The way in which Woolf insists on the importance of the body and embodiment as this importance is simultaneously being effaced by society is reminiscent of what Robert McRuer calls compulsory able-bodiedness. Relating this concept to Adrienne Rich’s notion of compulsory heterosexuality, McRuer describes how compulsory able-bodiedness operates as an ideology that presents able-bodiedness as a natural condition that as such simultaneously erases disability from view (*Crip Theory* 8). As Maren Linett points out, “compulsory able-bodiedness allows the nondisabled body to appropriate the neutral condition of invisibility, as do whiteness, maleness, and heterosexuality” when in fact “we are equally embodied, whether we are disabled or not; but in our ableist cultures, embodiment *seems* unequally distributed” (*Bodies* 11). The manner in which Woolf describes the effacement of the importance of the body in the passages above make it apparent that Woolf is highly conscious of the way in which embodiment is unequally distributed during her time; by pointing out how the body is often viewed as a transparent sheet of plain glass, Woolf

articulates the, according to her false, view that everything is legible on the body, and as such that one's body reveals all there is to know about a person.

Moreover, Woolf deconstructs the notion that the state of the body is rigid and fixed. Indeed, she does not view health and illness as natural states, believing instead that the body “must go through the whole unending procession of changes, heat and cold, comfort and discomfort, hunger and satisfaction, health and illness, until there comes the inevitable catastrophe; the body smashes itself to smithereens” (4-5). Thus, Woolf believes that health and illness are temporary conditions that one does not always possess control over. In this manner, this quote is reminiscent of Susan Sontag's notion that “everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick . . . sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place” (3). Echoing this sentiment, Woolf demonstrates an awareness of the “cultural order that privileges [able-bodied identity] and that compels all of us into repetitions that approximate those norms” (*Crip Theory* 155). In contrast to erasing disability and illness as vital parts of life, as some Woolf scholars appear to do, Woolf insists on its omnipresence in society, and thus deconstructs the supposed ‘abnormalcy’ of disability, in line with what disability studies and crip theory aim to do.

In fact, whereas British society in the early twentieth century considers illness and disability to be abnormal and unnatural (Detloff 102), Woolf seems to believe that illness can be an expression of truth, and as such she seems to insinuate that it is illness that is one's ‘natural’ condition: “There is, let us confess it (and illness is the great confessional), a childish outspokenness in illness; things are said; truths blurted out, which the cautious respectability of health conceals” (11). In this passage, Woolf characterizes health as restrictive and limiting because it is characterized by convention and respectability, whereas illness grants a certain kind of freedom. In doing so, Woolf deconstructs health and able-

bodiedness as natural, normal states of being, demonstrating instead that the naturalization of able-bodiedness requires continuous effort, and is therefore ideological and constructed rather than simply natural. Considering health and able-bodiedness as social constructs alongside disability and illness is significant, because crip theorists such as McRuer have pointed out that, following Judith Butler, the naturalization of able-bodiedness depends on one's ability to perform the supposed normalcy inherent to able-bodiedness. Connecting able-bodiedness and heterosexuality, he writes that both of these identities "are linked in their impossibility and in their mutual incomprehensibility . . . each is an identity that is simultaneously the ground on which all identities supposedly rest and an impressive achievement that is always deferred and thus never really guaranteed" (*Crip Theory* 9). Relating this to Butler's theories about gender performativity in *Gender Trouble*, he argues that "Butler's theories of gender performativity could be reinscribed within disability studies", coining the notion of ability trouble: "the inevitable impossibility of an able-bodied identity" (9). While Woolf does not explicitly characterize able-bodied identity as impossible in *On Being Ill*, she does deconstruct the rigid binary between health and able-bodiedness as representing normalcy on the one hand, and illness and disability as representing deviance on the other. Instead, Woolf considers illness to reveal truths that the naturalization of able-bodiedness deliberately hides, thus linking this naturalization to ideological forces that would erase disability and illness.

Woolf further emphasizes the false naturalization and performativity of able-bodiedness by emphasizing the effort it takes to pass for able-bodied. In health, Woolf writes, "the genial pretense must be kept up and the effort renewed—to communicate, to civilise . . . In illness this make believe ceases" (12). Woolf, then, links health to a sense of pretending, exposing that all those participating in the naturalization of health as a normal state of being continuously have to keep up appearances. To describe this process as "make believe" is poignant, as the stigmatization of illness and the glorification of able-bodiedness requires us

to make ourselves believe in the naturalization she actually deconstructs. Woolf, by contrast, illustrates that health is an ultimately temporary state of being and that the pretense that accompanies able-bodiedness requires great effort on the part of the healthy person. As such, Woolf thus implies a negative connotation between able-bodiedness and pretense.

This negative connotation between able-bodiedness and performance is emphasized in Woolf's analysis of the figure of the upright. When we fall ill, she writes,

we cease to be soldiers in the army of the upright; we become deserters. They march to battle. We float with the sticks on the stream; helter-skelter with the dead leaves on the lawn, irresponsible and disinterested and able, perhaps for the first time for years, to look round, to look up- to look, for example, at the sky. (12)

In this passage, Woolf creates a stark opposition between a healthy "them" and an ill "we". However, even though the upright are described in active terms and the ill are characterized as passive objects without agency, Woolf evidently offers a critique of the way in which the ill and disabled are treated within able-bodied society. Representing the ill as deserters, she emphasizes that this group is unable to fully participate in society, a fact that has led to their exclusion. Rather than participating in the rejection of this group herself, though, designating them as active deserters implies that this group does not *want to* or should not want to be included in the "army" of the able-bodied. While she groups the ill together with inanimate objects, the path down the stream is arguably preferable to participation in the army she mentions, suggesting, too, a critique of Britain's imperialist and militarist pursuits, and how these pursuits are linked to the naturalization of able-bodiedness.

Crucially, Woolf points out that this group consisting of the ill and disabled paradoxically seems more "able" by looking up at the sky. One might even argue that in this passage, Woolf suggests that the unfit have more freedom because they have more time to consider their surroundings and the society in which they live. In other words, one can

consider the freedom of the ill and disabled to look up at the sky to mean that those who are not able-bodied, precisely because of their exclusion from society, are able to adopt a critical perspective of this able-bodied society. Unlike Coates's suggestion that the ill thus became more able, it is precisely their disabledness and supposed passivity that makes them extraordinary. Pett argues that "Woolf envisions the sickroom as a space in which one might approach literature . . . with an openness to interpretative potential that exceeds the constraints of tradition" (34). This exceeding of the constraints of tradition, as has become evident, also applies to the tradition of characterizing the non-able-bodied as useless or burdensome. Rather, Woolf affords this marginalized group, in which she includes herself, a special position in which their liminality allows them to expose the ideology of compulsory able-bodiedness in new ways. As Tobin Siebers notes in *Disability Theory*, "identities, narratives, and experiences based on disability have the status of theory because they represent locations and forms of embodiment from which the dominant ideologies of society become visible and open to criticism", and it is marginalized groups whose exclusion allows them this visibility (14). Additionally, Mel Chen notes in *Animacies* that both queer and disabled bodies "trouble the capitalist marriage of domesticity, heterosexuality, and ability" (186). Woolf clearly understands how these disabled bodies, which, *pace* Anzaldúa, can also be argued to be queer because of their nonconformity (qtd. in Chen 63), trouble these ideologies and their intersections, as will be emphasized throughout this thesis.

Moreover, Woolf's characterization of the upright echoes Rosemarie Garland Thomson's notion of the normate. Garland-Thomson argues that "normate" is a neologism that

names the veiled subject position of the cultural self, the figure outlined by the array of deviant others whose marked bodies shore up the normate's boundaries. The term *normate* usefully designates the social figure through which people can represent

themselves as definitive human beings. Normate, then, is the constructed identity of those who, by way of the bodily configurations and cultural capital they *assume*, can step into a position of authority and wield the power it grants them. (7, emphasis added)

The army of the upright that Woolf describes, I would argue, consists precisely of these normate figures. Importantly, Garland-Thomson emphasizes the unstable, precarious position of this figure; pointing out that the normate's identity is constructed and assumed rather than inherent or innate, she suggests that the power that the position of authority and the power that normates wield is not secure. In the same way, Woolf suggests that the upright can themselves become deserters at a moment's notice, and that the power they wield depends largely on their performance of and assimilation to compulsory able-bodiedness.

In reality, Woolf proposes that people who experience illness and disability have a kind of hyperconsciousness of the ways in which the world operates: "It is only the recumbent who know what, after all, nature is at no pains to conceal—that she in the end will conquer" (16). In other words, lying down, traditionally viewed as a passive and therefore inferior position, allows one to see the world in new ways. As Cheryl Hindrichs contends, adjusting one's physical position by lying down "triggers a metaphoric displacement of one's metaphysical orientation" and "Woolf's prose shows how diversion from the forward march of narrative or argument is productive of lyric, horizontal, blossoming" (46). In this manner, this displacement of one's metaphysical allows the ill and disabled perspectives that are inaccessible to the upright.

Indeed, reflecting on the capacity for language on the part of those who are ill, Woolf notes that

in illness words seem to possess a mystic quality. We grasp what is beyond their surface meaning, gather instinctively this, that, and the other . . . which the poet,

knowing words to be meagre in comparison with ideas, has strewn about the page to evoke, when collected, a state of mind which neither words can express nor the reason explain. Incomprehensibility has an enormous power over us in illness, more legitimately perhaps than the upright will allow. (21)

Because in illness the senses take precedence over reason, we are able, “with the police off duty”, to “creep beneath” texts in order to gain a richer understanding of them (21). Illness, then, allows one to reach some kind of deeper meaning which, even though it cannot be articulated in concrete language due to the incomprehensibility that is accompanied by this illness, is not accessible to the able-bodied or medical authorities, represented by Woolf as the police. As Emily James contends, “Woolf’s writings sometimes pointedly estrange the clinician from the sick room, casting illness as all-too-familiar yet otherworldly” (3). In this way, *On Being Ill* itself also becomes a text whose surface meaning may be incomprehensible to those who do not identify with Woolf’s views on illness and disability. To the marginalized groups who do recognize her experiences, however, the essay grants access to the more ‘truthful’ experience of everyday life that illness and disability illuminate.

Not all Woolfian scholars who undertake a disability studies reading of her work are convinced that Woolf may be considered a nascent crip theorist. According to Matt Franks, *On Being Ill*’s subversive potential is limited. Although he believes that the essay initially appears to be “a rejection of able-bodied norms of eugenic militarism”, he continues that “Woolf exploits disabled (horizontal) modes of perception and expression while casting temporary illness as an exceptional disability in contrast to the ‘deformed’ bodies of people with permanent physical and intellectual disabilities” (“Homefront” 1). It is undoubtedly true that Woolf’s attitudes towards disabled people are very ambiguous and often explicitly ableist. For example, Linett points out that in Woolf’s essay “Street Haunting”, she evidently employs an ableist gaze, dehumanizing and objectifying a woman with dwarfism (*Bodies* 21).

This overt ableism should always be considered when discussing the representation of disability in Woolf's work. Indeed, while Woolf may be able to criticize certain ideologies, she herself to some extent seems to have internalized parts of these ideologies, given her occasional demonstrations of prejudice and ableist attitudes towards people with visible physical disabilities throughout her life and work. However, Woolf's own, often internalized, ableism does not negate the potential that *On Being Ill* represents for disability studies. While Franks makes a distinction between temporary illness and permanent disability, Woolf, perhaps contradicting some of her own beliefs, suggests that this distinction is false. While this apparent distinction was clearly influential in Woolf's attitudes towards disability, *On Being Ill* nevertheless reveals how the horizontal view and the deconstruction of false dichotomies of ill and healthy that Woolf undertakes destabilize and call into question the ideologies leading to these false oppositions.

In addition, Franks' sense that Woolf "exploits" disabled modes of perception appears to rest on his assumption that the horizontal perspective he mentions is reserved for people with disabilities, and that Woolf is guilty of this exploitation as an able-bodied person. Importantly, though, it would be difficult to argue that Woolf was able-bodied, or that she viewed herself as exclusively so, even if her position on her own disabled identity is ambiguous and unstable. Franks himself contends that Woolf could have been considered "unfit" because of her illness, but that she "ultimately eluded the tangled binds of eugenics by performing her own transcendence of such eugenic categories" ("Homefront" 6). Certainly, Woolf herself outwardly participated in the performance of able-bodiedness and thus she was able to conform to, and in some ways internalize, the eugenic and ableist beliefs surrounding illness and disability that were prevalent in her own time. As Woolf herself points out in the essay, though, it is ultimately impossible to transcend illness or disability, and it is only one's ability to *perform* wellness that determines whether one is deemed unfit or upright.

Furthermore, as Alice Hall points out in *Literature and Disability*, analyzing texts through a disability studies lens can be “a way of disrupting assumptions and critiquing ideology” and these readings can still offer valuable insights, even if the texts themselves contain “restricted understandings” of illness and disability (Hall 34). In other words, without absolving Woolf of the ableist and eugenic notions she subscribed to, analyzing her work from a crip theoretical perspective can nevertheless shed light on how her work transforms perceptions of illness and disability.

In fact, as has become clear, the horizontal perspective Franks mentions opens up new perspectives on how disabled people can claim agency for themselves. In her analysis of how Woolf subverts the idea of the sickroom as a traditionally feminine space, Elise Swinford argues that the sideways perspective that Woolf employs is “deviant” in “its refusal to remain contained to the sickroom”, and that Woolf’s views on illness enable a kind of traveling of body and mind which, “not despite but because of disability, radically reframes the agency of the disabled body, refusing the terms of the mind as slave to the immobilized sick body” (52). In other words, this horizontal perspective allows disabled people to, at least partly, break free of the constraints that able-bodied society has placed upon them. Moreover, Hindrichs believes that *On Being Ill*, instead of objectifying or dehumanizing the ill, “[speaks] from a space that invites the reader to inhabit that perspective rather than observing it is a visitor might” (46). Thus, to argue that Woolf merely “exploits” this horizontal perspective for her aesthetic aims seems reductive. If, as Garland-Thomson contends, representation “simultaneously buttresses an embodied version of normative identity and shapes a narrative of corporeal difference that excludes those whose bodies or behaviors do not conform” (7), Woolf aims to *include* those exact bodies and behaviors.

It is important to note that, although this chapter has shown that Woolf may be considered a nascent crip theorist, this does not negate or erase the many ways in which she

has expressed ableist, eugenic sentiments such as those recorded in her diaries. Indeed, Woolf's relationship to illness and disability is complex, paradoxical and often contradictory. At the same time, however, uncovering the potential for disability theory in Woolf's work is vital to gain a more nuanced understanding of Woolf's work. As Lee points out in her introduction to *On Being Ill*, Woolf's essays contain "tactics of apparent looseness and spontaneity, of interruptive open-endedness and refusal of authority" (xxv). It is precisely these qualities that make the essay so open to different interpretations and perspectives.

To conclude, then, *On Being Ill* marks a significant point of departure when applying a crip theoretical lens to Woolf's work. If, as McRuer contends, crip theory "would resist delimiting the kinds of bodies and abilities that are acceptable or that will bring about change" (*Crip Theory* 31), this is certainly what Woolf does. Not only does illuminating how Woolf deconstructs and critique able-bodiedness allow for new ways of interpreting and analyzing her nonfiction work, but it also invites scholars to consider her fiction in new ways. As will become apparent in the next chapter, Woolf's ambiguous but often favorable opinion of eugenics as well as the ableist sentiments expressed in some of her writings has often led critics to interpret her novels, such as *Mrs. Dalloway*, as encouragements for or arguments in favor of the oppression of people with disabilities. Indeed, even critics such as Franks and Linett, who do concede that Woolf is certainly critical of eugenic and ableist modes of thinking, ultimately pronounce Woolf to participate in the discourses she supposedly critiques. These insights are of great significance, and they demonstrate a sense of nuance that should not be overlooked when examining how disability figures in Woolf's work. However, considering Woolf's insights from *On Being Ill* and relating them to contemporary disability theory may allow us to yield more favorable readings of her fiction, even if this initially seems like a contradictory impulse.

“Once you stumble, human nature is on you”: Compulsory Able-Bodiedness and the Political
Model of Disability in *Mrs. Dalloway*

It is no secret that Virginia Woolf despised doctors. Plagued by various ailments throughout her life, from heavy bouts of influenza that likely left her with heart problems to serious mental health problems and debilitating headaches, Woolf was frequently left in the care of doctors who often ordered bedrest, extracted her teeth in (false) hope of alleviating her symptoms (Eberly 54), and even, alongside her husband Leonard, forbade her to have children because of her precarious condition (Childs 29). Unsurprisingly, Woolf’s dislike for doctors frequently finds its way into her writings. Perhaps the clearest expression of this dislike figures in her novel *Mrs. Dalloway* from 1925, in which the shell-shock-stricken war veteran Septimus Smith is the victim of woeful malpractice at the hands of his doctors, Dr. Holmes and William Bradshaw, and consequently commits suicide. As Woolf herself expressed, this novel aims to “criticize the social system, & show it at work, at its most intense” (*Writer’s Diary* 57). This critique of the social system is most clearly depicted in the misdiagnosis and mistreatment of Septimus, but it can also be found in how Woolf relates Septimus’s plot to that of Clarissa Dalloway; as the reader follows Clarissa preparing herself for a party, it becomes increasingly evident that Clarissa, too, is disadvantaged by the way British society treats those with illness and disabilities.

Ever since its first publication, critics have pointed out how *Mrs. Dalloway* can indeed be read as a social critique, ranging from a critique of patriarchal notions about gender relations and compulsory heterosexuality to criticisms of imperialism and the military. Importantly, recent criticism has shed light on the ways in which this text may be considered a response to the Spanish Flu outbreak of 1918. As Elizabeth Outka points out in *Viral Modernism*, *Mrs. Dalloway* is

a novel centered on influenza, though it is rarely read as such, crafting innovative ways to write about illness that embody the pandemic's effects as well as exposing (paradoxically) the way in which it hides in plain sight. [Woolf] remaps London through the eyes of illness, and she shows how language and our perceptions of reality are shaped by disease. (104)

Indeed, when one begins to look for it, the effects of illness in the novel are difficult to overlook. Significantly, Woolf was writing *On Being Ill* while drafting what was to become *Mrs. Dalloway*, and it is therefore unsurprising that Woolf's meditations on illness have made their way into the novel. Consequently, scholars such as Outka have related this essay to *Mrs. Dalloway*. Jane Fisher, for example, employs Molly Hite's notions of the social body, "the body cast in social roles and bound by the laws of interactions" (qtd. in Fisher 74), and that of the visionary body, a body that is temporarily able to be free from these laws, to analyze how illness is represented in the text. In a similar vein, disability studies scholars have examined how we may read Septimus as a disabled queer war veteran whose institutionalization points to a patriarchal culture of rehabilitation that attempts to return its liminal subjects to a state of heteronormative able-bodiedness ("Aesthetics" 64).

Evidently, exploring representation of illness and, by extension, disability are vital in understanding the novel. Just as has often been the case with *On Being Ill*, however, most of the aforementioned scholars have often limited their analyses to how illness and disability relate to Woolf's aesthetic vision, rather than to her political aims. This chapter aims to employ crip theory to argue that in *Mrs. Dalloway*, Woolf demonstrates the importance of understanding disability and illness as cultural, political constructions rather than as medical, individual problems that can only be solved by means of a specific cure. Alison Kafer explains that the medical model of disability, which was prevalent during Woolf's own time, "frames atypical bodies and minds as deviant, pathological, and defective, best understood

and addressed in medical terms” (5). In other words, this medical model posits disability as an individual problem for the disabled person who falls short of the naturalized able-bodied norm. The naturalization of this norm, Madelyn Detloff points out, resulted from the rise of statistics in the second half of the twentieth century, which marked deviation from a certain norm as abnormality and therefore as “a sign of physical and moral degeneration in need of correction or elimination” (103). As will become apparent, Woolf clearly protests how the medicalization of disability leads to the oppression and stigmatization of those with disabilities.

Instead, this chapter shows that Woolf appears to advocate for a kind of political model of disability. Kafer describes the political or relational model of disability as a model that considers disability not merely as an individual impairment, but as a problem constituted and caused by “ideological systems that attribute normalcy and deviance to particular minds and bodies”. As such, “the problem of disability is solved not through medical intervention or surgical normalization but through social change and political transformation” (6).

Furthermore, this political model acknowledges that “medical representations, diagnoses, and treatments of bodily variation are imbued with ideological biases about what constitutes normalcy and deviance” (6), and that normalcy and deviance are thus not binary opposites.

Reading *Mrs. Dalloway* through a crip theoretical framework and as an expression in favor of the political model of disability is fruitful, because it nuances the readings of the novel that have so far been undertaken by many disability studies scholars. Franks, for instance, argues that Woolf creates a fissure between temporary illness and permanent physical disability and that she privileges the former but stigmatizes the latter (“Homefront” 2). While it is undoubtedly true that Woolf frequently marginalizes people with physical disabilities, using the political model as a lens through which to read the novel can help us to understand that this divide between illness and physical disability is culturally constructed and

therefore arbitrary, even if it has real implications. While it might require one to partly read against the grain of Woolf's often ableist notions surrounding disability, this is precisely what crip theory aims to achieve. If, as Alice Hall argues, disability studies within the humanities is by definition motivated by resisting the notion that disability is merely a medical problem (Hall 15), and if crip theory is even more "contestatory" than disability studies (Kafer 15), crippling *Mrs. Dalloway* would reveal potential sites of resistance to the medicalization and marginalization of people with disabilities, even when they are not always readily apparent. In order to facilitate such a reading, this chapter will first consider how illness and disability are omnipresent throughout the novel. Subsequently, I will consider how the novel deconstructs both compulsory able-bodiedness and compulsory heterosexuality by using crip theory to examine how these two notions are linked. Finally, I will connect Woolf's notions about illness and disability as expressed in *Mrs. Dalloway* to *On Being Ill* to investigate how Woolf argues for disability and illness to be considered alternative, and at times superior, ways of being in the world rather than things to be eradicated.

Although many readers have noted that Septimus can be read as disabled, this has less so been the case for other characters in the novel. When reading for signs of disability and illness, however, it immediately becomes evident that Clarissa, as a foil to Septimus, also experiences illness and disability. Upon the reader's first encounter with her, Clarissa is described as having "grown very white since her illness" (3). It is suggested here that Clarissa became ill during the pandemic of 1918 and is not yet fully recovered. Indeed, the novel frequently emphasizes the impairments that Clarissa is left with after her illness. In addition to her white complexion, her hair has turned partly gray and she is left with heart problems and a sense of fatigue. The presence of illness and disability also extends to other, often marginal characters in the text; Evelyn Whitbread, a family friend of the Dalloways, is said to frequently come to London to see doctors because she is ill from unspecified ailments.

Moreover, the novel figures “invalids in bath chairs” (23) and people such as Miss Parry and Ellie Henderson, who are characterized by their glass eye and weak eyesight respectively (138; 144). In other words, the specter of illness, and by extension, disability, that Outka describes infuses the novel from the very beginning, even if it is not immediately obvious.

In fact, the novel offers stark oppositions between its sick and disabled characters on the one hand, and characters who appear to embody physical and mental health. Hugh Whitbread, for example, is described as having a “very-well covered, manly, extremely handsome, perfectly upholstered body” (5). The word “upholstered” is significant in this context, because one can read this description as a sign of Whitbread’s body being covered or enhanced by something, just as furniture can be upholstered to improve both its appearance and its comfort. At the same time, this upholstering suggests that beneath that covering lies something hidden. I would like to suggest that this hidden thing can be described as compulsory able-bodiedness: because of Whitbread’s manly and healthy appearance, he is directly linked to a masculine and able-bodied normativity, while the constructedness of this normativity becomes invisible. As such, the novel exemplifies how traditional, conventional masculinity is aligned with able-bodiedness, and Hugh is an example of this.

In order to understand the connection between able-bodiedness and sexuality, it is necessary to understand that, as McRuer points out, both “share a pathologized past” (*Crip Theory* 1) After the rise of statistics from the 1850s onwards, those who were unable to conform to norms of heterosexuality were characterized in terms of disability, and vice versa. As Madelyn Detloff contends, within the eugenic discourse that became popular after the 1850s, “sexual normativity intersects with able bodied normativity insofar as proper desire . . . is desire for able-bodiedness. Desire for anything else is deemed at best wasteful and at worst degenerative” (104). In other words, proper sexual normativity in the form of heterosexuality

was thought to equal able-bodiedness, and those who could not conform to either category were thus seen as a danger to the development of a given population.

The way in which deviant sexuality and disability have shared pathologies becomes evident, in one way, through the characterization of Peter Walsh. Although it might be difficult to argue that Peter is either disabled or queer, (although he is said to have a “queer look” about him (*Dalloway* 34)), he *does* exhibit signs of a kind of deviant sexuality. His intended marriage to a woman from India who is already married in addition to his pursuit of an unknown woman in Trafalgar Square suggest that Peter is unconventional in his desires. In fact, his arguably illicit sexual desire is both implicitly and explicitly linked to his compulsive fidgeting with his penknife. As Clarissa notes to herself, the knife “represents his silly unconventionality, his weakness” (39). David Bradshaw notes in his introduction to the text that critics have argued that “his penknife equates with his sexual menace” (xxii). While Bradshaw believes that the penknife represents the “knife-edge equilibrium of his mind” instead of sexually predatory behavior (xxii), one could argue that the two are linked.

Indeed, it is difficult to deny the sexual, Freudian, nature of the descriptions of Peter’s fidgeting. For example, as Walsh is pursuing the unknown woman in Trafalgar Square, the narrative notes that he is “stealthily fingering his pocketknife” (140), evoking a sense of sexual intercourse and masturbation. In this sense, Peter’s interest in pursuing uninterested and unavailable women is, at least implicitly, linked to sexually deviant behavior; his sexual desire exceeds its acceptable limits, outside of a heterosexual marriage. As such, it is suggested that he is not entirely mentally well. Woolf, then, hints at a deconstruction of binaries of normalcy and deviance in terms of both sexuality and ability, and shows instead that these are unstable, socially constructed categories. Bradshaw affirms this when he writes that “Woolf seems at pains to contrast the disturbing behaviour which is tolerated as eccentric within the governing-class with the socially harmless behaviour which is deemed insane and

quasi-criminal down the line” in reference to the differences between Septimus and Peter Walsh (xxii). In other words, Peter’s middle-class status as heterosexual, seemingly healthy and able-bodied, as opposed to, as will become clear, Septimus’s working class, disabled queerness, allows Peter to get away with his predatory behavior, whereas Septimus is punished and ostracized for his deviation from able-bodied heterosexuality.

In opposition to characters such as Hugh, who embodies a kind of able-bodied masculinity, Septimus is seen as effeminate and queer, specifically because of his shell shock and his inability to rehabilitate back into heteronormative, able-bodied society. This sense of Septimus as unconventional and deviant is already hinted at when Brewer, his boss before the war, notes that although he thinks highly of Septimus, this appraisal is conditional on “if he keeps his health, and that was the danger – he looked weakly” (*Dalloway* 73). In other words, Septimus is already having difficulties conforming to ideals of able-bodiedness. When he returns from the front, the danger that Brewer fears appears to have materialized: Septimus can no longer feel after having had “a complete physical and nervous breakdown” (81) and suffers from apparent delusions and post-traumatic stress disorder. Although his inability to feel is ironically characterized as a sign of his newfound “manliness” (73) after fighting in the War, this sense of masculinity is immediately undermined by implying that Septimus has had an affair with his officer Evans, who is killed in the war. Evans, who is said to be “undemonstrative in the company of women”, demonstrates “attention” and “affection” for Septimus, and the description that “they had to be together, share with each other, fight with each other, quarrel with each other” (73) clearly implies that their relationship was more than platonic. Thus, Septimus’s loss of feelings after Evans is killed is homoerotically charged. Importantly, in “Queer/Crip Aesthetics” Franks points out that

disability and sexuality were linked in wartime conceptualizations of bodily and mental health. In one sense, sexual inversion was seen as a kind of contagious

disability that could be spread between soldiers and into the civilian population. In another, the mental and physical disabilities were seen as a threat to sexual norms, since the war deformed soldiers' properly masculine, heterosexualized bodies and minds. (60)

This deformation of proper heterosexual bodies and minds evidently seems to be occurring here: although it is initially suggested that Septimus will be properly masculinized at the front, the opposite is true, and he returns disabled and lacking proper heterosexual desire.

This deviance on Septimus's part is emphasized by the way in which he is continuously feminized and emasculated by his doctors as they try to 'cure' him of his trauma. Scholars such as John Horrocks have pointed out that during and after the War, in contrast to physical disabilities that proved one's status as a war hero, shell shock was perceived by doctors as an emasculating illness demonstrating that soldiers "were too effeminate to embrace their aggressive urges" (38). In the same way, Jerry Lembcke notes that shell shock was compared to female hysteria, and as such it was not taken seriously as a real disability (79-80). This attitude is clearly echoed by Holmes and Bradshaw, who believe that Septimus is not actually ill and that there is "nothing the matter with him" (*Dalloway* 20). Consequently, Septimus's treatment is inadequate; William Bradshaw assures Septimus's wife Lucrezia that "it was merely a question of rest; of rest, rest, rest, a long rest in bed" (82). The monotony and repetition of "rest" in this statement emphasize the futility of such a rest cure, and indeed, rest does not help Septimus to get better. As Franks points out, this rest cure feminizes Septimus: he is "constructed as disabled and therefore improperly gendered within the medical context of the time: that is, he is oriented towards disproportional objects of identification and desire" ("Aesthetics" 78), meaning he cannot live up to the able-bodied and heteronormative ideologies he is supposed to conform to.

As aforementioned, Septimus's failure to become healthy is not only a crisis in terms of able-bodiedness, but also in terms of heterosexuality. The "deforming" of masculinity and heterosexuality that Franks mentions lives on through Septimus's barren marriage even after Evans is killed. Although Septimus does marry a woman, it is evident that he does not do so out of love. While Rezia has "a right to his arm" (14) as his wife, ultimately Septimus does not feel any real affection for her, having married his wife "without loving her (77). In this marriage, then, disability is connected to "the absence of sexual potency" (*Bodies* 46). Indeed, Franks explains that "the inability of former soldiers to restore their bodily wholeness and mental health was bound to their inability to reconstruct heterosexual attachments and abandon the homosocial, homoerotic dependencies on the trenches" ("Aesthetics" 79), at which Septimus does not succeed.

Bradshaw argues that Woolf exposes how the "maintenance" of society "is predicated on the State's exclusion or marginalization of those who are inefficient, disorganized, communally off-line or . . . the wrong gender" (xxvii). As I have suggested, this marginalization is primarily based on compulsory heterosexuality and compulsory able-bodiedness, which becomes evident in the representation of Septimus's doctors as guardians of this able-bodied status quo. Dr. Holmes is characterized as "large, fresh-coloured, handsome," and when looking in the mirror, he "brushed it all aside —headaches, sleeplessness, fears, dreams —nerve symptoms and nothing more, he said". Holmes then, believes ill health is something one can simply ignore. Consequently, he tells Septimus and Rezia that "health is largely a matter in our own control" (77-78). This attitude is exemplary of the medical model of disability, in which illness and disability are the responsibility of the individual. In the same way, Sir William Bradshaw insists on the individual's responsibility for their own health, having acquired his own good fortune by "sheer ability" and thus becoming a "fine figurehead" (81) for his profession; he believes that "health we must have;

and health is proportion” (84). What is more, this sense of proportion in the individual is linked to the health of the nation and therefore the national body politic when Bradshaw is described as “making England prosper” (84). As such, these doctors believe that Septimus’s disability is simply a temporary failure to subscribe to standards of ability, and that his inability to get better threatens the heteronormative, able-bodied order. McRuer writes that “rehabilitation marks the appearance of culture that attempts to complete the act of identification, of making identical. This act will cause the disabled to disappear and with them all that is lacking in order to assimilate them, dissolve them in a great and single social whole.” In order for this rehabilitation to succeed, he quotes Striker in affirming that disability must not be a “confrontational position” (qtd. in *Crip Theory* 113). Septimus’s inability to identify or to be made identical to the status quo is what elicits such a confrontational position, and it is precisely Woolf’s insistence on disability as a confrontation with dominant ideologies that a crip reading illuminates.

This sense of disability as a confrontational position also becomes apparent in the characterization of Clarissa. Although Clarissa has often been described as a foil to Septimus, less attention has been paid to how compulsory able-bodiedness and compulsory heterosexuality have clearly also affected her identity. Before her marriage to Richard, Clarissa appears to have been significantly unconventional. This becomes apparent in one way through her romantic and sexual relationship with Sally Seton. Sally, whose unconventionality is related to her having “French blood in her veins” makes Clarissa want to “reform the world” by abolishing private property (*Dalloway* 28), and she thus clearly has a desire for social change. Importantly, Clarissa describes her love for Sally, and for women in general, as being accompanied by a sense of purity and integrity that “was not like one’s feeling for a man.” This relationship with a woman is “protective . . . sprang from a sense of being in league together” (29). As such, relationships with women are characterized as

communal and mutually supportive. Interestingly, Clarissa retroactively describes herself as doing “the most idiotic things” during her time with Sally, thus implicitly linking her transgressive politics and sexuality to cognitive disability, and thereby emphasizing the connection the novel makes between non-normativity and queerness and disability. It is clear, then, that during her time with Sally, Clarissa does not subscribe to heteronormative notions about relationships and is instead critical of heteronormative ideologies.

Ultimately, however, Clarissa leaves both Sally and Peter Walsh, whose proposal she rejects, and she marries Richard, who embodies the “public-spirited, British Empire, tariff-reform, governing-class spirit” (*Dalloway* 65). Indeed, Richard trusts medical doctors without reservations, and as such appears to embody the opposite of both Septimus and Woolf. In this sense, Clarissa ultimately values social status and propriety above the pure love she feels for Sally. As Eileen Yu Xiaoxi contends, Clarissa’s identity “is largely built upon social discourse, or the symbolic order” (58), and consequently, her sense of identity is predicated on what she wants other people to think of her rather than on what she herself believes would grant her happiness.

Significantly, the performative nature of Clarissa’s identity is often described in terms of the body and embodiment. Just as Woolf suggests in *On Being Ill* that in health “the genial pretense must be kept up and the effort renewed” (12), so Clarissa has trouble keeping up this pretense. She expresses that although “she held herself well”, suggesting a conscious effort of holding herself together, she often feels that “now this body she wore . . . this body, with all its capacities, seemed nothing, nothing at all” (*Dalloway* 9). Her physical body, then, has become a source of discomfort. Moreover, she experiences great effort in attempting to form a coherent sense of self, describing that she consciously “drew the parts together, she alone knew how different, how incompatible and composed” and that she “had tried to be the same always never showing a sign of all the other sides of her” (32). Clearly, Clarissa feels

constricted and confined by her social status, in contrast to the freedom she feels during her relationship with Sally. It is important that Clarissa's effort in sustaining this identity for herself is described as physically tiring; throughout the novel, it becomes evident that she attempts to conform to an image of perfect physical health, even as she feels weak and aged. She is continually depicted as consciously presenting herself as "very upright" (3), as possessing "a narrow pea-stick figure" (9), and as having grown hard and rigid (41). This characterization of Clarissa as hard and rigid is significant, because it emphasizes that she has lost the flexible body and mind she possessed in her youth, and that with this loss she has had to suppress her difference from the status quo. Moreover, in light of Woolf's description of the upright in *On Being Ill* as perpetuators of the able-bodied status quo, as outlined in chapter 1, Clarissa's uprightness signals that she, like Holmes and Bradshaw, has a desire to conform to this status quo.

In fact, the novel explicitly connects conservatism and convention to uprightness. Through the statement that "This late age of world's experience bred in them all, all men and women, a well of tears. Tears and sorrows; courage and endurance; a perfectly upright and stoical bearing" (8), the trauma of the war is linked to uprightness. Thus, although uprightness is associated with courage and endurance, it is ultimately the result of trauma, and the "stoical bearing" that follows from this sense of uprightness is characterized as negative, just as in its connection to Septimus's absence of feeling after the war. What is more, the novel suggests how pervasive the ideal of compulsory able-bodiedness is when, as the public in London is trying to catch a glimpse of the royals, "able-bodied men . . . at once [stood] even straighter" (16). The royal body, then, as a representation of the perfect body, becomes an ideal to aspire to as much as possible; these men, already described as able-bodied, attempt to approximate this perfection by outwardly presenting themselves as even more upright. In this instance, McRuer's argument that able-bodiedness is an ideal that is always deferred and can never

truly be obtained (*Crip Theory* 9) becomes evident: even those who are already considered to be able-bodied are subconsciously aspiring to a perfect image that they cannot reach. Thus, Woolf clearly criticizes the ideologies that present able-bodiedness as a natural condition, and points out instead that able-bodiedness is socially constructed.

As an alternative to the conformist, stoical bearing of the upright, Woolf posits illness and disability as different, superior ways of viewing the world. If, as Woolf contends, “it is only the recumbent who know what, after all, nature is at no pains to conceal” (*Ill* 16), this is exactly what *Mrs. Dalloway* illustrates. In the case of Clarissa, her liminal status as an ill person makes her feel as though “she sliced like a knife through everything; at the same time was outside, looking on. She had a perpetual sense, as she watched the taxicabs, of being out, far out to sea and alone” (7). Although this liminal, marginal position initially appears to make an outsider of her, it is precisely this outsider position that allows her to deconstruct and explore how compulsory able-bodiedness operates. As Fisher contends, “characterizing patients as ‘outlaws’ from conventional social constraints, Woolf constructs illness here as a form of emboldening patients, encouraging them both to have insights they would not normally have and the will to act on these insights” (79). This becomes evident in Clarissa’s experience of her illness as a “brutal monster” that makes her feel a

hatred, which, especially since her illness, had power to make her feel scraped, hurt in her spine; gave her physical pain, and made all pleasure in beauty, in friendship, in being well, in being loved and making her home delightful, rock, quiver, and bend as if indeed there were a monster grubbing at the roots. (10-11)

In other words, Clarissa experiences her illness as a loss of stability and security of her “roots”, and thus she questions her entire sense of self, as is emphasized by the way her sense of home quivers and bends. Significantly, directly following this epiphany she cries that this revelation is “nonsense”, and she “advanced, light, tall, very upright” (11), as though she is

compensating for her illness by pretending that she feels well.

Despite this performative wellness, Clarissa frequently has to rest because of the aftereffects of her influenza. Fisher notes that Clarissa's illness and her subsequent need for rest is "strongly associated with gender non-conformity", in that her role as a wife and mother has had to make way for the role of patient, "reinforcing a sense of celibacy and childishness out of place in a mature woman" (86). Indeed, as Clarissa lies in her narrow bed, "she could not dispel a virginity preserved through childbirth like a sheet" (27). Furthermore, her illness makes her feel "suddenly shriveled, aged, breastless" (26). In this manner, Clarissa's illness forces her to relinquish a large part of her identity, an identity which is largely based on her status as a wife and mother and which is intimately tied to her gender and sense of youth.

While her illness thus makes her feel unwell and prompts her to question her sense of identity, it also allows her to question the ideologies that she is subjected to, seemingly regretting her decision to marry Richard (Fisher 88). As she is lying on her sofa, "cloistered, exempt", she begins to overthink her life and desires "to go deeper, beneath what people said (and these judgements, how superficial, how fragmentary they are!) in her own mind, what did it mean to her, this thing called life" (*Dalloway* 103). Her realization that "one should wake up in the morning; see the sky" takes on larger significance when reading it alongside Woolf's notion that those who are ill and disabled are "irresponsible and disinterested and able, perhaps for the first time for years, to look round, to look up— to look, for example, at the sky" (*Ill* 12). Just as Woolf suggests this looking up at the sky in *On Being Ill* to mean that those who are ill and disabled can expose and deconstruct certain ideologies because of their recumbent position, so Clarissa is granted epiphanies about the socially constructedness of her own identity as a woman and an ill person, and consequently she deconstructs how her identity is based solely on social relations. Fisher notes that as Clarissa does so, she is "constructing a different sort of body as she enters the last phase of her life, a body

simultaneously less bound by social law although more vulnerable to mortality” (88). In arguing this, Fisher employs Hite’s notions of the social body, meaning the physical body bound by social conventions and relations and the visionary body, which can “[negotiates its] own relationships with social institutions” (78). While it is certainly true that Clarissa’s illness grants her a certain freedom to look at herself outside of social relations, Fisher seems to suggest that the visionary body somehow transcends the body’s material, physical nature. In fact, rather than transcending her physical existence, it is precisely Clarissa’s physical experience of illness that allows her these epiphanies about identity. Reading the power of the body in this way, instead of minimizing its importance, is exactly what disability studies and crip studies aim to emphasize: that disabled and impaired bodies need not be transcended or discarded to have value, but that it is precisely their embodiment that allows them to have insights about how ideologies operate.

In a similar way, although Septimus’s shell shock causes him great suffering, it is also suggested that it grants him a kind of hyperconsciousness, such as Woolf describes in *On Being Ill*. He can see people “making up lies as they passed in the street. He knew all their thoughts, he said; he knew everything. He knew the meaning of the world”. Furthermore, he wonders “why could he see through bodies, see into the future, when dogs will become men? . . . His body was macerated until only the nerve fibres were left. It was spread like a veil upon a rock” (58). While this quote clearly expresses the anguish Septimus experiences, it also seems as though his suffering is what makes him able to see through people, expressly because of his disabled body. His lying down, even though he is exhausted, is also described to hold him up, and he is said to lie “very high, on the back of the world. The earth thrilled beneath him (58). This description evokes a sense of Septimus looking down on society from up high, as though he exists outside of and above society. Indeed, Septimus is said to be “free, called forth in advance of the mass of men to hear the truth” (57), and it is this freedom that

makes him conclude that “beauty, that was the truth now. Beauty was everywhere” (59), thus making him view the world in ways that the upright cannot.

This sense of truth is also what makes Septimus aware of how compulsory able-bodiedness is the cause of his maltreatment. Septimus understands that his doctors represent human nature, and as he is forced by his doctors to lie down and rest, he describes that “human nature, in short, was on him — the repulsive brute, with the blood-red nostrils. Holmes was on him.” Because Septimus “stumbles”, meaning that he is unable or refuses to conform to the status quo of heteronormative able-bodiedness, he knows that his only way out of his situation is to escape (78). In the end, this desire to escape leads him to commit suicide.

Scholars differ in their interpretations of this suicide. Franks, for example, contends that although the text’s structure “is founded on a lack of able-bodied, heteronormative proportion”, as we have seen, he ultimately seems to believe that Septimus’s suicide can be categorized as an “aesthetic amputation” (“Aesthetics 79). One way in which we may read this suicide, then, is as a textual prosthesis. In *Narrative Prosthesis*, Mitchell and Snyder argue that “to prosthetize is to institute a notion of the body within the regime of deviance” and that “if disability falls too far from an acceptable norm, a prosthetic intervention seeks to accomplish an erasure of difference altogether” (7). As such, a textual prosthesis “alleviates discomfort by removing the unsightly from view” (8). Although one might argue that Septimus represents this unsightliness and that his suicide is a way of removing disability from the narrative, a crip reading would illuminate how his suicide may be viewed as a way of protesting able-bodied normativity.

Significantly, just before his suicide Septimus challenges the authority of his doctors, realizing that their desire to prevent his suicide is a way to exert power over him. It is precisely this power that Septimus aims to challenge, and this is what his suicide achieves. In fact, as Fisher contends, we can read his suicide as “a rational choice, a decision to preserve

an identity from destruction by Drs. Holmes and Bradshaw” (98). Importantly, Septimus describes his condition as “their idea of tragedy, not his or Rezia’s” (126). His decision to kill himself, then, must above all else be viewed as a way of reclaiming agency over his own life. As Clarissa notes herself, “death was defiance. Death was an attempt to communicate” (156). Thus, to merely consider Septimus as being “killed and targeted for crip/queer death” (“Aesthetics” 82), seems reductive; rather, Woolf shows how his oppression has left him no other choice but to kill himself, and that in doing so he breaks free and protests his oppression.

Moreover, a crip reading in which one considers Clarissa to be disabled also sheds a different light on Septimus’s suicide. Franks contends that Septimus’s death is above all a form of “artistic exploitation” that allows Clarissa to be granted an epiphany about death, and as such his suicide is reduced to an aesthetic experience (“Aesthetics 79). It is certainly true that his suicide is followed by an epiphanic moment for Clarissa. McRuer writes that representations of disability and epiphanies often accompany one another, and that

the cultural representation of an epiphanic moment requires flexible bodies in two senses: the body experiencing the epiphany must be flexible enough to make it through a moment of crisis (flexible synonymous with heterosexual and able-bodied) *and* other bodies must function flexibly and objectively as sites on which the epiphanic moment can be staged, and these bodies are invariably queer and disabled. (*Crip Theory* 16)

This moment of crisis clearly appears when news of Septimus’s death makes Clarissa experience that “always her body went through it, when she was told, first, suddenly of an accident; her dress flamed, her body burnt” (*Dalloway* 156). Crucially, however, Clarissa is hardly heterosexual or able-bodied, and rather than distancing herself from Septimus, his suicide seems to connect them to each other: “Somehow it was her disaster—her disgrace”

(157). This does not mean that Septimus's death does not reproduce and participate in the objectification and aestheticization of disabled bodies. Indeed, Franks' reading of the novel, which prompts him to argue that "Woolf experiments with form to establish not queer disability's reification as lack but its aesthetic value" ("Aesthetics" 79), demonstrates that readers may participate in ableist discourses of disability as aesthetic through their readings. At the same time, however, Clarissa's revelation, brought on by the death of Septimus, brings about "a fully conscious acceptance of not only Septimus's death but her own illness and mortality" (Fisher 99). Instead of effacing disability and illness from the narrative as a textual prosthesis aims to do, their presence is reinforced and emphasized, and as such the novel refuses to relinquish disability's confrontational position as described by Striker.

Finally, it is significant that the novel ends with Elizabeth, Clarissa's daughter, through which Woolf proposes an alternative future, in which divergent kinds of bodyminds are celebrated. Throughout the narrative, Elizabeth is presented as representing a certain kind of Otherness by linking her unconventional character to differences in terms of race, sexuality, and ability. A "queer-looking girl" (48), Elizabeth is described as having an "oriental bearing" and as a "dumb creature". Significantly, Elizabeth's supposed racial otherness is tied to cognitive disability. The narrative recounts that while the Dalloways are generally "fair-haired and blue-eyed", Elizabeth is dark and has "Chinese eyes in a pale face; an Oriental mystery" (104). Interestingly, this oriental appearance is explained by a "Mongol" having mixed with Dalloway women in the past. As Bradshaw points out, from 1924 onwards the word "Mongol" was linked to people with Down's syndrome by means of "theories of racial atavism and biological recapitulation" (xxxiii). Bradshaw contends that while it would be far-fetched to argue that Elizabeth has Down Syndrome, it is likely that Woolf was aware of this use of "Mongol" in contexts of racial anxieties and disability, and that Elizabeth's "Oriental bearing" is meant as a subversion of the notion of "pure breeding" (xxxii).

Irrespective of Woolf's intentions, it is significant that Elizabeth is an unconventional character, and that this unconventionality is linked to her Otherness. Indeed, Fisher contends that Elizabeth's oriental appearance represents "her perceptual potential and alterity throughout the novel" and that through her, "Woolf creates a pair of enigmatic-yet-capable urban eyes defined in contrast to Clarissa's anxious vision, free to wander and observe, untainted by either trauma or inhibition, simultaneously naïve yet Other" (104). Thus, Elizabeth's otherness is not stigmatized or rejected but embraced, and Woolf suggests that difference from the norm, whether in sexual, racial, or bodily terms, is something positive and worth celebrating.

This does not mean that disability is merely a social construct; indeed, both Clarissa and Septimus clearly experience suffering and discomfort because of their impairments. However, it *is* crucial to consider how political and cultural constructions of disability and impairment contribute to this suffering. Bradshaw, for instance, notes that Septimus may have recovered from his war trauma if he had received institutional support rather than harmful treatment (xvi). In other words, it is precisely because of conservative notions about masculinity, sexuality, and ability that Septimus is being *made* disabled. Thus, while Tom Shakespeare argues that fictional depictions of disabled people ignore how disability is a relationship between people with impairments and a disabling society (qtd. in Mitchell and Snyder 23), a crip theoretical reading of *Mrs. Dalloway* shows precisely how Woolf does achieve this. Crippling the novel thus reveals how (dis)ability is constructed alongside ideas surrounding race, gender, and sexuality, and how people may resist these constructions. Reading Woolf's work along these lines is crucial to understand how she as an author specifically, but also modernist literature in general, contribute to the resistance of a status quo that is harmful to a given society's population.

Michael Davidson notes that modernist literature has a tendency to view cognitive and mental disability as a “pathological counterpart to cultural decay . . . mental disability marks biological degeneration and social disorder that the narrative seeks to contain and transform” (“Paralyzed Modernities” 76). As has become apparent from this reading of *Mrs. Dalloway*, however, both mental and physical disability are *generative* rather than degenerative in marking possibilities for viewing the world and its ideologies in alternative and subversive ways. Crippling a text or claiming a critical disability is, as McRuer argues, “to reject the cultural devaluation of disability as a vital force that constantly reshapes culture despite ableist norms that would relegate it to a supporting role” (“As Good” 96). As we have seen, Woolf clearly marks disability as a vital force that reshapes culture, and understanding how disability and sexuality are mutually-informing social constructions is essential in understanding her work.

“Nature’s queer tricks”: Disability, Queerness, and Crip Time in Virginia Woolf’s *Orlando*

While *Mrs. Dalloway* was explicitly intended to critique the social system of post-war Britain, Woolf described *Orlando*, published in 1928, as “the outcome of a perfectly definite, indeed overmastering impulse. I want fun. I want fantasy” (*Volume Three* 203), and she intended the novel to be a joke (*Volume Three* 177). Indeed, the story of a young man who one day wakes up to be a woman and who lives for over 300 years between the Elizabethan age and the 1920s is decidedly more playful in tone than Woolf’s other novels such as *Mrs. Dalloway* and *To The Lighthouse*. Nevertheless, scholars have pointed out that *Orlando* contains significant political implications about the performative nature of gender, linking the titular character’s changing gender identity to Judith Butler’s theories of gender performativity (Moslehi and Niazi). Furthermore, the novel has been interpreted alongside ideas about androgyny, drag performance, and transgender identity (Piggford; Caughie). These and other readings of *Orlando* have illustrated that, despite (or because of) its playful nature, the novel was ahead of its time in its progressive notions of gender relations, sexuality, and identity.

Scholars have often noted how the body and embodiment relate to notions surrounding gender and sexuality as put forward in the novel. However, they have not often considered how the appearance of both normative and non-normative bodies in this text may be interpreted by means of a disability studies perspective, even though, as this thesis has demonstrated thus far, disability, gender, and sexuality are intricately connected. Linden Peach notes that *Orlando* employs “eugenic thinking to expose the way in which masculinist literary inheritance marginalizes and silences women”, and that “eugenic prioritizing of ‘nature’, or genetics, is countered by an emphasis throughout the novel on significance of culture” (441-442), thus linking Woolf’s anti-eugenic thinking to the novel. It has not been until recently, though, that scholars such as Michael Davidson have pointed to the significance of reading *Orlando* as a disability narrative.

Initially, employing a disability studies lens to analyze the text may appear far-fetched, since Woolf does not include disability as overtly in this novel as she does in *Mrs. Dalloway*. However, Davidson points out that *Orlando* can in fact be read as a disability narrative because such narratives “unseat the presumed normalcy of embodied life and display the nightmares of genetic futurity as the lived reality of disabled and dependent people” (*Invalid* 103). Moreover, he argues that *Orlando* is a queer text in its “playful mixing of gender roles, narrative conventions, and narrative temporalities”. He goes on to argue that “while it might seem a stretch to think of such fluidity as characteristic of disability, the novel’s deconstruction of embodied identity has implications for what it means to ‘signify’ as human” (111). Certainly, Woolf evidently unseats the presumed normalcy of embodied life in *Orlando* by having its protagonist flouting and deliberately undermining and subverting normative ideas about embodiment, gender, and sexuality, just as she does in *On Being Ill* and *Mrs. Dalloway*. This chapter aims to conduct a disability studies reading of the novel to argue that in *Orlando*, Woolf deconstructs the relationship between gender, sexuality, and disability. While the narrative puts forward contradictory and ambiguous viewpoints on the meanings of disability, ultimately Woolf critiques normative conceptions of embodiment and instead privileges and celebrates non-normative bodies.

In order to argue this, I will first consider how Woolf conceives of and subverts able-bodiedness in the novel by exploring the relationship between able-bodiedness, gender and sexuality, and normativity. Consequently, this chapter will investigate how both literal and metaphorical representations of disability contribute to the novel’s deconstruction of a naturalized binary between able-bodiedness and disability. Finally, this chapter will employ Elizabeth Freeman’s notion of chrononormativity in conjunction with Alison Kafer’s notion of crip time as a more flexible approach to time to consider how Orlando’s experience of time subverts ideas about linearity, progress, and able-bodiedness. In doing so, this chapter aims to

illuminate the ways in which Woolf may have been the nascent crip theorist that Detloff (103) believes her to be.

As many critics have pointed out, the novel satirically opens with the assertion that Orlando is a man, “for there could be no doubt about this sex” (3). However, this absence of doubt is in relation to gender and sexuality is immediately undermined by pointing out that his clothes in fact disguise the certainty of his masculinity, and this doubt subsequently becomes the most prominent theme of the text. As Gaura Narayan suggests, Woolf “places *Orlando* at the intersection of certainty and doubt” and thus “forces the reader into the novel’s essential playfulness about sex and literary history” (128). Importantly, as this thesis has shown thus far, the construction of sex, gender, and disability are contingent on one another. As such, the novel’s playfulness in relation to sex and gender also “calls into question the integrity of embodiment as the marker of gendered normalcy” (*Invalid* 109). It is necessary, then, to consider how the novel’s satiric and parodic nature creates a sense of ambiguity in relation to disability and the body.

While it will become apparent that the novel clearly deconstructs ideas of normalcy in relation to able-bodiedness, the text initially appears to privilege a kind of youthful and able-bodied masculinity. At the outset of the novel, Orlando is “in the act of slicing at the head of a Moor which swung from the rafters”, thus following in the footsteps of his father and grandfather who had “had struck many heads of many colours off many shoulders” (3). In other words, Orlando seems to embody the continuation of a patriarchal tradition of colonial violence. In fact, Orlando’s chivalry is contrasted to the otherness of the “shrunk, black lips” of his supposed enemy (3). In this way, Orlando, like Hugh Whitbread in *Mrs. Dalloway*, is initially introduced as a character embodying a kind of masculine normativity. Indeed, his nobility is underscored by his seemingly perfect appearance; he has “shapely legs,” a “handsome body”, and “well-set shoulders”. With his red cheeks, light facial hair, “teeth of an

exquisite almond whiteness” and ears that “fitted closely to the head”, Orlando seems to be the embodiment of “youthful beauty” (4) because of his physical perfection, and thus he also appears to embody a masculine, able-bodied status quo.

However, this status quo is immediately destabilized when the narrative hints at Orlando’s future deviance from normative notions about gender and embodiment. Immediately after the description mentioned above, the narrator points out that Orlando has “eyes like drenched violets, so large that the water seemed to have brimmed in them and widened them; and a brow like the swelling of a marble dome pressed between the two black medallions which were his temples” (4). The focus on his large eyes and welling brows here already point to a sense of excess, as though Orlando’s physicality cannot be contained, and as though he is at risk of transgressing certain boundaries. Although the narrator mentions that he would rather ignore the “thousand disagreeables” (5) that characterize his subject, his position as a biographer does not allow him to do so. Evidently, though, the novel satirizes the biographical tradition, creating an ambiguous view of its subject and how the reader is meant to interpret Orlando’s character.

This ambiguity also applies to the way in which disability is represented in the text. Although Orlando’s supposed normativity is clearly undermined in his physical description, the text does initially appear to subscribe to normative ideas about able-bodiedness. In addition to his physical description, another way in which this becomes apparent is through the novel’s use of bodily deviance and disability as a sign of immorality. In *Aesthetic Nervousness*, Ato Quayson sets out a typology of the different kinds of representations of disability in literary texts. One of these representations, Quayson notes, constitutes disability and impairment as signs of a moral deficit. Using Caliban from Shakespeare’s *The Tempest* as an example, Quayson argues that these representations link bodily and cognitive deviance from a certain standard to a character’s moral degradation (42).

In *Orlando*, the titular character appears to participate in reproducing such representations when he describes his female suitors, whom the narrative depicts as physically deviant in some way. Clorinda, the first lady, means to “reform Orlando of his sins” but later dies of small-pox, and thus gets effaced from the narrative. Subsequently, Orlando notes that Favilla, who possesses a cruel inclination to whip dogs, has crooked teeth, which he believes “is a sure sign of a perverse and cruel disposition in woman” (15). Thus, he explicitly connects physical deformation to immorality, believing that the characters of these women have physically manifested themselves as examples of ugliness. His final flame, Euphrysonne, in contrast to Clorinda and Favilla, possesses “a perfect set of teeth in the upper jaw, though those on the lower were slightly discolored” (15-16). While this discoloration may hint at a sign of imperfection and although she does disappear from the narrative soon after when the Great Frost arrives, Euphrysonne appears to be the perfect wife through her seemingly perfect physique, just as Orlando is initially described as physically beautiful. In this manner, the novel seemingly links able-bodiedness to ideas about normalcy and morality.

Importantly, however, Orlando himself exhibits signs of deviance in his own desires, thus pointing out the constructed nature of these ideologies. When he first encounters the Russian princess Sasha, Orlando is confused about her gender. Her figure is androgynous because of “the loose tunic and trousers of the Russian fashion which served to disguise the sex”, and because of this ambiguity she becomes a source of curiosity and seductiveness (18). Already, then, a specter of doubt and strangeness infuses the narrative, pointing to the constructedness of gender. When Orlando concludes that Sasha must be a boy, for “no woman could skate with such speed and vigour”, he is “ready to tear his hair with vexation that the person was out of his own sex, and thus embraces were out of the question” (19). In this moment, Orlando’s own queer desires are thus introduced; he recognizes that his attraction to Sasha is illegitimate, not because he does not desire her but precisely because he *does*, and

this apparent same-sex attraction transgresses the heteronormative world that Orlando inhabits. As Narayan points out, the first encounter between Sasha and Orlando “engages non-normativity” (129). Although his anxieties are soon resolved because Sasha does turn out to be a girl, the text has already destabilized the supposed naturalness of heteronormativity and has therefore already marked Orlando as potentially queer.

Another way in which queerness is established as a vital presence is through the figure of Queen Elizabeth. Importantly, the queen’s queerness is expressed through her disabled, aged body. For example, the narrative emphasizes her “nervous, crabby, sickly hand”. Although this hand is said to be “a commanding hand too; a hand that had only raise itself for a head to fall” (*Orlando* 9), this image of the Queen is ultimately a queer one. Matthew Clarke points out that Woolf had a fascination for Elizabeth throughout her life, and that for both her and her friend Lytton Strachey, “the apparent androgyny of Queen Elizabeth was part of what they found compelling about her” (136). Just as Detloff notes that Woolf was fascinated by “the disruptive and unruly bodies who inhabit the disjunctures in the logic of cultural intelligibility” (qtd. in Clarke 136), so Clarke points out that “the abject or queer body of Elizabeth offered a symbol of transgression, not just of ‘femininity,’ but also of sexuality, pleasure and desire.” (Clarke 136), and, I would like to add, of embodiment as well. In *Orlando*, Elizabeth is obviously queer, and her queerness is explicitly linked to her bodily non-normativity – her aged, disabled body marks her as a deviant body within the text.

Significantly, the Queen appears to lust after Orlando in a desire to usurp his youthfulness; his curled hair, violent eyes and “a pair of the finest legs that a young nobleman has ever stood upright upon” are “all qualities which the old woman loved the more the more they failed her. For she was growing old and worn and bent before her time” (*Orlando* 9). Indeed, Orlando is said to be the “limb of her infirmity; the oak tree on which she lent her degradation” (11). In this passage, the Queen appears to use Orlando as a kind of prosthesis,

attempting to absorb his youth and to claim it as her own. In other words, Elizabeth projects her own desires for youth and ability onto Orlando's able body, emphasized here by the use of "upright" to describe his legs. As she regards Orlando, "eyes, mouth, nose, breast, hips, hands—she ran them over; her lips twitched visibly as she looked" (10). Clarke notes that this "erotic catalogue of Orlando's body . . . deliberately draws attention to the queen's sexual desire" (138). Indeed, the Queen's twitching lips mark her desire as deviant, and the earlier emphasis on her aged, disabled body thus link her queer desire to a deviant kind of embodiment.

This deviance, however, is not solely characterized as undesirable or dangerous – rather, Clarke points out that the Queen's virginity, for which she is known, "removes her from the system through which women's experiences are controlled by men" and that she represents "an excess of knowledge—a kind of knowingness about her own desire that is misaligned with her reputation as the 'Virgin Queen'" (139). As such, Woolf represents aged, disabled bodies as sites of knowledge and power, thus subverting the privileging of youth and able-bodiedness that seems so prominent at the beginning of the novel. While ageing can thus be regarded as a source of anxiety in relation to compulsory able-bodiedness (Kafer 8), as it is in *Mrs. Dalloway*, in *Orlando*, ageing and becoming disabled is accompanied by wisdom and a certain independence from the oppressive ideologies at work in the text.

While the text is thus clearly marked by a crip and queer presence, the narrative remains ambiguous in the meanings it assigns to disability. In addition to linking disability and moral degradation through physical deviance, the novel also connects disability to moral deficit by positing literature as an unfit art for noblemen like Orlando. Rather, literature is an illness that is supposedly meant for "the palsied and the dying" (44). Orlando's love for reading in his childhood, the biographer notes, makes him "afflicted" and

infected by a germ said to be bred of the pollen of the asphodel and to be blown out of Greece and Italy, which was of so deadly a nature that it would shake the hand as it was raised to strike, cloud the eye as it sought its prey, and make the tongue stammer as it declared its love. It was the fatal nature of disease to substitute a phantom for reality, so that Orlando, to whom fortune had given every gift . . . had only to open a book for the whole vast accumulation to turn to mist. (44)

Significantly, the disease of literature is represented as physically impairing Orlando's sight and speech in relation to his capabilities as a hunter seeking its prey. As such, it is suggested that his passion for literature feminizes Orlando, making him unable to affirm his masculinity by practicing sports such as hunting. Just as Septimus in *Mrs. Dalloway* is feminized due to his inability to rehabilitate into heteronormative, able-bodied hegemony, so the narrator of *Orlando* appears to suggest that its protagonist, in his supposed substitution of reality for a phantom, threatens to deviate from notions about nobility and masculinity. Indeed, the narrator notes how strange it is "to reflect that this fine fellow with all his faculties about him and a healthy body . . . should be so subject to the lethargy of thought", and that he has become "as shy as a little girl" (62). The comparison of Orlando to a little girl, aside from foreshadowing his sex change, once more emphasizes the link between disability and femininity; the lethargy of thought that the text describes undermines the power of his healthy body, and since illness is associated with feminine weakness, Orlando is emasculated. Although the narrator writes that Orlando "was of a strong constitution" and his affliction "never broke him down" (45), he clearly does not recover, as will become evident.

Importantly, however, the playful, parodic nature of the text forces readers to be critical of the notions that the novel puts forward. Kayte Stokoe points out that the use of parody in *Orlando* "creates a particular form of textual layering, which draws the reader's attention to gender norms and to non-normative gender and sexualities". Furthermore, Stokoe

contends that the novel “queers the genre of biography by deploying it as a fictional trope and by rejecting the restrictive features which had typified this genre in the nineteenth century” (301). This textual layering not only applies to the way in which Woolf queers the genre by questioning assumptions about gender and sexuality. In fact, one could argue that *Orlando* also *crips* the biographical genre by subverting notions about able-bodiedness.

Indeed, although the novel initially appears to affirm the connection between disability and moral degradation that Quayson notes, the narrative clearly becomes more ambiguous in its depiction of disability. The novel’s earlier condemnation of literature as an ‘improper’ form of art for the nobility and linking it to bodily deformity is put into question when Orlando first encounters the poet Nicholas Greene. This poet’s appearance is one of contradictions; he is described to be “of a mean figure; was lean and stooped somewhat” (50). Indeed, Orlando “was puzzled where to place him . . . The head with its rounded forehead was fine, but the chin receded. The eyes were brilliant, but the lips hung loose and slobbered.” Ultimately, Orlando decides that his appearance was “disquieting” with his face “seamed, puckered, and drawn together” (51). Greene, then, is marked by ambiguity, becoming a strange presence within the novel. Although this moment certainly does not mark a wholly different view of literature, it is significant that Greene’s appearance is confusing and ambiguous rather than straightforwardly ugly, as Orlando’s suitors are described earlier in the text. In fact, this ambiguity prompts readers to question the ideologies at work in the text; whereas the novel initially appears to uncritically reproduce the connection between disability and moral deficit that Quayson highlights in its depiction of Orlando’s suitors and in the characterization of literature as a disease, Orlando’s confusion about Greene here seems to indicate that readers should question such connections instead of taking them for granted.

Questioning the ways in which disability and impairment are represented sheds important light on how the novel puts forward alternative notions of embodiment. Whereas

the narrative, as mentioned previously, seemingly links disability and immorality before Orlando's transformation, after his/her¹ sex change, disability becomes representative of Orlando's own deviance from heteronormative ideas about gender and sexuality. However, rather than perpetuating the idea that deviating from these norms makes one morally deviant, Orlando's transformation leads him/her to continually reevaluate normative notions about gender, sexuality, and ability. During his/her time with the gypsies, Orlando is viewed as "someone who doubts" and as "someone who does not do the thing for the sake of doing" (92). However, whereas doubt is a source of anxiety for Orlando before his/her transformation, as exemplified by his doubt about Sasha's gender, this doubt now leads Orlando to interrogate ideas which he/she understood as fact before his/her transformation.

Interestingly, although Orlando is presented as female after his/her transformation, he/she is described in androgynous terms, as "his form combined in one the strength of a man and a woman's grace" (87). Moreover, he/she feels that he/she belongs to neither sex: "for the time being, she seemed to vacillate; she was man; she was woman" (100). Orlando's androgyny, then, troubles the sex binary and exceeds the naturalized boundaries between male and female, but as Jane Maher contends, "the fluidity of the sexed body does not result in dissolution or collapse but in productive and ongoing reformulation of the self" and as such "bodily change is not understood as a threat, even when it is radical material change" (22-23). In fact, it is Orlando's gender fluidity, and thus his/her deliberate nonconformity to bodily standards, that allows him/her to form a coherent self. It is through the novel's celebration of fluidity and alternative forms of embodiment, I would like to suggest, that the text can be read as a disability narrative. Rather than fully adapting to his/her female sex, Orlando instead troubles the gender binary by moving between male and female presentation. Although he/she

¹ Throughout this thesis, I refer to Orlando as "him/her" after the transformation, in line with existing scholarship on this text.

is initially continually “recalled thus suddenly to a consciousness of her sex” (*Orlando* 114) and he/she accordingly displays feminine behavior to the people around him/her, he/she later deliberately undermines gender conventions by playing with them.

This reevaluation of norms about gender and the body after Orlando’s transformation becomes most evident through the ways in which clothes become a symbol for these oppressive norms. Clothes, the narrator insists,

change our view of the world and the world’s view of us . . . there is much to support the view that it is clothes that wear us and not we them; we may take them into the mould of our arm or breast, but they mould our hearts, our brains, our tongues to their liking. (120)

In Orlando’s case, the moulding nature of clothing becomes apparent in how his/her female clothes impair his/her movement. Remarking that “skirts are plaguey things to have about one’s heels (98), Orlando becomes aware of the restrictive nature that clothes possess. For example, the weight of the crinoline that he/she is forced to wear in the Victorian era literally drags him/her down, and consequently “her muscles had lost all their pliancy” (158). As Nancy Cervetti notes, not only do Orlando’s clothes impair his/her physical movement, but they alter Orlando’s actual constitution (169). What is more, Orlando’s constitution is altered by the way in which he/she is socialized to become a woman. Importantly, Orlando’s inability to conform to a normative kind of femininity is described in terms of impairment. The narrator notes that “there was an absentmindedness that made her clumsy . . . her walk was a little too much of a stride for a woman, perhaps, and her gestures, being abrupt, might endanger a cup of tea on occasion” (125). Calling this inability to conform a “slight disability” (125), the narrative thus emphasizes that Orlando is marked as deviant in physical terms because his/her clumsiness and strange walk betray his/her inability to conform to normative notions about femininity. In this sense, then, Woolf does appear to connect

disability to deviance from gender norms, and thus one might argue that she participates in the stigmatization of disability as deviance. Simultaneously, however, Woolf exposes the constructedness of gender, and by extension, ability, in the first place. Stokoe argues that the “exaggerated performance of a particular gender role facilitates the recognition that *all gender* is constructed” and that “fulfilling societal expectations of femininity requires continuous physical and emotional labour” (303). As such, Woolf links gender to disability to demonstrate how constructions of ability and gender both require constant effort to be upheld, just as she does in *On Being Ill* and *Mrs. Dalloway*.

At the same time, Orlando exploits his/her androgynous appearance to envision alternative kinds of embodiment, refusing to conform to binary notions of gender. The narrator notes that, even though Orlando is referred to as female after the transformation, “her sex changed far more frequently than those who have worn only one set of clothing can conceive (141). From this quote, it becomes apparent how the novel relates wearing one set of clothes to a conservative, conventional understanding of gender. Orlando, by contrast, wears multiple sets of clothing, oscillating between male and female presentation to suit his/her needs. Indeed, the narrative notes that he/she spends her time in “a China robe of ambiguous time among her books” and receiving clients in this same robe. Afterwards, however, Orlando changes into knee-breeches to trim his/her trees, and subsequently wears “a flowered taffeta which best suited a drive to Richmond and a proposal of marriage from some great nobleman”, only to change back into male clothes to freely roam the streets at night (142). In other words, Orlando defies convention and adapts his/her gender presentation to his/her own needs, refusing to adhere to a strict binary of male and female and instead moving along this axis as he/she pleases.

Not only does Orlando trouble the gender binary, but he/she also destabilizes heterosexual hegemony through his/her queer desire. If, as Cervetti notes, gender is “a

cultural performance shown to be historically, even geographically, contingent and in the service of the regulatory systems of reproduction of compulsory heterosexuality” (168), Orlando’s disruption and subversion of gender may be considered a deliberate attempt to undermine these systems of reproduction. Moreover, if, as McRuer has argued, compulsory heterosexuality is contingent on compulsory able-bodiedness, one can also consider Orlando’s resistance to normative embodiment as a rejection of compulsory able-bodiedness. We may thus consider *Orlando* a disability narrative in its rejection of bodily normality and its insistence on the richness of alternative forms of embodiment.

In addition to the novel’s portrayal of gender fluidity in relation to embodiment, another way in which the novel can be read as a disability narrative is through its rejection of normative notions about time. Relating time to normative ideologies, Elizabeth Freeman describes that bodies are “bound into socially meaningful embodiment through temporal regulation”. Coining the term chrononormativity as “the use of time to organize individual human bodies toward maximum productivity, she explains how “manipulations of time convert historically specific regimes of asymmetrical power into seemingly ordinary bodily tempos and routines, which in turn organize the value and meaning of time” (3). Chrononormativity, then, is intricately connected to compulsory heterosexuality and able-bodiedness, as all of these ideologies operate simultaneously to subjugate unruly bodies into a normative mold.

People with disabilities have long resisted the ways in which chrononormativity has attempted to force their bodies into submission by refusing to adhere to normative notions of time. Following this resistance, scholars such as Margaret Price have conceived of crip time, which in its broadest sense refers to “a flexible approach to normative time frames” (62). As Alison Kafer elaborates, “crip time is flex time not just expanded but exploded; it requires reimagining our nations of what can and should happen in time . . . Rather than bend disabled

bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds” (27). Claire Barber-Stetson has applied this notion of crip time to Woolf’s *On Being Ill*, arguing that Woolf’s notions of looking up at the sky and privileging the time of the mind rather than the time on the clock align with ideas about crip time (Barber-Stetson 50), thus showing that Woolf hints at the benefits of non-linear, non-traditional experiences of time herself.

In the same way, *Orlando* refuses to adhere to normative notions of time. Although this becomes most evident in Orlando’s seeming immortality, the narrative already hints at a more flexible understanding of time when Orlando first rests near the oak tree. After he “flung himself” at the foot of the tree, Orlando simply lies down and

gradually the flutter in and about him stilled itself; the little leaves hung, the deer stopped the pale summer clouds stayed; his limbs grew heavy on the ground; and he lay so still that by degrees the deer stepped nearer and the rooks wheeled round him and the dragonflies shot past, as if all the fertility and amorous activity of a summer’s evening were woven web-like about his body. (7)

Maher contends that Orlando’s heavy limbs and his stillness “[place] him in a new and different relation to the productive activity of the world”, arguing that “times of stillness and slowness can be times of great productivity” (26). Indeed, although Orlando’s rest makes him late for his audience with the Queen, this passage clearly puts forward a view of stillness and lying down as an opportunity for contemplation that allows one to be in touch with nature. In fact, this moment is reminiscent of Woolf’s view of the ill and recumbent as those who “float with the sticks on the stream; helter-skelter with the dead leaves on the lawn, irresponsible and disinterested and able, perhaps for the first time for years, to look round, to look up—to look, for example, at the sky” (*Ill* 12). Orlando, then, can be said to be part of this group of sticks and dead leaves, and it is his stillness and inanimacy that make him feel in touch with

nature. As such, his passivity and his refusal to adhere to a set norm of time already hint at a resistance to chrononormativity as conceptualized by Freeman.

This resistance to chrononormativity and how this normativity is part of chronobiopolitics, which Freeman explains to be the phenomenon in which “people are bound to one another, made to feel coherently collective, through particular orchestrations of time” (3), becomes even more apparent in Orlando’s seemingly slowed-down lifespan. In “Gray Modernism”, Jacob Jewusiak demonstrates that in the novel, “departing from temporal realism enables Woolf to imagine different textures of aging, as chronological age and objective time no longer correspond to one another” (138). Furthermore, he argues that “by privileging the logic of contiguity over that of continuity, Woolf reveals that the duration that binds linear narrative slips away like one’s identity over time – that duration, like one’s self, results from a projection rather than an innate essence” and in his way, Woolf “critiques the assumptions about identity made by temporal realism” (153). Indeed, the text rejects the rigidity of linear time and instead favors a subjective, individual experience of time. The novel points out that some people “somehow contrive to synchronise the sixty or seventy different times which beat simultaneously in every normal human system so that when eleven strikes, all the rest chime in unison, and the present is neither a violent disruption nor completely forgotten in the past” (*Orlando* 199). However, the narrator contends that “the true length of a person’s life . . . is always a matter of dispute” (200). In fact, the novel puts forward a view of time as subjective and as something that can be molded according to an individual’s experience. Not only does time influence the body, but “the mind of man, moreover, works with equal strangeness upon the body of time. An hour, once it lodges in the queer element of the human spirit, may be stretched to fifty or a hundred times its clocklength” (59). This is precisely what happens to Orlando; rather than conforming to chrononormativity, Orlando’s liminal status allows him/her to formulate and develop a self

that lies outside of linear time. If “one’s age serves as a nexus that binds the mind and body through time” (Jewusiak 158), Orlando refuses this binding. In this manner, one may read the novel’s view of time in line with the notion of crip time. Freeman points out that

in a chronobiological society, the state and other institutions, including representational apparatuses, link properly temporalized bodies to narratives of movement and change. These are teleological schemes of events or strategies for living such as marriage, accumulation of health and wealth for the future, reproduction, childrearing, and death and its attendant rituals. (4)

Moreover, as mentioned previously, Kafer explains that anxieties around ageing “can be seen as a symptom of compulsory ablebodiedness/able-mindedness” (8). While these anxieties are clearly visible in *Mrs. Dalloway*, *Orlando* resists these anxieties entirely, arguing instead for a flexible view of time, just as Price and Kafer understand crip time as flex time. As such, interpreting the novel’s representations of time by means of crip time sheds light on the ways in which the novel links alternative experiences of time to its rejection of normative bodies.

Finally, the novel’s rejection of normativity is clearly foregrounded in its depiction of the Victorian age. Whereas the preceding centuries allow Orlando large degrees of freedom, the nineteenth century is characterized in terms of disease and dampness to underscore its conservative nature (*Orlando* 147). Once again, this conservatism is linked to embodiment. In the Victorian period, “couples trudged and plodded in the middle of the road indissolubly linked together. The woman’s right hand was invariably passed through the man’s left and her fingers were firmly gripped by his . . . they were somehow stuck together, couple after couple, but who had made it, and when, she could not guess” (156). Orlando rejects this “indissolubility of bodies”, but she “could feel herself poisoned through and through” feeling that she has “to yield completely and submissively to the spirit of the age, and take a husband” (158). In this manner, disability and impairment have become representative of

oppressive ideologies. This oppression in relation to impairment is emphasized in the narrator's description of Orlando's response to the Victorian age; it is "antipathetic to her in the extreme, and thus it took and broke her" (158). Whereas the text celebrates Orlando's flexibility in terms of embodiment throughout the narrative, now "the lines of her characters were fixed, and to bend them the wrong way was intolerable" (158). The rigidity with which Orlando responds to this new age, then, is characterized as destructive, just as is the case for Clarissa Dalloway. Moreover, during the Edwardian age, Orlando notes "how narrow women have grown lately! They looked like stalks of corn, straight, shining, identical" (194). This description is reminiscent of the way in which Woolf characterizes the upright, and thereby rigid notions about embodiment, in *On Being Ill* and *Mrs. Dalloway* as conservative and limiting, as the previously mentioned weight of the crinoline that physically drags Orlando down underscores.

In response to this stifling atmosphere, Orlando decides to yield to the spirit of the age and take a husband, seemingly conforming to what is expected of him/her. Narayan argues that this event near the end of the narrative undermines the novel's playfulness in relation to gender and queerness, believing this marriage to be heteronormative (128). Importantly, however, the novel clearly rejects heteronormative conventions, precisely *because* of its playful nature. Adam Parkes points out that although the novel seems "to leave the essential principles of sexual difference unaltered", ultimately the uncertainty and subversions that the novel puts forward "create the possibility of non-heterosexual desire" (449). Indeed, Orlando's marriage to Marmaduke Shelmerdine is decidedly a queer one. Upon their first meeting it becomes apparent that just as Orlando was previously a man, Shelmerdine was originally a woman. Although this fact is only briefly mentioned in the text and thus appears to be of little significance, it does make their marriage decidedly a queer one. Jaime Hovey argues that the novel's "rhetorical masquerades and narrative coyness continue to inform the

construction of Orlando's sexuality as fundamentally ambiguous when he changes gender" and she demonstrates that Orlando and Shelmerdine "reject the lower-class heterosexual contagion and base their union instead on a mutual understanding of their deviant sexual proclivities" (399-400). As such, to argue that their marriage is heteronormative seems inaccurate; indeed, the relationship between Orlando and Shelmerdine is not based on patriarchal hierarchies of gender, but is instead a mutually beneficial arrangement that grants both of them freedom from scrutiny and ostracization because they outwardly conform to what is expected of them while defining their marriage on their own terms.

Another way in which this marriage is decidedly queer is in its subversion of marriage as an institution that safeguards heterosexual and patriarchal reproduction, as becomes evident in the novel's depiction of pregnancy. Rather than signifying a heteronormative trajectory of reproduction, Maher believes that this pregnancy "gestures towards new forms of material productivity and engagement", and as such is not merely a return to a heteronormative status quo, "even if pregnancy is used to signify reinsertion to the present" (Maher 20). Indeed, Katerina Kitsi-Mitakou notes that Orlando's son is reduced to a "silent, almost abstract of no importance at all" (Kitsi-Mitakou 11). Similarly, Davidson argues that the novel portrays Orlando's pregnancy as "a necessary corollary to economic realities, defined by a legal system that prohibits women from inheriting property" (*Invalid* 111). In other words, Orlando's pregnancy is not an affirmation of heterosexual hegemony, but a way for Orlando to circumvent the legal laws that would take his/her property from him/her after the transformation, and thus rather a subversion of the status quo, as is emphasized by the minimal importance assigned to this pregnancy.

Furthermore, Orlando's pregnancy illustrates how the novel envisions practices of embodiment that lie outside able-bodied and gender normative hegemony. Davidson views Orlando's pregnancy as a male pregnancy in line with the novel's complex and fluid views on

gender. He argues that Woolf figures pregnancy in *Orlando* “not through a scene of male fecundity but through cross-gender transformations that complicate the specificity of gender categories altogether” (*Invalid* 109). As such, pregnancy in Woolf’s novel is not the reaffirmation of heteronormative notions about reproduction, but in fact its opposite; Orlando’s pregnancy destabilizes heterosexual notions about reproduction and embodiment. In light of the novel’s vision of alternative kinds of embodiment, Davidson argues that male pregnancy can be considered a form of disability in that this is “a way of talking about reproductivity outside of its heteronormative frame . . . in speaking about male pregnancy we are also implicitly describing a close relationship between disability and sexuality” (120).

Although Orlando thus possesses a non-normative, deviant body in its transgression of heteronormative, patriarchal ideas about reproduction, it is this very fact that allows him/her to form a coherent self. In fact, the novel propagates a multiplicity of selves for its protagonist, and it is this multiplicity that makes Orlando become him/herself. Near the end of the novel, the narrator describes that “the whole of her darkened and settled” (205). While the narrative notes that she now possesses “a single self, a real self” (205), this self is far from static or unchangeable; it is precisely in Orlando’s adaptability in terms of gender and embodiment that the novel advocates for a broader, alternative understanding of selfhood

Thus, in comparison to novels such as *Mrs. Dalloway*, Woolf’s *Orlando* is clearly more ambiguous in its portrayal of disability. As Quayson points out, using a disability studies lens “reveals that the place assigned to disabled characters is not necessarily singular”, and that this place “may be predominantly constituted in one direction and yet either undergo shifts in the course of the narrative or indeed alter altogether to carry contradictory meanings” (34). Ultimately, though, *Orlando* evidently uses satire and parody to insist on the value of different kinds of bodies. If “impairment is often taken to be the physical manifestation of the exact opposite of order” (Quayson 17), this disturbance of order in *Orlando* is a deliberate

attempt to subvert heteronormative, patriarchal, and ableist ideologies. Using a crip theoretical perspective, then, is vital in understanding the implications that Woolf puts forward about the body, gender, and sexuality and how these are related. Reading *Orlando* in this manner nuances the seemingly dominant view of Woolf as a strict eugenicist, pointing out instead that her relationship to disability and impairment is complex and ambiguous, but that ultimately she is generously disposed to the promulgation of different kinds of bodies.

Conclusion: Virginia Woolf, Modernism, and Crip Futurity

In a diary entry from 16 September 1929, Woolf ponders at the age of 47 that her “infirmities will of course increase.” Noting that her eyesight has become worse, she wonders what other infirmities ageing will bring her. In reflecting upon the anxieties surrounding ageing and disability, she writes:

I can hear, I think, perfectly: I think I could walk as well as ever. But then will there not be the change of life? And may that not be a difficult & even dangerous time?

Obviously one can get over it with common sense—that it is a natural process; that one can lie out here & read; that one’s faculties will be the same afterwards; that one has nothing to worry about in one sense. (*Volume Three* 254)

In this entry, Woolf describes the process of ageing as a process of becoming impaired, pointing out that this process is natural, but that it can nevertheless be difficult and dangerous. Moreover, the sentiment that disability is a natural part of life affirms Woolf’s views on disability as expressed in her other writings, and that as such it is vital to approach disability with understanding and empathy rather than simply condemning the ill and disabled to the margins of society. As Davidson points out, “close proximity to disability brings one into intimate awareness of bodily contingency for which able-bodied persons are often ill prepared” (*Invalid* 2), and this moment in her diary seems to point to this intimate awareness for Woolf.

A century after Virginia Woolf contracted the Spanish flu, this awareness of bodily contingency has been heightened for billions of people. At the time of writing this thesis, the globe is still being ravished by the COVID pandemic, which has killed over 3 million people worldwide (“Covid”) and has left an unknown number of people suffering from Long COVID, a mysterious kind of post-viral fatigue that leaves its patients with exhaustion, pain, and illness that seem impossible to cure. As the world has been forced into quarantine and

social isolation, many are turning to art and literature to find solace, including the work of Virginia Woolf. Evan Kindley notes that in the early stages of the pandemic in March of 2020, Twitter users turned to the opening sentence of *Mrs. Dalloway* in which Clarissa decides she would get the flowers herself. Twitter users modified this sentence to reflect anxieties about the contagious outside world, exchanging Clarissa's flowers for hand sanitizer, having Clarissa disinfect doorknobs, or catching the virus herself (Kindley). As Jennifer Spitzer notes, novels such as *Mrs. Dalloway* "used to feel safely distant, like beautifully wrought historical artifacts; now they feel eerily proximate, like guides to grieving your loved ones in a pandemic" (Spitzer). Thus, Elizabeth Outka's reading of *Mrs. Dalloway* as a pandemic novel has taken on new significance: not only does the novel describe the aftermath of the Spanish influenza pandemic, but it also offers reflections for contemporary readers on how to process what Bambina Olivares calls the COVID era (Olivares). Spitzer reflects that "reading and interpretation are how I deal with overbearing emotion, and they are also the way I am working through this grief and making it mine" (Spitzer), and this is a feeling that many readers share. In other words, novels such as *Mrs. Dalloway* continue to inspire and engage readers, perhaps particularly in times of crisis.

In the same way, scholars and readers alike have (re-)discovered *On Being Ill* as they navigate the isolation that accompanies the pandemic. Ipshita Mitra writes that Woolf's essay functions as "a balm for the distressed and the quarantined in a society with the Invisible Coronavirus" in its exploration of illness as a collective, communal experience (Mitra). Similarly, Ane Thonknutsen has taken inspiration from the essay to begin a creative project in which she takes one sentence from the essay every day to describe her quarantine experiences. Thonknutsen notes that despite the loneliness the pandemic forces us to experience, "when we are forced to stop and slow down, we may notice the beauty in the small details of the world around us, and that our everyday, ordinary life is what we miss the

most” (Thonknutsen). As such, Woolf’s writings prove increasingly relevant in the present-day, providing comfort and inspiration for readers everywhere.

In turning our attention to Woolf during this global health crisis, this thesis has pointed to the importance of considering disability and illness in various new ways. In fact, this thesis has argued that Woolf, in deconstructing ideologies of compulsory able-bodiedness, critiques the ways in which disabled people are relegated to the margins of society. The first chapter of this thesis shows that, in its deconstruction of health and illness as purely opposing and static categories, Woolf’s *On Being Ill* illuminates that illness and disability are often accompanied by a kind of hyperconsciousness about the way in which oppressive ideologies operate. In pointing out that illness is one of the most prominent themes in both literature and daily life, even as this prominence is simultaneously being deliberately erased, Woolf demonstrates that compulsory able-bodiedness and those who uphold this ideology have a narrow-minded, limited view of the world. Health, Woolf notes, represents tedious pretense and make believe, and the insistence on respectability that accompanies able-bodiedness requires continuous effort in order to be upheld. Employing Garland-Thomson’s notion of the normate to analyze the figure of the upright, this chapter emphasizes how Woolf was aware of the socially constructedness of able-bodied identity, highlighting that categories of health and illness are unstable and fluid. Rather than participating in the stigmatization of illness and disability, in *On Being Ill* Woolf argues for the value of the sickroom; she celebrates the deserters in the army of the upright, contending that those occupying liminal spaces because of their illness and disability possess the ability to critically expose and undermine the normative, ableist ideologies of the societies in which they live. Thus, Woolf demonstrate that illness is conducive to a rich experience of both life and literature.

In the second chapter, I apply Woolf’s insights from *On Being Ill* to *Mrs. Dalloway*. In contrast to critics such as Franks, who believe that Woolf participates in the objectification

and dehumanization of people with disabilities, this chapter demonstrates that she in fact criticizes the ideologies that contribute to the stigmatization and erasure of disability. Rather than perpetuating the medical model of disability, in which disability becomes the responsibility of the disabled individual and can only be solved by means of a cure, I have argued that the representation of disability in the novel aligns with the political model, meaning that Woolf is aware of the ways in which disability is culturally and politically constructed. Furthermore, in analyzing the ways in which representations of disability intersect with gender and sexuality, this chapter considered how compulsory able-bodiedness and compulsory heterosexuality are constructed simultaneously; Peter Walsh is described as physically and mentally deviant because of his illicit sexual desires, and Septimus's shell shock is not taken seriously by his doctors because of its association with female hysteria, thereby emasculating and feminizing him. Indeed, it is suggested that Septimus's disability is a result of his homoerotic feelings for his officer Evans, and that his queerness actually makes him disabled. Because Dr. Holmes and William Bradshaw refuse to treat Septimus adequately and he cannot be rehabilitated and assimilated into heteronormative and able-bodied patriarchy, Septimus is eventually forced to commit suicide in order to escape the structures that oppress him.

Additionally, this chapter considered how Clarissa can be read as disabled in suffering from a kind of post-viral fatigue as a consequence of the Spanish flu. Whereas Clarissa is clearly marked as unconventional because of her love for Sally Seton and her desire for social change, after her marriage to Richard Dalloway she has become conservative in her views. Woolf explicitly links this conservatism to able-bodiedness in characterizing Clarissa as upright and rigid. During and after her illness, however, her social identity is reoriented and consequently she reconsiders her own notions about social status and ability. Thus, the text reaffirms the benefits of occupying a liminal position, as set out in *On Being Ill*. Ultimately,

the novel demonstrates that disability and able-bodiedness are cultural and political constructs. While this does not mean that impairments are merely socially constructed and cause no suffering or discomfort in and of themselves, Woolf does emphasize that deconstructing ideologies of compulsory able-bodiedness and heterosexuality is crucial in envisioning better futures for the ill and disabled, and in ending the novel with a celebration of Elizabeth Dalloway's difference from the status quo, Woolf hints that disability is an essential part of human variation.

If *Mrs. Dalloway* is ultimately a condemnation of the ways in which society treats the ill and disabled, *Orlando* may be said to offer an almost utopian ideal vision of a world in which non-normative bodies are able to flourish. The final chapter of this thesis argues that in *Orlando*, Woolf demonstrates how constructions of gender, sexuality, and disability are intricately connected, thereby deconstructing and criticizing normative ideas about embodiment in relation to gender and sexuality, and that in this way the novel can be read as a disability narrative. Initially, the novel appears to reinforce the stereotypical notions about masculinity, able-bodiedness, and sexuality that *Mrs. Dalloway* so clearly rejects. In its depiction of Orlando as the perfect embodiment of these values as well through its apparent characterization of disability as moral deficit, the novel seems to put forward conservative ideas in relation to disability and gender. However, it quickly becomes apparent that the novel's parodic and satirical nature actually undermines these notions by deconstructing them. It is evident that Orlando exhibits signs of physical and sexual deviance in the portrayal of his relationship with the Russian princess Sasha, and the depiction of Queen Elizabeth as a queer figure destabilizes binaries of gender and sexuality. In fact, the connection between the Queen's queerness and disability is precisely what makes her so powerful according to the novel, and thus Woolf subverts the idea that able-bodied, heteronormativity is superior to queer and crip identities.

Although the narrative appears to be ambiguous in its representation of disability when the narrator connects a love for literature to being diseased, disability and bodily deviance become a source of freedom for Orlando after his/her transformation. While he/she feels obligated to perform a normative kind of femininity at first, Orlando soon exploits his/her androgynous appearance by alternating between male and female presentation. Rather than further stigmatizing difference from the norm, Woolf's portrayal of Orlando as fluid in terms of gender, sexuality, and embodiment highlights the freedom that can accompany diverting from the norm. Furthermore, this chapter argues that Woolf resists normative notions about embodiment in relation to time. Instead of forcing Orlando to conform to normative ideas about ageing, marriage, and reproduction, what Elizabeth Freeman calls chrononormativity, the narrative implies instead that what Margaret Price and Alison Kafer have conceptualized as crip time is a superior way of being in the world.

Finally, by marrying Orlando to Shelmerdine, whose gender identity and sexuality are equally ambiguous, and therefore making their marriage decidedly queer, Woolf subverts heteronormative ideas about marriage and patriarchal gender norms. Furthermore, in relegating the birth of Orlando's child to the background, the narrative complicates and critiques traditional notions about heterosexual reproduction; Orlando's son merely functions as a vehicle for Orlando to reassert ownership over his/her property, rather than representing a return to heteronormative, able-bodied hegemony. Thus, whereas Septimus's suicide is the result of a hostile society that would rather see him dead than to include disabled queer subject into its fabric, *Orlando* proposes a world in which different bodyminds that do not conform to a heteronormative and ableist standard are not just tolerated but celebrated and encouraged. In *Disability Theory*, Tobin Siebers argues that "the next step for disability studies is to develop a theory of complex embodiment that values disability as a form of human variation" (25). In the texts discussed in this thesis, this next step is decidedly tangible;

in *Orlando*, Woolf clearly advances ideas about embodiment that encourage us to consider disability not as something to be rooted out, but as an important part of human variation.

As Alison Kafer notes, people with disabilities are often denied a future because “futurity has often been framed in curative terms, a time frame that casts disabled people (as) out of time, or as obstacles to the arc of progress” (28). Because of this lack of a future, disability theorists like Kafer have insisted on possibilities for crip futurity. Davidson considers that “crip futurity might be seen as the negation of those forms of reproduction that medicine, psychoanalysis, and genetics must reinforce and affirm” (*Invalid* 104). As has become apparent, Woolf evidently participates in this negation, thus arguing *for* crip futurity rather than against it, as critics such as Franks contend. Indeed, if, as McRuer points out, “the crippled or crip liberation front rejects mainstream culture’s ableist belief that disability is neither desirable nor desiring” (“World-making” 142), this thesis has shown that Woolf does in fact reject this ableist belief, and that as such her work may certainly be considered as part of a process of crippling modernist literature. In this way, despite the fact that Woolf certainly demonstrates prejudiced and ableist views on disability in some of her writings, it would not be an exaggeration to call her a nascent crip theorist, perhaps precisely because of the ambiguities present in her work.

It is vital to consider how Woolf, as part of the modernist canon, critiques and undermines the eugenic and ableist discourses of her own time. Garland-Thomson notes that “because disability is so strongly stigmatized and is countered by so few mitigating narratives, the literary traffic in metaphors often misrepresents or flattens the experience real people have of their own or others’ disabilities” and she points out that conversely, “stereotypes in life become tropes in textual representation” (11). Since Woolf has clearly written the mitigating narratives that Garland-Thomson mentions, and since she therefore nuances and diversifies the representation of people with disabilities, it is crucial to consider not only how the rest of

her oeuvre might contribute to this representation, but also how Woolf is part of a broader tradition that rejects mainstream modernist ideas about impairment, eugenics, and degeneration. Maren Linett notes in “Crippling Modernism” that “instead of revaluing extraordinary bodies and minds, Modernism celebrates mental and bodily strength and efficiency, attempting to forge a literature and foster a humanity fit for the modern age” (1). She further points out that “Modernism’s emphasis on making it new implies a desire to jettison elements associated with the past – and in the eugenics period, disabled people were firmly linked to the evolutionary past” (1). Although Woolf at times participates in this eugenic discourse, it is evident that she very much revalues the extraordinary bodies and minds of people with disabilities.

In addition, if, as Linett contends in *Bodies of Modernism*, “we are still relying on norms of wholeness and completeness about bodies” that largely originated in the modernist period, “our inclusive ideologies (such as our work against sexism, homophobia, racism, and fascism) and even our status as postmodern subjects who distrust universalizing narratives are all to some degree suspect.” Concluding that analyzing representations of disability is “a necessary component of progressive scholarship” (*Bodies* 18), Linett points to the significance of studying Woolf in particular and modernist literature in general by means of a crip analysis. Indeed, in a time in which the coronavirus has and will continue to disable many more people, it is of great importance to consider how our contemporary ideas about disability find their origins in the modernist period, and how we can turn to Woolf and authors like her to broaden our understanding of the ideologies that oppress disabled people, and, more significantly, how we can use literature to deconstruct and undermine these ideologies in order to create a better world.

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