D. H. Lawrence’s Dis-Ease: Examining the Symptoms of “Illness as Metaphor”

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One is ill because one doesn’t live properly—can’t. It’s the failure to live that makes one ill. (WL 125).

Medical anthropology and the history of science teach the many ways in which illness, healing, and the relationship of patient to specialist have both changed and remained constant across cultures and over time. Literary genres can be equally informative on this complex subject. Of particular relevance to a study of D. H. Lawrence is Susan Sontag’s famous essay “Illness as Metaphor,” originally printed in the New York Review of Books more than thirty years ago and still thought-provoking and influential. Sontag’s thesis is that, depending on the state of knowledge about disease and on salient cultural concerns, a particular disease may be accorded special status as emblematic of as well as endemic to its era. Tuberculosis, cancer, heart disease, AIDS—these (and other) illnesses can be viewed as symbolic of the character of the individual and the society.

Lawrence provides a case study for this phenomenon for several reasons: first, he made use of his personal ailment as a metaphor for the ills of the early twentieth century; second, his controversial works were reciprocally considered by WWI society to be a symptom of dread disease; and, finally, his ruminations on the cause of TB bear on issues of parenting in our own times and enhance our understanding of the way non-medical issues may inform definitions of disease.

In his 1929 essay “Introduction to These Paintings,” Lawrence avers that he knows “nothing about medicine and very little about diseases, and my facts are such
as I have picked up in casual reading” (LEA 188). If true about syphilis (the disease he is here discussing), the statement does not apply to tuberculosis because that disease was well known to Lawrence from more than “casual reading,” though he preferred not to discuss it. Frail from birth, Lawrence suffered throughout his life from what he usually referred to as the “bronchials.” Indeed, Lawrence mentioned his “bronchitis” about five weeks before he died of tuberculosis (7L 630)—also called consumption, galloping consumption, or the wasting disease—a common affliction of the period and one with which he had been definitively diagnosed by chest x-ray in 1924. “No doubt D. H. Lawrence’s obsessive denial of his own illness was rooted in his character,” says Thomas Dormandy in his history of tuberculosis, “but it was also nurtured by childhood memories” of the stigma associated with the disease, evidenced when certain families were shunned in Eastwood because a family member had been treated in a sanatorium (307-8). Whatever the reasons Lawrence avoided the term, biographer Brenda Maddox wryly notes that the true dirty word for him did not start with an “F” but rather a “T” (427): that is, he was loath to speak the word *tuberculosis*, as if the speaking of it had the power to do him in. One might say that he asked (to paraphrase Hamlet), “TB or not TB? That is the question.” To this question Lawrence voiced a resounding response: “Not TB.”

The unspeakability of tuberculosis is of a different order from Lawrence’s acknowledgment of the limits of language in conveying meaning, as one finds in *Women in Love*, for example, when Birkin thinks, “What was the good of talking, anyway? It [his relationship with Ursula] must happen beyond the sound of words” (WL 250). In contrast, the word *tuberculosis* is all too communicative when the label in and of itself is considered a death sentence. Susan Sontag is instructive on this score. In the nineteenth and twentieth centuries, she states, the mere word *tuberculosis* was considered to be so potent that people were fearful of voicing it: the mother of the hero in one of Stendhal’s novels, for example, “refuses to say ‘tuberculosis’ for fear that pronouncing the word [would] hasten the course of her son’s malady” (6). Sontag quotes Franz Kafka’s letter to a friend from a TB sanatorium in 1924, six years before Lawrence would himself die in a similar institution from the same disease: “Verbally I don’t learn anything definite;” Kafka writes about his doctors and family members, “since in discussing tuberculosis . . . everyone drops into a shy, evasive, glassy-eyed manner of speech” (7).

Lawrence’s writer friend Katherine Mansfield also died of TB shortly before Kafka; in an infamous, now lost letter to her of February 1920, Lawrence
showed no hesitancy about naming the disease since it applied to her and not, in his mind, to him: “You revolt me stewing in your consumption,” he wrote (according to Mansfield) in his characteristically forthright and often uncharitable manner, in words that also reveal his dread of the disease (3L 470). But if he was reluctant to apply the name to his own condition, his friends and acquaintances were not. Cynthia Asquith wrote in her diary in 1915, with regard to Lawrence’s likely physical examination by the military authorities, “I think he really dreads being recruited … but of course he is much too consumptive” (qtd. in Delany 154). The following year, Robert Nichols surmised that Lawrence’s enthusiasm for moving to Florida was a result of Lawrence’s “bad patch” of tuberculosis (qtd. in Delany 171).

As Nichols’ comment indicates, whatever the reasons Lawrence gave for needing to leave England, others in his circle clearly connected that need to his “bad patch” of tuberculosis. Lawrence was representative of the modern TB sufferer not only because many people contracted the disease in his era but also because he yearned to escape the north in favor of the south, and the city in favor of the mountains or the rural countryside. “The TB patient,” says Sontag, “was thought to be helped, even cured, by a change in environment. There was a notion that TB was a wet disease, a disease of humid and dank cities. …. Doctors advised travel to high, dry places—the mountains, the desert.” As a result,

the myth of TB … supplied an important model of bohemian life, lived with or without the vocation of the artist. The TB sufferer was a dropout, a wanderer in endless search of the healthy place. Starting in the early nineteenth century, TB became a new reason for exile, for a life that was mainly traveling. (15)

In her discussion of the disease, Sontag includes Lawrence in the list of those who were forever moving on (33). Lawrence may have accepted Mabel Dodge Luhan’s invitation to New Mexico in part because of that region’s reputation for possessing a palliative, even curative, climate; although his letters in this regard make no mention of his “bronchials,” much less anything more serious, an American he met in Sicily after the invitation arrived wrote in the New York Times in 1922 that Lawrence looked forward to “living in the Arizona desert—a place of light and bracing vigorous air. I assured him that he could do nothing wiser or better for his health, physical and perhaps even mental.” So we may at least surmise that the Taos altitude held an allure for Lawrence perhaps equal to that of its native inhabitants.

Lawrence’s friend Dorothy Brett, decades after his death, said in an
interview that if Lawrence had stayed in Taos, New Mexico, he would have lived a far longer life—not necessarily because the southwestern climate was considered good for tuberculosis sufferers (Brett does not address this point) but because, she implied, he would have been under Brett’s own influence instead of Frieda’s. However, she quickly added, “They can’t stay put, those people. The TB people. They never can. They are always looking for the perfect spot. … They wander and wander and wander.” As Lawrence himself noted in the first sentence of his travel book Sea and Sardinia, there “comes over one an absolute necessity to move” (SS 1). Lawrence began his moving as soon as practicable, escaping in 1912 from the confines of his small-town life in Eastwood. He wanted badly to get out of England again during the war, as already noted, but could not get a passport. John Worthen points out that while Lawrence awaited word about the passport in January 1917, he employed language in his letters about not being able to breathe: “All the oxygen seems gone out of the vital atmosphere here”; “I can’t live in England any more. It oppresses one’s lungs, one cannot breathe.” Worthen remarks of these “metaphors of oppression and suffocation” that they were “as much psychological as physiological” (Outsider 185).

Another Cambridge biographer, David Ellis, long ago cautioned about the drawback “of using illness to explain behavior,” since the explanation “tends to become all-inclusive: to occupy all the interpretive space,” and “a way of avoiding an interpretive challenge” about someone’s conduct. While Lawrence’s friends used tuberculosis to “interpret” Lawrence, one might more profitably examine Lawrence’s employment of the disease to interpret his environment. Lawrence extended the kinds of personal metaphors noted by Worthen from self to society, as his illness (by whatever name he did or did not call it) became for him a handy way—that is, a way literally close to hand—of diagnosing society’s ills. In 1919 Lawrence finally left England, if not forever then largely “for good” in two senses: he returned only sporadically after that time, choosing instead to travel around the world; and in so traveling he felt that it was for his own good to abandon what he believed to be a dying civilization. It was civilization itself that Lawrence saw as diseased. In turn, this societal sickness caused sickness on the personal level.

As critic Ronald Granofsky puts it, “metaphors of illness and curing came readily to [Lawrence’s] pen” (103). Granofsky notes an August 1915 letter to Lady Cynthia Asquith referring to English society as “an active disease, fighting out the health,” but “only a temporary disease” (2L 375-376). In his singling out of Lawrence’s novella The Ladybird, set in the final year of the Great War, Granofsky chooses to focus primarily on pre-oedipal issues, with
the frail author’s—and main character’s—dependency on women leading to an insistence on male leadership. Granofsky’s main point is sound; indeed, it relates to a perspective on parenting issues that will conclude my own essay. But *The Ladybird* is also instructively diagnosed as social critique, with individual illness as the prime metaphor for society’s ills.

David Gordon, in his book on literary modernism and bioscience, says that “Lawrence does not represent the tubercular body as such in his writing” (37), but I believe this to be an overstatement missing the hovering presence of that body in Lawrence’s works. In *The Ladybird*, for instance, the narrator remarks of the female protagonist that “Lady Daphne is ill, always ill” (*Fox* 160), and that she is “threatened with phthisis” (161)—yet another name for tuberculosis, Greek for “wasting” and the most commonly employed term in medical circles until recent times (Dormandy 2). Society is also sick: Lady Daphne’s mother says, “This time is like a great sickness—like a terrible pneumonia tearing the breast of the world” (163). In Lawrence’s view, Lady Beveridge herself is partly responsible for her daughter’s wasting illness. Only a couple of months before expanding a short story into this novella, Lawrence was revising the typescript of his second treatise on psychology, *Fantasia of the Unconscious*. In that work he attributes the “tendency toward phthisis” to the “love and benevolence ideal” of his day, imposed, he says, by the mother on the child. The lungs become burnt out by the dominance of the upper centers of consciousness, and the lumbar ganglion, in the lower centers, becomes atrophied: “And it is this ganglion which holds the spine erect. So, weak-chested, round-shouldered, we stoop hollowly forward on ourselves. It is the result of the all-famous love and charity ideal” (*FU* 93). *In The Ladybird*, the protagonist’s mother personifies this ideal.

In addition to the unhealthy family dynamic, which Lawrence’s treatise avers is endemic to society, Lawrence believed that the 1914-1918 period actually was not like a “great sickness” (as Lady Beveridge states) but rather was a “great sickness,” caused by the Great War itself. In *The Ladybird*, Count Dionys recognizes that Lady Daphne is ill and asks her about it. Her doctors “talk about the lungs,” Daphne responds, but (the narrator adds) “she hated speaking of it.” She does muster up a few words to attribute the way she looks, and feels, to the war—another subject she says she doesn’t want to talk about (169-70).

Similarly, in 1917 Lawrence wrote to Lady Cynthia Asquith, the model for Lady Daphne, “My health is fair. It is the old collapsing misery that kills one” (*3L* 91). Both references—to his illness, to the war—are oblique. Like Lawrence, the sensitive people in his fiction, those who are not fit for such a
war and such a world, tend toward a wasting kind of illness, often in the form of lung disease: Rupert Birkin in *Women in Love*, the gipsy in *The Virgin and the Gipsy*, and Connie Chatterley and Oliver Mellors in *Lady Chatterley’s Lover* provide four more examples. Each of these characters resembles the TB sufferer described by Susan Sontag, “someone too sensitive to bear the horrors of the vulgar, everyday world,” a notion about the disease operative well into the twentieth century (32, 34). As Birkin puts it, “One is ill because one doesn’t live properly—can’t” (WL 125). The operative word here is “can’t”: by using it, Lawrence puts the onus on society and thus departs from what Dormandy characterizes as the commonly-held view, expressed by the medical establishment as well as the popular press, that personal “deviations from healthy living”—defined in moral as well as physical terms—precipitated tuberculosis (42).

Sontag states that in Lawrence’s time, tuberculosis, though widespread, was considered to be “a mysterious disease of individuals … that singled out its victims one by one” from a variety of possible causes (38, 60). Lawrence’s depictions of a diseased society reveal that he tended to think of illness in larger terms, not as diseases suffered by individuals but rather as diseases of the masses, or epidemics. (Sontag remarks that modern diseases “pick up some of the metaphors of epidemic diseases” [71]). Of course, Lawrence was swept up by a true epidemic, the 1918-1919 influenza pandemic that killed more people in two years than World War I managed to do in four, twenty million overall (Sontag 71, 162). This devastating flu laid him low for weeks and he was lucky to have survived it, but it may well have exacerbated his TB.

Lawrence’s experience with the plague-like disease, in combination with his lifelong battle with “the bronchials,” reinforced his apocalyptic vision of the war years and provided him with language to express his discontent. As Susan Sontag says, “illnesses have always been used as metaphors to enliven charges that a society [is] corrupt or unjust. … [M]odern metaphors suggest a profound disequilibrium between individuals and society, with society conceived as the individual’s adversary” (72-73).

Lawrence used a variety of illnesses as metaphors for the condition of modern society. His 1929 Foreword to his poetry collection *Pansies*, referring to the recent flap over his paintings and his novel *Lady Chatterley’s Lover*, laments that “there are certain persons [censors] with a sort of rabies, who live only to infect the mass” (Poems 420). In language suggesting a cancerous tumor, his poem “England in 1929” states that “the nation is swollen with insoluble problems and like to become incurably diseased inside” (Poems 535). That politics is not the cure is suggested by a remark in *The Plumed
Serpent about Mexico in the 1920s: “Then the agitators go round and infect the peons. It is nothing but a sort of infectious disease, like syphilis, all this revolution and socialism” (PS 101).

In The Ladybird, which is openly about the war, and in Women in Love, which is covertly about the war, the disequilibrium between the individual and society is a main theme and accounts for the apocalyptic tone of both works. The Foreword to Women in Love relays Lawrence’s difficulties in finding a publisher for that novel over the several years from the time its predecessor, The Rainbow, had been banned and burned. Reviewers in 1915 had called The Rainbow a “wilderness of phallicism” and “an orgy of sexiness” (qtd. in Hynes 60). Charged under the Obscene Publications Act of 1857, the novel could as likely have been charged under the Defense of the Realm Act, as some confusedly thought it had; that is, as Samuel Hynes suggests, “there was a good deal of war feeling mixed up in the case, and it seems unlikely that Lawrence was pursued simply because of his novel’s sexiness” (61). Lawrence must have been hounded in large part because The Rainbow, like two other Lawrence works of the early war period, his essay “The Crown” and his short story “England, my England,” seemed decidedly anti-war.12 Sex, war, and disease are bound together in this representative case, as revealed by this paragraph from one contemporary review of The Rainbow, published in the London Star:

The wind of war is sweeping over our life, and it is demolishing many of the noisesome pestilences of peace. A thing like “The Rainbow” has no right to exist in the wind of war. It is a greater menace to our public health than any of the epidemic diseases which we pay our medical officers to fight inch by inch wheresoever they appear. They destroy the body, but [The Rainbow] destroys the soul. (qtd. in Hynes 61)13

Hynes remarks that a common view of the war was that it would cleanse England of its decadence and disease, defined as overt and unconventional sexuality. The Rainbow was considered by many to be prime evidence of such filth, pollution, and disease, as the reviewer’s reference to “pestilence” suggests. According to Sontag,

[e]pidemic diseases were a common figure for social disorder. From pestilence (bubonic plague) came “pestilent” whose figurative meaning … is “injurious to religion, morals, or public peace.”… Feelings about evil are projected onto a disease. And the disease (so enriched with meanings) is projected onto the world. (58)
Lawrence turned on its head the notion that his novel was diseased: war was the disease, or at least the expression of disease and decadence.

Lawrence set *Lady Chatterley’s Lover* in the years just after the Great War and the novel emphasizes that war’s deep-rooted effects (simultaneously suggesting its causes). Like many of the author’s fictional male characters, Clifford Chatterley has fought in WWI and returned home wounded: in his case, paralyzed and confined to a wheelchair. Lawrence would soon classify this debility as a metaphor, writing in “A Propos of *Lady Chatterley’s Lover*” that “the lameness of Clifford was symbolic of the paralysis, the deeper emotional or passional paralysis, of most men of his sort and class today” (*LCL* 333). As for Connie, in the stultifying environment of Wragby Hall she gradually sickens, her flesh turning slack and yellow. Her aversion to her husband is “eating her life away” and she is always on “the brink of fainting” (*LCL* 97, 114). The industrialism of the Midlands affects Connie with a feeling “like influenza” (160). Connie’s sister explains to Clifford that Connie must get away from Wragby Hall because “Mother died of cancer, brought on by fretting” (79). With its statement that society’s fixation on money is “like a great cancer, eating away the individuals of all classes” (142), *Lady Chatterley’s Lover* underlines the expressive power of disease as well as the powerful connection between a sick society and individual illness.

Like Clifford Chatterley, Oliver Mellors has known service in the war and has suffered greatly as a result: the effects of his pneumonia are heard in his lingering cough. As different as Mellors is from Clifford Chatterley, their illnesses have root in the mechanization of industrial society and the related emotional deadness of the upper class. Unlike Chatterley, however, Mellors is capable of finding “resurrection of the body” (*LCL* 76) through his sexual relations with Connie, as she finds hers through him. In this as in much else he reincarnates the gipsy in *The Virgin and the Gipsy*, who has suffered pneumonia during the war but emerges “a resurrected man” (VG 58); as John Worthen points out, Lawrence in his Foreword to *Collected Poems* revealed that he, too, had recovered from his pneumonia in 1911 as “a resurrected man,” ready to loose his personal and professional fetters (*Poems* 851, cited *EY* 324, 556 n. 75). Lawrence’s final novel (especially in tandem with the late novella *The Escaped Cock*) underscores the importance of intimate touch as a necessary stimulant for healing and hence “resurrection.”

Not surprisingly, *Lady Chatterley’s Lover* was excoriated in terms reminiscent of those used to describe *The Rainbow*. One (anonymous) reviewer called it “the most evil outpouring that has ever besmirched the literature of our country. The sewers of French pornography would be dragged in vain to
find a parallel in beastliness. … If Lawrence-lovers choose to steep their evil minds in the fetid masterpiece of this sex-sodden genius we are indifferent—so long as they don’t come near us.” (rprt. in Draper 168). One cannot fail to note, once again, the implication that the disease of sex-soddenness is catching. Dormandy, in his history of tuberculosis, states that “Lawrence felt that both he and Lady Chatterley had become contagious objects to be turned back at frontiers and turned out of hotels.” In addition, Dormandy quotes an unnamed prospective witness for the prosecution at the 1960 trial of Lady Chatterley—“Sadly but truly, perhaps only a dying consumptive could have written such filth”—to back up his assertion that the novel “kept alive for at least another half-century the ancient myth of omnis phthisicus alax, every tuberculous a lecher” (291, 290). Lawrence had already defended his novel against such charges when he stated in “A Propos of Lady Chatterley’s Lover” that “obscenity only comes in when the mind despises and fears the body.” In contrast, his novel’s very purpose was to restore health to a sick society (LCL 309, 307).

That he was frail and impotent by the time he wrote Lady Chatterley’s Lover, and painted his sensual canvases, only reinforces the power of the message. Stephen Spender, in an essay on Lawrence’s “erotic art,” comments:

What Lawrence believed was that art—whether fiction, poetry, or visual representation—could excite the reader or beholder in ways that were either life-enhancing or life-degrading, sick and corrupt. The distinction was as clear to him as that between living and dying—and, of course, as a consumptive (in an age when tuberculosis usually proved fatal) he knew a great deal about both. For him, the artist had to choose to be on the side of the living; and most of his contemporaries seemed on the side of death and corruption. (93)

Hamlet’s well-known soliloquy comes to mind once again. In a letter to Ernest Collings on 17 January 1913, Lawrence said that all Englishmen were answering the question “to be or not to be?” with the choice of not to be. This letter is often quoted because of its statement of the Lawrentian credo: “My great religion is a belief in the blood, the flesh, as being wiser than the intellect” (IL 503). In spite of his TB, perhaps in part because of it, Lawrence wanted to be—to live fully every moment. As he said himself in one of his last poems, “I have been defeated and dragged down by pain/and worsted by the evil world-soul of today./But still I know that life is for delight/and for bliss” (Poems 709). Michael Bell puts it well in his introduction to the Penguin edition of England, My England:
The pervasive images of flame in [these stories] are life symbols before being specific images of passion. Considering the extraordinary achievement of Lawrence’s short life, dogged by a lung disease whose principal symptom is fatigue, this symbol appropriately conveys the sense of all life as a process of rapid consumption. (xxvi)

Lawrence’s works throughout his career are in effect diagnoses of illness and prescriptions for treatment. In a late poem called “Healing”—which follows in The Complete Poems immediately upon a dismissal of “scientific doctors” in a poem of that title—Lawrence writes of his own, unspecified illness as follows: “I am not a mechanism, an assembly of various sections./And it is not because the mechanism is working wrongly./that I am ill./I am ill because of wounds to the soul, to the deep, emotional self” (Poems 620).19 In Studies in Classic American Literature, in overt reference to tuberculosis, he had already attributed the origins of the disease to psycho-social forces; he undoubtedly knew that scientist Robert Koch had discovered the tubercle bacillus in 1882, yet he asserted that the disease was stimulated by a perverted emotional relationship that he termed “spiritual love”—the antithesis of the sensual love shared by Connie Chatterley and Oliver Mellors.20 Lady Daphne in The Ladybird, for example, becomes ill again after the homecoming of her “spiritually intense husband” (Fox 205); as noted earlier, she has already been weakened by her mother’s “love and charity ideal.”

Given the personal nature of the essays in Studies, Lawrence surely had himself in mind as much as he did Edgar Allan Poe when, employing his characteristic anatomical schema of the period, he added this aside to his analysis of Poe’s tales:

The nerves that vibrate most intensely in spiritual unisons are the sympathetic ganglia of the breast, of the throat, and the hind brain. Drive this vibration over-intensely, and you weaken the sympatheticiscues of the chest—the lungs—or of the throat, or of the lower brain, and the tubercles are given a ripe field. (SCAL 69)21

He attributes “the neuroticism of the day,” as well as tuberculosis, to this kind of love (“if you call it love”).

A belief in psychological or emotional contributors to physical disease in general and TB in particular is not peculiar to Lawrence, of course, no matter how individualistic his expression of it. Indeed, both Franz Kafka and Katherine Mansfield attributed their tuberculosis to psychological factors, as noted by Sontag (44-54). Dormandy pays respectful heed to similar beliefs throughout
the centuries, from Richard Morton’s view in 1689 that “consumption of the lung had its origin in long and grievous passions of the mind” to the more modern view of Sir William Osler—“If you want the prognosis of a case of tuberculosis it is as important to know what’s in the patient’s head as what is in his chest” (247). Lawrence puts his particular stamp on this mind-body connection by locating the root cause of “spiritual love” in the overbearing female.

Lawrence’s well-known dictum in 1913 about “shedding ones [sic] sicknesses in books” (2L90) evidences the self-acknowledged close relationship between the novel Sons and Lovers and its creator’s struggles to resolve an emotional over-dependency on his own mother. The pre-oedipal motif in Lawrence’s corpus has been of great interest to me over the years and the subject of my book on the “devouring mother” more than two decades ago. But the subject of “illness as metaphor” in relationship to Lawrence and his times leads now to my reconsideration of the mother-child relationship in broader cultural terms than that particular study entertained—terms that may be as definitional for our times as Lawrence suggested they were for his own when, in his Foreword to Sons and Lovers, he referred to the name of the new son-lover as “legion” (SL 473).

I close, then, with some thoughts on a distinctly modern disease, Munchausen Syndrome by Proxy, or M.S.B.P., which was named only in 1977, by a British pediatrician. These thoughts were stimulated by a New Yorker magazine article on the syndrome published in August 2004 entitled “The Bad Mother.” As the author, Margaret Talbot, explains, M.S.B.P. takes the name of another disorder, Munchausen Syndrome—suffered by patients who do themselves harm or fake illness in order to gain attention—and extends it “by proxy” to parents (95% of them mothers) who make their children sick in order to claim agency and identity for themselves. Talbot notes that “in recent years, Munchausen by proxy has seeped into popular culture with a rapidity and fervency that recall the fascination with child sexual abuse in the nineteen-eighties” (62). She suggests that M.S.B.P. has become a metaphor:

Over the years, psychologists have steadily loosened the narrow definition of an arcane syndrome—a phenomenon known as “definitional creep.” … Not coincidentally, the M.S.B.P. diagnosis flowered at a moment when fretful overparenting was becoming common in the West; psychologists began to worry that some expressions of anxiously attentive mothering might be unhealthy—or even pathological. (62)
Talbot quotes an expert on the subject who uses the term “helicopter mother” (a term in great vogue among college administrators in the United States these days) to describe parental hovering.\textsuperscript{22} This kind of mother no longer has to be making her child physically sick to be said to be suffering from M.S.B.P.—she might merely be “overadvocating” for her child to fit the description.

The denouncing of maternal doting and anxiety is a centuries-old phenomenon, as psychotherapist Janna Malamud Smith documents in \textit{A Potent Spell: Mother Love and the Power of Fear}. Malamud Smith recounts how descriptions of “good” mothering have changed over the centuries, and how at first ministers, later physicians, and now psychologists have assumed the authority to dictate those definitions. As a result of tying the emotional and physical health of the child so firmly to the attitudes and actions of the mother (32), the mother finds it difficult, even impossible, either to be or to feel good enough.

The \textit{New Yorker} piece about M.S.B.P. elicited several letters to the editor. One mother of an autistic child wrote in to say that “in the [nineteen] fifties, so-called ‘refrigerator moms’ were blamed for the onset of autism due to a lack of care, affection, and involvement. The current reversal is a convenient escape for professionals who would rather not deal with parents advocating for their children.”\textsuperscript{23} Another letter writer cited “the pressure on kids to perform” as a likely factor in the “unprecedented level of anxiety and stress” experienced by parents, including those of sick children.\textsuperscript{24} Indeed, Talbot refers to “this age of widespread parental anxiety” in which a plethora of warnings about innumerable threats to a child’s health and safety can cause hyper-vigilance (67). Munchausen Syndrome by Proxy pinpoints the mother herself as yet another, and more ominous, threat to her child; the metaphorical extension of this syndrome may yet be but the latest manifestation of the denigration of women’s mothering role, another in the row of such tidy labels as “smother mother,” “refrigerator mother,” and “devouring mother”—all examples of “illness as metaphor.”\textsuperscript{25}

In his “Introduction to These Paintings,” Lawrence writes of syphilis: “Someone ought to make a thorough study of the effects of ‘pox’ on the minds and emotions and imaginations of the various nations of Europe, at the time of our Elizabethans” (\textit{LEA} 553). Almost a half century later, in her essay “Illness as Metaphor,” Susan Sontag took up the gauntlet by discussing the effects of various diseases, most notably tuberculosis and cancer, on the “minds and emotions and imaginations” of the nineteenth and twentieth centuries. Sontag hoped that by analyzing the way illness has been used as metaphor, she would help to liberate her readers from the “punitive and sentimental
fantasies” surrounding illness (53). Although “the power of the myth [of tuberculosis] was dispelled only when proper treatment was developed, with the discovery of streptomycin in 1944 and the introduction of Isoniazid in 1952,” Sontag observes how other illnesses have taken its place, and how powerful are the images that accrue to diseases whose causes are unclear and cures as yet unknown (35).

As for D. H. Lawrence, the purpose of this essay has been to explore not TB per se but rather the metaphorical use of it made by Lawrence and his era. It is true that Lawrence did not speak of his tuberculosis, and surely he knew why: as he noted of syphilis in Elizabethan times, “the fear and dread has been so great that the pox joke was invented as an evasion, and following that, the great hush! hush! was imposed. Man was too frightened: that’s the top and bottom of it” (LEA 188). It is also true, however, that in his metaphorical use of illness, Lawrence found ways to express tuberculosis beyond those of skin pallor, coughing, and blood on the handkerchief. Susan Sontag, in writing “Illness as Metaphor” in the late 1970s and its sequel on AIDS a decade later, more directly confronted the disease—cancer—that eventually killed her in 2004. In using disease to speak of their dis-ease with society, both Lawrence and Sontag channeled fear, dread, and suffering into useful diagnoses and welcome palliatives for all human beings. For, in Sontag’s words, “Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged to identify ourselves as citizens of that other place” (3).

Notes
1. Kramer harks back to Sontag’s work in discussing depression and the way society is protective of its “sacred aspect” (B12).

2. See 14 August 1926 letter to Mabel Dodge Luhan for one example (5L 510). Templeton provides additional examples of Lawrence’s references to his illness, and more fully charts the course of that illness.

3. Lawrence was more charitable toward his childhood friend Gertie Cooper when she showed signs of TB, giving advice about seeing the best chest specialist and getting a definitive diagnosis. Such instructions, says Dormandy in his history of the disease, “were typical of Lawrence but not unique: like many other tuberculous who steadfastly refused to acknowledge their own illness and accept orthodox treatment, he would not allow any such nonsense
when a close friend contracted the disease” (289). Lawrence himself tried numerous herbal remedies and spa treatments over the years.

4. Worthen categorically states that “although [Lawrence] had developed tuberculosis by 1925, he didn’t have it in 1916” (184). By way of proof he cites Frieda’s insistence, in 1918, that “it isn’t tuberculosis, it isn’t” (qtd. in Nehls I 461; cited in Worthen, Outsider 460 n. 65). However, Worthen also reports that when Lawrence was six years old the family physician informed Mrs. Lawrence that Bert was “tubercular” (Early Years 6). Dormandy states that in November 1911 Lawrence was diagnosed in Croydon with what the doctor termed pneumonia “or worse” and quotes the suspicions of Lawrence’s landlord, who was also the school inspector, that “the narrow shoulders, the concave chest, the thin high-pitched voice suggested bellows too weak to pump the organ.” Dormandy records the techniques that Lawrence and his sister Ada employed to reduce Bert’s temperature. That the sputum tests came back negative does not convince Dormandy that Lawrence did not already have TB; only a chest x-ray would have provided conclusive evidence, and Lawrence could not afford one and would not have wanted it anyway (285-86). Templeton also asserts that Lawrence’s illness in Croydon “definitely was tuberculosis” that may have been misdiagnosed (194); he cites several of Lawrence’s contemporaries on this point (193-96). Gordon agrees with Templeton on the dating (35). Ellis, marshalling the evidence on one side and the other, concludes that it is “dangerous to begin thinking of Lawrence as a victim of TB before 1924; but it is impossible to be sure that he was not” (Biography 86-87; see also “Explaining” 205-207). Ellis’ most recent book on Lawrence, Death and the Author, provides additional information on the author’s illness in the larger context of his dying and death.

5. One railroad company adopted the slogan “Go West and Breathe Again!” to help lure consumptives to the journey; “tens of thousands” responded to the imperative. Various locations around the world were considered palliative and patients went off “to deserts, to the Veldt, to the Riviera, to Colorado or to Polynesia,” among other places. They even went up in hot air balloons for “altitude therapy.” Those unable to travel could purchase bottled air, called Luft von Ischl, from an Austrian alpine spa, which sold well from 1865 until the early 1930s. (See Dormandy 120-125). Various, often contradictory, remedies for consumption were imagined, including—according to David Garnett, a friend of Lawrence’s who often witnessed his tantrums—the flow of added adrenalin from a fit of anger, which Garnett said was known to forestall the TB bacillus. Ellis remarks, with tongue in cheek: “The doctors told you to go
to the mountains and to some warm spot on the Mediterranean coast; they said you should above all rest and avoid stress but also (if they were like Garnett) that you could prolong your life by losing your temper” (Death 58).


9. In Sons and Lovers, Paul tells Miriam, years after his brother William’s death from an infection, “I reckon we’ve got a proper way to go—and if we go it, we’re all right—and if we go near it. But if we go wrong, we die. I’m sure our William went wrong somewhere” (SL 193).

10. Alternative spellings for the combination hospital and resort called the sanatorium shed an interesting side light on different approaches to tuberculosis. “Sanatorium” comes from sanare, to cure; the alternative spelling, preferred by many early American writers, was “sanitarium,” deriving from sanitas, or health. One approach highlighted the medical intervention; the other, healthy living (Dormandy 147, fn 1). The movement has an ancient lineage, although its modern incarnation dates from the latter half of the nineteenth century. A propos of “Sun,” one takes special note of Dormandy’s information that “Aretaeus the Cappadocian … recommended that those ‘weak in the lungs’ should try a prolonged sojourn in the blessed cypress groves of Apollo’s temple of Aquinum … where the Sun God himself would both comfort them and look after their diseased organs” (147).

11. Of the Spanish Flu Dormandy remarks, “It had long been recognized that tuberculosis often behaved as an opportunist infection: in other words, it tended to flare up in the wake of some other illness” (235).

12. The connection between war and perverted sexuality is also suggested in Lawrence’s short story “The Prussian Officer,” published in 1914, and stated overtly in his letter to Garnett of autumn 1912, in which he says of soldiers that “it is sex lust fermented makes atrocity” (IL 469). The connection is explicit in a 1914 poem that Lawrence said he wrote because the war “[broke] his heart” (IL 232). The following stanza graphically presents the “perversion eroticism of violence,” as Delany describes it (396 n. 3):

So when I run at length thither across
To the trenches, I see again a face with blue eyes,
A blanched face, fixed, agonized,
Waiting. And I knew he wanted it.
Like a bride he took my bayonet, wanting it,
Like a virgin the blade of my bayonet, wanting it,
And it sank to rest from me in him,
And I, the lover, am consummate,
And he is the bride, I have sown him with the seed
And planted and fertilized him (Poems 740).

Instead of fertilization for new life, this poem suggests the sowing of an infectious “seed” and hence the implantation of death.

13. According to Sontag, just as disease imagery was used to characterize issues about the war, so “military metaphors became prominent … in campaigns mounted during World War I to educate people about syphilis, and after the war about tuberculosis” (98). Sontag believes that “military metaphors contribute to the stigmatizing of certain illnesses and, by extension, of those who are ill” (99).

14. In contrast, in the popular romances of the Great War, which were written by women, war wounds including loss of limbs were normalized and valorized as signs of the soldiers’ sacrifice to the cause. See Jane Potter, Boys in Khaki, Girls in Print.

15. Like Connie, Yvette Saywell in The Virgin and the Gipsy, precursor to Lady Chatterley’s Lover, feels suffocated by the foul air of the cramped quarters at the Vicarage (VG 10). One is reminded that a popular treatment for tuberculosis after the mid 1860s was fresh air (Dormandy 58-59). See fn.12, above.

16. Ellis says that Lawrence “became convinced that his mother’s cancer had been brought on not only by repression of the natural feelings but also by anxiety, stress, or worry, by caring too much” (Death 54).

17. Cited in Worthen, Early Years, 324; 556 n. 75.

18. Ellis quotes a 1912 pronouncement from the National Association for the Prevention of Tuberculosis: “Sexual vice is one horror … seldom found apart from the tubercle” (Death 58). On this point, in his earlier book on biography, Ellis refers in passing to Sontag: “Certainly in the nineteenth and early twentieth centuries sex and TB are frequently associated, often as part of that culpabilisation of the sick person which Susan Sontag has written about
so well” (Literary Lives 92; this remark is repeated from “Explaining” 208).

19. Ellis states that Lawrence composed these poems in summer 1929, not long after he saw a doctor in Paris (where he had gone to negotiate a popular edition of Lady Chatterley’s Lover) at the insistence of the Aldous Huxleys. Lawrence refused a follow-up appointment for a chest x-ray (Death 28).

20. Lawrence thus provides a reversal of the popular nineteenth century depiction of TB as a romanticized, hence “higher” disease of the soul or spirit as contrasted by Sontag with cancer as a disease of the body. I disagree with Templeton’s interpretation of Lawrence’s point about tuberculosis in the essay on Poe: Lawrence does not say that it is caused by an “excess of love” (Templeton 194) but rather by an excess of “spiritual” love. In his treatise on psychoanalysis of the same period, Fantasia of the Unconscious, he scathingly notes in passing that Emily Bronte’s great nineteenth century heroine, Catherine Linton, has “force[d] herself into a consumption” because of her “love-will (which is quite another matter than love)” (PU 164).

21. Lawrence makes the same point in Fantasia of the Unconscious: “There is a tendency now toward phthisis and neurasthenia of the heart. … [T]he lungs, burnt by the over-insistence of one way of life, become diseased. … So, weak-chested, round-shouldered, we stoop hollowly forward on ourselves” (PU 93). He later states the causality of tuberculosis in more clearly physical terms: “[T]he lungs … are controlled from the cardiac plane and the thoracic ganglion. Any excess in the sympathetic mode from the upper centres tends to burn the lungs with oxygen, weaken them with stress, and cause consumption. So it is just criminal to make a child too loving” (PU 98).

22. See, Booher, for example.

23. Carroll 8. Bruno Bettelheim coined the term “refrigerator mother.” Current theory attributes the condition to a “genetic vulnerability” set in motion by as yet unknown environmental forces (Wallis 65). A recent novel that pivots on the issue of whether maternal distance causes a teenage son to engage in mass murder revisits the issue of whether it is “always the mother’s fault” (Shriver 166).


25. See Talbot 68. Lady Cynthia Asquith made the mistake of asking her friend Lawrence for a diagnosis of her son John’s character. Today John might be more readily diagnosed as suffering from autism (2L 335, n. 1). Never reticent with
his diagnoses, Lawrence sent a lengthy response that makes passing mention of the father’s deficiencies but concentrates on those of Lady Cynthia herself (2L 335-38). Audaciously, Lawrence reinforced his point more dramatically in the short story “The Rocking-Horse Winner,” written for Lady Cynthia’s collection of “ghost” stories.

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