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The Cultural Logic of Euthanasia: “Sad  
Fancyings” in Herman Melville’s “Bartleby”

**O**n 26 February 1998, Roosevelt Dawson, a twenty-one-year-old, African American college student in Southfield, Michigan, chose to die with the help of Jack Kevorkian. Dawson was the first African American and the youngest person among Kevorkian’s then ninety-seven assisted suicides. The prognosis for his disability and the prospects for his life were uncertain. Dawson had been quadriplegic for thirteen months due to a viral infection. Although he had been living in hospitals for over a year, his disability was stable, and he was not terminally ill. His mother, single with three younger sons, was not able to provide financial assistance. Even though it was publicly acknowledged that Dawson was depressed and lacked social services and strong personal support, a local court ruled that he was competent to decide to leave the hospital. The hospital, church officials, friends, and family knew he had contacted Kevorkian and intended to die.<sup>1</sup>

Underpinning local responses in the media to Dawson’s death lurked the sometimes tacit, sometimes explicit assumption that his life was no longer worth living. Indeed, Dawson’s preference to die validated such a belief. A letter to the editor of the *Oakland Press* concluded that because he used a ventilator, had “tubes stuck in him,” and—worst of all—supposedly needed “diapers,” his life was unlivable.<sup>2</sup> In a speech at Dawson’s memorial service, Kevorkian’s lawyer offered consolation by imagining the dead man nondisabled in some other life: “Wherever Roosevelt is today, he can breathe, he can run, and he can reach down and hug every person here, and not as a slave to a machine.”<sup>3</sup> No one in Oakland, Michigan, who commented publicly on Dawson’s death—or even Dawson himself before he died—

*American Literature*, Volume 76, Number 4, December 2004. Copyright © 2004 by Duke University Press.

suggested that as a disabled person he might have a worthwhile and fulfilling life. Nor did anyone challenge the cultural logic that disability makes living untenable.

The collective logic that Dawson's life as disabled was hopelessly reduced by suffering and no longer worthwhile boldly contrasts with another logic of disability prevalent in the popular imagination. Whereas Dawson's life is seen as hopeless, the cultural narrative of the famous, wealthy, quadriplegic actor Christopher Reeve, the former star of *Superman* who was paralyzed in a 1995 horseback riding accident, is one of hopefulness—indeed of inspiration. Although Reeve's and Dawson's lives prompt different responses in the public consciousness, the physical limits and requirements of their impairments are precisely the same. Both men's lives and bodies were substantially transformed instantaneously, requiring them to breathe through a ventilator and to be assisted by others in daily life tasks. Although their impairments rendered their embodied existence substantially the same, Reeve's story inspires hope, whereas Dawson's inspires despair. Where Dawson's disability justified his death, Reeve's disability galvanizes his life and stirs ours. Dawson's preference to die and Reeve's preference to live both seem warranted. This essay is ultimately about the ways that we as a culture understand those preferences.

What makes death preferable for Dawson and life preferable for Reeve, I argue, is that the narrative emerging from Dawson's life imagined him as incurable, but Reeve—including his extensive support system and positive media image—focuses a great deal of cultural, economic, and racial capital on creating an optimistic narrative of cure. At the 1996 Academy Awards, for example, Reeve urged Congress to fund research intended “to fix people like me.”<sup>4</sup> An advertisement during the 2000 Super Bowl embodies this illusionary fulfillment of the cure by showing a digitally enhanced Reeve rising from his wheelchair and striding haltingly forward to cheers and clapping.<sup>5</sup> In contrast to Dawson, Reeve's ventilator, tubes, and diapers signify not desolation but courage and spunk. *Time* magazine put him on its cover in November 1998. Dawson's scant resources, on the other hand, endorse the pessimistic rhetoric of suicide. Even though Dawson's impairment was probably more reversible than Reeve's, Dawson called in Kevorkian because no cure seemed plausible to him.<sup>6</sup> What marries the opposing, yet complementary, narratives of Dawson and

Reeve is the assumption that cure is the only logical response to disability. Both Reeve and Dawson—as well as their many narrators—seem to agree that if curing is not an apparent option, then dying is a tenable choice. Both men desperately prefer life without a disability, and their choices embody that preference.

Even though one man elects death and the other life, their preferences both stem from the American imperative for self-determination, a principle I do not intend to question here, only to complicate. Americans are both sympathetic toward and wary of the supposed right to die.<sup>7</sup> This ambivalence registers the complexities of free choice, consent, and the internalization of prejudicial attitudes.<sup>8</sup> Our uncertainty about the right to die also witnesses the limits of self-control. Both Dawson's and Reeve's choices have been made among limited, profoundly circumscribed, and overdetermined options in an attempt to control the fates of their bodies. Nevertheless, both have refused life with a disability: one through the act of suicide, the other through the insistence on cure. But their choices represent more than the issue of impairment's effect on their lives. In the American imagination, Reeve has elected the ambitious narrative of the improvable while Dawson acquiesced to the fatalistic narrative of the irreparable.

#### **The Cultural Logic of Euthanasia**

Both Dawson's and Reeve's choices embrace what I call the cultural logic of euthanasia. This logic has produced conflicting, yet complementary, sets of practices and ideologies that American culture directs at what we think of broadly as disability. Such thinking draws a sharp distinction between disabled bodies imagined as redeemable and others considered disposable. One approach would rehabilitate disabled bodies; the other would eliminate them.

I am positing the cultural logic of euthanasia broadly, not simply as ending a life for reasons of "mercy" or eliminating a group targeted as inferior or flawed—such as people with spina bifida or "mental retardation"—but as an umbrella concept, a mode of thought manifest in particular notions of choice, control, happiness, and suffering that underpin a wide range of practices and perceptions. Our culture encodes the logic of euthanasia in its celebration of concepts such as curing, repairing, or improving disabled bodies through procedures as diverse as reconstructive and aesthetic surgery, medication, tech-

nology, gene therapy, and faith healing. At the same time, this logic supports eradicating disabled bodies through practices directed at individuals—such as assisted suicide, mercy killing, and withholding nourishment—and those directed at certain groups deemed inferior—such as selective abortion, sterilization, euthanasia, eugenics, and institutionalization.<sup>9</sup>

The rationale for why Reeve should live and Dawson should die reflects our culture's ambivalence about disability. The need for wide-ranging civil-rights legislation such as the Americans with Disabilities Act of 1990, which protects against discrimination and mandates inclusion, suggests that the United States recognizes the principle of equality for disabled people as individuals and as a group but at the same time must enforce that equality with laws. We agree to accommodate disability, but we prefer to eliminate it.<sup>10</sup> Because the human variations and limitations we consider to be disabling are integral aspects of actual bodies that often cannot be pried away through cure from the person who has them, eliminating disability sometimes means eliminating people, or whole classes of people, with disabilities. Dawson's choice was deemed acceptable to himself and others on the basis of this necessity. The refusal of disability that undergirds Dawson's and Reeve's choices ineluctably slides into prejudicial justifications posited variously as progress, improving the race, humanitarianism, relief of suffering, eugenic cleansing, economic pragmatism, and health management. Such ideologies authorize the logic of euthanasia, or what disability-rights activists have called the cure-or-kill principle.<sup>11</sup> Preferences are expressed, choices made, procedures established, and consent given within the framework of this set of assumptions.

I use the term *disability* to name the cultural system of representation that imagines and creates the large and variegated, socially constructed category of people whose bodily forms, functions, limitations, ambiguities, or appearances are considered to be abnormal, defective, degenerate, debilitated, deformed, ill, unfit, unhealthy, sick, obese, crippled, mad, ugly, retarded, or flawed. All these designations serve to pathologize, stigmatize, devalue, and exclude. Although the functional experience, corporeal form, and material circumstances of people in these broad disability categories differ significantly from one another, the social, political, and economic consequences of being judged as inferior and the exclusionary attitudes and practices directed against these people are analogous.<sup>12</sup>

Such a logic produces an interpretation of the bodily variations we call disability as somehow separable from an abstract healthy or standard body to which such traits are simply attached and can be excised through treatment or curing. The goal then becomes eliminating the “problem” in order to restore the body to a supposedly natural, unmarked state of normalcy. Whereas religious miracles were imagined to eradicate disability in premodern times, medical-scientific cures are the modern era’s solution to the social dilemma of the disabled body. So urgent is the cultural mandate to solve the problem, to cure disabled bodies through normalizing the devalued variations we think of as disabilities, that the incurable body becomes an affront to the power of modern medical science and technology. So seductive is this fantasy of embodied self-determination that elimination comes to be the ultimate solution to the problem of the body that refuses to be normalized. The cultural logic of euthanasia is thus directed against what is often unproblematically seen as the unfit body—the body that does not meet certain aesthetic, formal, or functional expectations, the body that flies in the face of the sacred cultural ideologies of progress, self-determination, improvement, reform, and perfectibility—in other words, the very essence of what we take to be American.<sup>13</sup>

Disability is one of the adversaries over which modernity strives to triumph. The notion of progress, in its requirement for the constant change that propels it forward, gets its teeth in part from this fantasy of wiping out disability. Purging disability has become one emblem of the achievement of progress and its twin, improvement. Eliminating disabled bodies is the consummate rhetorical mission of many religious, benevolent, and pathological discourses. Disability is the social threat, whether metaphorical or actual, against which these discourses align their energies to drive change. Whether manifest in a singularly disabled body or in whole classes of people, disability is imagined to compromise the collective social order. Those who are supposedly incurable frustrate modernity’s will to change the world. Disabled groups ostensibly drain communal resources, prompt suffering, or pollute the social body.

The roots of this eugenic thinking cluster around the latter half of the nineteenth century, when Herman Melville published “Bartleby, the Scrivener” (1853). Although the term *euthanasia*, meaning easy or good death, is used much earlier, the rationale of eugenics and eugenic euthanasia in modernity began with Jeremy Bentham’s utilitarian philosophy in 1788, Malthus’s notion of expendable populations in 1798,

Darwin's theory of evolution in 1859, and Mendel's theories of inheritance in 1866. The definitive articulation of eugenic ideas is Francis Galton's investigation of "natural ability" in 1865. Galton, who was Darwin's cousin, coined the term *eugenics*, meaning "good genes," thus marshaling the authority of science and statistics to frame disability as a problem that society needs to solve in the interest of racial improvement.<sup>14</sup> Ideas of perfectionism, millennialism, and social reform that have eugenic implications also proliferated at the same time.

Although in the nineteenth century and earlier, euthanasia was concerned with easeful deaths and accepting God's will with the least amount of suffering, the concept began to shift toward eugenics as a way to manage the social body.<sup>15</sup> The historical transformation of euthanasia that I suggest here is bound to the increasing expansion and authority of medical-scientific-technological ideologies and practices, which formulate both normalcy and pathology as mutually informing and opposing states of embodiment.<sup>16</sup> The point of all these practices is to make us better and happier by actualizing the normal and extirpating the pathological. Underpinning these seemingly indisputable aims, however, is a relentless drive toward human normalization that trumps most other concerns.<sup>17</sup>

The cultural logic of euthanasia—manifest from Kevorkian's vigilante euthanasia to routine selective abortion of disabled fetuses—is a modern ideology that aims to pragmatically eliminate the unfit, decisively preempt supposed suffering, and progressively perfect humankind. I am not arguing that this logic drives malevolent oppressors to victimize innocents but, rather, that this set of assumptions is internalized and institutionalized in practices and attitudes that structure the choices—the preferences—of us all, from Bartleby's narrator, to Roosevelt Dawson and Christopher Reid, to women carrying fetuses with Down's syndrome. Taken together, this ideology comprises what Priscilla Wald has called the mandate for a "future perfect."<sup>18</sup>

#### **Bartleby and the Problem of the Unfit**

Melville's story about the relationship between an aging lawyer and his inscrutable employee who "prefers" neither to work nor to leave both illuminates and presages our current cultural dilemma about the problem of the unfit. Bartleby, I argue, serves as a figure of disability, one whose bodily appearance or function will not conform to cultural

expectations and standards. The lawyer who narrates the story of his hapless copyist sees in Bartleby the attributes that nineteenth-century sentimental culture fancied to inhere in disabled people. There is nothing “ordinarily human” about Bartleby. A “motionless young man,” he is alternately “a strange creature,” “unaccountably eccentric,” “demented,” “deranged,” “lunatic,” and “incurably forlorn.”<sup>19</sup> He is sympathetic, passive, long suffering, burdensome, dysfunctional, and—most of all—“incurable” (122).

Melville never explains Bartleby’s choices, his functional capabilities, or his consciousness. Bartleby may be autistic, blind, schizophrenic, against capitalism, misanthropic—or all of these. All we know is that he famously “prefers” not to fit into the situation in which he finds himself and that this preference, through a long series of dilemmas, attempted solutions, and failed reconciliations, leads inexorably to his death. Like the intransigently disabled, Bartleby “prefers” not to be fixed, no matter what solutions the narrator presents for the problem of his abnormal state. What makes Bartleby operate narratively as a disabled figure is not what is explicitly “wrong” with him—indeed, that question drives the plot—but rather the way that Bartleby’s differences from normative expectations constitute a problem that the narrator takes as his mission to solve.

By effacing the specifics of the scrivener’s unacceptable differences, the story foregrounds the relational nature of what we think of as disability. In the social relation that is disability, the lawyer occupies the privileged, normative position from which he narrates Bartleby’s differences, gives them meaning, marks them as deviant, and moves toward normalizing them. Hence, Bartleby occupies the cultural position of the disabled figure whose experience of his life and body is appropriated by the dominant view of him as flawed, in need of regularization, and ultimately—if not curable—expendable. The dilemma for Bartleby’s narrator, as I will show, is sorting out and acting upon the conflicting logics of these available cultural models that address the unfit and supposedly suffering body.

So while Bartleby in some sense chooses his fate freely, like Dawson and Reeve, his options and the consequences of his choices are severely circumscribed and overdetermined by the ideologies that declare him both unfit for the social world and suffering hopelessly as a result. Eugenic euthanasia is always conducted in the name of economic pragmatism, communal health and well-being, or the

relief of someone's suffering. Bartleby's inability to fit, like Dawson's, finds expression as preferences determined by an increasingly limited range of alternatives. Finally, only death is available.

I draw two arguments from my reading of "Bartleby." First, in exploring the broad impulse I have defined as the cultural logic of euthanasia, Melville's story rehearses a temporal shift from benevolence to pathology as our cultural response to unfit bodies. Second, the ascendance of this logic depends upon a historical shift in the meaning of suffering. The suffering body so essential to both benevolent and religious discourses transforms into the unfit body with the increasing medicalization of pain and the pathologizing of embodied differences. Severed from pain, suffering moves into the realm of the fanciful and the mysterious, generating what Bartleby's narrator calls his own "sad fancyings," the alternating sympathetic and hostile imaginings by the nondisabled consciousness of what life with a disability might be like (120).

I posit here a genealogy, a direct line of logic that runs from nineteenth-century Christian liberal benevolence to today's practices, such as Dawson's suicide, selective abortion, forced sterilization, or genetic engineering—all of which, while different, express the logic of eugenic euthanasia. "Bartleby" captures an early moment in our collective historical consciousness when the root discourses of this genealogy struggle for some kind of coherence in the narrator's responses to the problem of Bartleby and the scrivener's ultimate, disturbing preferences. The reading I offer here of "Bartleby" might then challenge the logic that devalues the lives of disabled people and underwrites the matrix of discriminatory practices that would ultimately eliminate them.

The critical move to interweave my reading of "Bartleby" with events that occur long after the story's moment extends the narrative's implications beyond what Wai Chee Dimock calls "the hermeneutical horizon of the text." My interpretation of "Bartleby" draws from Dimock's idea of "resonance," which posits that a text might speak "outside its temporal vicinity" to future readers.<sup>20</sup> My reading thus locates Bartleby's tangled rhetorics of religion, benevolence, and pathology not simply in the mid-nineteenth century but also at the end of the twentieth century, where the cultural logic of euthanasia is a more intricately elaborated discourse.<sup>21</sup> The tragic specter of Dawson and the uplifting figure of Reeve—along with the questions they

present and the assumptions they reveal—provide a new “tonal texture” to the canonical story of *Bartleby*, “thickening and quickening it, giving it a new edge, a new undulation of emphasis, making it newly and rawly significant.”<sup>22</sup>

I am not proposing that “*Bartleby*” is about the actual practice of euthanasia, that the copyist is euthanized by the narrator. Like Dawson, *Bartleby* chooses to die rather than endure his present situation—whatever either one of them thinks that might be. Because Melville does not reveal *Bartleby*’s subjectivity, we must interpret *Bartleby* exclusively through the narrator’s consciousness, perceptions, and self-deceptions. Nor am I evaluating Melville’s own position on disability as either enlightened or oppressive. Rather, I excavate a logic—an aggregate of cultural assumptions—about the shifting problem of accommodating human variations that informs both the narrator’s choices and those of Dawson and Reeve. As long as normalization seems feasible for Reeve, he is an inspiration. Dawson and *Bartleby*, however, elude the rhetoric of cure, becoming irresolvable problems, and thus untenable ways of being. Although euthanasia is one specific practice aimed at resolving the supposed problem of unfit bodies, the concept of euthanasia—the supposedly merciful end to what is imagined as an unendurable situation—is nevertheless the paradigmatic answer to eliminating disability that refuses to be cured. I read “*Bartleby*” as a narrative deliberation on the logic that grounds a group of specific ideological, historical practices for which euthanasia is the prototype.

#### **An “Exasperating Connection”**

Melville’s story locks *Bartleby* and the narrator in a kind of narrative embrace of entangled identification and differentiation from which neither can escape. This “exasperating connection” propels the narrative and is emblematic of scripted social relations between the non-disabled and the disabled (135). *Bartleby* haunts the narrator not only as the intruding other, the “millstone” who can ruin his life and business, but equally as the ominous threat of what the narrator may himself become (125). So strangely menacing and debilitating is the mild *Bartleby* that in a perverse gesture of identification the narrator resorts to the language of impairment to account for his own response: *Bartleby* renders him “disarmed,” “unmanned,” and “impotent” (113,

119). That the narrator's opening revelation tells us he is "an elderly man" nods toward a recognition of his own vulnerability to the vagaries of the body (103). Like the supposedly unmanly, dependent invalid that Emerson sets forth in "Self-Reliance" as the figure that defines the liberal individual, the threat of becoming Bartleby is the liberal individual's worst nightmare.<sup>23</sup> Bartleby suggests to the narrator that a turn of circumstances can transform his vision of himself as a competent and autonomous agent of his own will into an incompetent invalid. Indeed—as the lawyer intimates—if he lives long enough, the liberal figure of autonomous self-determination will necessarily become disabled. The fragility and the fantasy of liberal subjectivity is thus scandalously exposed by the likes of Bartleby, Reeve, and Dawson. One day you can be Superman, the next day quadriplegic.

By withholding what is "wrong" with Bartleby, the story focuses not on the scrivener's emotional, psychological, or physical disability but on the narrator's response to the problem Bartleby represents: the disruption of the law office, protocols of work, relations among the other characters, and the lawyer's self-image. Although the story purports to be about Bartleby, it is in fact the lawyer's confessional self-revelation that is by turns delusional and bracingly honest. In spite of the narrative asymmetry between the two characters, Bartleby has a remarkably potent influence over the narrator. Even while the narrator vows on the one hand that Bartleby is an "intolerable incubus," on the other hand, he finds "something about Bartleby that not only strangely disarmed me, but in a wonderful manner touched and disconcerted me" (132, 113). The scrivener thus functions as what David Mitchell and Sharon Snyder call a "narrative prosthesis" that extends the reach of the narrative toward some resolution.<sup>24</sup> As an unaccountable cipher and intransigent force, Bartleby is a site of interpretation for the narrator's normative perspective. Alternating among emotional and rational responses that range from patience to rage, indulgence, hostility, tolerance, magnanimity, and pity, the lawyer desperately searches for a suitable understanding of the scrivener, for a way to frame his actions toward and his reactions to Bartleby.

What the lawyer seeks is a suitable, socially sanctioned frame for action. His agency, his aggressive stewardship of Bartleby, must be rational and rationalizable. Indeed, his greatest struggle is keeping his own "spasmodic passions" in control (104). As Thomas Haskell has argued, market capitalism and humanitarianism arose in tan-

dem along with the liberal subject's impulse for managing the world through effecting action and consequences beyond the individual's immediate temporal and spacial realm.<sup>25</sup> "Bartleby" supports this connection between modern commerce and benevolence in that benevolence is the primary discourse the narrator turns to in his desperate attempts to contain the threat Bartleby presents to his ordered world. Benevolence was the dominant discourse the mid-nineteenth century invoked to address the disabled body. Yet Melville's story interrogates benevolence and discloses its discrepancies. In the end, benevolence collapses under the weight of its own contradictions, throwing the narrator into crisis and casting him back upon a desperate and evacuated religiosity rooted in the apprehension of suffering. Benevolence thus ultimately yields the narrator despair rather than comfort.

In seeking a suitable and effective framework for the problems that Bartleby visits on the law office, the lawyer begins with reason, however, before moving to benevolence and religion. He initially attempts to "reason with [Bartleby]," to appeal to "common sense" and to the copyist's putative sense of "duty" (113, 114). Such a strategy for normalizing the seemingly bizarre Bartleby is grounded in the impersonal, rational workplace relations that Michael Gilmore identifies, which developed as the wage-labor market replaced the older labor model of the apprenticeship system.<sup>26</sup> Although similar appeals to rational normalization surface repeatedly in the narrator's increasingly frantic responses to Bartleby, it becomes quickly clear that no commonality exists between the lawyer's and his copyist's conceptions of the reasonable or the sensible. At first, a certain instrumental logic—Bartleby is "useful"—prevents the lawyer from simply firing him (115). The narrator soon turns away from this utilitarian model of the new marketplace relations, however, and takes up instead the story's dominant rhetoric of sentimental benevolence laced with Christian sympathy, the traditional cultural discourse of disability. Although Melville may be treating this sentiment ironically, it is nevertheless one of modernity's most overdetermined framings of disability. In one of the narrator's many retrospective sighs during his account of his ordeal, he foreshadows his reliance on sentimental benevolence with an elegiac description of Bartleby as "pitiabl[e]" and "forlorn" (110). Just as resolutely as Bartleby gives up copying, the narrator himself gives up the rhetoric of dispassionate reason and embraces benevolence as his model for framing Bartleby. The story's tragedy

is not so much the lost cause of *Bartleby*—whose loss seems ineluctable—but the failure of benevolence to address the dilemma presented by the unfit. That failure inaugurates the ascendance of the logic of euthanasia.

### Suffering and Benevolence

The idea of suffering is crucial to benevolence—and to the cultural logic of euthanasia. The image of a benevolent God and a suffering Christ infused the antebellum era, giving shape to secular pursuits such as abolition and the many other religiously motivated reform movements.<sup>27</sup> The liberal religious order provided a fresh understanding of suffering to accompany its new vision of a bountiful God that overturned the angry, punitive God of Calvinism. Suffering was no longer the righteous punishment all human sinners deserved; it transformed into a condition that should be alleviated rather than glorified. The Protestant cross no longer displayed the suffering body of Christ as a fatalistic model of acceptance but instead turned the empty cross into the symbol of Christian agents afoot in a world full of pain, providing abolitionists and other reformers with what Elizabeth Clark calls “a new model for a claim to universal entitlement to bodily integrity.”<sup>28</sup> This emergent, modern attitude toward suffering inflected the figure of the Christian martyr that still held great cultural power. The understanding of suffering began to shift from fatalistic toleration or divine justice toward a more secular notion of freedom from suffering as a natural right ensured by benevolence. So even while unavoidable suffering was and still is an opportunity for moral growth (as we see in appeals to the blessings of pain cited in a letter to the editor protesting Dawson’s euthanasia),<sup>29</sup> suffering was reinterpreted as potentially avoidable. Relief from suffering thus became the target of ambitious reform efforts that developed in the antebellum United States as the middle class took upon itself the stewardship of the world and the agency to carry it out.

Caught in a moment of historical transition, *Bartleby*’s narrator vacillates between premodern and modern concepts of suffering. He vows that his “pity” must lead “to effectual succor” and his efforts to “remedying excessive and organic ill” (121–22). Sympathy here extends beyond comforting the afflicted or even simply identifying with all suffering humanity entrenched in the residual iconography of

the crucifixion. Such a quasisecular, modern form of sympathy mobilizes a liberal agency that seeks to extirpate affliction. This expectation, this mandate to “remedy,” renders benevolence as “impotent” as Bartleby’s narrator, both in the story and in modernity (121, 119).

Suffering is more easily assuaged than eliminated. In the Christian narrative, Jesus miraculously cured the blind, the lame, the lepers, and even raised the dead. But in the disenchanting world of modernity, miracles have abated, and humanity has appropriated the potential power and shouldered the responsibility for curing suffering. While abolition could ostensibly deliver the slave from suffering, the permanently disabled figure signifies a suffering that refuses to be transformed, miraculously or medically. Bartleby, indeed, “prefers” not to be rehabilitated, at once thwarting the narrator’s liberal benevolence and seizing his imagination. The lawyer cannot accept that Bartleby might not long to be cured. Instead, from the perspective of the self-governing, liberal individual, whose body, mind, and fate are under full control of the will, the disabled figure supposedly suffers intolerably.

#### **Pain and Pathology**

The introduction of anesthesia in 1846 began to pry pain away from suffering, which is the more elastic, encompassing concept.<sup>30</sup> The capacity to blunt pain medically locates it firmly in the body, separating it from other arenas of suffering such as fear, anxiety, melancholy, even humiliation—as William Munk recognized in his 1887 analysis of euthanasia.<sup>31</sup> Pain becomes discrete and—most important—medicalized when antiseptics, sanitation, and vaccination emerge with modern allopathic medicine’s domination and consolidation of its authority in the late nineteenth century. These new corporeal management practices unmoor suffering from the narrow berth of pain as liberal individualism comes to expect a more easeful life and less uncertainty about the fate and management of the body. The idea of the good death thus expands beyond simply alleviating physical pain and burgeons to encompass ameliorating a much more amorphous, mysterious notion of suffering that is discrete from corporeal discomfort.

As pain is pathologized, suffering is sentimentalized. Obscured from empiricism yet elusively familiar, suffering lingers in the American consciousness as the founding—yet now banished—image in West-

ern religion's visual lexicon. "Bartleby" registers a residual fascination with the expression and apprehension of suffering that emerged in the nineteenth-century's entangled notions of bourgeois sensibility, the cult of sentimental sympathy, and differential pain thresholds. The developing middle class in the United States espoused what Martin Pernick calls "a hierarchy of sensitivity," which held that civilization made people more sensitive to both pain and suffering.<sup>32</sup> This belief elevated the middle classes to a position of finer feeling than laborers, immigrants, and people of color. At the same time, it warned against a debilitating sensitivity that could render the overly civilized too delicate for the challenges of life. The notion of variable sensitivity to pain according to class, race, and gender legitimated both violence and sympathy, degradation and romanticization. "Bartleby" embodies this conflict about the effects of civilization. Debilitated and ethereal, Bartleby is the logical extension of the eighteenth-century man of fine feeling gone awry.<sup>33</sup> A cautionary figure who haunts the middle-class narrator, Bartleby is not like Turkey, whom the narrator imagines as the hearty, dulled worker. Rather, the copyist with whom the lawyer increasingly identifies is the sensitive, romantic soul made unaccountably frail, ineffective and unfit, betrayed by the very civilization that was supposed to make him its pinnacle.

Pain becomes a medical anomaly rather than divine punishment at precisely the same moment that modern benevolence converts suffering from the human condition to the exception, the target of reform efforts. Suffering thus is the object toward which both benevolence and medicine—two of the primary discourses that defined the nineteenth-century body—are directed. In a religious context, suffering leads to divine knowledge and inspires the perfecting of the material world's correspondence to the divine. In a secular, capitalist view, suffering simply displays an inability to cope, compete, or control one's life—which is why Bartleby is such an affront to the law office. As a signifier of poor self-government, suffering confirms the inability of either benevolence or medicine to cure it. Suffering thus moves from an older era's opportunity for salvation to modernity's smarting rebuke. Health replaces suffering as the conduit to redemption. Productivity and efficiency supersede humility and grace. Cure deposes sympathy as the proper response to pain. Consequently, the suffering, unstable, unfit body must be purged from public view, removed from the Cross, as it were. Sequestering the unfit body in hospitals, pris-

ons, and asylums reaffirms the social order and maintains the fantasy of a normal, uniform, standardized, docile, hygienic body.<sup>34</sup>

The primacy of a Christian, benevolent model was fitfully and unevenly shifting to the secular, pathological model of understanding human vulnerability and affliction when “Bartleby” appeared in 1853. Melville’s story sits at the hinge and exposes the workings of these conflicting understandings of human suffering and vulnerability.<sup>35</sup> A naturalized, nebulous, highly charged, and largely unexamined assumption of suffering undergirds and yokes a complex of concepts and practices that stretches from nineteenth-century benevolence toward eugenics in the early twentieth century, on to euthanasia in the late twentieth century, and then to the genetic manipulation Evelyn Fox Keller terms “a genetics of normalcy” heralded by such medical-scientific accomplishments as the Human Genome map.<sup>36</sup>

Although the residual religious and the dominant benevolent models require an extravagant witnessing of affliction in order to mobilize sympathy, the presence of such distress is decidedly untoward on Wall Street. Indeed, Bartleby is in bad taste and disrupts business. Whether to display or conceal Bartleby, then, is one of the lawyer’s most profound dilemmas. Sentimental reform brandished the suffering body as a rhetorical strategy—in spectacles such as Uncle Tom’s and Eva’s deaths in Harriet Beecher Stowe’s *Uncle Tom’s Cabin*, for example. At the same time, such corporeal scenes of anguish were becoming inappropriate in the public sphere and needed to be concealed because they were imagined to offend and blunt the delicate sensibilities of an inordinately civilized and commercial middle class, which increasingly privatized the body and its vagaries.<sup>37</sup> In “Bartleby,” the suffering body moves from the center of a biblical narrative to the margin of a market order where it represents the unemployable. This move presages the sequestering of the suffering body in the clinic, the asylum, and the medical text, where it becomes the pathological.<sup>38</sup> The Social Darwinist narrative sowed in the 1850s and harvested in the late nineteenth century shifts the afflictions of the crucified Jesus, Job, lepers, and the blind, lame, and halt into the realm of the unfit that eugenicists of the early twentieth century aimed to eliminate.<sup>39</sup> The problem for the narrator is that these competing logics—whether incipient or explicit—dictate simultaneously that Bartleby both should and should not be seen. The modern sensitivity to the afflicted body, then, both promoted the reform movements to allevi-

ate it and simultaneously drove it underground.<sup>40</sup> In other words, the benevolent order of moral sympathy strove to eliminate suffering, one way or another.

### “Sad Fancings”

If alleviating suffering is the putative aim of both benevolence and medicine, it is the ascription of suffering that is most challenging. Attributing suffering to others is precarious because it is even more unverifiable than pain, which often has a bodily correlative that testifies to its presence.<sup>41</sup> Shorn of pain after the mid-nineteenth century, suffering becomes an amorphous condition saturated with sentiment and mystery, an occasion for the liberal individual to exercise fine feelings. “Bartleby” capitalizes on this phenomenon, as the copyist propels the plot by resisting the narrator’s aspirations to both noble sentiment and liberal agency through resolutely refusing to display evidence of suffering. Bartleby is unknowable, “nothing is ascertainable” about him: he “never spoke but to answer” (103, 121). Nevertheless, the narrator insistently ascribes an unendurable suffering to Bartleby that is dependent on the narrator’s own imaginative interpretation of Bartleby’s subjectivity. The narrator’s vastly more available store of cultural capital together with Bartleby’s refusal to participate in what might somewhat anachronistically be called his own diagnosis not only give the narrator the authority to speak for Bartleby but also grant him the privilege of imagining what it is like to be Bartleby.

The narrator conjures Bartleby extravagantly and sensitively, indeed almost voyeuristically, directing at his scrivener a relentless and “restless curiosity” (119). In a sentimental effort at empathy that is rooted entirely in his own conception of what a tenable existence might be—in this case, a habitable place to live—the narrator effuses: “For the first time in my life a feeling of overpowering stinging melancholy seized me. Before I had never experienced aught but a not displeasing sadness. The bond of a common humanity now drew me irresistibly to gloom. A fraternal melancholy!” (120). The narrator’s claim to commonality and fraternity with Bartleby unleashes streams of “sad fancings” that prompt further intrusions into Bartleby’s life and psyche, as when he searches Bartleby’s desk. The lawyer rehearses Bartleby’s life in order to measure it with his own and other familiar ones. Bartleby “never drank beer like Turkey, or tea

and coffee even, like other men"; nor did he visit "any refectory or eating house"; he "never went out for a walk" or "went anywhere" (121). The lawyer constructs a narrative not just of Bartleby's life but of Bartleby's own assessment of it. Not surprisingly, what the narrator uncovers is ostensible "misery" (120).

Mitchell and Snyder argue that this appropriation of disabled people's subjectivity by the nondisabled is one of the key oppressions in the cultural matrix of disability discrimination.<sup>42</sup> What parades as empathy is sometimes a lack of imagination inflected by stereotypes and bias. Such imagined subjectivities facilitate judgments about both intensity of suffering and quality of life. For example, one study of disabled peoples' attitudes about their own lives suggested that they were not particularly eager to be cured of their impairments but, rather, wanted more services and accommodations. So counterintuitive was this finding to the study's authors that they refused the conclusions and instead asserted that the subjects were in denial.<sup>43</sup> Repeatedly, on the basis of their own "sad fancyings," the nondisabled misjudge the so-called quality of life of people with disabilities. Telethons traffic in an extreme form of this disingenuous sympathy that grants audiences the opportunity for what Paul Longmore calls self-serving "conspicuous contribution."<sup>44</sup> This fantasized suffering allows magazines to mount fund-raising campaigns to Congress by quoting Reeve's plea to "fix people like me." It enables, moreover, the common imaginative leap taken by the writer of the letter to the *Oakland Press* who concluded that Dawson's death was justified because he used a ventilator, had "tubes stuck in him," and supposedly needed diapers—something the author surely could not know. Omnipresent popular descriptions of wheelchair users as confined or bound to their chairs, rather than as users of assistive devices, signify a severely diminished agency and quality of life. Such narratives of suffering and diminishment cast the cultural logic of euthanasia as a humanitarian gesture. Even though Malthusian, Darwinian, eugenic, or marketplace ethics might underlie the drive to eliminate the disabled, the suffering argument puts the face of compassion on the lives-not-worth-living argument that sanctions death as the sympathetic alleviation of suffering.

To fulfill the lawyer's ready and distended sense of pity, Bartleby must suffer intensely, even unaccountably. Moreover, in the lawyer's aroused imagination, the mysterious and romanticized copyist must

be as civilized and refined as his employer, and not like the rough-hewn Turkey or the dyspeptically ambitious Nippers. The narrator seems to sense this potential for appropriation in his cynical, yet self-critical, confession early on that he can “cheaply purchase a delicious self-approval” that “will cost [him] little or nothing, while [he] lay[s] up in [his] soul what will eventually prove a sweet morsel for [his] conscience” (115). Nevertheless, the poignant drama of Bartleby’s refined, hopeless suffering compels and propels him, as he distraughtly grasps for the benevolence glossed with religiosity that is increasingly so insupportable.

#### **The Failure of Sympathetic Benevolence**

Bartleby’s narrator suggests that witnessing intense affliction tests the parameters of one’s sensibility. As a conduit for his previously blunted feelings, the lawyer conjures a sentimental scene of Bartleby’s sacrificial death that provokes his deepest sympathetic emotions, securing his sense of himself as a man of fine feeling. The narrator theatrically fantasizes that “[p]resentiments of strange discoveries hovered around me. The scrivener’s pale form appeared to me laid out, among uncaring strangers in its shivering winding sheet” (120). This logic of moral sympathy so essential to benevolence mandates death to signify the fervor of Bartleby’s suffering and the parallel ardor of the lawyer’s sentiments. Without the dead body in the mythical “winding sheet” or the real one at the Tombs, Bartleby’s distress lacks the intense drama leading to the proper catharsis for the sympathizer.

Such an arousal of the narrator’s moral sympathy through both the rehearsal of Bartleby’s death and the visualization of his misery ultimately fails, however. In fact, these imaginative exercises paradoxically produce precisely what they are intended to expunge. This earnest surfeit of empathetic identification, of “pity,” leads in fact to “repulsion,” its direct opposite (121). Melville explicates this logic in perhaps the most psychologically nuanced of the narrator’s soliloquies regarding his responses to the scrivener:

My first emotions had been those of pure melancholy and sincerest pity; but just in proportion as the forlornness of Bartleby grew and grew to my imagination, did that same melancholy merge into fear, that pity into repulsion. So true it is, and so terrible too, that up to a certain point the thought or sight of misery enlists our best

affections: but, in certain special cases, beyond that point it does not. They err who would assert that invariably this is owing to the inherent selfishness of the human heart. It rather proceeds from a certain hopelessness of remedying excessive and organic ill. To a sensitive being, pity is not seldom pain. And when at last it is perceived that such pity cannot lead to effectual succor, common sense bids the soul be rid of it. What I saw that morning persuaded me that the scrivener was the victim of innate and incurable disorder. I might give alms to his body, but his body did not pain him—it was his soul that suffered and his soul I could not reach. (121–22)

Here the narrator simultaneously witnesses the collapse of sympathetic benevolence and explicates its logic. The “thought or sight of misery” that the lawyer has so arduously crafted by conjuring Bartleby’s subjective experience produces a well-meaning but transient “melancholy” and “pity” that dolefully transforms into “fear” and “repulsion.” His confession reveals the paradoxical, “terrible” truth at the core of “the human heart.” This exchange of sympathy for aversion erases the suffering of the object of benevolence and replaces it with the “pain” of the “sensitive being” who sympathizes. The logic here is that the “pain” emanating from the narrator’s “hopelessness” in not “remedying” Bartleby’s “ill” trumps the narrator’s investment in the scrivener’s well-being. Sympathetic benevolence fails because the narrator fails to cure Bartleby. The scrivener is pronounced unreachable and incurable. Here we see laid bare the contradiction at the heart not of a transhistorical humanity but of the subject of modern, liberal benevolence. When benevolence is conjoined with the agency essential to the liberal subject, it can perhaps redeem the world. What Melville exposes here, however, is its potential to destroy that which it attempts to redeem.

The narrator is bereft and momentarily elegiac over the comforting empathetic identification inflected by religious doctrine that benevolence had offered. Nettled, nevertheless, by his own ineffectual endeavor, he grasps the emergent logic of the pathological, concealed under the cloak of “common sense.” Stoically acknowledging the impotence of sympathetic benevolence, the narrator “at last” turns to what he takes as his only alternative, to “be rid of” Bartleby. Invoking an instrumental “common sense,” the lawyer assumes the role of doctor to diagnose Bartleby as “the victim of innate and incurable disorder.” This new rationale to which the bankruptcy of sympathetic

benevolence abandoned the woeful narrator is what I'm calling the cultural logic of euthanasia. If the narrator cannot cure Bartleby, the only solution is to "rid" himself of the scrivener.

#### **Rational Benevolence and Elimination**

The narrator takes up this new program with a desperation reminiscent of his zeal for sympathetic benevolence. Perhaps stung by the futility of his own hard-won pity, he insists he will be "rid of" Bartleby. The narrator becomes pragmatic, as if chagrined by his own credulity, deeming his once "valuable acquisition" now a "millstone" who is "not only useless as a necklace, but afflictive to bear," casting himself, ironically, as the afflicted (118, 125). "Surely," vows the lawyer—applying the "common sense" for which he gropes—"I must get rid of a demented man, who already has in some degree turned the tongues, if not the heads of myself and my clerks" (124). Urgency and resignation collide in such a rationale, along with a grim prediction. Bartleby is now no occasion for moral sensibility but, rather, a profound threat. Bartleby is contagious, like a hazardous pathology to be eradicated.

The "common sense" the narrator now embraces finds coherence in the utilitarian logic of what Dimock calls "rational benevolence,"<sup>45</sup> the convergence of the economic with the benevolent in the late nineteenth century, realized most fully in the Progressive era's brisk mission to improve the nation. This is the conceptual link between an earlier Christian-inflected sympathetic benevolence and Social Darwinism, along with its dire manifestation, eugenics. This emergent, secular form of benevolence is informed by principles of efficiency, empiricism, rationality, and calculation. Such a rationalization of human need and suffering in the name of impersonal pragmatism surfaces in the narrator's brusque, firm decision: "The time has come; you must quit this place; I am sorry for you; here is money; but you must go" (126). A this-is-best-for-everyone rationale grounds what is actually a desperate tactic by the increasingly distressed and threatened narrator. There is neither patience nor venue here for the singularly and flamboyantly suffering body. As rational benevolence transforms the object of sympathetic benevolence, the particular, afflicted individual with whom one identifies becomes a generalized beneficiary, such as the entire race or nation, that is enhanced, sustained, or advanced by such practical efforts. In short, in different contexts,

rational benevolence has bequeathed our contemporary world both the welfare system and the final solution.

When “fear” and “repulsion” edge out “melancholy” and “pity” in the hapless narrator’s bankrupt economy of benevolence, fear is expressed in a rhetoric of contamination, which is the paradoxical twin of sentimental sympathy. Outfitted with “common sense,” the lawyer reasons: “And I trembled to think that my contact with the scrivener had already and seriously affected me in a mental way. And what further and deeper aberration might it not yet produce? This apprehension had not been without efficacy in determining me to summary measures” (123). Here “aberration” goes beyond the extraordinary into the allopathic medical model, where illness is a battle in which one must shore up the flanks to prevent attack.<sup>46</sup> “Summary measures” are needed because Bartleby may start an epidemic. This threat of contamination, of “aberration” produced by “contact,” reasons the narrator after sympathy betrays him, demands incarceration as its ineluctable conclusion.

Bartleby’s final, inevitable incarceration begins innocently enough, as a benevolent gesture of removal in which the narrator inquires of the scrivener about relatives who might take “the poor fellow away to some convenient retreat” (126). Similarly, confinement in prisons and asylums began as merciful, benevolent efforts that slid into disciplinary and surveillance mechanisms that categorize and mark selected human traits as deviant.<sup>47</sup> Sequestering allows communal denial of the human variation that urban capitalist democracy cannot accommodate. Equipped with statistics such as I.Q. tests, rationalizations such as clinical diagnostic categories, and claims of pathological contamination, incarceration obscures modernity’s mandate for uniformity by sorting human differences into hierarchical categories, marking the ends of the statistical spectrum as pathological and segregating them. This is the ideology of quarantine.

The logic of contamination that dictates segregation augments the marketplace rationale that Bartleby is bad for business, supporting an implicit claim of pragmatism in quarantining the “incurable” Bartleby in “the Tombs” (137). Although the guilt-wracked narrator protests that he “tore [him]self from him whom [he] had so longed to be rid of,” incarceration as a solution to the problem of Bartleby is the only choice that remains as Melville cranks down the lawyer’s options like thumb screws (133). Yet even institutionalizing Bartleby

does not force him toward rehabilitation. Like the “hopelessly” disabled body, like the “incurable” bodies that insult the agency of their prospective saviors, Bartleby “prefers” to be an unsolvable problem. By starving himself to death at the Tombs, he compounds the lawyer’s already ample conviction of complicity and sends him searching for some redeeming framework into which Bartleby might finally fit. Death, the narrative concludes despite its narrator’s resistance, is the only logical, ultimate solution to the problem of the incurable body. The story thus at once augurs and critiques the advent of eugenic euthanasia in the name of relieving the body afflicted by imagined sufferings and marked by persistent particularities, the body that refuses to be normalized.

### The Residual Religious Model

Bartleby’s regrettable forced march to the Tombs is interrupted intermittently by a series of the lawyer’s equally anguished and ineffectual gestures toward the deracinated benevolence and Christian underpinning he had earlier discarded. The narrator offers his home to the intransigent copyist. He tries to put money into Bartleby’s limp and unreceptive hand. He desperately appeals to a religious model by invoking Jesus’ command to love one another, Cain and Abel’s parable of fratricide, St. Peter’s threefold denial of Christ, and Job’s “kings and counselors” (140). None of this, however, halts the relentless logic that grips the story’s lamentable end. The narrator reaches a paralyzing impasse between the failure of sympathetic benevolence and the implications of the “common sense” that advances toward the diagnosis *pathologically incurable* and its treatment, elimination.

My sense is that the basically kind and backwardly glancing narrator would have preferred the iconography of the crucifixion, in which he could have, unambivalently, hoisted Bartleby up on the cross and passionately displayed his wounded, suffering body for glorification, redemption, and edification. But the story’s narrative complexity insists that this is no longer a tenable cultural response toward suffering. The story moves along with a certain grimness to an inevitable end, gaining its elegiac potency not so much from Bartleby’s death as from a sense of this lost opportunity. In reaching back toward the religious model, the narrator is only able to muster a stolid, laconic eulogy that calls up Job’s suffering. This is no passion, no crucifixion,

but a kind of weary, existential acknowledgment of a shared condition: “Ah, Bartleby, ah, humanity” (140). Such resignation rather ironically replicates the fatalism of the residual religious model of suffering that surfaces in the interstices of the liberal subject’s relentless effort to improve, redeem, and govern the world—a position that the aging lawyer occupies with the greatest ambivalence. Perhaps the fetal position of resignation and surrender that the dead Bartleby resorts to at the Tombs suggests the narrator’s projection onto Bartleby of his own forced concession, his impotence before the problem of redeeming unfitness—of curing the world through curing his copyist—that he took on with such reluctance and compulsion.

At the beginning of the twenty-first century, we have even more firmly bifurcated the spectacle of the persistently suffering, eventually disabled, and irrevocably mortal body. Reeve, an icon of our cultural dictum to cure, is trotted out relentlessly and adored. Yet many of us avert our eyes from Dawson. Like Bartleby’s narrator and tragically like Dawson himself, we are often unable to imagine a tenable life and identity for people with disabilities in a world that would rather eliminate than accommodate them. My essay tries to answer the question about Dawson’s death that was posed by John Kelly, who has quadriplegia himself, in an editorial in the *Boston Globe*:

The day before his death, Dawson said, “I wish I could go back to being normal, myself. Go back to school. Have fun. Do the things I used to do like play video games, work on computers.” The horror is that all these activities were clearly achievable in our technological age. Did someone forget to tell him this?<sup>48</sup>

The answer, in short, is that Dawson was not told because most of us don’t know “this” either. The conviction that without a cure Dawson’s life would not be worth living is supported overwhelmingly in the cultural narratives of what life with a disability is like. Ironically, Reeve’s life contradicts Dawson’s difficult choice, even while Reeve vows to mobilize his considerable resources toward cure. To freely choose—to “prefer”—to live with or to die because of disability can be overwhelmingly difficult in a culture with such strong incentives to reject a disabled identity and life with a disability. Our preferences can never be innocent when the prevention and elimination of disability and the bodies marked by it are the goals of medical, scientific, benevolent, economic, and religious ideologies. The sympathy characteristic of

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benevolence and the tolerance characteristic of liberalism naturalize a cultural logic of elimination that seeks to purge an entire group of people whose disabilities cannot be normalized. We collectively “prefer” not to accept disability as a fundamental part of the human experience. Melville’s “Bartleby” lays bare the logic of that preference.

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## Notes

I would like to thank Wai Chee Dimock, G. Thomas Couser, Michael Gilmore, Robert Levine, Samuel Otter, and Walt Reed for their helpful comments and generous support.

- 1 Karen Talaski, “Student Dies Hours after Release,” *Oakland Press*, 27 February 1998, B1+; and Jeannee Kirkaldy, “Year-Long Battle Ends, Student Laid to Rest,” *Oakland Post*, 11 March 1998, 1+. See also Denise Jenkin, “Kevorkian Mourns with Dawson’s Family,” *Oakland Press*, 7 March 1998, A9+.
- 2 Milos Cihelka, letter to the editor, *Oakland Press*, 5 March 1998, A6.
- 3 Geoffrey Fieger, quoted in Jenkin, “Kevorkian Mourns,” A9.
- 4 Christopher Reeve, quoted in Liz Smith, “We Draw Strength from Each Other,” *Good Housekeeping*, June 1996, 88+.
- 5 For a discussion of this image and of disability images in advertising, see Beth Haller and Sue Ralph, “Are Disability Images in Advertising Becoming Bold and Daring? An Analysis of Prominent Themes in U.S. and UK Campaigns,” paper presented at the annual conference of the Association for Education in Journalism and Mass Communication, August 2002, Miami, Florida; and Beth Haller and Sue Ralph, “Profitability, Diversity, and Disability in Advertising in the UK and United States,” *Disability Studies Quarterly* (spring 2001), www.dsqsds.org.
- 6 See Jack Kevorkian, *Prescription—Medicide: The Goodness of Planned Death* (Buffalo, N.Y.: Prometheus Books, 1991).
- 7 See Margaret P. Battin, Rosamund Rhodes, and Anita Silvers, eds., *Physician Assisted Suicide: Expanding the Debate* (New York: Routledge, 1998).
- 8 See Ruth Hubbard, “Who Should and Should Not Inhabit the World,” in *The Politics of Women’s Biology*, ed. Ruth Hubbard (New Brunswick, N.J.: Rutgers Univ. Press, 1990), 179–98; Martin S. Pernick, *The Black Stork: Eugenics and the Death of “Defective” Babies in American Medicine and Motion Pictures since 1915* (New York: Oxford Univ. Press, 1996); and Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge: Harvard Univ. Press, 1988). For a discussion of consent, see David A. Gerber, “The ‘Careers’ of People Exhibited in Freak Shows: The Problem of Volition and Valorization,” in *Freakery: Cultural Spectacles of the*

*Extraordinary Body*, ed. Rosemarie Garland Thomson (New York: New York Univ. Press, 1996).

- 9 See David Pfeiffer, "Eugenics and Disability Discrimination," *Disability and Society* 9, no. 4 (1994): 481–99; Paul K. Longmore, "Elizabeth Bouvia, Assisted Suicide, and Social Prejudice," *Issues in Law and Medicine* 3, no. 2 (1987): 141–68; and Battin, Rhodes, and Silvers, eds., *Physician Assisted Suicide*.
- 10 A significant and influential civil-rights discourse has emerged, mainly since the 1970s, that counters the cultural logic of euthanasia. Initiated by disability-rights activists and widely supported under the banner of diversity and equal opportunity, this argument to accommodate impairment rather than eliminate it has been codified in a series of laws and government policies ensuring equal access to people with disabilities and culminating in the landmark civil-rights legislation, the Americans with Disabilities Act. Nevertheless, the Supreme Court has ruled repeatedly to limit the scope of the law and to narrow the definition of disability based on function rather than stigmatization; see Joseph P. Shapiro, *No Pity: People with Disabilities Forging a New Civil Rights Movement* (New York: Times Books, 1993).
- 11 See the Web site Not Dead Yet: The Resistance, [www.notdeadyet.org](http://www.notdeadyet.org) (May 2004).
- 12 The stigma of the social label *disabled* has been transferred repeatedly onto ethnic minority groups and women in American history as an unquestioned justification for unequal treatment; see Douglas C. Baynton, "Disability and the Justification of Inequality in American History," in *The New Disability History: American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York Univ. Press, 2001), 33–57.
- 13 The critique of the medical-scientific model I'm offering here and throughout this essay does not imply that medicine has not benefited human beings, nor is my questioning of the ideology of cure suggesting that efforts toward treating and preventing disease are not appropriate or that wounded bodies should not be repaired when feasible. What I am exposing and challenging is the rhetoric of cure and elimination that drives these practices, stigmatizes people with disabilities, and often diminishes—and certainly threatens—their lives. For a discussion of the cultural mandate to achieve a normative body and the stigmatization of bodies that do not conform, see Harvey Green, *Fit for America: Health, Fitness, Sport, and American Society* (New York: Pantheon, 1986); on stigma, see Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, N.J.: Prentice-Hall, 1963).
- 14 See Francis Galton, *Hereditary Genius: An Inquiry into Its Laws and Consequences* (New York: St. Martin's, 1978). For histories of euthanasia, see Peter G. Filene, *In the Arms of Others: A Cultural History of the Right to Die in America* (Chicago: Ivan R. Dee, 1998); Valery Garrett, "The

- Last Civil Right? Euthanasia Policy and Politics in the United States, 1938–1991,” (PhD diss., University of California, Santa Barbara, 1998); Mark H. Haller, *Eugenics: Hereditarian Attitudes in American Thought* (New Brunswick, N.J.: Rutgers Univ. Press, 1984); Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Knopf, 1985); Louis Kuepper, “Euthanasia in America, 1890–1960: The Controversy, the Movement, and the Law,” (PhD diss., Rutgers University, 1981); Pernick, *Black Stork*; and Robert W. Rydell, *All the World’s a Fair: Visions of Empire at American International Expositions, 1876–1916* (Chicago: Univ. of Chicago Press, 1984).
- 15 Kuepper usefully differentiates among several forms of euthanasia, such as active, passive, voluntary, involuntary, benevolent, nonbenevolent, economic, and eugenic. The major distinction among these forms seems to be the varying degrees of agency assumed by the doctors and the patients, whose well-being the euthanasia is imagined to serve (“Euthanasia in America”).
  - 16 See Georges Canguilhem, *The Normal and the Pathological*, trans. Carolyn R. Fawcett, in collaboration with Robert S. Cohen (New York: Zone Books, 1989).
  - 17 See Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (New York: Verso, 1995); and Garland Thomson, ed., *Freakery*.
  - 18 Priscilla Wald, “Future Perfect: Grammar, Genes, and Geography,” *New Literary History* 31, no. 4 (2000): 681–708.
  - 19 Herman Melville, “Bartleby, the Scrivener: A Story of Wall-Street,” in *“Billy Budd” and Other Tales* (New York: New American Library, n.d.), 112, 110, 123, 131, 124, 138, 114, 110. Further references are to this edition and will be cited parenthetically in the text.
  - 20 Wai Chee Dimock, “A Theory of Resonance,” *PMLA* 112 (October 1997): 1061.
  - 21 Let me offer eclectic examples from the three discourses I consider here. First, Handel’s famous *Messiah* represents the millennium as the elimination of disability: “Then shall the eyes of the blind be opened; and the ears of the deaf be unstopped; then shall the lame man leap as a hart, and the tongue of the dumb shall sing.” Second, in sentimental fiction, the literary vehicle of nineteenth-century benevolence, the disabled figure is essential to effecting reform by mobilizing the sympathies and action of readers. But like the heroines of later realist novels, such as Lily Bart and Edna Pontellier, these figures are ultimately expendable to the projects of benevolent reform. Stowe’s Eva inspires, then expires. A less famous example is the martyred, disabled Sene Martyn in Elizabeth Stuart Phelps’s 1868 story, “The Tenth of January,” who burns to death in order to save the beautiful but undeserving heroine who gets the man. Third, *Newsweek* magazine recently announced the Human Genome Project as if it were modernity’s medical millennium

or the New Testament of medicine's "Search for Cures" (Sharon Begley, "Decoding the Human Body," *Newsweek*, 10 April 2000, 58). Not only does the Human Genome promise "to revolutionize medicine and vault the biotech industry into the Wall Street stratosphere," but ultimately it has "the power to re-engineer the human species" and "allow prospective parents [to] choose their unborn child's traits" (52, 55). As prenatal testing and selective abortion have already amply demonstrated, "to re-engineer the human species" in this way is not only to extirpate disability under the banner of making us healthy but also to eliminate other characteristics—from femaleness to the potential for obesity—devalued in a particular cultural moment; see Erik Parens and Adrienne Asch, *Prenatal Testing and Disability Rights* (Washington, D.C.: Georgetown Univ. Press, 2000). Thus, *redeemed* in the religious context transforms into *reformed* in benevolent discourse and shifts to *rehabilitated* in today's rhetoric of pathology. The cognitive consistency of these semantic variations suggests that eliminating disability is perhaps the master trope of Western culture.

- 22 Dimock, "A Theory," 1068. "Bartleby" has been much explicated over the years, in part because the scrivener invites such wide-ranging metaphorical interpretations. Most recent criticism falls into the historical or the historical-intentional approach, endeavoring to place the story in Melville's own life, to offer a notion of what Melville himself meant by Bartleby, or to trace historical sources for the figure of the perplexing and vague scrivener. See, for example, Michael T. Gilmore, *American Romanticism and the Marketplace* (Chicago: Univ. of Chicago Press, 1988); Lucy Maddox, *Removals: Nineteenth-Century American Literature and the Politics of Indian Affairs* (New York: Oxford Univ. Press, 1991); Michael Paul Rogin, *Subversive Genealogy: The Politics and Art of Herman Melville* (New York: Knopf, 1983); and Susan M. Ryan, "Misgivings: Melville, Race, and the Ambiguities of Benevolence," *American Literary History* 12 (winter 2000): 683–712. Earlier critics often diagnosed Bartleby retrospectively (see, for example, Dan McCall, *The Silence of Bartleby* [Ithaca, N.Y.: Cornell Univ. Press, 1989]), whereas others have taken a kind of archetypal approach, seeing Bartleby as a Christ figure, for example. I eschew the intentional approach here entirely, and my historical arguments are broad. I do not argue that Melville was thinking of disability when he wrote the story but that the ideologies I discuss here were present in the common cultural consciousness and made for very good drama. It is the relationships among the discourses I discuss and their implications that I wish to explicate. My reading of "Bartleby" thus moves away from both the standard interpretation of Bartleby as a resister of capitalism and the retrospective-diagnosis interpretation into what I hope is a fresh reading of the classic story.
- 23 See Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physi-*

- cal Disability in American Culture and Literature* (New York: Columbia Univ. Press, 1997), especially 41–44.
- 24 David Mitchell and Sharon Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor: Univ. of Michigan Press, 2000).
- 25 Thomas L. Haskell, “Capitalism and the Origins of the Humanitarian Sensibility,” parts 1 and 2, *American History Review* 90 (April 1985): 339–61 and (June 1985): 547–66, respectively.
- 26 See Gilmore, *American Romanticism*.
- 27 See Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford Univ. Press, 1985).
- 28 Elizabeth B. Clark, “‘The Sacred Rights of the Weak’: Pain, Sympathy, and the Culture of Individual Pain in Antebellum America,” *Journal of American History* 82 (September 1995): 471.
- 29 See Lucy Rogers, *Oakland Press*, 9 March 1998, A6.
- 30 See Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia Univ. Press, 1985); and David B. Morris, *The Culture of Pain* (Berkeley and Los Angeles: Univ. of California Press, 1991).
- 31 See William Munk, *Euthanasia: Or, Medical Treatment in Aid of an Easy Death* (1887; reprint, New York: Arno, 1977).
- 32 See Pernick, *A Calculus of Suffering*, 157.
- 33 For a discussion of fine feeling, see Julie K. Ellison, *Cato’s Tears and the Making of Anglo-American Emotion* (Chicago: Univ. of Chicago Press, 1999).
- 34 See David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, rev. ed. (Boston: Little, Brown, 1990).
- 35 By juxtaposing cultural responses to successive cholera epidemics, Charles E. Rosenberg has shown that disease in the 1830s was imagined generally as God’s punishment, but by the 1860s, public health issues were considered the cause of epidemics (*The Cholera Years: The United States in 1832, 1849, and 1866* [Chicago: Univ. of Chicago Press, 1962]). The antagonistic discourse of pathology, with its clinical diagnostic categories, technology, aggressive treatments, and myriad practices that normalize the body and the bright line that cordons off the abnormal, was only incipiently articulated, let alone institutionalized, in the 1850s. Melville never diagnoses Bartleby in terms of pathology because such a discourse was not available, let alone dominant. Nevertheless, the narrator speaks of “excessive and organic ill” and refers to Bartleby as “demented” (121, 124). I submit, however, that the logic of pathology was afoot in mid-nineteenth-century America, and traces of it abide in the narrator’s discrepant responses to the problem of his copyist.
- 36 Evelyn Fox Keller, “Nature, Nurture, and the Human Genome Project,” in *The Code of Codes: Scientific and Social Issues in the Human Genome Project*, ed. Daniel J. Kevles and Leroy Hood (Cambridge: Harvard Univ. Press, 1992), 298.

- 37 See Karen Halttunen, "Humanitarianism and the Pornography of Pain in Anglo-American Culture," *American Historical Review* 100 (April 1995): 303–34; and Clark, "The Sacred Rights."
- 38 The developing taboo against looking at suffering, disability, and death was codified and institutionalized in the last half of the nineteenth century and into the first part of the twentieth century. Between the 1820s and 1840s, penitentiaries and asylums—which seldom distinguished among the criminal, the insane, disabled vagrants, and the poor—burgeoned in the United States; see Rothman, *Discovery of the Asylum*. The first institution for the "feeble-minded"—the category so essential to eugenic ideology and practice—was founded in Boston in 1848 by Samuel Howe (see Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940* [Chapel Hill: Univ. of North Carolina Press, 1995]; and James W. Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* [Berkeley and Los Angeles: Univ. of California Press, 1994]). Public executions were transported from the town square to the concealment of the prison yard in the 1830s and 1840s (see Louis P. Masur, *Rites of Execution: Capital Punishment and the Transformation of American Culture, 1776–1865* [New York: Oxford Univ. Press, 1989]). The secular belief in social determinism and the influence of the environment made it necessary to avoid looking at the supposedly inferior for fear of being influenced. Immigration restrictions against people with disabilities were codified in the 1880s (see Baynton, "Disability"). By the beginning of the twentieth century, so-called "ugly laws" that restricted disabled or diseased people from the public sphere as disgusting spectacles were instituted (see Marcia Pearce Burgdorf and Robert Burgdorf Jr., "A History of Unequal Treatment: The Qualifications of Handicapped Persons as a 'Suspect Class' under the Equal Protection Clause," *Santa Clara Lawyer* 15, no. 4 [1975]: 855–910). The age-old popular exhibition of the disabled and different body in dime museums and freak shows peaked in the postbellum United States and faded by 1930 (see Robert Bogdan, *Freak Show: Presenting Human Oddities for Amusement and Profit* [Chicago: Univ. of Chicago Press, 1988]; and Garland Thomson, ed., *Freakery*). After 1830, a widespread cultural "dying of death," as James J. Farrell puts it, transpired as Americans began "removing death from life" as part of the larger effort to banish all forms of fear (*Inventing the American Way of Death, 1830–1920* [Philadelphia: Temple Univ. Press, 1980], 5). With the consolidation of allopathic medicine in the postbellum United States, death, disease, disability, and suffering retired to the clinic or the asylum where they became medical-scientific facts, pathological conditions, and diagnostic categories (see Paul Starr, *The Social Transformation of American Medicine* [New York: Basic Books, 1982]). The suffering, vulnerable, wounded body thus vanished from public view.
- 39 See Robert C. Bannister, *Social Darwinism: Science and Myth in Anglo-*

- American Social Thought* (Philadelphia: Temple Univ. Press, 1979); Kevles, *In the Name of Eugenics*; and Pernick, *Black Stork*.
- 40 Halttunen argues that for all the rhetoric about identification, “spectatorial sympathy” actually relies on a distancing between spectator and spectacle based on the spectator’s relief that such calamity has been avoided: a kind of there-but-for-the-grace-of-god-go-I response (“Humanitarianism,” 2).
- 41 See Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford Univ. Press, 1985).
- 42 See Mitchell and Snyder, *Narrative Prosthesis*.
- 43 See Nancy Weinberg, “Another Perspective: Attitudes of People with Disabilities,” in *Attitudes toward Persons with Disabilities*, ed. Harold E. Yunker (New York: Springer, 1988), 141–53.
- 44 See Paul K. Longmore, “Conspicuous Contribution and American Cultural Dilemmas: Telethon Rituals of Cleansing and Renewal,” in *The Body and Physical Difference: Discourses of Disability*, ed. David Mitchell and Sharon Snyder (Ann Arbor: Univ. of Michigan Press, 1997), 134–58.
- 45 Wai Chee Dimock, *Residues of Justice: Literature, Law, Philosophy* (Berkeley and Los Angeles: Univ. of California Press, 1996), 152.
- 46 See Alfred J. Ziegler, “Morbistic Rituals,” in *The Meaning of Illness*, ed. Mark Kidel and Susan Rowe-Leete (London: Routledge, 1988), 155–70.
- 47 See Sharon L. Snyder and David T. Mitchell, “Out of the Ashes of Eugenics: Diagnostic Regimes in the United States and the Making of a Disability Minority,” *Patterns of Prejudice* 36, no. 1: 79–103.
- 48 John B. Kelly, “The Disabled Need Assistance, Not an Escape,” *Boston Globe*, 10 March 1998.