

[Graduate Student Interviews -- Vivian Delchamps and Disability and Medical Diagnosis in 19C American Lit](#)

Discussion published by John Legg on Tuesday, December 1, 2020

Hello H-CivWar subscribers,

The editorial staff hopes you had a relaxing Thanksgiving. Today we start our Graduate Student Interview series back up with Vivian Delchamps, a Ph.D. Candidate in English at the University of California, Los Angeles. Delchamps studies and teaches 19th-century American literature and is interested in disability studies, bioethics, dance, and the medical/health humanities. Her dissertation, "'The Names of Sickness': Disability and Medical Diagnosis in Nineteenth-Century American Literature," draws upon key theories from disability studies and the health humanities to transport diagnosis out of a medical framework and assert its importance for literary scholarship. Her research has been partially supported by a 2020-2021 UCLA Graduate Division Dissertation Year Fellowship, a 2019-2020 English Department Dissertation Year Fellowship, a 2018 Emily Dickinson International Society Graduate Student Fellowship, a 2017 Andrew W. Mellon EPIC Fellowship in Teaching Excellence, and a 2017 UCLA Graduate Summer Research Mentorship. Delchamps is also the Disability Studies Advisor for the Disability Law Journal at UCLA and a member of the C19 Ad Hoc Committee on Disability and Accessibility. You can follow Vivian on Twitter ([@VivianPhDancer](#))

Welcome, Vivian! Thank you for joining H-CivWar to chat about your dissertation project. To orient our readers, could you briefly explain the general topic and central thesis of your dissertation?

VD: Thank you for having me! I'm a PhD candidate in English at UCLA. My interdisciplinary research brings together literary scholarship, historical research, disability studies, and gender studies. My dissertation, "'The Names of Sickness': Disability and Medical Diagnosis in Nineteenth-Century American Literature," analyzes literary texts from 1847-1901 (the foundational years of the American Medical Association), focusing primarily on diagnostic innovations from the Civil War era. I show that although diagnosis functioned as a useful, lifesaving method of knowledge production, it was also wielded to defend slavery, reinforce gender norms, and justify confinement in asylums and hospitals. I argue that literary texts transformed medical science in groundbreaking ways, communicating the experiences of disability, illness, and pain in language that transcends the limits of diagnostic terminology.

How does your dissertation speak to the history and study of the Civil War Era?

VD: In my dissertation, I discuss the many amputations, infections, illnesses, and nervous disorders that characterized the Civil War era. As I show in my project, the verb "to diagnose" emerged in 1861. As disability scholars have shown, protecting bodies deemed "normal" from the "abnormal" became a broad social and medical imperative as the Civil War raged on. I'm fascinated by the many literary texts that test the usefulness of the diagnostic methods developed to categorize illnesses during this time of political and medical crisis. For example, Civil War physician Silas Weir Mitchell

wrote a fascinating story called “The Case of George Dedlow, Told by Himself” (1866) that popularized the imaginative phrase “phantom limb” syndrome. A work of creative fiction, Mitchell’s story creates a new diagnostic category and furthermore suggests that an amputee’s life is essentially meaningless. I find that taking a disability studies-informed approach to literary scholarship has given me the opportunity to point to this and numerous other issues of gender, race, and able-bodiedness that emerged in nineteenth-century America.

In response to your approach on disabilities and illnesses during the Civil War, I have a question related to disability or internal injuries and the perception of "cowardice." I remember watching a [presentation](#) by historian [Peter Carmichael](#) that delved into this idea of cowardice as a means to describe soldiers who attempted to get out of fighting duty as cowards (even though they may have been suffering from some sort of disability or internal injury caused by combat). Does your work engage in this sort of broader discussion on the perception of internal or cognitive disability as something not taken seriously during the Civil War era or beyond?

VD: Great question! Yes, I’m very interested in malingering, a falsification of diagnosis thought to be a major medical problem during the Civil War. People were so worried that patients were feigning symptoms to escape the Union draft that medical handbooks about malingering were written for the use of examining physicians. For example, Roberts Bartholow’s handbook (1863) consisted of two equal parts: “Symptoms from Physical Disease” and “Feigned Symptoms”—as if the two categories were of identical concern. As disability scholar Susan Schweik shows in her book *The Ugly Laws* (2009), the assumption that cowards fake signs of illness and disability to acquire funds and gain public sympathy certainly remains a problem and perpetuates ableist stigmas today. In my project, I explore diagnosis as well as the refusal or failure to diagnose, showing that when physicians refuse to listen to patients’ descriptions of symptoms, they often miss out on the chance to learn more about the lived realities of disability.

I wonder if you could delve a bit deeper into your work engaging with gender. How does the study on gender inform your approach to disability and medical diagnosis during this era?

VD: Great question! Yes, I’m very interested in malingering, a falsification of diagnosis thought to be a major medical problem during the Civil War. People were so worried that patients were feigning symptoms to escape the Union draft that medical handbooks about malingering were written for the use of examining physicians. For example, Roberts Bartholow’s handbook (1863) consisted of two equal parts: “Symptoms from Physical Disease” and “Feigned Symptoms”—as if the two categories were of identical concern. As disability scholar Susan Schweik shows in her book *The Ugly Laws* (2009), the assumption that cowards fake signs of illness and disability to acquire funds and gain public sympathy certainly remains a problem and perpetuates ableist stigmas today. In my project, I explore diagnosis as well as the refusal or failure to diagnose, showing that when physicians refuse to listen to patients’ descriptions of symptoms, they often miss out on the chance to learn more about the lived realities of disability.

When did perceptions of disability and diagnosis change?

VD: I end my project with the reorganization of the American Medical Association in 1901, when

diagnosis began to be perceived as less of an art and more of a science. In 1910, Abraham Flexner released what is known as the Flexner Report—a report on medical education that aimed to make medical instruction more scientific and which caused all but two African American medical schools to close. Several physician-authors criticized the report, as they found that study of literature helped physicians develop the imaginative problem-solving skills they needed to diagnose and treat a patient. It wasn't until later in the 20th century that disability came to be viewed as a cultural category, rather than an individual problem to be identified and fixed by physicians. After World War I, some disability rights programs were introduced, largely to support disabled veterans; even more developments took place after World War II. Much of modern disability scholarship is grounded in the history of the disability rights movements that took place after the 1960s. Diagnoses are historic and volatile, so perceptions of what qualifies as a disability are constantly shifting. I find that tracking this history helps us learn more about the ways our cultural beliefs shape medical categorization and change the ways marginalized groups are viewed, understood, and treated.

Could you explain how you've done your research and where you see this project going when you're done with your dissertation?

VD: I completed my research for the dissertation by searching for texts of various genres—short stories, novels, case studies, non-fiction medical writings, and poems, written by physicians and patients alike—that depict diagnosis and the difficulties of translating bodily and mental experiences into language. I began this whole project with a UCLA Graduate Student Research Mentorship, which gave me the opportunity to study Emily Dickinson's poetry and her letters with Civil War general Thomas Wentworth Higginson. I find that this helped establish that my project centers the writings of women at a fundamental level. Now, each of my dissertation's chapters focuses on a specific author and begins by situating that author in their historical context. I then draw upon research in literary scholarship to contemplate each author's experiences with illness and disability, their experimentation with literary genres and forms, and their contributions to the production of medical knowledge.

The dissertation has a somewhat narrow focus, investigating literary engagements with medical diagnosis from 1847-1901. The current coronavirus pandemic energizes much of my current thinking about the ways marginalized communities are harmed during times of medical and political crisis. I therefore imagine that my future research will more broadly consider medical methods that were established in the mid-nineteenth century to ask how historical literary scholarship illuminates issues of race, gender, sexuality, and disability still extremely relevant today.

This concludes this week's Graduate Student Interview. If you'd like to participate in this H-CivWar interview series, contact John R. Legg (jlegg5@gmu.edu) to discuss your graduate research or recently published work.