Introduction: Towards Romantic Wellbeing

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There are moments in every life when the importance of wellbeing becomes unavoidable: moments of acute illness or extreme anxiety; moments when we must confront death. As we revise this introduction in 2021, we are collectively experiencing one such moment. In the current global COVID-19 pandemic, our lives have been profoundly affected by issues of contagion, health, mortality, and the deep systemic inequalities that shape embodied experience. Those of us in teaching professions have additionally had to confront the pandemic’s complex effects on the relationship between wellbeing and pedagogy. We may find ourselves struggling to balance our own wellbeing against our institution’s, advocating for our students’ wellbeing, and thinking in new ways about the relationship between labor (our own and our students’) and mental and physical health.

As we’re reminded of our vulnerability, we also may feel more acutely the value of the humanities and the arts. We look to writing, film, and music for meaning and solace. We may look to the past for insight into the present: how did we get here, and how do we move forward? As scholars of Romantic literature and culture, we know that the years between 1750 and 1850 were pivotal for shaping contemporary ideas about wellbeing, health, illness, and disability. In this introductory essay, we hope to show that the Romantic era can also offer resources for thinking about the particular intersection between wellbeing and pedagogy. Romantic thinkers mapped out territory we would do well to revisit, scouting out the pitfalls they dug for us and using their insights to help us identify and avoid new ones.

To say that the Romantics believed wellbeing informed pedagogy is in some ways to state the obvious. In the “Preface to *Lyrical Ballads* (1802),” Wordsworth explains that poets can enlighten a reader’s understanding, provided the reader “is in a healthful state of association,” and in “The Tables Turned,” Wordsworth posits that “spontaneous wisdom” is “breathed by health”—as if health were wisdom’s prerequisite.[[1]](#footnote-2)  Contrarily, in Keats’s well-known “Vale of Soul-Making” letter, he suggests that good poetry, like life itself, is a pedagogical “hornbook” that depends on a person’s suffering through a “World of Pains and troubles.”[[2]](#footnote-3) Consider, too, texts like Samuel Taylor Coleridge’s “This Lime-Tree Bower My Prison,” which posit a complex, generative relationship between pain, experience, and knowledge.[[3]](#footnote-4) Though they might have disagreed on the precise relationship between learning and wellbeing, Romantic writers took it for granted that there was one, and that it mattered.

The period’s scholars have recently started to follow suit, asking how wellbeing and education might be related.[[4]](#footnote-5) In doing so, they have moved beyond questions about art’s therapeutic and pedagogical power that have interested Romanticists since New Criticism.[[5]](#footnote-6) In the past two decades, critics have expanded their approach to wellbeing, often by exploring embodiment, a topic previously deemed “unromantic.”[[6]](#footnote-7) For example, interdisciplinary fields like disability studies, literature and medicine, and narrative medicine have used new lenses to focus our attention on the disabled, ill, and injured bodyminds that were there all along in Romantic writing. [[7]](#footnote-8) Scholars have also reassessed the ways in which concepts like the imagination and the sublime may be understood as embodied for Romantic-era authors.[[8]](#footnote-9)

Further, Bigger 6 and the V21 Collective have called us to remember that the question of *whose* bodymind always matters. The canon as it emerged in the Victorian era occluded the voices of marginalized people that we must foreground to understand the stakes of Romanticism’s conceptual preoccupations. In focusing on British Romanticism, this volume considers the decades during which a rising medical profession helped consolidate bodily norms as well as what Rosemarie Garland-Thomson calls the “normate”: “the corporeal incarnation of culture's collective, unmarked, normative characteristics.”[[9]](#footnote-10) While oppressive structures of race, disability, and gender predate the nineteenth century, the rise of professional medicine during the Romantic era gave them a destructive scientific legitimacy. During the era, physicians worked to justify the ideas that disabled bodies should be cured and that non-white and non-male bodies were designed to be, in different ways, subjugated.

Yet in the decades leading to the consolidation of these violent norms, authors also explored a variety of approaches to wellbeing that we can now recognize as distinct alternatives—from Thomas Beddoes’s conception of “health” as a functional and aesthetic category, to Charles Lamb’s embrace of non-normative embodiment, to Dorothy Wordsworth’s negotiation of chronic illness.[[10]](#footnote-11) These authors wrote alongside systems that sought to construct and reinforce norms of embodiment. Recovering their voices shows us how the structures that shape our lives were not inevitable. They help us to understand how the past informs the present, and to imagine different futures.

How do these lines of research help us better understand wellbeing in the classroom? Addressing that question is the main task of this volume. By drawing links between wellbeing and pedagogy, we pick up on the lively, robust, and generous conversations about this topic that already exist on social media and have begun to take place at our conferences.[[11]](#footnote-12) By engaging some of those conversations, we invite our field to take them further. As we will show, Romantic thinkers saw wellbeing as relative, embodied, and inextricable from social and political circumstances. Teaching during the COVID-19 pandemic has urgently clarified how dependent good pedagogy is upon such multidimensional wellbeing—our students’ and our own.

**Wellness, Wellbeing, and Romantic Medicine**

While the terms “wellness” and “wellbeing” are often used interchangeably, their histories reveal very different conceptual approaches to health. We draw a distinction between them because we want to show how thinking with “wellbeing” opens possibilities that “wellness” forecloses. In particular, thinking with wellbeing—rather than wellness—can productively reframe conversations about pedagogy. We understand “wellbeing” as a capacious, relative, and individual model of being “well” that aligns with Romantic ideas of health and stands in contrast to current models of “wellness,” which often reinscribe ableist, classist, and sometimes racist and Eurocentric embodied ideals, perpetuating inequalities in and beyond the classroom. In focusing on these two terms, we hope to draw a conceptual and terminological distinction that can allow scholars to more precisely identify and critique issues of wellness, acknowledge wellbeing, and explore wellbeing’s pedagogical importance. [[12]](#footnote-13)

In the *Oxford English Dictionary*, “wellness” has two primary definitions, each reflecting aspects of how the concept has come to operate in contemporary society. The first sense of “wellness” had appeared by the 17th century, while the second took root in the mid-20th century. Both are problematic for who they exclude, and why. The first definition equates wellness with physical health: “The state or condition of being well or in good health, in contrast to being ill; the absence of sickness; the state of (full or temporary) recovery from illness or injury.” This definition is straightforward and unsurprising in its exclusions. It precludes many disabled and all sick people from “being well,” even while acknowledging that “temporary” recovery can amount to wellness. The mid-20th century definition is more troubling: “As a positive rather than contrastive quality: the state or condition of being in good physical, mental, and spiritual health, esp. as an actively pursued goal; well-being.”[[13]](#footnote-14) Framing wellness as a “goal” to be “pursued” demands “physical, mental, and spiritual” labor from the pursuer. Notably, its emphasis on agency (“*actively* pursued”) implicates the pursuer for any failure to achieve or maintain that goal. And the definition’s emphasis on wellness as a “positive rather than contrastive quality” means its “good” is static and ideal, not flexible and relative. This more recent definition implies wellness in fact has become a moral virtue that demands independent effort to achieve.

As the OED suggests, as an ideal, wellness is a “state or condition” that excludes not only the disabled, sick, and injured, but also bodyminds our culture has stigmatized as “unhealthy” by definition—fat or addicted people, for example. It also excludes many who might otherwise be considered “normal” and “healthy” but who lack the social and economic access to resources that sustain “good” health, like adequate food, health insurance, or a workday that allows for sufficient sleep and exercise. Poor people, many people of color, incarcerated people, and others are frequently prevented by systemic oppression from “actively pursuing” wellness—if, in fact, they would even want to pursue it in the first place. As with all ideals, wellness is not something all people can prioritize, even as it is a standard to which most are held at some point in their lives.

The links between “wellness” and class in particular cannot be overstated. Some prominent aspects of wellness culture—specific diets, types of exercise, mental health and “self-care” practices—are not only too expensive for many people to afford, but recently have been identified by scholars as forms of cultural capital.[[14]](#footnote-15) When wellness is only available to the wealthy, it becomes an ideal that creates and exacerbates inequalities. What’s more, the rise of social media has lent an increasingly performative aspect to wellness. It is no longer enough to simply be “healthy” and make “healthy” choices. One must also *seem* healthy by performing that health, for example in social media posts that chronicle exercise and food choices.[[15]](#footnote-16) In short, wellness—and the vast industries that have grown around it—reinforce existing social hierarchies under the guise of promoting health and happiness. Such exclusionary ideals create oppressive expectations that work against wellness’s purported goals.[[16]](#footnote-17)

By contrast, wellbeing is a more flexible and community-oriented concept, and is much less dependent on capitalist industries. The first OED definition of “wellbeing” is markedly more capacious than any definition of “wellness”: “With reference to a person or community: the state of being healthy, happy, or prosperous; physical, psychological, or moral welfare.” By suggesting several different ways in which a person can achieve wellbeing (being happy, *or* healthy, *or* prosperous), rather than a positive “state or condition,” “wellbeing” better aligns with the issues of access equity in which our volume is invested. The second definition of “wellbeing” encompasses “things,” including humans, non-human life, and communities: a “good or safe condition, ability to flourish or prosper.”[[17]](#footnote-18) Unlike wellness, wellbeing can be flexible, defined according to personal and possibly evolving standards. What wellbeing means for me may not apply to you, and might change over our lifetimes. The “ability to flourish” is open to disabled, sick, and fat people. Moreover, wellbeing can be used to describe communities as well as individual people. Like individuals, communities can flourish or not, and their wellbeing depends on a wide variety of social, political, and cultural factors. Nowhere is this clearer than in the second OED definition, which indicates how a “safe condition” can be integral to wellbeing. Safety is created by supportive communities and threatened by oppression; unsurprisingly, it is an aspect of wellbeing that wellness culture’s liberal individualism often ignores. By calling attention to what might enable or prevent a person—or groups of people—from flourishing, wellbeing invites us to interrogate systems of power and privilege.

Wellbeing, by this definition, is a surprisingly Romantic idea. Relative notions of health prevailed in eighteenth-century medicine and culture, reminding us that it is possible to conceive of our bodyminds without always judging them against others. The Romantic era was a time when such relative conceptions of health existed alongside developing ideas about bodily norms.[[18]](#footnote-19) As we will discuss, it was also a time when authors interrogated how systems of power and privilege, from gender norms to slavery, affected the wellbeing of individuals and communities. We can draw a clear line between the Romantics and the concept of wellbeing we develop in this introduction, a concept that resists the exclusions central to current ideals of wellness.

To offer a brief history: in the late 18th and early 19th centuries, people assessed their health by more individual standards than those to which we’ve become accustomed. For example, Coleridge’s notebooks and letters contain a nuanced terminology for his varying states of wellbeing. “My Health is indifferent / I am rather endurably unwell, than tolerably well” is a characteristic statement.[[19]](#footnote-20) Coleridge’s measure for his own health was not a set of normative statistics, but his relative comfort in his own body and how that comfort had shifted over time. Similarly, medicine of the era took a more flexible, individualistic approach to “health” than Victorian medicine would go on to endorse. James Curry and William Babington, lecturers at Guy’s Hospital during Keats’s study there, critiqued definitions of disease as “any variation from the most perfect and healthy state” because these were “too general.” For Curry and Babington, “health and disease” are “relative rather than positive terms,” respecting “the individual as compared with the generality of men, and with himself at different times.”[[20]](#footnote-21) For Romantic thinkers, wellbeing was more often descriptive than prescriptive, and this gave many of them a more capacious view of bodyminds and conditions 21st-century medicine might deem “unwell.” In this, Romantic thought strikingly anticipates movements in contemporary disability theory.

Although normative approaches to the body were being developed during the era, and in some cases before it, a diversity of views flourished alongside these normative ones. As Tim Fulford, Debbie Lee, and Peter J. Kitson have argued, authors of the Romantic era were “part of a contest in which ideologies and stereotypes were in the process of being formed, often in conflict with each other and in contradiction with themselves.”[[21]](#footnote-22) It’s therefore unsurprising that Romantic-era definitions of wellbeing often extended to what we’d now consider disabilities, even as the lives of many disabled people were marked by stigma, anticipating the eugenic programs of the late nineteenth and early twentieth centuries.

  Moreover, Romantic attitudes towards health included a *de facto* anti-dualism, both within and beyond medicine. Discussions of “wellness” in the contemporary university often underplay links between mental, physical, and emotional health, treating (for example) student anxiety as a separate issue from student food security.[[22]](#footnote-23) But Romantic writers took these links as a given. Historian Anne Digby notes, “The relationship of mind and body was seen as of crucial importance” for Romantic medicine;[[23]](#footnote-24) many definitions of madness, for example, sought to identify the precise relationship between the mind and stomach.[[24]](#footnote-25) Accordingly, several essays in this volume use Romantic texts to challenge the Cartesian inheritance of contemporary pedagogy, bringing the bodies of students and instructors into the learning process. James Robert Allard reflects on how his pedagogy revolves around the question “what about the body?,” while Giffen Mare Maupin asks her English majors to follow Dorothy Wordsworth in recording their experiences walking around campus. Rebecca E. Maatta asks her physical therapy students to reflect on their own embodiment—and the embodiment of their future patients—as they read accounts of Romantic-era surgeries. While Romantic attitudes can help us look provocatively beyond dualism, it is important to remember how they were circumscribed by assumptions about race, gender, and disability, among others. For example, the Romantic stereotype of the hysterical woman leverages anti-dualism to claim that women’s bodies blunt their rational faculties, while William Lawrence deployed his anti-dualist materialism in racist claims of the superiority of European (white) intelligence, aligning non-whites with apes on the grounds of supposed bodily resemblance.[[25]](#footnote-26)

A more familiar legacy of Romantic approaches to wellbeing is the era’s faith that relationships between social and individual wellbeing were more than merely metaphorical. Sick societies made sick people, and vice versa: Percy Shelley’s hope that crime might be stemmed by vegetarianism is the inverse of Friedrich Schiller’s worry that modern life had gouged an irreparable wound in human nature.[[26]](#footnote-27) For the Romantics, wellbeing was viscerally political. Hungry citizens in England’s major cities were keenly aware that the 1815 Corn Laws were enacted in response to the end of the Napoleonic Wars. But preserving the bodily politic did not necessarily mean the exclusion of disabled people; at the heart of John Thelwall’s elocutionary project was his desire to help a broader range of people, including variously disabled people, participate in public discourse. In the same way, Mary Shelley’s *Frankenstein* is a cautionary tale about why ostracizing bodily difference causes mental and physical anguish not only for the person who is ostracized, but also for their broader social and political communities. Moreover, the desire of one man to pursue an impossible ideal of individual health—Victor’s desire to create artificial life began as a quest for medical immortality—proves fatal for his social sphere.[[27]](#footnote-28)

At a more literal level, Romantic authors drew clear links between economic structures and individual wellbeing. These links were complex, and sometimes contradictory. Health and wealth did not necessarily align for Romantic thinkers. Diseases like gout and consumption could be markers of status, while writers like Wordsworth idealized the rural poor as healthier because of their presumed proximity to Nature.[[28]](#footnote-29) As Austen and other novelists depicted the popularity of fashionable spa towns like Bath offered a rising middle-class the chance to flaunt their own illnesses and health-seeking, a forerunner of today’s performative forms of wellness. The British plantocracy was focused on a particular form of functional health that almost exclusively emphasized laboring capacity. In *The History of Mary Prince,* for example, Prince explains “they will have work—work—work, night and day, sick or well, till we are quite done up” (38), and describes the abuse that she and other enslaved people suffered when they were unable to work because of physical disability.[[29]](#footnote-30) In the British West Indies, enslaved populations turned for their wellbeing to their own communities of care, as well as practices and systems of healing like those within obeah.

All of these contexts demonstrate how labor was a key interlocutor between wealth and wellbeing. To be well-off meant having the leisure to either languish with consumption or afford a healthful walking-tour in Nature; to be poor meant working through consumption and physical labor undertaken in the outdoors. This relationship between wellbeing and work conditions persists today, and is of particular significance for the contemporary university, whose reliance on an overworked, underpaid, and uninsured contingent labor pool has far-reaching consequences for both workers and students. The COVID-19 pandemic has thrown all of these relationships into even sharper relief. In 2021, as universities continue to make widely variable decisions about course delivery methods and health and safety protocols, the bodyminds whose wellbeing is most at risk are campus staff and contingent faculty, many of whom are already multiply marginalized, and who now face firings, furloughs, or weighing their financial survival against working in risky conditions.

**Wellbeing and Pedagogy**

To adopt a Romantic attitude towards wellbeing and learning, then, is to recognize the complexity of the relationship between those terms. Yet considerations of wellbeing in the academy often fail to acknowledge this complexity. Revisiting Romantic conceptions of wellbeing can allow us to identify and challenge simplistic approaches. While open discussions of wellbeing in the academy have increased in past years, they have largely confined themselves to conversations about what in this Introduction we interpret as issues of wellness. For example, the [“wellness” tag](https://www.chronicle.com/blogs/profhacker/?cat=3) on the Chronicle of Higher Education’s ProfHacker blog series contains several posts on time management, perfectionism, social media, and activity-tracking technology, but few on adjunctification, campus accessibility, or the emotional costs of systemic racism in the academy. Such analyses explore individual experiences of wellbeing but downplay their wider social and political contexts—contexts that were central to conceptions of wellbeing for Romantic thinkers. As a result, they shift responsibility for being well onto the individual and promote limited ideals of health. These ideals become exclusionary when adopted as guides for university policy. For example, some universities have responded to calls to improve the wellbeing of faculty, students, and staff by offering free fitness classes, building outdoor exercise equipment, and enrolling workers in incentive-based fitness tracking programs. Regardless of intention, these initiatives fail to acknowledge how the wellness they offer is not accessible to many and that “health” is, as Romantic authors articulate, individual and variable. Campus initiatives based on normative ideals of wellness, like yoga classes or campus rock-climbing walls, support some at the expense of others. In doing so, they replicate marginalizations that already threaten the wellbeing of many faculty, staff, and—of special importance for this volume—students.

It is a core principle of this collection that issues of wellbeing are issues of pedagogy, and vice versa. When our students enter our classrooms, they bring with them their personal histories, intellectual curiosities, hopes, fears, sociocultural positionings, and more—all of which can be well, or not, in ways that matter for their learning. Our students enter our classrooms asbodyminds that have complex histories of inclusion and exclusion, illness and medical management. Considering their wellbeing as a pedagogical issue means more than thinking through our courses’ late policies, including content notes on readings, or setting ground rules for respectful discussion—though it certainly includes all these things. It also means seeing students’ learning as dependent on a wellbeing shaped by their environment, both within the university and beyond it. Access is often what’s at stake in these considerations. Marginalized students face unique challenges to their wellbeing on campuses that were not, in many cases, designed with them in mind—and that in some cases may originally have been designed to specifically exclude them.

Accordingly, the relationship between wellbeing and pedagogy means more than what happens during class. A student’s absence can be the first indication that something is wrong. Instructors are often the first to recommend campus counselling, or help a student report a sexual assault. First-generation students, as well as students who are immigrants or undocumented, face threats not necessarily visible during class time. Several essays in this volume address the question of what pedagogies of wellbeing look like once we step outside the classroom. Corey Goergen asks students in his Romanticism courses to map barriers to accessibility on their campuses, while Elizabeth Effinger teaches Romantic poetry to women inmates, a population whose wellbeing is often overlooked and who some would claim have relinquished their right to pursue it. Emily B. Stanback and Ashley Hobson think about how texts like *Frankenstein* invite students to confront normative assumptions about disability and race, a sometimes uncomfortable process in which they may realize the basis of their own exclusion, but also ways in which they have been complicit in excluding others. These essays demonstrate how limiting pedagogical questions of wellbeing to the strict space of the classroom, or locating their answers in university initiatives focused on wellness, neglects whole dimensions of experience for students and instructors.

At the same time, acknowledging that our obligations to our students extend beyond the classroom reminds us how instructor wellbeing is essential to good pedagogy. The problem of adjunctification is very much a pedagogical problem, too. How do we bear the effects of our students’ trauma and suffering? This question becomes especially fraught for contingent and graduate student instructors. It is also pressing for instructors who are BIPoC, neurodivergent, queer, trans, religious minorities, or part of other regionally, nationally, and academically marginalized groups. These instructors are often expected to take on extra emotional labor in mentoring marginalized students as they move through institutions fraught with systemic racism, ableism, homophobia, classism, and transphobia—all while navigating these same spaces themselves. In this volume, Travis Chi Wing Lau’s essay takes up some of these issues, meditating on what it means to teach disability as a disabled instructor whose pedagogical goals include helping his students advocate for themselves. Similarly, Jason S. Farr’s concept of “improvisational accessibility” shows how pedagogies of flexibility, creativity, and responsiveness can promote instructor and student wellbeing beyond institutional constraints.

  As the essays in this volume demonstrate, “wellbeing” is a capacious category. It touches everything that matters to our lives, and everything affects it. This Romantic Circles Pedagogies volume is inspired by the Romantic recognition that all learning, whether it happens in a “vale of Soul-making” or through “spontaneous wisdom breathed by health,” invites us to be in the world differently. It is an urgent invitation. We are currently facing a transformation of the humanities—and academia—as we’ve known them. The university looks very different than it did thirty years ago. The COVID-19 pandemic will alter it even further in ways that are difficult to predict. So too, the ways we teach and conduct research have changed, and will continue changing. In Twitter threads and articles in major news outlets, scholars are protesting the commodification of higher education, and mourning the generation of young academics who have not been able to secure tenure-track employment. There is now a much broader recognition that scholarship is not the sole province of university professors, and that public humanities work is just as vital as traditional research. The values of the humanities should remind us that publications are not more important than people—both within and beyond the academy. Thinking about the connections between Romanticism, pedagogy, and wellbeing can center the care that we must take of ourselves, our colleagues, and our students. It can also be a way to understand and assert our value as humanists. And perhaps at this time of upheaval, revisiting Romantic approaches to wellbeing can allow us to reimagine what kinds of spaces we can create in our classrooms and universities, in whatever follows this time of uncertainty.

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2. John Keats, *The Letters of John Keats,* ed. Hyder Edward Rollins, vol. 2 (Cambridge, MA: Harvard University Press, 1958), pp. 280-2. [↑](#footnote-ref-3)
3. Coleridge insisted on Nature as a salutary influence and prized health even as his writing (both published and unpublished) demonstrates the importance of injury, illness, and disability to his literary and philosophical output. [↑](#footnote-ref-4)
4. See Josie Billington, *Is Literature Healthy? The Literary Agenda* (Oxford: Oxford University Press, 2016) and Brittany Pladek, *The Poetics of Palliation: Romantic Literary Therapy, 1790-1850* (Liverpool: Liverpool University Press, 2019). [↑](#footnote-ref-5)
5. Faith in Romantic poetry as therapeutic was still so widespread by 1983 that it formed one of Jerome McGann’s main targets in *The Romantic Ideology* (Chicago: University of Chicago Press, 1983). [↑](#footnote-ref-6)
6. Sharon Ruston, *Creating Romanticism: Case Studies in the Literature, Science, and Medicine of the 1790s* (New York: Palgrave, 2013), 2. [↑](#footnote-ref-7)
7. Throughout this essay, we often use the term “bodymind.” Following Margaret Price, many disability studies scholars have adopted the term in recognition of, in Sami Schalk’s words, the inextricable “enmeshment” of body and mind (*Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women’s Speculative Fiction*. Durham: Duke U P, 2018, p 5.). As a concept, bodymind resists ableist presumptions that conceive of the mind and the body as separate entities, the latter of which (the body) is and should be under the control of the former (the mind). See Margaret Price, “The Bodymind Problem and the Possibilities of Pain.” *Hypatia*, Vol 30, No. 1 (2015), pp. 268 – 84. [↑](#footnote-ref-8)
8. See for example Alan Richardson, *British Romanticism and the Science of the Mind* (Cambridge: Cambridge University Press, 2001), George C. Grinnell, *The Age of Hypochondria: Interpreting Romantic Health and Illness* (New York: Palgrave, 2010), Robert Mitchell, *Experimental Life: Vitalism in Romantic Science and Literature* (Baltimore: Johns Hopkins University Press, 2013), and Emily B. Stanback, *The Wordsworth-Coleridge Circle and the Aesthetics of Disability* (2017). [↑](#footnote-ref-9)
9. For the “normate,” see Rosemary Garland-Thomson, “Integrating Disability, Transforming Feminist Theory,” *NWSA Journal* 14.3 (2002), pp. 1-32. [↑](#footnote-ref-10)
10. For Beddoes and Lamb, see Emily B. Stanback, *The Wordsworth-Coleridge Circle and the Aesthetics of Disability* (New York: Palgrave Macmillan, 2017). For Dorothy Wordsworth, see Polly Atkin’s *Recovering Dorothy*: The Hidden Life of Dorothy Wordsworth. Salford: Saraband, 2021. [↑](#footnote-ref-11)
11. For example, the fall 2018 “Resistance in the Spirit of Romanticism” conference held at the University of Colorado, Boulder, hosted a pedagogy workshop to which considerations of wellbeing were central. Meanwhile, the 18th- and 19th-century twitter community has regular conversations about pedagogy, accessibility, and instructor and student wellbeing. [↑](#footnote-ref-12)
12. For work that uses “wellness” in the same way we use “wellbeing,” see Katherine Cumings Mansfield, Anjalé D. Welton, and Pei-Ling Lee, *Identity Intersectionalities, Mentoring, and Work-Life (Im)Balance: Educators (Re)negotiate the Personal, Professional and Political* (Charlotte, NC: IAP Information Age Publishing, 2016). [↑](#footnote-ref-13)
13. “wellness, n.”. OED Online. December 2019. Oxford University Press. https://oed.com/view/Entry/227459?redirectedFrom=wellness (accessed February 07, 2020). [↑](#footnote-ref-14)
14. See Elizabeth Currid-Halkett, *The Sum of Small Things: A Theory of the Aspirational Class* (Princeton: Princeton University Press, 2019). [↑](#footnote-ref-15)
15. See Jia Tolentino, “Athleisure, Barre, and Kale: The Tyranny of the Ideal Woman,” *The Guardian*, Friday, August 2, 2019, <https://www.theguardian.com/news/2019/aug/02/athleisure-barre-kale-tyranny-ideal-woman-labour>. [↑](#footnote-ref-16)
16. The oppressive nature of wellness expectations came out vividly in the debate around the 2019 Peloton commercial in which an already slender woman, after being gifted a $2500 stationary bike by her partner, used her phone to document a year of her daily exercise routine, which she edited into a video to share with her partner. Critics castigated the commercial’s dangerously sexist assumption that women should undertake grueling—and possibly unchosen—exercise regimens in order uphold an ideal of femininity. To our minds, the commercial’s celebration of documenting exercise illustrates how some strains of wellness culture privilege the performance of specific visions of “health,” even possibly over health itself. [↑](#footnote-ref-17)
17. “well-being, n.”. OED Online. December 2019. Oxford University Press. https://oed.com/view/Entry/227050?redirectedFrom=wellbeing (accessed February 07, 2020). [↑](#footnote-ref-18)
18. Christopher Lawrence writes, “Rational medicine in the eighteenth century had a language for constituting a person in terms of his life history and experiences. It could describe a person’s own *natural* state and (sometimes) restore him to it if he fell sick. Nineteenth-century medical men were developing a language (which we still use) for situating all people in relation to each other, for measuring their deviation from the *normal*, and, increasingly, for managing their deviations from that norm.” Christopher Lawrence, *Medicine in the Making of Modern Britain, 1700-1900* (New York: Routledge, 1994), 45. [↑](#footnote-ref-19)
19. Samuel Taylor Coleridge, *Collected Letters of Samuel Taylor Coleridge,* vol. 2, *1801–1806*, ed. Earl Leslie Griggs (Oxford: Clarendon Press, 1956), p. 1115 (Letter #591 to Sarah Coleridge, April 1, 1804). See also Letter #600 to Sara Coleridge, June 5, 1804 in the same volume, p. 1140. A valuable study might be written on Coleridge’s various definitions of wellbeing. In response to his chronic illnesses he is at different times vulnerable and stoic: “The effect of years cannot be done away with in a few weeks—I am tranquil & resigned—and even if I should not bring back Health, I shall at least bring back experience, & suffer with patience & in silence,” he writes to Sara (*Letters,* 2: p. 1140). Years later, in a May 25, 1820 letter to J. H. Green, he would postulate that his body had been so greatly changed by illness that were any one organ to be magically repaired to its original healthy state, the rest of his “Organismus” would reject it, “as if, for instance, a *worn* lock with an equally worn key—might no longer fit the lock. The repaired organs might from intimate in-correspondence be the causes of torture and madness” (*Letters,* 5: p. 46). Samuel Taylor Coleridge, *Collected Letters of Samuel Taylor Coleridge,* vol. 5, *1820–1825*, ed. Earl Leslie Griggs (Oxford: Clarendon Press, 1971), p. 46. [↑](#footnote-ref-20)
20. William Babington and James Curry, *Outlines of a Course of Lectures on the Practice of Medicine: As Delivered in the Medical School of Guy’s Hospital* (London: J. M’Creery, 1811), 1. [↑](#footnote-ref-21)
21. Tim Fulford, Debbie Lee, and Peter J. Kitson, *Literature, Science, and Exploration in the Romantic Era: Bodies of Knowledge* (Cambridge: Cambridge University Press, 2004), 7. [↑](#footnote-ref-22)
22. For example, David S. Anderson’s *Wellness Issues for Higher Education* (2015) files “nutrition” under “Physical Wellness” and stress management, mental health, and technology under “Emotional Wellness.” It also has a chapter on exercise called “Exercise: Hey, Millennial, It’s Time to Get Physical!” (Anderson, ed., v-vi)—an odd address, given that most traditional-age undergraduates are no longer millennials, though many of their professors are. [↑](#footnote-ref-23)
23. Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994), 203. [↑](#footnote-ref-24)
24. For example, William Cullen’s *Synopsis Nosologiae Methodicae* (1769–85), as translated by Thomas Beddoes, defines “Insanity” as “consist[ing] in such false conceptions of the relations of things, as lead to irrational emotions or actions. Melancholy is partial insanity without indigestion—Mania is universal insanity” (Beddoes, *Hygëia: Essays Moral And Medical, on the Causes Affecting the Personal State of Our Middling and Affluent Classes*, “Essay X,” p. 27). [↑](#footnote-ref-25)
25. Mary Wollstonecraft critiques the gendered assumption that their bodies corrupt women’s minds in several places, arguing that women are brought up to see themselves in harmfully dualist terms: “Taught from their infancy that beauty is woman’s scepter, the mind shapes itself to the body,” and as such “genteel women are, literally speaking, slaves to their bodies” (47-8). Mary Wollstonecraft, *A Vindication of the Rights of Woman*, ed. Deidre Shauna Lynch (New York: Norton, 2009). For more on Lawrence, see Peter J. Kitson, *Romantic Literature, Race, and Colonial Encounter* (New York: Palgrave 2007), 74. [↑](#footnote-ref-26)
26. Percy Shelley’s vegetarian essays source crime and other social ailments in physical disease, which Shelley then sources in “our unnatural habits.” Percy Bysshe Shelley, “A Vindication of Natural Diet,” in *The Complete Works of Percy Bysshe Shelley*, vol. 6, *Prose*, ed. Roger Ingpen and Walter Edwin Peck (New York: Gordian Press, 1965), 10. Meanwhile, Friedrich Schiller’s *On the Aesthetic Education of Man* prescribes beauty for a world that has been made literally ill by the pressures of modernity. Friedrich Schiller, *On the Aesthetic Education of Man in a Series of Letters*, ed. And trans. Elizabeth M. Wilkinson and L. Al Willoughby (Oxford: Clarendon, 1967), 189. [↑](#footnote-ref-27)
27. Victor wishes to “banish disease from the human frame, and render man invulnerable to any but a violent death.” Mary Shelley, *Frankenstein, or The Modern Prometheus,* ed. M.K. Joseph (London: Oxford University Press, 1969), 42. [↑](#footnote-ref-28)
28. In the “Preface to the *Lyrical Ballads,*” Wordsworth aligned the conditions of “Low and rustic life” with the “healthy” taste of readers, the “healthful state of association” in which he aimed to write. [↑](#footnote-ref-29)
29. Mary Prince, *The History of Mary Prince, A West Indian Slave*, ed. Sara Salih. London: Penguin, 2004, p. 38. Similarly, in William Earle’s *Obi; or, the History of Three-Fingered Jack* (Broadview, 2005), Amri, Jack’s mother, tells her son of “Good medical assistance” she received for a burn, and asks, “If he [Mornton, their enslaver] heals our wounds, for whose sake is it? Is it for ours, or his own benefit?” (100 – 1). For work on the frequency of “brands, deformities, impairments, disfigurements, amputations, and marks of punishment” in descriptions of enslaved people in Barbadian and Jamaican runaway advertisements (214), see Stephanie Hunt-Kennedy’s ‘Had his nose cropt for being formerly runaway’: disability and the bodies of fugitive slaves in the British Caribbean.” *Slavery & Abolition*, Vol. 41, No. 2 (2020), pp 212 – 233. [↑](#footnote-ref-30)