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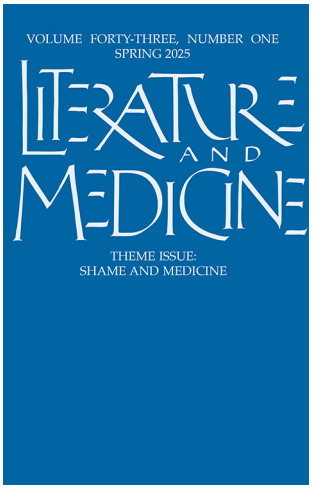
Literature and Medicine, Volume 43, Number 1, Spring 2025, pp. 52-74 (Article)

Published by Johns Hopkins University Press

DOI: https://doi.org/10.1353/lm.2025.a975543



Shame, Enchantment, and the "There-ness" of Disability in *The Secret Garden*

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Abstract: Frances Hodgson Burnett's *The Secret Garden* has been a repugnant object for contemporary scholars of disability studies because of the equivalence it draws between able embodiment and morality. While scholars have remarked on the novel's linguistic register of rectitude, few have focused on what it might mean to analyze *The Secret Garden* through the prism of shame. I attempt to develop such a reading here, exploring shame's textual and historical multivalence. I will ask: what is at stake—affectively and critically—in the practice of re-reading a novel that one experienced first in childhood? What is created, and what is effaced or over-written, in the temporal distance of adulthood and the critical distance afforded by a theoretical framework unavailable to the child?

Keywords: Shame, rectitude, disability, rehabilitation, reading

Frances Hodgson Burnett's classic children's novel of 1911—*The Secret Garden*—has been a repugnant object for contemporary scholars of disability studies because of the equivalence it draws between physical health, able embodiment, and morality.[1] Colin Craven's miraculous recovery, enabled by the therapeutic properties of the garden and his cousin's refusal to collude with sycophantic doctors, straightens out his "crooked" body and renders him morally "upright" (226–27).[2] Disabled embodiment is a state associated with not just physical, but also moral degeneration, in a way that resonates with the eugenicist cultural anxieties of the period.[3] Yet, while this linguistic register of rectitude has been remarked upon, few scholars have focused on what it might mean to analyze *The Secret Garden* through the prism of shame. Furthermore, while disability studies might justifiably seek to designate this novel's representation of disability-as-hysteria as shameful from the

Literature and Medicine 43, no. 1 (Spring 2025) 52–74

vantage point of the twenty-first century, does this reading meaningfully account for the cultural power of *The Secret Garden* and its enchantment of generations of child readers? How can we account for the uncomfortable and shaming co-existence of enchantment's "there-ness" and disability's apparent "not-there-ness" when reading this novel? I use the term "there-ness" to analyze disability's presence, drawing on the language that characters in *The Secret Garden* deploy.

In this essay, I develop a reading of *The Secret Garden* that attempts, with difficulty, to explore these questions of shame. I say with difficulty because shame is a painful and elusive affect to be around: it is hard to *stay with* shame, and easier for shame to "efface itself," to "point and project," and to become an *object* of study rather than something caught up in, and animating, the entanglements that bring me to the text.[4] Indeed, as a word, shame is absent from *The Secret Garden*. As part of this process of reading shame's elusiveness, I will ask: what is at stake—affectively and critically—in the practice of re-reading a novel that one experienced first in childhood? What is created, and what is effaced or over-written, in the temporal distance of adulthood and the critical distance afforded by a theoretical framework unavailable to the child? Specifically, I mean: what is it like to have been a child whose life was much affected by the meaning of impairment (me) reading about a fictional child whose life is much affected by the meaning of impairment (Colin Craven)—and yet only later to recognize this as a site of possible identification or shared meaning?

After giving an account of the conceptual frameworks informing my understanding of shame, I open with a reading of shame in the doctor-patient relationship in *The Secret Garden* as it pertains to the "(not)-there-ness" of Colin Craven's impairment. I examine the vexed interpretative work undertaken within a clinical encounter freighted with unspoken hierarchies and deferential relations. I focus on the depiction of the material conditions under which medical interpretation, prognosis, and prescribing work are conducted, and on the ambivalent representational deployment of imperial and class power as legitimizing devices for certain forms of therapeutic intervention. Shame, here, is closely associated with a lack of epistemic and interpretative authority, which is, in turn, linked with a shamed form of class deference. Yet class power—when used despotically—is not redeemed in the novel. Instead, it is orientalized and othered in an attempt to disconnect it wholesale from a "benign" British imperialism that is rehabilitated alongside Colin.[5]

I then explore the anxiety of heritability. I am interested in the deterministic hermeneutic at work in characters' focus on the question of whether Colin will, or will not, develop a "hunchback" (164). I put forward the idea that what is most shaming is not so much the "there-ness" of impairment *per se* but its anticipated yet uncertain status under the paradigm of biological determinism. In Colin's repeated attempts to check his back for "lumps" (181) we can identify the logic of "no bad surprises," connected with the paranoid reader who always has to foresee "the bad thing."[6] I conclude by moving from the "(not)-there-ness" of Colin's impairment to my sense of discomfort at the "having-been-there-ness" of my enchantment with *The Secret Garden*. Considering the parallels between reading practices and rehabilitation practices, I ask myself: how should *I* read *The Secret Garden*?

Accounting for Shame

Jean-Paul Sartre's well-known discussion of the looker-at-the-keyhole in *Being and Nothingness* offers a theory of becoming-conscious and of shame. For shame to be present, Sartre contends, there must be a realization, a recognition, a self-consciousness of not meeting expectations: "shame is by nature *recognition*."[7] It is an intimate relation of "myself to myself," but one that is "an immediate shudder which runs through me from head to foot without any discursive preparation."[8] The lack of preparedness of the experiencer offers a parallel with a figure who fears shame in a much more recent work of theory: Eve Kosofsky Sedgwick's paranoid reader, who seeks to avert the vertiginous experience of the "*bad surprise*."[9] Moreover, Sartre's looker who comes into knowledge of himself is seen *seeing*, is seen doing the work of *seeing and making meaning*. The work of looking in order to make meaning is an achievement that cannot be taken for granted; it is anxiety-provoking, it can go wrong. Figures who look, who interpret, and who come-into-(shaming)-awareness haunt my analysis of *The Secret Garden*. The adult academic who is re-reading a children's book, looking back (with shame?) at the child reader. The doctor who is unable to make sense of a body that lacks organic pathology. Colin Craven, who keeps on touching his back in search of the (seemingly not-there) lump. I explore these practices in terms of a shame of being *seen doing sense-making work*, to draw on the framework set up by Sartre and also to develop that which is hinted at by Sedgwick when she refers to a sense of shame at gazing upon the sight of the

New York skyline denuded of the twin towers in 2001.[10] Sedgwick finds it hard to understand why this sight fills her with shame, but it seems to have something to do with the nakedness of the skyline, with seeing something that could not previously be seen, and with the act of looking itself.[11]

For me, these are not theoretical questions, but personal ones that must have animated my early subjectivity. The physical impairment I have had since birth was diagnosed shortly before my first birthday, as it became gradually visible on my body, yet this diagnosis followed what mid-twentieth-century general practitioner and psychoanalyst Michael Balint might call a "faulty" one.[12] At the age of six months, I was examined by a consultant but no impairment was diagnosed. My impairment was sufficiently mild that, when I was a baby, its signs were not easily read on my body. Did this failure to diagnose cause shame further down the line, when the "nasty surprise" of my impairment later came to light?

It has long been acknowledged that the medical practice of taking a history entails interpretative and narrative sense-making work.[13] Moreover, scholarship in medical education has explored the epistemic shame associated with clinical and diagnostic sense-making practice, including the shame that relates to not-knowing.[14] Drawing on such thinking, I explore the novel's fascination with the affective qualities of the "faulty" medical diagnosis, probing the shame that relates to "not-there-ness."[15] I argue that there is a kind of shame associated with an ongoing practice of sense-making work when diagnostic certainty is unavailable or elusive.

There is a further complication with regard to the conceptualization of shame in what follows. What about its historical and cultural specificity? What tensions exist when it comes to historicizing shame as it pertains to embodiment and medicine in the time of *The Secret Garden*, while also maintaining an interest in the affective impact of the novel on the contemporary reader? Without being able to resolve these tensions, my reading seeks to stay attentive to the shame that *seeps between* the time of the novel and the time of contemporary readers, including the emotions aroused by looking back at childhood reading, and the experience of "knowing" things that one could not know back then. I am interested in the mobility and porousness of shame, and I use close reading and reflection as techniques to try to dwell within this affect.

Introducing *The Secret Garden*

First published in book form in 1911 following its serialization in the *American Magazine* in 1910,[16] *The Secret Garden* tells the story of the "disagreeable" and "sickly" orphaned Mary Lennox (1), who has been raised in colonial India and whose character is transformed through her encounter with the healing "Magic" of an English country garden (276). The ten-year-old daughter of a British colonial administrator, Mary is sent to the Yorkshire manor of her aristocratic uncle Archibald Craven, following the death of her parents in a cholera outbreak. At Misselthwaite Manor, Mary gradually comes to thrive in the fresh air of the garden, overcoming her "disagreeable" nature and discovering a secret garden that has been locked up since the tragic, ungrieved death of her uncle's wife ten years previously. Over the course of the novel, Mary encounters Colin, her cousin, who is kept secreted away in his bedroom, for reasons relating to his poor health and weak constitution. While no one seems to know the precise nature of the child's impairment, it is frequently collocated with the death of his mother and his father's loss. With the help of Dickon—the Pan-like, good-natured brother of the maid (Martha) who attends to Mary—Mary persuades Colin that he will grow strong and get well through the secret garden's "Magic." Via clandestine visits to the garden as it starts to re-awaken with the coming of spring, Colin does indeed learn to walk, becoming "well" by the end of the novel, to the surprise and delight of his father (278). As critics have noted, through the second half of the novel, Mary fades somewhat into the background, with Colin arguably usurping her as protagonist.[17]

The novel has received extensive readerly and critical attention over the years. According to Anne Stiles, the novel had "fallen into obscurity" at the time of Burnett's death in 1924, but it has subsequently become "arguably 'the most significant children's book of the twentieth century.'"[18] As well as being re-issued many times for different audiences (child, adult, scholarly) on both sides of the Atlantic, the book has been adapted for film, television, and theater on numerous occasions.

The Shame of the Impairment that Is "Not There"

Colin's embodiment in *The Secret Garden* presents an interpretative difficulty for medicine because his impairment, by all accounts, is "not

there." When Mary asks Martha what is the "matter" with Colin, she replies, "[n]obody knows for sure and certain" (142). Colin's illness is characterized within the diegesis as hysteria and treated accordingly by his regular doctor; his embodiment could be said to cause medicine shame, because of the difficulty in locating an organic pathology, lesion, or wound. In Foucault's analysis of post-Enlightenment medical ontology, *seeing* plays a vital role in diagnosis. Post-Enlightenment clinical medicine is a practice of training the gaze to interpret a configuration of symptoms that, clustered in a particular way on the surface of the body, reveal the secrets of its depth that can then be spoken by the doctor.[19]

In relation to contemporary experiences of "medically unexplained" symptoms, Katharine Cheston has argued that such illnesses, which underscore the "limits of medical knowledge and power, might be a particularly shame-inducing experience for both patient and physician," and that "shame can be displaced onto the patient, who is made to feel that her illness is her own fault."[20] Via a process of "point[ing] and project[ing]"—to use Sedgwick's terms—the body that does not easily yield up its "secrets" comes to be positioned as a site of shame.[21] The shame-relation can be exacerbated and intensified by unspoken contexts of hierarchy and deference within the clinical encounter, which furnish certain actors with certain sorts of authority, even as others are undermined.[22] In the next section I examine some of these unspoken contexts as they play out in the novel.

Undermining Medical Authority, Undermining the Poor Relation

Colin's regular doctor (and uncle), Dr. Craven, prescribes a regime akin to the disciplinarian Victorian "rest cure" usually associated with neurasthenic female patients.[23] This was a "standard treatment for female invalids around 1900," which involved "weeks or months of bed rest" and "social isolation"; women were prohibited from undertaking any form of "useful occupation" at all.[24] In *The Secret Garden*, Dr. Craven emphasizes to Colin that "he must not forget that he was ill; he must not forget that he was very easily tired" (152–53), he must not "overexert [him]self" (237). Yet Colin's overcoming of his symptom is in fact articulated in the language of "forgetting" and "not remembering," with Mary explaining to Dickon that "[Colin] says I'm making him forget about being ill and dying," and with Colin having "made himself believe that he was going to get well, which was

really more than half the battle" (163, 250). For Stiles, arguing for the contextual importance of Christian Science as an ethos of positive thinking in Burnett's work, it is in fact a so-called "mind cure" that is seen to enable Colin to overcome his "hysterical" symptom, with the text undermining the Victorian rest cure at every opportunity.[25] Drawing on Stiles's work, we could say that the narrative voice of *The Secret Garden* shames the medical authority that valorizes bed rest for a nervous condition, since the rejected prescriptions of Dr. Craven turn out to be impotent. It is the "Magic" of the garden—together with the children who help Colin "forget"—that represent the positive power of Christian scientific mind cure (276, 197). Yet it might also be important to explore what else is being "forgotten" with the relegation of Colin's symptom to an artifact of the "mind."

It can be argued, for example, that hierarchical class relations criss-cross the clinical encounters surrounding Colin's illness. Colin is an aristocratic young man, while the doctor is his poor relation, his "father's cousin" (132). Dr. Craven's clinical neutrality is presumed diegetically to be compromised by his being a distant relative who stands to "have all Misselthwaite" in the event of both Colin and his father dying, and whose relative poverty seems to imply that, in Colin's fantasy, he "wouldn't want [Colin] to live" (133). This doctor, it is implied, would be invested in the "there-ness" of Colin's impairment for what it may signify about his own chances to inherit. Indeed, in the mid-twentieth-century sociology of medicine that was to evolve after the time of *The Secret Garden*, a pre-existing relationship between doctor and patient is understood to preclude the potential for objective judgment on the part of the doctor.[26] The narrative tells us little about Dr. Craven beyond Colin's account, but his seeming support for the directives of the rest cure—combined with his deference towards his aristocratic relation—undermine his authority and frame him as a sycophantic, unlikeable character.

The relationship between social class and clinical authority is further placed under the microscope via references to an extra-textual "grand doctor" from London, who, contra Dr. Craven, has advised "fresh air" (129). During our first meeting with Colin, he tells Mary: "I used to wear an iron thing to keep my back straight, but a grand doctor came from London to see me and said it was stupid. He told them to take it off and keep me out in the fresh air. I hate fresh air and I don't want to go out" (129). Nested within Colin's account is an implicit contest of medical judgment between the regular (country) doctor and the "grand doctor" from London. The country doctor,

who is "quite poor," has prescribed a rest cure, and, probably, the "stupid" "iron thing" that Colin wore (129). By contrast, the higher-ranking doctor from the metropolis, whose "grand[ness]" suggests a wealthy and well-educated clientele, is more on the side of what will become central to Colin's cure—the "fresh air" of the garden. To draw on Michael Balint's work (as elaborated shortly), a "teacher-pupil relationship" exists between the country doctor and the grand doctor.[27] This is implied in Martha's account of the fact that the "big doctor . . . talk'd to th' other doctor quite rough—in a polite way" (143). The juxtaposition of "rough" and "polite"—at face value oxymoronic—suggests that the "grand" doctor exploits an implicit shared understanding of the social capital afforded by his class superiority, which buttresses his moral character as a doctor.[28] This class position serves to reframe his criticism as politeness and necessity. Marie Allitt and Sally Frampton have shown that, since the nineteenth century, the notion of "good character" in a medic was often conflated with being born into a particular social class, naturalizing an image of the doctor as "born not made"—an assumption with lasting impacts on medical education.[29]

The "grand" doctor is additionally said by Martha to have diagnosed a case of "too much medicine and too much lettin' him have his own way," as if an equivalence could be drawn between these two "diagnoses" (143). This paralleling of medicine and sycophancy appears to make direct reference to the country doctor's deference to Colin, further undermining the authority of that figure and his link to the medical profession. These diagnoses also seem to throw into question the "there-ness" of Colin's impairment. While the grand doctor's prescriptions are not uncomplicatedly valorized, the novel certainly appears to comment on the problematic entanglement of medicine with money and class deference here. But perhaps the "grand doctor" is also represented in this way to suggest that it is easier to criticize a colleague than to risk delivering an alternative interpretation of Colin's body.

Writing some years later, Balint considered hierarchical relationships between physicians in terms of mutually beneficial teacher-pupil relationships, which are ambivalently borne by all because they allow the sharing of the burden of responsibility for making difficult diagnostic decisions and getting them right (or wrong).[30] This, for Balint, is the "collusion of anonymity": when a complex case arises, anxiety can be managed via a referral process and a series of investigations undertaken by different practitioners.[31] An interpretative process unfolds

that is collaborative and not authored by one individual. If, as Balint notes, "a doctor usually feels embarrassed, even somewhat ashamed, if his diagnosis is found to be faulty, not quite correct, or even only incomplete," then the process of referral can be understood as a practice of saving face.[32] Yet in Colin's account, doctors have effectively been brought in separately to undermine one another; they are not colluding to prevent shame, but actively describing each other's prescriptions as "stupid." The grand doctor effectively pours scorn on the rest cure, and even on conventional medicine's authority as a whole. Mind cure could be said to collude with medicine's logic so as to rid the patient of the *thing that shames medicine*—the impairment whose "there-ness" cannot be established.[33]

"Forgetting" and "Noticing" / Seeing and Shame

If the narrative endorsement of mind cure ("mind-over-matter") is in some way a vindication of "lay" authority over a medical figure or is at least a mode of undermining conventional Western medicine, this is complicated by the association of Colin with an orientalist discourse of despotism in the novel.[34] Colin is figured as an Indian king (a "Rajah") as he speaks imperiously to Dr. Craven.

> "I don't want to remember," interrupted the Rajah, appearing again. "When I lie by myself and remember I begin to have pains everywhere and I think of things that make me begin to scream because I hate them so. If there was a doctor anywhere who could make you forget you were ill instead of remembering it I would have him brought here." And he waved a thin hand which ought really to have been covered with royal signet rings made of rubies. "It is because my cousin makes me forget that she makes me better." (197)

Colin's contemptuous rejection of medical authority here is implicitly connected with class power and with an authoritarian and assumptive style, elaborated via reference to his interruption, to the way he waves his hand imperiously, and to the issuing of orders to the doctor. Yet the novel is alluding not to British *imperial* power—whose authority, Jerry Phillips argues, would necessarily be depicted as benign, righteous, and just—but to the despotism of *oriental* royalty.[35] Phillips argues that as the novel progresses, "brute despotism . . . is critically undermined by a moralistic appeal to a culture of discipline."[36] Des-

potism has to remain located in the East: "[t]he spiritual trajectory of the text is to remove those aspects of the East considered unsuitable for elite social performance in an English setting."[37] While the magic of the garden is in many ways associated with the mysticism of the East, it is permitted to the extent that it produces a self-disciplined, athletic, healthy young man, who has dispelled disability's "there-ness." The therapeutic properties of the garden thus function only insofar as they maintain existing class and imperial orders.[38] We might say that mind cure is linked with the moral discipline of empire. Mind cure is allowed to connote Colin's full inhabitation of masculinity, able embodiment, science, and conquest, which are associated in the novel with the British Empire.

The idea of "forgetting" that one is ill, apparent in the passage quoted above, comes to be associated with the discipline of learning what else to notice in place of illness. The binary of forgetting and remembering (as a form of *noticing*) is introduced early in the narrative, with the theme of the child-as-forgotten, and the seeing of the child as a prompt to shame. Mary is "forgotten by everyone" during the cholera outbreak in British colonial India; we learn that "[n]obody thought of her, nobody wanted her," with people "remember[ing] nothing but themselves," leading to Mary being left behind (4–5). It is apparent that "no one had taken any notice" of Mary and that she had not seemed to "belong" to her parents, who had paid her little attention (12). We learn of parents who want to avoid looking at their child, as if the sight of the child evokes unwanted affect. Mary's mother "had not wanted a little girl at all" and sought to keep her "out of sight," while Colin's father "wouldn't set eyes on th' baby" (1, 142). Later I discuss Mr. Craven's attempt to avoid seeing as an attempt to avoid encountering the shame of passing on an apparently heritable trait—the "crooked back" (15)—yet it is also the case that the very there-ness of the child seems to be linked with the (re-)awakening of emotions, including shame.

The language of forgetting is mobilized both in relation to what adults seem to need to do with children, and in relation to mind cure, suggesting a connection between mental *discipline* and cure, as opposed to psychic loosening or working-through. Mental discipline is the valorized state that expels shame though forcible forgetting. Colin's own analysis of why Mary enables him to get well is that she "*makes* [him] forget" and this "*makes* [him] better" (197, my italics). Although the auxiliary verb "makes" might not *necessarily* imply coercion, that mood is evoked by the word choice within this context of authoritarian

treatment of the Other. Thus, there is certainly something disciplinarian, if not outright authoritarian, about mind cure, in this rendering. It suggests that "what is there" is about what we allow ourselves to notice and what we "make" ourselves forget.

And yet, there is nonetheless something reparative about "noticing" in *The Secret Garden*. Mary's route into the garden is enabled by the relationship she cultivates with the robin, who is characterized repeatedly as "curious" and as enjoying the attention of people: "he would rather have stones thrown at him than not be noticed" (39, 167). As Mary starts to grow healthy and "red" in the garden, she desires to be noticed: "She wondered if [Ben Weatherstaff, the gardener] would notice her. She really wanted him to see her skip" (74). It is Mary's "delight" at being paid attention by the "pretty" robin—whom she is also able to notice (66)—that enables her to notice the rusty key to the garden in the soil, and thence to enter the secret garden. The bird itself models a benign way to seek and give attention, in contrast with Colin's tantrums and demands that frighten the servants. The bird's is a form of self-absorbed attention, unaware of itself as being seen, and thus preceding Sartrean self-consciousness.[39] We learn that Colin has been "too ill to notice things and he hates going out of doors," and later that he has not had "time" to "notice" a particular tree, but that this noticing of the natural world is crucial to his recovery (166, 220). If these allusions repeat the Romantic trope of the curative power of *receptivity* to nature, they also characterize noticing as a relational practice underpinned by mutuality. Un-self-conscious attention to "what is there" is a transformative practice in the novel; it is a capacity that Mary is shown to have, in contrast with the medical practitioners whose abilities are clouded by pecuniary interests and status-anxieties.

Mary becomes someone whose diagnostic speech can be trusted by Colin because of the quality of her un-shamed attention and curiosity—attributes that are enabled in and by the English country garden. In a scene that remains problematic for the scholar of disability, Mary's diagnostic verdict when examining Colin's back is that "[t]here's not a single lump there!" (181); this can be accepted by Colin because of the way in which he has already accepted her "apostolic function," to draw on the theorization of the doctor's role that Balint has put forward.[40] Colin's "offer" as the patient—to continue with Balint's model—is to give an account of what it is like to have one's *self* go unnoticed or overlooked, even as one's body becomes a site of medical scrutiny and attention.[41] Mary's "response" is to forcefully advise Colin that his demand to be noticed is not to be done via physical

infirmity. That Mary is an "angry unsympathetic girl," without an unspoken pecuniary ulterior motive (differentiating her from Colin's doctor), reinforces the perlocutionary force of her words and Colin's receptivity (181). It is not sympathy but mutual noticing that is seemingly required. Mary's words immediately trigger a mutation in Colin's affective state; he is no longer "like a Rajah" but is instead able to imagine the transformative power of the garden that he is now ready to receive (182). This scene is problematic because of its insistence on the not-there-ness of physical impairment. And yet, I am drawn to reflect on what it tells us about *noticing*, and how this practice might contrast with the shame of "the look."

In this section, I explored *The Secret Garden*'s obsession with interpreting Colin's illness. Acts of medical interpretation and prescription are entangled with class, status and perceived authority, as well as with certain sorts of practices cast as dubious, unhelpful, and even "stupid." Impairment is a *producer* of shame if it cannot clearly be categorized via the interpretative look. We have seen that "mind cure" is embedded within a medical logic of rehabilitation, even as it draws on a mystical tradition beyond Western medicine. It is also governed by an imperial logic of masculine discipline. Colin's trajectory cements a link between able-embodiment and the rehabilitation of a myth of "benign" imperial rule, as well as between the "crooked" body and the authoritarian, excessive, and degenerate aristocrat.[42] I also paid attention to the status of forgetting and remembering, looking and noticing, in *The Secret Garden*. Following Phillips, I argued for the status of mind cure as a practice of self-discipline,[43] but I also suggested that un-self-conscious *noticing* could be understood as a reparative (reading) practice in the novel, repeating the experience of the traumatising look but in a mode where shame no longer need dominate. In the following, I stay with the look and with attempts to avoid seeing what is there, as I explore their connection with heritability.

Looking to Inherit

In this section, I am interested in the twin practices of avoiding seeing what is there and anxious looking, as well as their entanglement with the question of inheritance in *The Secret Garden*. I argue that impotence and shame—associated with fin-de-siècle discourses of "degeneration"—are handled and processed via a "warding off" of impairment through anxious looking. In *The Secret Garden*, concerns

about the heritability of physical traits are often invoked through alignments of affective contagion with ocular encounters. The taken-for-granted narrative of the father-son relationship in the novel, recounted by Martha, is that Archibald Craven wants to "forget" that his son is "on earth" because "he's afraid he'll look at him some day and find he's growed a hunchback," mirroring his father's impairment (164). Here "forgetting" the very there-ness of a child is seen as preferable to confronting the possibility of intergenerational biological inheritance, which would be deeply shaming. While Dr. Craven is instructing Colin *not* to forget he is ill nor to over-exert himself, Colin's father is seemingly trying *to* forget his son, as if he functions as a visible and visual reminder of the inevitable passing on of a "degenerate" trait. Mr. Craven is said to be unable to bear to look into his son's eyes because of the likeness to his late wife that triggers an affective response akin to shame ("it makes him wretched to look at me," 129), and as a result he only visits his son while the boy sleeps. Depicted here is an avoidance of the mutuality and relationality through which Colin and Mary ultimately connect.

This avoidance of looking appears throughout the novel. Indeed, when Mrs. Medlock first tells Mary about her uncle, she announces that: "He cares about nobody. He won't see people. . . . [He] won't let anyone . . . see him" (16). The language here mirrors and foreshadows Colin's own insistence that he "won't let people see [him]" (128). The juxtaposition of seeing, being seen, and "caring about" implies that the affective dimension of life is a kind of contagion transmitted through ocular connection. The choice of "seeing" as opposed to "looking" suggests that the subject can be infected with feeling (shame) by passively "set[ting] eyes" on the Other, without *seeking out* this experience (142). The subject is powerless to avoid this inheritance of shame, except via "shut[ting] himself up in the West Wing" (16)—that is, building walls to shut out experience, and perhaps also to shut out the looker-at-the-keyhole, the seeing Other.[44] The secret garden itself is a walled garden, for which the key has been thrown away. It is as if there is *shame in the very inevitability of seeing*—and of thereby being infected with feeling through seeing; the walls are an attempt to avoid being provoked into feeling. This shame-at-seeing is reminiscent of Sedgwick's inexplicable sense of shame at witnessing the gaping hole in the skyline where the twin towers should be.[45]

Colin is shielded from view, his existence unknown to his own cousin. His language reveals an internalization of others' logic about the need to avoid public spaces "lest people see [him] and talk [him]

over" (128). The novel's naturalizing of this isolation could be regarded as an artifact of an early twentieth century use of secrecy as a way of protecting families from shame.[46] According to Deborah Cohen, in the nineteenth century, a shared knowledge of the secrets that had to be kept in the family was foundational to family bonds.[47] This was to change, Cohen argues, in the mid-twentieth century when the legal concept of privacy was decoupled from secrecy; certain sorts of secrets could be partially destigmatized as straightforwardly *private* information, and the family no longer had to be the sole custodian of the secret. Privacy thenceforward became not only the right of the *individual* to keep some kinds of information hidden, but also, later, the "right to tell without cost."[48]

The sequestering of Colin seems closer to the nineteenth-century paradigm of the secret as *protection* from shame than a mid-twentieth-century existential and intersubjective phenomenology of shame. The latter is described in Sartre's famous dissection of "The Look," in which the knowledge of the *potential* for the look to land on the subject is enough to alienate the subject from himself. Yet we may also need to complicate this account, in that this is a cultural moment in which a *family* secret might be the source of shame, considering the context of eugenic discourses and moral panics about biological inheritance, or even of "contagion" in relation to impairment. Cohen charts how, as the nineteenth century progressed, the disabled or "idiot" child came increasingly to be perceived as a problem for families. In mid-nineteenth-century Britain, Cohen argues, there was a genuine sense of optimism about the extent to which the "idiot" child could respond to education and be rehabilitated; institutions were places where children were sent in order to maximize their potential so that they could later be re-integrated into society.[49] Later, in the early twentieth century, children with comparable impairments were shut up in institutions as if forgotten and not there, effectively excised from families: disabled children as shameful, shaming secrets. Although Colin does not represent the kind of child to have been institutionalized, this is nonetheless a novel about the anxiety of what has been inherited and what is "there," immutable, in and on the body. In *The Secret Garden*—as well as more widely in English literature of the fin-de-siècle—we see anticipatory shame about what traits might have been inherited, and how they may make their presence felt as "degeneration."[50]

In relation to the inevitability of inheritance, fatalism seems to offer a mode of managing uncertainty. Colin is portrayed as relaying the idea of his own impending demise in matter-of-fact terms, with a

pessimism which itself seems to have been inherited from those around him: "[n]o one believes I shall live to grow up" (131). The doctor's anticipated inheritance of Misselthwaite is seen as all but a foregone conclusion by Colin: "I should think he wouldn't want me to live," he remarks (133). Inheritance—in terms of feeling, biological traits, or land and property—is understood deterministically as a threat which cannot be avoided. The only option is to attempt to "forget" and to put walls up that shield against feeling. Even *medicine* is impotent against the power of inheritance. The garden, beyond its association with Romantic ideals of nature and Eastern mystical magic, represents a fantasy of overcoming the assumed biological determinism of inherited traits, and of maintaining aristocratic *familial* potency and landownership.[51]

Anticipatory shame hovers around the issue of when Colin's body will become decisively representative of degeneracy. The boy makes sense of his own confinement by anticipating and checking for a "lump" that will, at some stage, be "there" because "his father's back had begun to show its crookedness in that way when he was a child," in the reported discourse of the housekeeper, Mrs. Medlock (181, 176). It is from conversations that Colin has overheard between Mrs. Medlock and the nurse that he has started to construct this "idea," and he has "thought it over in secret until it was quite firmly fixed in his mind" (a form of mental "there-ness"), leading to a "hysterical hidden fear" (176). This free indirect discourse apparently paraphrases Mary's—rather than Colin's—understanding of the situation and is illustrative of how *The Secret Garden* abounds with reported conversations and characters piecing information together through assumption and hearsay. The "there-ness" or otherwise of the lump is shameful for direct discussion, such that Mary's declaration that it is "not there" seems to breach a taboo (181). Colin's own sense of identity is depicted as having been formed in relation to this piecing-together of "whisper[ed]" fears about the possibility of inherited degeneracy (176). We see characters demonstrating an intense need to perceive inheritance's work as it unfolds: this is a hermeneutic not so much of suspicion, but of paranoia about what might be there, albeit hidden within the body and about to show itself on the body's surface. Colin's practice of regularly checking for a "lump" is a mode of warding off the "bad surprise" of inheritance: if biological determinism is a fact of existence, then at least it must not take the observer unawares.[52]

Everything about the early depiction of Colin shows a child in defeatist certainty about his forthcoming disability and death—or at

least, he is *almost* there. Indeed, the etymology of the word "craven" is the old French "defeat." Physical impairment is always *on the point* of arriving, and there is a need to keep looking for its signs. While Colin "won't let people see [him]" or "talk [him] over" as a way of warding off *public* shame, the interpretative work of looking for the visible symptom—undertaken by both father and son—is also secret, kept hidden and associated with hysteria, a feminizing trait (128). It is as if this work of detection, which we might think of as medicalized or deterministic looking, is *itself* shameful. What is shaming appears to be not so much the actuality of disability but its uncertain manifestation, and the work of looking for it—the work of seeking out affective reassurance.

In *The Secret Garden*, inheritance is an overdetermined imposition upon comportment that must be ongoingly anticipated through paranoid reading of the body. The inevitability of material, affective, and biological inheritances threaten to destabilize naturalized familial lines of power, influence, and breeding. Fatalism becomes a mode of managing this inevitability, yet uncertainty about *what* exactly will be inherited and *when* continues to haunt the novel's characters. The affective labor of trying to puzzle out the answers to these questions—interpretative questions—is shameful and must be done in secret. Before concluding, I now turn to some of my own "puzzling out" and the affective freight of this work for the scholar of disability who works with childhood reading.

On Reading and Rehabilitation Practices

I have long been drawn to asking myself: "how should I read *The Secret Garden*?" Specifically, I am referring to a difficulty in reconciling a tension between the wish to distance myself from the novel on the basis of its insistence on the "not-there-ness" of physical impairment, and the shaming "there-ness" of my own past (and present) enchantment with the novel. Can, or should, *The Secret Garden* be rehabilitated?

The deontic mood I invoke in relation to writing about *The Secret Garden* recalls the mood of the child trying to walk "properly" across the physiotherapy studio (the child I once was). I am talking about wanting to get it (the reading, the walking) *right* and the anticipatory shame of getting it *wrong*. We could think of this in terms of Sedgwick's figure of the "paranoid reader," the one for whom there must be no "*bad surprises*"; Sedgwick posits in this figure a dominant practice in

Anglo-American literary criticism representative of the "hermeneutics of suspicion."[53] In my world, then, the paranoid reader is the child undergoing physiotherapy and wanting to "walk correctly" for the watching adult, the physiotherapist. And also: the paranoid reader is the physiotherapist, locating and exposing the symptom, making a rehabilitative demand on the child (or the text).

The Secret Garden presents a number of issues for the present-day critic to "expose." Elsewhere I have written that "the fact that such a text has become and remains canonical in British culture is potentially revealing in terms of what it suggests about the ongoing status of disability as abjection, and also about the persistence of a troublingly seductive, nationalistic fantasy of the restorative properties of the English 'earth' and 'air.'"[54] Meanwhile, for Phillips, writing in the early 1990s, the novel's "narrative interest in making damaged children whole creates a space, a sort of political reserve, for rehabilitating the language and cultural values of empire."[55] Phillips's compelling reading, to which I am indebted, deploys the semantic field of disability and cure in order to speak of the novel's maintenance of a fundamental attachment to something repugnant—empire. Phillips, who is writing prior to the establishment of a literary disability studies in the academy, mobilizes disability as "narrative prosthesis," much as *The Secret Garden* itself does.[56] The overcoming of disability—the rehabilitation of the body—is, in this reading, a device which allows some aspects of empire to be revalued. They are even allowed to be restorative in the novel. The physiotherapist-reader could here diagnose the critic's collusion with the narrator in allowing disability-as-metaphor to serve the goal of narrative fulfillment. Yet Phillips is also attentive to the exploitative foundations of that fulfillment.

There is much to find troubling in *The Secret Garden*. For me, what is perhaps most discomforting is my childhood enchantment with the text; an enchantment that I cannot quite dispel as an adult.[57] It would be preferable, maybe, to try to disavow this feeling of being drawn back to, and intrigued by, *The Secret Garden*. It would be preferable, maybe, to avoid thinking about the ways this text was "formative" for me, and what exactly it formed in relation to my understanding of England, my understanding of the British Empire, my understanding of class, gender, and disability—including my understanding of the meanings I attributed to my own body.[58] As Sarah Pyke has argued, adult reflections on childhood reading may make available a reworked understanding of the child self.[59] Re-reading becomes a mode of "re-working the past," and a sense of "discontinuity" between past and

present selves comes to be read as a sign of "critical maturity."[60] Can we then think of the hermeneutics of suspicion as caught up in a desire not just for mastery of the text but for critical *maturity*?—for a self that has moved beyond desiring, with desiring positioned as childish, immature, even shameful?[61]

Conclusion

I have sought to move with shame through and around *The Secret Garden*'s vexed engagement with Colin's body, paying particular attention to the interpretative work stimulated by the shrouded presence of that body at the center of the text, and the (not)-there-ness of its impairment. If, as David Mitchell and Sharon Snyder have argued, the narrative introduction of disability "inaugurates the act of interpretation," we could say that *The Secret Garden* thematizes the interpretation of impairment as a substitute for being able to "do" anything about it.[62] The potency of medicine's diagnostic and interventional capacity is challenged by the perceived inevitability of a biological blueprint realizing itself, which threatens to make therapy an irrelevance. Nonetheless, a counterdiscourse of self-determination emerges in the garden. Self-determination is posited as a finely calibrated state that is only available through the children's renewed receptive capacities, and which comes about only once despotism has been banished and replaced by self-discipline. The attentive state found in the garden is paradoxically facilitated *by* nature, but requires a disciplined self-determination to be reached, revealed in Colin's conviction prior to entering the garden that "If I could get into it I think I should live to grow up!" (184). The novel's denouement celebrates the receptive empiricism of the "Scientific Discoverer" that Master Colin has become (304).

The novel thus valorizes a state of receptivity and "noticing." Yet it also shames the practices of looking-without-finding there-ness that go on covertly in the novel, when they are motivated or clouded by affects and entanglements that distract from "noticing." Interpretative work risks shame, especially when it is caught up in intersubjective experience. The anxious search for the "lump" that Colin and his father perform is portrayed as a mode of warding off the "bad surprise" of inheritance through an attempt to know and master that inheritance, but it is also a mode of looking that tries to avoid seeing (feeling). The medical professionals who examine Colin's body are depicted as caught up in jostling for material power and status. The novel depicts

these circumstances as clouding the doctors' judgment. In the garden, Colin finally attains the ability to attend to the world in a mode free from the clouding of ill-advised interpretations, and also free to move athletically in that world, with limbs that "can't keep . . . still" (271).

The defeat of competing interpretations in favor of scientific empiricism thus accompanies the freedom to move in *The Secret Garden*. For me as a child, to read was—I think—to be body-less, unweighted by a body that struggled with the demands and rhythms of a world that saw it as non-normative and sought to correct it. Reading was easy, moving was hard. But moving was easy in the world of books, where I could travel easily with the characters. I could also travel almost *too easily* into the novel's investment in becoming-well and learning to walk in the garden. If I think of me as a child reader of the late 1980s reading *The Secret Garden* at the age of maybe eight or nine, I am aware of a self that was deeply and perhaps collusively drawn into the seduction of healing transformation in the novel, seen in Colin's becoming-able-to-walk. I was drawn into a fictional space in which children are empowered to effect change in the world in ways that transform them into objects of parental and avuncular pride. A successful (re)habilitation: but, on what foundations is that rehabilitation built? In my own life, physiotherapy was wearisome and ongoing, with little promise of escape. I did not share any sense that I was working towards a narrative denouement. I just had to keep on doing the physio. Maybe *The Secret Garden* offered an attractive site of escapist reading because it figured children who did effect change over their lives, who did have agency, and who were able to move and to re-make their bodies in ways that I could not. I was *dis-identified* with the Colin of the tantrums and the illness and drawn to the Romantic idyll of the healing garden. I did not see it as a garden predicated on English colonial and classed forms of exploitation, nor as a site whose magic relies on the positioning of bodies, like mine, as "crooked." I was enchanted. That I cannot wholly dispel this enchantment even now is a source of shame.

If *The Secret Garden* problematically insists on the "not-there-ness" of Colin's impairment, what should I do about the "*there*-ness," or at least the "having-been-there-ness," of my experience of enchantment? This enchantment could be understood (although not fully by me at that time) as an *alignment* of my childhood self with a normative body, and with a normative mode of reading the body. Yet enchantment could also be thought of, perhaps, as a practice of insisting on some form of "there-ness," contra the vanishing of the physical impairment.

If what is shaming in *The Secret Garden* is the attempt to ward off impairment's apparent biological inevitability via anxious looking to check if it is "there," what is shaming for the adult-reader-me—and moreover the adult-writer-me—rests somewhere in the fear that there is "nothing there" of value (in my reading/in my body) after all. The attempt to find something of value in an inevitably damaged and damaging text risks shame. Through the novel, I inherit an interpretative act that would disenfranchise (dispossess) me via the not-there-ness of disability. Even so, something in me insists on my return to the text. Something insists that yes, there *is* something "there," and that this is a text worth returning to. Something in it needs to be noticed. The shame of impairment's uncertain "there-ness"—the shame of its undecidability as a narrative prosthesis and as a predicate for writing—is what keeps me returning to *The Secret Garden* and also to interpretation.

NOTES

1. In making this point, I am drawing on Keith, *Take Up Thy Bed and Walk*. References to *The Secret Garden* are to this edition: Frances Hodgson Burnett, *The Secret Garden*, Oxford: Oxford University Press, 1987 [1911]. Hereafter references will be cited parenthetically in the text.
2. For a discussion of Hodgson Burnett's language, see Keith, *Take Up Thy Bed*, 137.
3. I am drawing here on Sander Gilman's *Stand Up Straight!*
4. Sedgwick, "Shame, Theatricality," 38.
5. See Phillips, "Mem Sahib."
6. Sedgwick, "Paranoid Reading," 130.
7. Sartre, "Look," 246.
8. Sartre, "Look," 246.
9. Sedgwick, "Paranoid Reading," 130.
10. Sedgwick, "Shame, Theatricality," 35.
11. Sedgwick, "Shame, Theatricality," 36.
12. Balint, *Doctor, His Patient*, 39.
13. Greenhalgh and Hurwitz, "Why Study Narrative?" 48–50.
14. See Lazare, "Shame and Humiliation," and Lusk, "Emotion, Ethics."
15. Balint, *Doctor, His Patient*, 39.
16. Waller, "Girls Like It Most," 159.
17. See, for example, Waller, "Girls Like It Most." Waller discusses how a range of critics have regarded this shift.
18. Stiles, "Rewriting the Rest Cure," 103. Stiles is quoting Anne Lundin, "Critical and Commercial Reception," 277.
19. See Foucault, *Birth of the Clinic*.
20. Cheston, "(Dis)respect and Shame," 914.
21. Sedgwick, "Shame, Theatricality," 38.
22. See Allitt and Frampton. "Beyond 'Born not Made,'" and Felski, "Nothing to Declare."

23. See Stiles, "Rewriting."
24. Stiles, "Rewriting," 86–88.
25. Stiles, "Rewriting," 83, 89.
26. See Parsons, *Social System*.
27. Balint, *Doctor, His Patient*, 91.
28. See Allitt and Frampton, "Beyond 'Born Not Made.'"
29. See Allitt and Frampton, "Beyond 'Born Not Made.'"
30. See Balint, *Doctor, His Patient*.
31. Balint, *Doctor, His Patient*, 76.
32. Balint, *Doctor, His Patient*, 39.
33. See also Lazare, "Shame."
34. See Phillips, "Mem Sahib."
35. See Phillips, Mem Sahib."
36. Phillips, "Mem Sahib," 180.
37. Phillips, "Mem Sahib," 181.
38. See Phillips, "Mem Sahib."
39. See Sartre, "Look."
40. Balint, *Doctor, His Patient*, 215.
41. Balint, *Doctor, His Patient*, 21. See also Cooper, *Critical Disability Studies*.
42. Keith, *Take Up Thy Bed*; Phillips, "Mem Sahib."
43. See Phillips, "Mem Sahib."
44. Sartre, "Look."
45. Sedgwick, "Paranoid Reading."
46. Cohen, *Family Secrets*.
47. Cohen, *Family Secrets*, xiv–xv.
48. Cohen, *Family Secrets*, 252.
49. Cohen, *Family Secrets*, 77–85.
50. See Burdett, "Post-Darwin" (no longer available online), and also Daniel Pick, *Faces of Degeneration*. For example, in Wilde's *Picture of Dorian Grey* and Stevenson's *Strange Case of Dr. Jekyll and Mr. Hyde*, questions about the relationship between aesthetic beauty and moral fiber are asked. In those novels, the threat of degeneration is shrouded in secrecy, and embodied in the feared figure of the double, whose existence must be disavowed.
51. See Phillips, "Mem Sahib."
52. See Sedgwick, "Paranoid Reading."
53. Sedgwick, "Paranoid Reading," 124. Sedgwick cites Paul Ricoeur's work on the hermeneutics of suspicion.
54. Cooper, *Critical Disability Studies*, 39.
55. Phillips, "Mem Sahib," 181.
56. Mitchell and Snyder, *Narrative Prosthesis*.
57. See Cooper, *Critical Disability Studies*.
58. See Cooper, *Critical Disability Studies*.
59. Pyke, "Textual Preferences."
60. Pyke, "Textual Preferences," 230, quoting Lupton, *Reading and the Making*, 65.
61. Rose, *Case of Peter Pan*.
62. Mitchell and Snyder, *Narrative Prosthesis*, 6.

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