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INTRODUCTION

DISABILITY, writes Michael Bérubé, “demands a story.”¹ So, I will begin with a story.

One misty March morning, not so many years ago, I was running with my husband through Berlin’s Tiergarten Park. In the company of scores of others, we followed the maze of tidy paths that opened onto so many secret gardens and verdant laws, so many tiny playgrounds and monuments to great dead men. We jogged past the Victory Column and the Bismarck-Nationaldenkmal, emerging finally on the side of Tiergartenstrasse, just opposite the Berlin Philharmonic. We crossed the street and there, in the shadow of the Philharmonic’s irregular angles and impossible proportions, stood a monument of a different sort. A long wall of blue glass sliced through the concrete plaza, cutting neatly like a surgeon’s knife. Extending the length of the wall was a waist-high ledge that chronicled the progress of Hitler’s Aktion T4 program, the Nazi euthanasia initiative that had ended in the systematic murder of some 250,000 mentally and physically disabled people. I made my way slowly and silently down the ledge, my heart beginning to twist into knots and my throat tightening like a vise. As the raindrops rolled slowly down the text displays and over the photographed faces of victims like Martin Bader and Ilsze Lekschas, I thought of my own daughter Aggie, tightly curled in the hotel bed between her brothers and sleeping under the watchful gaze of her grandmother—Aggie and her deep black eyes, Aggie and her

soft little hands, Aggie and her precocious sense of humor, Aggie and her infectious charm, Aggie and her genetic difference that contemporary American medical culture registers as disability.

The notion that disability “inaugurates the act of interpretation” is something of a truism in disability studies, particularly among scholars like Bérubé and others who have approached disability from the perspective of narrative studies.² Various, over the course of Western history, extraordinary bodies have been read as portents of civic disaster, punishment for the commission of sin, proof of the diversity of God’s creative genius, pathological mistakes to be corrected with the interventions of medical science, even cancers on the human race to be cut out and eradicated forever. The way we interpret extraordinary bodies has changed over time, reflecting historical context and cultural values. But what hasn’t changed, insists Garland-Thomson, is the persistent “human impulse to textualize, to contain, to explain our most unexpected corporeal manifestations to ourselves.”³ Disability “is always an interpretive occasion.”⁴

Since the Enlightenment, the meanings imputed to disability in the modern West have been tethered (albeit not exclusively) to emerging notions of normativity.⁵ Whether a side effect of the scientific revolution or its industrial counterpart (or some complex historical entanglement between the two), the category of the normal came gradually to define the contours of what counted as disability. By the mid-nineteenth century, Lennard Davis argues, the “normal” had replaced the more religiously inflected “ideal” as the standard against which bodies were measured. Extraordinary bodies became abnormal bodies—and abnormal bodies “intolerable” bodies.⁶ Bodies that couldn’t (or wouldn’t) conform to normative type frustrated modernity’s expectations of efficiency, order, and controlled predictability, not to mention the demands of industrial labor that fit people into factories like parts into a

machine. By the mid-nineteenth century, disability had emerged as a problem in need of a solution. The problem was abnormality; the solutions proposed aimed, in various ways, to engineer a return to normality. Rehabilitation, surgery, therapies, and, most recently, genetic modifications—all these were (and are) the means by which disability in the modern West was (and is) treated.⁷

Shadowing these broader cultural and technological developments, the stories told about disability in the modern West hew to a fairly predictable set of plot lines. As Davis and Frank Kermode have argued, in most cases stories about disability recounted in novels, films, even nonfiction histories and news reports, foreground disability as a problem that begs for resolution.⁸ Whether disabled characters take shape as threats or villains, tragically dependent or bitterly resentful, representations of disability lean heavily against the framework constructed by notions of the normal and abnormal.⁹ The stories told about disability overwhelmingly cast embodied difference as lack and loss (an absence suggested by the orthography of the term itself), and seek closure—even if they don't always find it—in the return to normalcy. Put differently, stories told about disability in the modern West are overwhelmingly stories of overcoming disability and only rarely stories of living (or, even more rarely, thriving) with disability.¹⁰

To be sure, not every disability narrative unfolds as a quest for normalcy. Some stories about disability seek, on the contrary, to disrupt the normative paradigm. Such stories are best described, David Mitchell and Sharon Snyder insist, as counternarratives, “poetical and narrative efforts that expand options for depicting disability experiences.”¹¹ Few and far between, however, these counternarratives are but exceptions that prove the rule. Cultural attitudes toward and social practices regarding disability in the modern West tend powerfully to at once reflect and reinscribe disability as a problem to be solved. Indeed, even as Mitchell and Snyder gesture to possibilities for telling the stories of disability otherwise, they expose the persistent eugenic impulse that “lurk[s] like a social phantasm just below the surface, determining the

standards, manner, and parameters of our cultural, political, and intellectual debate about our embodied differences.”¹² The murderous ambition to eradicate difference that began on Tiergartens-trasse and ended in the Holocaust was not an aberration from the law of modern progress, but modernity’s logical extension. Modernity’s prioritization of rationalism, efficiency, and administrative order grated—and still grates—roughly against disability’s inherent heterogeneity. Viewed through this lens, surgical, rehabilitative, and genetic therapies come into focus not as strategies for accommodating disability in the modern West, but as strategies for erasing disability, for making difference disappear against the monochromatic background of the normal.

It was in response to my own need to textualize, contain, and explain my family’s encounter with disability that I undertook this project. I wanted alternatives to the dominant cultural narrative that limns disability as a problem in need of a solution. I wanted to tell a different kind of story about disability—a counternarrative—a story that was not at its core about fixing what had gone wrong, about resolving difference into sameness. I wanted, at the very least, to expand the interpretative possibilities for making sense of disability in ways that didn’t end with its effacement and the reinscription of the normative body. Aggie wasn’t a problem. Aggie didn’t need a solution. She needed cultivation and patience and loving, singular attention—just like her brothers. And she—we—needed a narrative that didn’t limit the measure of a life to the rule of the norm.

This is a historical study, an inquiry into the meanings made of what I call embodied difference in early modern Catholic Canada under the French regime. In pursuit of semantic alternatives that configure disability other than as a problem in need of solution, I ask after the meanings made of impairment in early modern New France—that area of North America annexed to the French empire from the mid-sixteenth century to 1763. How was disability imagined in Canada under the French regime? What did it signify for those mostly Catholic women and men clustered along the

Saint Lawrence River valley? Under what circumstances and within which contexts? And did questions like these even make sense? Disability, after all, is a fraught term—of sixteenth-century provenance, culturally specific, as polysemous in the early modern period as it is today. Indeed, it wasn't until the mid-nineteenth century that disability as a category of identity began to “muscle . . . out older competitors” like infirmity, affliction, monstrosity, and deformity.¹³ What does it mean, then, to ask after disability in the early modern Catholic past?

In key ways, the enterprise of disability history at large has had to wrestle with the evident misfit between the contemporary terminology of disability and the realities of the past.¹⁴ Disability is not, as is by now well established, synonymous with impairment. Impairments—abnormalities in the structure or function of the body—are something of a historical constant. The extent to which impairments disable those who suffer from them, however, varies considerably across time, place, and culture. In lieu of the medical model, which elides the difference between impairment and disability, scholars in the field of disability studies propose thinking about disability as an effect of social relations, the consequence not of conditions of impairment alone but of the interaction between impaired bodies and environmental obstacles like “prejudice and discrimination, inaccessibility and lack of accommodation.”¹⁵ It is this cultural model of disability, attentive to the ways in which disability takes shape through the dialectic between impaired bodies, physical environments, and worlds of meaning, that informs my approach here.

But this isn't of course (and as the title suggests) just a book about disability. It is also a book about sickness. As a species of embodied difference, sickness, too, inaugurates the act of interpretation. Without collapsing the conceptual distinctions between disability on the one hand and sickness on the other, this book takes up questions of embodied difference—the term I have deployed as a means of capturing both physical phenomena—in early modern Catholic Canada under the French regime in ways

intended to test the strength of the semantic boundaries between the two. Where, exactly, does disability end and sickness begin? To be sure, to align disability too closely with sickness is to risk repeating the mistakes of the medical model that equates disability with individual impairment. Disability is not sickness—and yet, some sicknesses are disabling, and some disabilities cause sickness. The distinction between the two is in no way absolute. Both, after all, entail “real dysfunction in the body.”¹⁶

If stories about disability are overwhelmingly framed against the background of the medical model that renders it a problem to be solved, contemporary narrative representations of sickness, too, tend to privilege a medical interpretation. “The story of illness that trumps all others in the modern period” is the linear one that plots sickness on a line graph leading straight from diagnosis to prognosis to recovery (or not).¹⁷ The “restitution narrative,” as Arthur Frank calls it, achieves closure with the event of the cure.¹⁸ In these stories, illness is but a momentary zag in the smooth arc of life, a mechanical problem with the body that can and should yield to medicine’s remedies. Because the restitution narrative, relentlessly peddled by physicians and patients, big pharma and hospital conglomerates, crowds out other possibilities for making sense of sickness in the modern West, little space is left for stories of illness whose coherence is not dependent on the event of the cure. But when restitution is impossible, what options are there for imagining illness otherwise? When sickness ends not in recovery but in death—or, if not in death, in the incurable persistence of chronic disease—what are the alternatives to framing the narrative as a story of ultimate failure? And when, as it often does, the experience of illness proves so profoundly transformative (even in the happy event of a cure) that restitution in the strict sense of restoration is neither possible nor desirable, what possibilities are there for a different kind of narrative?

These questions are not hypothetical for any of us. All of us will, sooner or later, grapple with our inevitable mortality. The demand, however, to tell the stories of sickness otherwise imposes itself

upon me with a particular urgency. In January 2017, about a year after I began research on this book, I was diagnosed with cancer. Given my age (forty), lifestyle (healthy), and family history (none), the diagnosis came as a shock. In what world was it possible that I could have cancer? Over and above the litany of questions I had about treatment, prognosis, and postoperative surveillance, I wrestled with a flood of other, more piercing questions that drove straight into the heart of my sense of self. What did cancer at forty say about my past? About my future? About my understanding of myself as a vigorous mother of four with an emergent professional profile smack-dab in the prime of life? With the diagnosis came my immediate conscription into the biomedical system, a conscription for which (let me be clear) I am deeply and thoroughly grateful, but which nonetheless impressed upon me a new and unwelcome identity. Against this identity, indexed to my diagnosis, my physician, and my oft-repeated date of birth, I struggled over the course of twelve months of treatment to, as Audre Lorde puts it, “keep me available to myself.”¹⁹ I rode my bike to my radiation treatments (because my body wasn’t just a cancer body, it was a pedaling, sweating, breathing body) and ran the 10K loop in my city park while hooked up to my portable chemotherapy pump (which wasn’t hard, just awkward). When I walked through the hospital doors, as I did with biweekly regularity over the space of a year, it was cancer that overwhelmed me as the primary feature of my identity. Outside, though, I could refuse its power. Back on the gravel running paths of Forest Park, back among the gumballs and daffodils of my own backyard, I could put cancer where it belonged. I could relativize cancer as one (admittedly significant) event among others that needed to be integrated into my story, not mine into its.

If, as I’ve come to see with the perspective of time, my stubborn refusal to park my bike and put up my feet was an embodied attempt to tell the story of cancer otherwise, to assimilate cancer into the plotline of my own self-narrative, this book is its reflective and articulate complement. In the chapters that follow, I have

mined the early modern Catholic past for alternatives to contemporary narratives of sickness and disability, listening carefully to the kinds of stories told about embodied difference in the thick contexts of the religious worlds inhabited by my primary sources. I have done this not in order to harvest lessons from the past for use in the present. My ambition, lest the reader misunderstand, is not to advocate for anything like a *ressourcement* of the religious meanings made of disability and sickness in early modern French Catholic Canada. Many of the meanings made of embodied difference—meanings that impute sickness to sin and justify pain as penitence, for instance—are better left in the past, anyway. Would I want to trade the medical model that treats cancer as a problem in need of solution for a religious model that conditions cure on genuine faith and confident prayer? Would I want to add to the unequal burden of bodily impairment the added weight of moral guilt that follows from the premodern equation between disability and fault? No—and besides, the aims and ends of history are not to parse the good from the bad and to make normative claims about what should be resurrected to new life in the present. It is not the historian's job to judge the past (although some degree of normative evaluation is inevitably implicit in all scholarship); it is certainly not the historian's job to apply the past, as if, impossibly, meanings could migrate safely across temporal distance without mutation.

I have mined the early modern Catholic past for stories of sickness and disability, bringing these stories into encounter with those made available to us within the contemporary context of the modern West, not in order to substitute or supplement one set of narrative meanings with another, but rather in order to loosen the binds of both. Narrative, we have long understood, is a medium of constraint. Narrative silences, truncates, simplifies; narrative smooths out the wrinkles and shaves off the splinters of real life, pruning the “plurality and heterogeneity of experience” to shape a coherent whole.²⁰ Narrative, however, doesn't just exclude and suppress. Rather, narrative form (like any form) enables the

possibility of organized thought, for as Caroline Levine explains, “to think is to forget differences, generalize, make abstractions.”²¹ And not only that, but this: when forms collide, they are rerouted in new directions. When two or more narratives meet, the power of either to constrain is weakened and the effect is unpredictable. “An effective strategy for curtailing the power of harmfully totalizing and unifying wholes,” argues Levine, “is nothing other than to introduce more wholes.”²² Thus, I have engineered the encounter between the two sets of narratives at play in this book—the one gleaned from the French Catholic past and the other reaped from the contemporary modern West—as a means of unsettling the signifying power of both and making room for interpretative agency. Paradoxically, the multiplicity of narratives at play in what follows works—or so I hope and intend—to widen the range of options for thinking about and making sense of embodied difference.

At the foundation of this book, furnishing the raw materials for my analysis are four discrete primary sources: the *Jesuit Relations*, the *Histoire de l'Hôtel-Dieu de Quebec*, the *Vie de la Vénérable Mère Catherine de Saint-Augustin*, and the twenty-one stories of miraculous healing inscribed in the *Actes du très dévot Frère Didace Pelletier*. To each, I dedicate a separate chapter, thickly contextualizing the source in its historical lifeworld with careful attention to genre, purpose, authorship, and audience. How, I ask in each case, are stories of sickness and disability told? Who are the subjects (and who the objects)? What does embodied difference signify? And how? Which narrative strategies, which relations of power, which discursive forms enable some meanings and foreclose others?

Chronologically and geographically narrow in scope, my four sources range from 1632 (the date of the first issue of the *Jesuit Relations*) to 1751 (when the *Histoire* was published in France). All were produced within the relatively intimate colonial settlements that spanned the Saint Lawrence River valley from Quebec to

Trois-Rivières and beyond. All, moreover, are distinctly religious in orientation, grounded in the shared sense of God's real presence and shaped by the institutional authority of the post-Tridentine Catholic Church and the North American mission.

The *Jesuit Relations* are perhaps the best known among these sources. Published annually between 1632 and 1673 for a French readership eager for the latest on the progress of the Canadian mission, the *Relations* are equal parts travelogue, ethnography, historiography, and religious reflection. They were also, in their time, a powerfully effective means of garnering support for the missionary enterprise and securing the funds necessary for its success. More than any other single textual collection, the *Relations* have been indispensable to the growth and development of the field of New France studies, their importance attested to by the weight of the scholarship built on their foundation.²³

The *Histoire de l'Hôtel-Dieu de Québec*, the *Vie de la Vénérable Mère Catherine de Saint-Augustin*, and the *Actes du très dévot Frère Didace Pelletier* are, however, less familiar to historians and maybe entirely unfamiliar to my readers. Each deserves a brief introduction here, with the promise of a more generous presentation in the chapters that follow. The *Histoire de l'Hôtel-Dieu de Québec*, the textual focus of chapter 2, was written by Mère Jeanne-Françoise Juchereau de la Ferté with the editorial assistance of Marie-Andrée Régnaud Duplessis de Sainte-Hélène. Composed by cloistered nuns for cloistered nuns, the *Histoire* traces the institutional history of the Hôtel-Dieu in Québec from its establishment in 1636 to 1716. Like other monastic chronicles of its genre, however, the *Histoire* is neither exhaustive nor objective. It is, instead, a carefully curated sort of history, a selective presentation of edifying moments that, taken together, work to draw the boundaries of Hospitaller identity and the dimensions of the Hospitaller vocation. Juxtaposed with the *Jesuit Relations*—an outward-facing text in more ways than one, composed by missionaries on the colonial frontier with an eye toward appealing to an overseas readership—the *Histoire* faces inward, offering a counterpoint and a corrective to a colonial history written by men.

The *Vie de la Vénérable Mère Catherine de Saint-Augustin* (1671), which forms the substrate of chapter 3, sits at the intersection of the Jesuit and Hospitaller worlds. The first full-length hagiographic *vita* generated within the context of New France, the *Vie* takes as its subject Catherine de Saint-Augustin—demoniac, visionary, and Hospitaller nun at the Hôtel-Dieu. The work of Paul Ragueneau, superior of the Jesuits in Canada (1650–1653) and Catherine’s erstwhile spiritual director and confessor, the *Vie* is nonetheless (like the *Histoire*) a collaborative text, a whole cloth woven from the warp of Catherine’s own spiritual journal and the weft of Ragueneau’s interpretative overlay. Catherine’s body—tormented, ill, and unusually receptive to visions divine and demonic—takes center stage in the *Vie*, rendered by Ragueneau both suffering and salvific in imitation of Christ in ways that illuminate the role of embodied difference in the construction of sanctity.

The *Actes du très dévot Frère Didace Pelletier* to which I turn in chapter 4 is, like the *Vie*, a hagiographic text. Assembled in support of the canonization of Recollect Brother Didace Pelletier in 1719 by his confrère and erstwhile confessor Joseph Denis, the *Actes* includes both a brief biography of the defunct Recollect brother and twenty-two miracle stories. Twenty-one of these stories are accounts of healing attributed to Frère Didace’s intervention recorded in official *procès-verbaux* undertaken between 1699 and 1717 and attested to by written certification. Alone among the sources examined here, the *Actes* preserve (albeit imperfectly) the testimony of lay men and women, supplementing the narrative emphases in the *Relations*, the *Histoire*, and the *Vie* with perspectives on sickness and disability anchored in the experiences of ordinary French Catholics in early modern Canada.

I have chosen these particular sources as the grounds of my analysis in order to circumscribe the scope of this project within manageable limits and to impose a kind of coherence on the range of possible narratives. At the same time, however, I have selected these sources as the four corners of my investigation as a means of getting at the diversity of the meanings made of embodied

difference in colonial New France, for despite the clear affinity among them, the *Relations*, the *Histoire*, the *Vie*, and the *Actes* are very different kinds of texts, each produced within the context of a distinctly different religious community, each shaped by the demands of a distinctly different (albeit traditional) discursive form.

There is a logic, then, to my choice of these four particular sources, a rationale that accounts for why these four sources and not others anchor the analysis in the chapters that follow. Yet, in another sense, there is something almost incidental about my decision to ground this project in these four sources, for this is not a project conceived primarily in response to pressing questions posed by the *Relations*, the *Histoire*, the *Vie*, and the *Actes* (although I hope I have been sufficiently clear in the chapters that follow about the range of questions that do emerge, and with some insistence, from these particular texts). This is a project, rather, conceived in response to vital questions generated by the circumstances of my own life and undertaken with the tools at my disposal. Were it not for my disciplinary training as a historian of religion and my expertise in early modern French Catholicism, I might very well have turned elsewhere for sources “to think with” on the broad set of questions that drive this project—questions about the meanings made of embodied difference, questions about the contingency of narrative, questions about scholarship, creativity, and the yield of historiography pursued in the idiom of encounter. As it is, however, given my scholarly commitments, it was to the rich terrain of early modern French North America and the religious context of colonial Catholicism that I looked for answers to the questions that hounded me.

That I have undertaken this study in response to questions of my own might sit uncomfortably with some of my readers and colleagues who would query the integrity of an academic project animated by such shamelessly personal interests. In acknowledging—embracing, even proclaiming—the presentist orientation that grounds this project, however, I am making a claim about the scholarly process, about not just *my* process as a scholar but about

the process of scholarship in general. My claim is that sometimes, if not often, scholarship proceeds from the inside out rather than the outside in. Sometimes the questions that drive research begin not with a mysterious artifact or an ambiguous text that begs scholarly attention but with the scholar's own existential uncertainties. That is to say, sometimes (maybe often), it is not the past that seeks a response from the present but the present that seeks a response from the past. Few would contest that the kinds of problems scholars perceive in the artifacts and texts of the past are problems frequently perceptible only from the present (Did the Jesuits in New France grapple with questions of illness and agency? Did the Hospitaller nuns of Quebec's Hôtel-Dieu wonder about subjectivity and sickness?) but fewer still would admit to the ways in which scholarship is as often a matter of being pushed from the present as it is a matter of being pulled toward the past, as often a matter of affective drive as a matter of intellectual curiosity. History is written by the victors, yes, but also by flesh-and-blood humans who bring to the past their deeply felt needs and desires, their urgent questions and pressing concerns.

Nevertheless, notwithstanding the inevitable entanglements between scholars and subjects, shouldn't we at least aspire to something like purity of intention when it comes to the histories we write? Shouldn't we at least try to understand past worlds on their own terms unencumbered by the interests of the scholarly present? Shouldn't we at least aim to explain the data "without recasting or judging the convictions, attitudes, or actions of the protagonists through any theories or values that distort them?"²⁴ Since at least the nineteenth century, historians in the modern West have labored to develop methods that, as Howard Clark Kee puts it, "make the historian aware of differences between his own culture and the one he is studying."²⁵ To really understand the past, Kee insists, the historian must pursue a relentless program of contextualization, fitting facts about the past into "the wider, deeper social and cultural context[s]," the "larger framework[s] of meaning," and the broader "network[s] of assumptions" in which

they occurred.²⁶ Isn't, then, the sort of presentist approach to history I am at once advocating and modeling in what follows at odds with the norms and standards of the discipline as Kee and others like him have articulated them?

It is my contention not just that the mandate always to contextualize makes room for a presentist approach to historiography but that genuine historical understanding of the sort to which the discipline has long aspired demands it. It would be disingenuous, of course, to claim that a presentist approach to history is without its risks. There are dangers to reading the past through the lens of the present, to translating too quickly the alien events of different worlds into the familiar terms of our own, dangers that include misreading the "commitments and experiences" of people in times gone by in ways that mutilate the facts.²⁷ But there are dangers, also, to proceeding as if the present has no bearing on how we read the past. The history I have written in the chapters that follow is the result of close, careful, and painstaking analysis grounded in a commitment to understanding the sources on their own terms and within their own contexts of composition. Like any historian worth her publisher's imprint, I have tried to read the *Relations*, the *Histoire*, the *Vie*, and the *Actes* with fairness and generosity, attentive to the differences in lifeworlds, patterns of belief, and habits of practice that separate my subjects from myself. Historiography, however, need not (must not!) stop there but can and should probe the connections between past and present, for there are dangers, also, to insisting too rigidly on the unbridgeable gap between worlds. There are risks that follow from the posture of scholarly distance, from the strict separation between scholar and subject as the grounds of academic integrity, the most real among which may very well be the risk of irrelevance. For if history is only about the past, then of what use is it to the present? And if history is of no use to the present, then why bother with it at all? Why major in history? Why fund history departments? Why publish historical books? Why support historical projects? That these kinds of arguments are not entirely unfamiliar to us—and, indeed,

that these are the kinds of arguments offered in justification of financial cuts to humanities programs—should signal to historians that we need to do a much better job of arguing for the relevance of our work. If anything, we need to be more explicit about breaching the line between past and present in the histories we write, not holding it. If anything, we need to highlight more vividly why history matters—and not just for understanding where we’ve come from but also for imagining where we might go.

A presentist approach to history of the sort I model here, however, does more than tender an argument in defense of the relevance of the discipline of history to public (and private) life. In pursuing this project as an exercise in the encounter between past and present, I am making a claim for empathy as the grounds of historical understanding. The fact that empathy is a crucial tool of historical analysis, as vital to understanding past worlds as careful academic research, was not lost on Howard Clark Kee. The process of relentless contextualization that defines the historian’s *métier*, Kee explains, requires the historian to “enter empathetically into the world of a past time, place, and outlook.”²⁸ Although Kee himself dared not press the point this far, it is my contention that the mandate of empathy as a prerequisite to understanding implicates the historian herself as a subject in the field of study. How else, after all, can the historian enter into “the life-world of the other” than by bringing her own existential dilemmas and concerns into conversation with the past?²⁹ How else can the historian really understand—not just intellectually, but cognitively, affectively, somatically—than by putting herself “on the line?”³⁰ I do not mean to deny the (sometimes radical) difference that separates past from present, subject from scholar—a difference that, if anything, is magnified in the secular study of religion. Nor do I mean only to dismiss modernist aspirations to objectivity and neutrality as naive, foolhardy, and insufficiently attentive to the postmodern truism that there is no view from nowhere. Rather, I am arguing for encounter as an essential feature of historical analysis—the very grounds of the kind of understanding (*verstehen*)

that has structured the discipline of history since Dilthey.³¹ This is not an excuse for the substitution of scholarly theories and values for the convictions, attitudes, or actions of the subject, but for the deployment of such theories and values as bridges between two things.

In the chapters that follow, the Jesuits, the Hospitaller nuns, Indigenous converts and ordinary French faithful are the protagonists of the history I write, their stories of infirmity, impairment, and illness the subject of my careful analysis. I have tuned my ear to the stories told of sickness and disability in my four sources, attentive to the social and cultural contexts that shaped them, the frameworks of meaning that gave them heft, and the networks of assumptions that undergirded them. The sharpest tools in the historian's toolbox, however, cannot guarantee a "defigured" account of the past.³² My reading of the *Relations*, the *Histoire*, the *Vie*, and the *Actes* is not free of the distorting influences of the theories and values with which I encounter them. And how could it be otherwise? History, after all (and as Hayden White has so compellingly argued), is not a science given to discovering what really happened, but a disciplined refiguration of accounts that present themselves to the historian "in an already enfigured form."³³

More than anyone else, White has theorized the craft of historiography as a narrative exercise.³⁴ The task of the historian is to impose coherence on a set of disparate events—to tell a story about the past that illuminates its meaning and significance for the present. It is through the medium of narrative that the historian transforms the bare chronicle of temporally ordered events into a story that explains the past even as it represents it, privileging some motifs and suppressing others, foregrounding some themes and neglecting others. Through the alchemy of narrative the reality of the past acquires the color of truth. Indeed, as White puts it, the historical "'true' is identified with 'the real' only insofar as it can be shown to possess the character of narrativity."³⁵ Shaped into narrative form, the past becomes meaningful, even intelligible—a fact that was no less true for the Jesuit missionaries, Hospitaller

nuns, and Recollect brothers of early modern New France than it is for the contemporary historian answerable to the modern academy. Refracted through their lived experience as missionaries on the Canadian frontier, sickness was made meaningful by seventeenth-century Jesuits for what it enabled (or didn't) about the broader project of conversion; for Hospitaller nuns at work in Quebec's Hôtel-Dieu, it was the "charitable imperative" and French Catholic imperial interests that gave interpretative context.³⁶ Filtered through the lens of a post-Tridentine missionary Catholicism alive to the realities of sin and salvation, Divine providence and demonic machination, embodied difference in Canada under the French regime was made to signify. Even in early modern New France, the sort of "presentist" orientation against which some historians inveigh left its imprint on historiography.³⁷ The writing of history was then and is now (and perhaps ever shall be) "a kind of wisdom . . . about how to live a meaningful life in the here-and-now."³⁸

Although I have certainly not played fast and loose with my sources, disciplined by the texts themselves and the particular dimensions of the lifeworlds that produced them, I encounter them from where I stand and from what I see as a historian of religion and a beneficiary of the modern biomedical system. My encounter with the sources is prefigured by my academic training and my sympathies for a style of religious studies attentive to the presence of the scholar in the field.³⁹ Echoing, maybe even amplifying, claims made by White, Jonathan Z. Smith famously insisted that religion (like history) is always and only a product of the scholar's imagination. "*There is no data for religion,*" Smith argued.⁴⁰ There is only the scholarly choice about what phenomena to compare and how, a choice that temporarily constitutes the subject for the sake of attempting to answer questions of significance to the "academic imagination of religion" at large—questions generated by the scholar herself and in response to her own needs, "both personal and academic."⁴¹ Much as some in the field of narrative studies have drawn attention to the role of the reader in fixing the meaning

of an indeterminate text, Smith's point illuminates the ways in which academic interpretation depends on the encounter between scholar and subject. Scholarship, like reading, is "inherently dynamic," requiring a relentless self-consciousness.⁴² "This self-consciousness," insists Smith, "constitutes [the scholar's] primary expertise, his [*sic*] foremost object of study," for without the scholar, the subject itself does not exist.⁴³

In what follows, I have tried to proceed in just such a relentlessly self-conscious mode. My decision to attend to narratives of sickness and disability in the *Jesuit Relations*, the *Histoire de l'Hôtel-Dieu de Québec*, the *Vie de la Vénérable Mère Catherine de Saint-Augustin*, and the *Actes du très dévot Frère Didace Pelletier* prefigures my analysis in crucial ways. In my choice of these particular sources and the particular questions with which I encounter them, I have in advance already delimited the scope of what I can see. I have probed these sources, listening to stories told about embodied difference, as a means not only of understanding the past and its people, but also of hazarding responses to urgent questions of my own—questions about how to live with the facts of sickness and the inevitability of disability. In approaching these sources with a set of conceptual and analytical tools honed by my training as a historian of religion and borrowed from the allied disciplines of disability studies and narrative medicine, among others, I proceed with an awareness that what I offer my reader is not a defigured account of the past, but a refigured account of the facts as I have encountered them. From the raw materials of my primary sources (which, indeed, were already cooked to begin with), I have constructed my own narrative of coherence.

The conclusions reached in the ensuing chapters, however, are no less true for all their presentism and provisionality. The kinds of truths produced by historical writing, White reminds us, are truths tinged with irony—truths asserted as if they were universal but presumed nonetheless to be contingent, temporary, and ineluctably local.⁴⁴ In the same way that fiction, while not strictly factual, nonetheless offers a true interpretation of the world, so

historiography impresses upon the records of the past the imprint of a certain kind of truth. The kind of truth conveyed by historiographical narrative is “the truth of *meaning* rather than *fact*,” a “specifically human truth” woven from the threads of connection between then and now, there and here, them and us.⁴⁵ The story that emerges from the pages that follow might have been told otherwise, but it is a story as true as any other.

Illness, Arthur Kleinman writes in *The Illness Narratives*, “has meaning.”⁴⁶ Distinguished from “disease,” which reduces “the innately human experience of symptoms and suffering” to a technical analysis of bodily malfunction, “illness” is a phenomenologically loaded term, encompassing not just physical disorder but the broader ways in which the ailing and infirm “perceive, live with, and respond to symptoms and disability.”⁴⁷ Published in 1988, *The Illness Narratives* was intended as a corrective to modern medicine’s tendency to reduce mult textured experiences of illness to the narrow, technical problem of disease.⁴⁸ For Kleinman, it’s the experience of illness that counts most for the patient and her community. What matters is how illness feels—not just physically, but phenomenologically—and illness feels different, Kleinman understood, depending on the stories we tell about it and the meanings we make of it. The meanings made of illness are meanings that emerge in narrative, in the stories people weave from the strands of culture, embodiment, and the arc of an individual life. Meaning is not ancillary to the experience of illness but at the heart of it, capable of amplifying or exaggerating, tempering or resolving the symptoms of disease. Narrative does “not merely reflect illness experience, but rather . . . contributes to the experience of symptoms and suffering.”⁴⁹

I have written this book against the background of narrative medicine, which, following Kleinman, has coalesced around the works of Rita Charon, Arthur Frank, and others.⁵⁰ Narrative

medicine, Frank asserts, “begins where [modern bio]medicine leaves off,” supplementing modern medicine’s focus on diagnoses and the “technical quest for the control of symptoms” with a renewed attention to the patient as the protagonist of the illness experience.⁵¹ It is with the aim to bridge the gap between the practitioner’s way of speaking about illness and the patient’s that narrative medicine attends to the stories of illness told by the sick. “To know what patients endure at the hands of illness and therefore to be of clinical help,” argues Charon, “requires that doctors *enter* the worlds of their patients, if only imaginatively, and to see and interpret these worlds from the patients’ point of view.”⁵² To practitioners willing to listen, the stories told by the sick transmit worlds of information, information of immeasurable value to the proper diagnosis and treatment of illness. For sickness, as Charon puts it, “does not travel in straight lines.”⁵³

The yield of narrative medicine, however, goes beyond the practical gains to be had from listening to the stories told by the sick—and, importantly, those with disabilities. Deeply ethical in its orientation, narrative medicine seeks to return agency to patients subordinated by the medical system. Frank, whose *At the Will of the Body* was written as a reflection on his own encounter with multiple serious illnesses—first a heart attack and then cancer—describes the patient experience as one of colonization.⁵⁴ In the theater of contemporary biomedicine, doctors act; patients are acted upon—or, at best, play supporting characters whose fear and hope and inarticulate apprehension are ultimately irrelevant to the plot about the malfunctioning body. An act of resistance against a totalizing biomedical authority, narrative medicine shares with a postcolonial hermeneutics the ambition to let the subaltern speak, restoring “power or control to those who have suffered.”⁵⁵ It is, as Frank puts it, a rejoinder to “the demand to speak rather than being spoken for and to represent oneself rather than being represented or, in the worst cases, rather than being effaced entirely.”⁵⁶

The theoretical commitments of narrative medicine shape my analysis in this book in at least two key ways. First, in its privileging

of the semantics of embodied difference over and against the reductive assimilation of difference to disease, on the one hand, or disability, on the other, narrative medicine invites attention to the ways in which early modern Jesuit fathers, Hospitaller sisters, Recollect brothers, and others made meanings of embodied difference through the medium of narrative. Whatever else embodied difference meant to Catholic men and women both clerical and lay in early modern New France, its significance exceeded the limits of physical disorder alone. Second, narrative medicine's implicit critique of the subordination of patient stories to practitioner interpretations of illness buttresses the ethical ambition of the book as a whole. Although this is a historical study of the meanings made of embodied difference in early modern New France, it is at the same time an illness narrative in its own right, a counterpoint and a challenge to dominant ways of framing both sickness and disability in the modern West. Against the medical interpretation of sickness and disability as problems in need of solution, I have tried to make room for a different kind of story about embodied difference, a story made possible by the juxtaposition of incommensurate narratives and the collision of meaningful forms.

If on the near side of this study are the truncated stories of sickness and disability constrained by modern biomedicine—stories that, if not univocally then at least overwhelmingly, frame sickness and disability as problems in need of solution—on the far side are those stories enabled by the religious context of early modern Catholic Canada under the French regime. In these stories, embodied difference is ambivalent—both problematic and profitable, both burden and benefit. The range of stories preserved in the sources I have examined here do not minimize the corporeal realities of sickness and disability. If anything, in keeping with the characteristically baroque Catholic emphasis on the suffering body, they exaggerate them.⁵⁷ Sicknesses are chronic, intense, excruciating; disabilities are incapacitating, inveterate, hopeless. Refracted through the narrative prism of early modern Catholicism, however, the corporeal realities of sickness and disability are made

meaningful within the broader economy of Christian salvation and an existential horizon that included both this world and the next. These stories, for all their nuance and semantic diversity, universally treat sickness and disability as matters not just of the body but of the body and soul together. Embodied difference, however vividly and palpably rendered, is always more than a physical problem in need of resolution or remediation. It is also and at the same time a phenomenon freighted with moral and spiritual significance—an opportunity for conversion, an occasion for virtue, an invitation to charity, a source of salvation, a medium of redemption, an overture to miracle, a summons to the real presence of God.⁵⁸

In limning the differences between the kinds of stories generated within the contemporary context of the modern West and those produced within the religious worlds of early modern New France, I do not mean to suggest that one is better, and the other worse. To be sure, there is something confining—even disabling—about stories that frame embodied difference as a problem that needs fixing. But there is something just as confining—even destructive—about stories that bring concepts of sin, providence, and punishment to bear on representations of embodied difference. The meanings made of sickness and disability in early modern Catholic Canada (meanings, incidentally, readily available in certain contemporary religious contexts that continue to thrive in the penumbra of modern biomedicine) no doubt pressed down hard upon real people who struggled to live and to flourish within their given worlds. One can only surmise the extent to which intimations of a causal connection between physical impairment and moral fault, bodily healing and sincere piety, added to the pain felt by the sick and the suffering endured by the disabled. But I get it. In very real ways, the notion that the patient is somehow to blame for her condition persists, even in the modern West and even alongside the institutions of contemporary biomedicine, only now the causal connection is between lifestyle choices and disease—between smoking and obesity, Round-Up and mobile phones, and the cellular mutations that corrupt the genetic code.

For these reasons and others, this is not a project inspired by a nostalgia for the early modern Catholic past. I'm not, it's true, satisfied with the restitution narrative that dominates contemporary stories of sickness and disability. The story line that constitutes embodied difference as a problem in need of remediation does a disservice to the variety of ways in which sickness and disability really are—and could be—experienced. But the story lines that contextualized embodied difference within the horizon of Christian salvation were no less confining. That there was something oppressive, violent even, about early modern French Catholic interpretations of embodied difference goes mostly without saying. I have tried, nonetheless, to say something about it—*sotto voce*—in chapter 1, interrupting my own analysis of the *Jesuit Relations* with an imaginative counternarrative in the fictionalized voice of the real Emery Tchames.

The methodological experiment I have undertaken in chapter 1 anticipates, in microcosm, the ambition of the book as a macrocosmic whole. Much as I have juxtaposed Emery Tchames' fictional counternarrative with the Jesuit illness narratives in chapter 1, so I have engineered the encounter within the bounded space of this book between two sets of narratives, past and present. My ambition is not, in either case, to advocate for the relative merits of one kind of narrative over another but rather to expose the contingency of both. Without dismissing the necessity of restoring the subaltern to speech, I have aimed in what follows simply to clear the space for a broader range of narrative possibilities. What the collision of narratives affords, as I have conceived it here, is a certain freedom from form and the circumscription of the meanings made of sickness and disability in any given time and place. This is, in the end, a project not about fixity but flexibility and the creative potential for meaning-making beyond the limits of the norm.

The kinds of questions I ask about sickness and disability in the chapters that follow are fundamentally questions of meaning. I am

less interested in how sickness and disability were experienced by people in early modern New France (if only, perhaps, because such experiences are impossible to access) and more interested in what these experiences signified to those who wrote about them. In the end, though, meaning and experience cannot be neatly disentangled. In very real ways, to apprehend an experience is to have already invested that experience with meaning—and central to both apprehension and interpretation is the narrative process. The etymological roots of both “knowing” and “narrative” in the Sanskrit *gnâ* catches, writes H. Porter Abbot, “the two sides of narrative. It is a universal tool for knowing as well as telling, for absorbing knowledge as well as expressing it.”⁵⁹ The stories we tell about sickness and disability may not determine the events that befall us, but they do constrain at once how we interpret and at the same time how we experience those events. Interpretation and experience, after all and as many before me have shown, are simultaneous processes.⁶⁰

Thus, although questions of experience are not at the center of this book, they are not altogether absent and, indeed, ground the analysis that follows in an important sense. Storytelling, argues the anthropologist Michael Jackson, actually changes “our *experience* of events that have befallen us by symbolically restructuring them.”⁶¹ I proceed with the awareness that the stories told about sickness and disability in the *Relations*, the *Histoire* the *Vie*, and the *Actes* shaped, for better or worse, the experience of embodied difference in the lives of those early modern Catholic subjects who wrote, read, and heard them. More profoundly, however, it is the urgency of my own questions about the meaning of sickness and disability—and the range of possible experiences such meanings enable—that haunts each of the four chapters that follow. Like a specter whose presence is felt but not perceived, my own encounters with sickness and disability shadow my analysis of the stories of ailing Indigenous converts, convalescing patients at the Hôtel-Dieu, the extraordinary Catherine de Saint-Augustin, and Frère Didace’s recovered *miraculés*. In very real ways, this project was a

response to an existential imperative. I needed this book “in order to live.”⁶² I needed to recover my sense of agency against the pressures of the modern biomedical narrative that renders patients (and their caregivers) bit players in the drama of sickness and health, passive foils to the real actors in the story—the medicines and machines, the science and technology, the surgeons and the physicians. I owe both Aggie’s good health and my own to these medicines and machines, this science and technology, these surgeons and physicians, it’s true. But this is also true: it hurts to be wrenched out of life as you know it and conscripted into a drama not of your own making. There is an alienation that becomes the patient newly diagnosed with disease. It is modern medicine’s particular achievement, however, to sever the patient slowly and steadily from the specificity of her own story (witness the plastic wrist bands, the generic and ill-fitting gowns, the standardized questionnaires about developmental milestones, pain, and quality of life).

I have written this book as an aid to recovery, for recovery in the best of circumstances and as I have come to understand it requires not just following doctors’ orders but reclaiming one’s own agency “in the face of forces that render us inactive and silent.”⁶³ Recovery, that is to say, is as much (maybe more) about finding ways to make the story of sickness or disability one’s own as it is about the restoration of health or the rehabilitation of the body. Thus, with this project I have labored to “actively rework” my own experiences of embodied difference in dialogue with my primary sources, reconstituting personal catastrophe as the grounds of generative historical inquiry.⁶⁴ A disciplined exercise in historiography conceived as a narrative medium of encounter between the testimony of the past and the scholarly present, this is a project in meaning-making. I have harvested the textual field of early modern Catholic Canada under the French regime in an attempt to stretch the range of available grammars for telling the stories of embodied difference otherwise. I have defigured the past in order to refigure the present and to prepare for the future, for disability

is endemic to the human condition and sickness our common fate. We cannot (not yet, anyway) escape these recalcitrant facts of our embodied existence, but we can learn to narrate our way into richer and more life-giving ways of experiencing them. If I have done more than simply loosen the ties of the narratives that constrain us, it is only because “[s]torytelling remains one of our most powerful techniques for healing ourselves and restoring order to a broken world.”⁶⁵ If I have, in the end and in spite of myself, told a particular kind of story about sickness and disability it is one that renders embodied difference not a problem that gets in the way of life but a possibility for another kind of life, for flourishing and thriving not in spite of impairment but with it and maybe even because of it.

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