Refusing to Be Made Whole: Disability in Contemporary Black Women's Writing

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REFUSING TO BE MADE WHOLE:
DISABILITY IN CONTEMPORARY
BLACK WOMEN’S WRITING

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REFUSIING TO BE MADE WHOLE:
DISABILITY IN CONTEMPORARY
BLACK WOMEN’S WRITING

A Dissertation Presented to the Graduate Faculty of
Dedman College
Southern Methodist University
in
Partial Fulfillment of the Requirements
for the degree of
Doctor of Philosophy
with a
Major in English
by
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My dissertation argues that disability profoundly shapes the thematic and aesthetic choices of black women writing in the post-\textit{Brown} era, despite arguments that suggest the contrary. For instance, Gayl Jones’ \textit{Corregidora} is told from the first-person perspective of a black woman diagnosed as insane and incarcerated in a psychiatric prison for murder. The use of the first-person results in what I argue, building on Michael Berube’s work, is a disabled text. Moreover, a through the protagonist’s story, a stark critique of misogynoir and ableism emerges. Thus, while taking seriously disability studies scholars’ arguments that African American writers and activists dissociate disability from blackness, thereby marking disability as truly deviant, I demonstrate how black women, like Jones, have engaged a radical disability discourse in writing of this period. Drawing primarily from black feminist theory, crip theory, and the nascent sub-field of black disability studies, I argue that, though these women do not often use the word “disability,” much of their art and theory anticipates current conversations about disability and makes early interventions in how we discuss bodies and minds that society considers disabled. In fiction, life-writing, and essays by authors such as Toni Cade Bambara, Gloria Naylor, Audre Lorde, Alice Walker, and Octavia Butler, the medical model of disability is challenged, black
communities are forged through common disability, disabled black motherhood is empowering, and, more generally speaking, aesthetic and formal practices reflect a disability consciousness. In making these arguments, I force African American literary scholars to recognize disability as a validating identity category in these women’s works incorporated into their self-fashioning, and that I demand disability studies scholars to consider how celebratory identity politics can deny multiply marginalized women their complicated, often ambivalent experiences of disability. Until very recently, black women’s texts have remained mostly marginalized or ignored by scholars of critical disability studies; my work begins addresses this gap. I also push for scholars of critical race theory to recognize disability as a central thematic and political concern in these women’s writings and to engage critical disability studies as more than just the new trend, but as critical to conversation and theorization about race in the U.S. and elsewhere. My dissertation unearths the bridge between the supposedly parallel but never intersecting paths of critical race and disability studies.
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This is dedicated to Ella, who looks at my scars and makes me feel wondrous and whole.
CHAPTER 1

Introduction

In *Refusing to be Made Whole: Disability in Contemporary Black Women’s Writing*, I examine representations of disability in post-*Brown* black women’s essay, life-writing, and fiction. I argue that disability profoundly shapes the thematic and aesthetic choices of writers such as Toni Cade Bambara, Alice Walker, Sarah E. Wright, Octavia Butler, Toni Morrison, and Gloria Naylor, despite arguments that suggest the contrary. While taking seriously disability studies scholars’ arguments that African American writers and activists dissociate disability from blackness, I reveal how black women writers during this period represent disability as central to and often violently imbricated in black identity formation. Drawing primarily from black feminist theory, disability studies, and the nascent sub-field of black disability studies, I contend that, though these women do not often use the word “disability,” much of their art and theory anticipates current conversations about disability and even makes early interventions in how we discuss bodies and minds that society considers disabled. Their representation of disability extends beyond problematic stereotypes that reinforce the preference for the able body and mind. In what follows, I define the predominant modes of understanding disability within disability studies—the medical and social models—demonstrating how attention to race complicates the relationship disability studies has with the latter. I will then outline the contours of the nascent sub-field of black disability studies, and its influence on this project. Next, I will discuss black
feminist relationship to disability studies addressing concerns of ableism and demonstrating how analysis of disability has always been present in black feminist writing. Then, I will outline the critical interventions *Refusing to Be Made Whole* makes in literary disability studies, revealing how contemporary black women’s writing challenges major arguments in the field. After, I provide a brief history of blackness and disability, and I conclude with a chapter outline.

Motivation

This project began with my own experiences at the intersections of black womanhood and mental disability and has been developing over the course of my undergraduate and graduate studies. The central concerns of this paper congealed, however, when I took my first disability studies course. The instructor opened the course by asking how many of us knew someone with a disability. While my other (white) classmates thought of disabled relatives, friends, and acquaintances only after a great deal of time and with what seemed much difficulty, I immediately had a list of my closest relatives and friends—and myself. Yet, when we began to engage disability studies scholarship, there was very little written by black critics or written about black disabled people, even in the scholarship produced after Christopher M. Bell’s 2006 criticism of the field for this very fault.¹ Moreover, many of the scholars’ arguments failed to resonate with my and others’ experiences with disability: their critiques of the medical model failed to discuss healthcare inequality and medical racism and how these disparities can cause or exacerbate already present disabilities. They did not discuss chronic pain, illness, or mental illness as disabilities. They did not incorporate into their analysis potentially disabling diseases, such as hypertension and diabetes that disproportionately plagued black communities. Finally, these scholars did not analyze black people’s literature that represented these experiences with

disability. Since that course, I have discovered disability studies scholars such as Anna Mollow, Therí Pickens, Sami Schalk, Rosemarie Garland-Thomson, Michelle Jarman, Ellen Samuels, and Jess Waggoner that substantially address race and disability in literature. I maintain that black women’s and black feminist scholars (many of whom I mentioned above) were the first to address these issues, mostly in ways that critiqued the social inequalities that disproportionately and at times violently produce black disabled bodies as they celebrate that body as proof of black people’s will to survive.²

Topic and Scope

Thus, Refusing to Be Made Whole takes as its interest contemporary black women’s representations of disability in their essay, life-writing, and fiction. Specifically, it analyzes those texts published after the civil rights movements of the 1950s and 1960s or the “post-Brown” era. According to Angela Ards, post-Brown “better historically locates the period, specifying that the project focuses on black life and culture after the passage of Brown.”³ She explains, marking this period as post-Brown—opposed to post-Civil Rights—troubles the narrative of “the Civil Rights movement,” which suggests that there has been only one movement for civil rights and that it was completely successful with its work finished. As the rise of black feminism during this period suggests, this narrative is misleading and inaccurate. Indeed, I choose this period because black women’s writing flourished at this time, particularly in the late 1970s onward. Consequently, many of the texts I analyze in Refusing to Be Made Whole were published in the

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late 1970s and throughout the eighties. During the 1970s, a renaissance occurred amongst Black women writers in part as a result of the Black Arts and feminist movements in which African Americans and women opened small presses to bypass major presses’ restraints and prejudices. These movements not only encouraged people of color and women to speak up and write about their experiences but also created a platform to disseminate their work. For Black women, this meant writing themselves not only into the white, male literary tradition but also into the Black power and feminist movements. As Gloria T. Hull, Patricia Bell-Scott, and Barbara Smith so eloquently and powerfully state through the title of their 1982 compilation of essays on Black women’s scholarship, “all the women are white, all the Blacks are men, but some of us are brave.” These brave women went on to develop Black feminism and start Black feminist presses such as Barbara Smith’s Kitchen Table Press.

While the texts analyzed in *Refusing to Be Made Whole* are hardly exhaustive of post- *Brown* black women’s writing, they are both foundational and representative. For the sake of space and time constraints, I analyze authors and texts who are not only prominent during this period but whose work most clearly exemplify my arguments about disability and black womanhood in literature. This includes but is not limited to Toni Cade Bambara, Gloria Naylor, Audre Lorde, Alice Walker, Toni Morrison, and Octavia Butler. Though I have gone for breadth in my analysis, there remains notable authors and works who I had neither space nor time to include: Ntozake Shange, Paule Marshall, and Shirley Anne Williams are but a few. Similarly, though these women are indebted to their literary foremothers, such as Harriet Jacobs, Harriet E. Wilson, and Nella Larsen, focusing on the post-*Brown* era by necessity excludes them from my

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4 See Gloria T. Hull, Patricia Bell Scott, and Barbara Smith, *But Some of Us Are Brave: Black Women’s Studies* (Feminist Press at CUNY, 1982). Even in this volume, essays that tackle black women’s health in ways that important to disability studies appear, such as Alice Walker’s and Beverly Smith's contributions.
analysis, although their works, constrained by the formalities of their times as they were, also present complex renderings of disabled black womanhood. The texts represented in this dissertation build on these foremothers’ works, and because of their commitment to struggle for class, race, and gender liberation along with a dedication to black women’s right to self-fashion, authors like Walker, Bambara, and Morrison imagine even more radical and liberated disability identities for black women.

To that end, *Refusing to Be Made Whole* does not assume that blackness or disability are inherent, static, apolitical, dehistoricized identities. Indeed, much of the black feminist writing this dissertation engages challenges the narrow, problematic definitions of blackness produced and circulated during the black nationalist movement of the 1960s and early 1970s. Nevertheless, in the tradition of black feminism, it recognizes that shared political goals have made organizing around race (class, gender, etc.) strategic, and it pays homage to the knowledge, culture, and traditions forged in “black spaces.” The same is true for black disability identity and community. That said, *Refusing to Be Made Whole* focuses on the representation of specific disabled black experiences, typically that of acquiring a disability later in life, opposed to congenital disabilities, and experiences of illness as a disability. This choice, I believe, gives voice to a large but underrepresented part of the non-black and black disabled community in disability studies.

Review of the Field

Since Chris Bell accused the field of being a “white” disability studies, there has been a substantial effort to incorporate race into the analysis of disability, culminating in the sub-field of black disability studies. In what follows, I will give an overview of the development of the field of “white” disability studies, and then discuss the emergence of black disability studies. As a field at large, disability studies began as an activist movement in the late 1980s and emerged as a
field of study in the social sciences in the 1990s where it rapidly spread into the humanities as cultural/literary disability studies and then critical disability studies. The disability rights movement of the 1980s used the success and momentum of the African American civil rights, feminists, and LGBTQ movements of the 1950s, 1960s, and 1970s to springboard its own platform. Disability rights activists sought to reframe disability as a positive identity category that people with disabilities could embrace and use to understand themselves as a minority group. They rejected the medical model of disability, which views disability as “an individual misfortune” that “medicine can and should treat, cure, or at least prevent,” that had and continues to prevail. Instead, they proposed the social model of disability, which distinguished between impairment, one’s “defective limb, organ, or mechanism of the body,” and disability, “the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of the people who have physical impairments and thus excludes them from participation in the mainstream of social activities.” This model enabled disability activists to demand that society acknowledge and accommodate them. For example, activist-lawyers, such as Bob Burgdorf Jr., crusaded for legislation that would categorize people with disabilities as a minority group in need of protection under the law. Though people with disabilities fought for ‘access’ before this moment, especially after World War II when many veterans returned with physical impairments, President Ronald Reagan’s National Council on Disability (NCD), formally known as the National Council on the Handicapped, was the first to make a serious attempt to draft civil rights legislation that sought to vastly change how society treated those

5 I write “disability movement of the 1980s” to suggest that there have been, and there continues to be, movements to fight for the rights of disabled people.

6 Lennard J. Davis, The Disability Studies Reader (Routledge, 2016), 161.

7 Barnes and Mercer qtd. in Alice Hall, Literature and Disability, Literature and Contemporary Thought (London ; New York: Routledge, Taylor & Francis Group, 2016), 21.
perceived as disabled. Though the NCD was not able to achieve their goals under the Reagan administration, they continued to push for rights under President George H. W. Bush. Their activism culminated in the Americans with Disabilities Act of 1990 (ADA), which protected disabled people from discrimination and required employers to provide reasonable accommodations.

The ADA enabled more people with disabilities to enter academia and reflected the critical frame and language that scholars used to examine disability in cultural contexts. Scholarship that emerged during this period, such as Joseph Shapiro’s *No Pity: People with Disabilities Forging a New Civil Rights Movement* (1993), expanded the social model in ways that reflected the ADA’s understanding of disability as “a physical or mental impairment that substantially limits one or more major life activities...a record of such impairment...or...being regarded as having such an impairment.” The ADA and disability studies scholars alike recognized disability not only as the social disadvantage and restrictions of having a disability but also as a social, cultural, and linguistic construct. The early field of disability studies, practiced mostly by those in sociology, social policy, education, and social activism, argued that disability is really the social meanings and narratives that people ascribe to bodies. Disability studies exposes and challenges the narratives society has constructed about bodies with supposed physical deformities, such as missing limbs or even visible scars and birthmarks.

Not long after the successful passage of the ADA, disability studies began to expand into cultural and literary studies with such works as Lennard J. Davis’s *Enforcing Normalcy: Disability, Deafness, and the Body* (1995) and Sharon Snyder and David T. Mitchell’s *Narrative...*
Prosthesis: Disability and the Dependencies of Discourse (2000). These scholars argue that though disabled people are socially marginalized, representations of disability saturate literature. They examine representations of disability and argue that writers use it as an easy trope to elicit pity or signify evil. Moreover, they claim that it is rare for a work’s protagonist to have a disability and that the storyline always moves toward normalization. For them, the novel is a literary form that relies on disability to reproduce ‘normalcy.’

Critical disability studies scholars such as Robert McRuer and Garland-Thomson, however, began to push back against understanding the novel as only reifying normalcy. Consequently, they expanded the field by engaging in recuperative or reclamation projects in which they sought out texts produced by disabled writers or claimed and incorporated works that theorized the disabled, monstrous, or defective body for disability studies, though that scholarship did not explicitly identify as disability theory. At the same time, disability studies began to be shaped by queer theory, as in McRuer’s Crip Theory (2006), which studies representations of disability in popular culture from both disability studies and queer theory perspective to argue that these representations simultaneously reify heteronormativity and able-
bodiedness. Garland-Thomson uses Judith Butler’s work on gender essentialism and performativity in *Gender Trouble* (1990) and *Bodies that Matter* (1993) to argue for disability as a socio-historical construction: “The self materializes in response to an embodied engagement with its environment, both social and concrete. The disabled body is a body whose variations or transformations have rendered it out of sync with its environment, both the physical and the attitudinal environments. In other words, the body becomes disabled when it is incongruent both in space and in the milieu of expectations.”

Whereas Butler has tended to erase the materiality of the body, Garland-Thomson tries to strike a balance between social and phenomenological experience. By 2005, these lively debates within disability studies scholarship moved the field from what Lennard J. Davis called the “fringes” of academia to what former MLA president Michael Bérubé declared as a discipline emerged.

The Rise of Black Disability Studies

Yet, as Chris Bell exposed, the field was largely dominated by white scholars who wrote about white experiences with disability. He claimed, “while not wholeheartedly excluding people of color from its critique, [it] by and large focuses on white individuals and is itself largely produced by a corpus of white scholars and activists.” While many scholars have since

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11 McRuer’s use of the word “crip” is another example of queer theory and culture’s influence on disability studies: just as people in the LBGTAQ reclaimed term “queer” for their community, disability studies scholars and activists have reclaimed “crip.”


responded to Bell’s accusations and begun to incorporate race into their analyses, their work often fails to include a substantive evaluation of racialized experiences with disability. That is, these scholars fail to recognize that race substantially shapes one’s experience with disability. As a response, beginning with Bell’s 2011 edited collection *Blackness and Disability: Critical Examinations and Cultural Interventions* and most recently culminating in the leading journal of African American studies—*African American Review* (AAR)—special issue on blackness and disability, a sub-field within disability studies has emerged—black disability studies.\(^{15}\) In “Developing and Reflecting on a Black Disability Studies Pedagogy: Work from the National Black Disability Coalition,” published in the 2015 *Disability Studies Quarterly’s* special edition “Interventions in Disability Studies Pedagogy,” Black Disability Coalition founders Jane Dunham and Leroy Moore, amongst other scholars, declared black disability studies “not as a marginalized special-topic course, but rather as a crucial part of all disability studies courses and pedagogies, as well as all Black and Africana Studies courses. We recognize that, like disability itself, Black DS cannot simply be "added and stirred" into existing pedagogies; rather, the inclusion of Black DS is a paradigm-shifting change.”\(^{16}\) The contributors express outrage and frustration at disability studies’ continued exclusion of black perspectives, even as it appropriates theories and methodologies mined from black and black feminist studies.

For example, Leroy Moore observes that disability rights and culture, as largely established and maintained by white people in white-dominated organizations, has hardly

\(^{15}\) I use these publications as clear landmarks for the development of blackness and disability. This is not to argue they are the earlier or only works on the topic. For example, 2005, *MELUS* published a special issue on Race and Disability, where key black disability scholars such as Theri Pickens and Sami Schalk contributed.

touched the black community. He writes, “because of institutional practices that shaped early
disability organizations, the isms in our society seeped into these disability institutions which
created roadblocks for "others" to enjoy the benefits that came out of these organizations. Similar
to disability rights, disability culture continues to have trouble reaching people outside of
dominant culture who have little access or resources to higher education.”17 Black disability
studies must re-evaluate the dominant theories and paradigms in critical disability studies in light
of the fact that the field’s foundational focus on white people with visible, physical impairments
has meant the exclusion of pressing issues to those who are disabled and black. For instance,
black disability studies actively expands the definition of disability. “Disabled,” as
predominantly used in the field, is expansive and inclusive theoretically, but in practice, those
with visible, physical disabilities have dominated. As Sami Schalk argues, “disability rights
communities must expand to recognize and value the experiences of those with non-apparent and
chronic disabilities such as asthma and diabetes, which are overrepresented in communities of
color.”18 Also, black disability studies tackles the issues of violence and disability. The dominant
discourse in disability studies has had little to say about the connection between racist violence
and disability, but as Akemi Nishida reveals, and I quote at length:

Racist violence debilitates the bodyminds of people of color, particularly Black, brown,
and indigenous bodyminds. As I teach disability studies at urban public universities, I
continue to encounter moments when racism, ableism, and sanism are deeply entangled
and seem impossible to separate from one another. These moments are when I face the
countless narratives by students about how their race played a significant part of them
becoming disabled or being diagnosed with disabilities, or how their life options (e.g.,
occupation) are structurally limited at the intersection of race and disability. … They
articulate the pitfall within what is considered to be the basics of disability studies,
particularly in relation to its racial neutrality. Disabling effects of racist violence is one of
the examples where the Black DS and many of my students challenge disability studies to
pause and seriously engage in the conjunction of racial violence and disability: including

17 Dunhamn et al.
18 Dunhamn et al.
unnecessarily over or under diagnosis, hypo- and hyper-medicalization of bodyminds, and on-going police violence.¹⁹

Sami Schalk makes similar claims, and I also quote at length:

structural racism and ableism [impacts] all Black people, not merely those who are disabled. When I talk to students about lack of access to healthcare, incarceration, violence, war and other social issues which disproportionately impact people of color, I try to get them to also see how structural racism also therefore disproportionately positions people of color to be(come) disabled….The challenge I see in teaching Black DS is to help students understand how racism and ableism collude in a variety of ways in contemporary society, not only in the lives of Black disabled people, but also Black people collectively as discourses of disability continue to be used as means to control and do harm to racialized populations.²⁰

I extensively quote Nishida and Schalk because much of Refusing to Be Made Whole concerns itself with black experiences of disablement and disability as a result of racist violence and structural racism. I insist that addressing this experience of disability is necessary to analyzing contemporary black women’s representations of disability.

In addition to critiquing the whiteness of disability studies, black disability studies scholars have also criticized critical race scholars, including (at times singling out) black feminist scholars for their silence on issues of disability and/or perpetuation of ableism. Leroy Moore, for example, has lambasted critical race scholars and black feminists on his social media platforms because of these issues. In “Metaphorically Speaking: Ableist Metaphors in Feminist Writing,” Sami Schalk analyzes bell hooks’s and Tania Modleski use of ableist metaphors of disability in their writing often to their arguments’ detriment.²¹ As I demonstrate in Chapter 5 of Refusing to Be Made Whole, Madhu Dubey is also guilty of allowing ableist understandings of disability to

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¹⁹ Dunhamn et al.

²⁰ Dunhamn et al.

undermine her arguments. Indeed, Evelyn M. Hammonds broaches on this issue when she writes, regarding black women’s sexuality and HIV/AIDS,

that contemporary black feminist theorists have not taken up this project in part because of their own status in the academy. Reclaiming the body as well as subjectivity is a process that black feminist theorists in the academy must go through themselves while they are doing the work of producing theory. Black feminist theorists are themselves engaged in a process of fighting to reclaim the body --the maimed, immoral, black female body--which can be and is still being used by others to discredit them as producers of knowledge and as speaking subjects.\textsuperscript{22}

What Hammonds identifies here, though she does not label it as such, is that black feminist scholars fail to speak on disability because they are working through internalized ableism (reclaiming “maimed” bodies) even as they fear the mobilization of ableism and \textit{misogynoir}, or the specific, anti-black form of misogyny directed toward black women,\textsuperscript{23} against them in academia. These scholars have, and often continue, to embrace performances of respectability that distances them from disability, as well as hypersexuality, to protect themselves. Publications such as \textit{Mad at School: Rhetorics of Mental Disability and Academic Life} (2011), \textit{Presumed Incompetent: The Intersections of Race and Class for Women in Academia} (2012), and \textit{Academic Ableism: Disability and Higher Education} (2017) suggest black women’s fears are warranted. However, as black feminist scholar Brittney Cooper argues in \textit{Beyond Respectability: The Intellectual Thought of Race Women} (2017), “if we fail to move beyond respectability, we will


\textsuperscript{23} Misogynoir is a term coined by Moya Bailey and Trudy, a public intellectual known for her blog Gradient Lair and her social media commentary. For more, see “On Misogynoir: Citation, Erasure, and Plagiarism,” \textit{Feminist Media Studies} 0, no. 0 (March 13, 2018): 1–7, https://doi.org/10.1080/14680777.2018.1447395.
continue to miss critical parts of the story.” Put another way, this time in the words of Audre Lorde, “Your silence will not protect you.”

Critical Interventions

While I take seriously these critiques and concerns that black feminists perpetuate ableism, I maintain that much of their theorization of the black body align with and even prefigure disability studies’ interventions in how society understands the disabled body. Adding nuance to current evaluations of and underscoring black feminist contributions to disability studies is one way Refusing to Be Made Whole intervenes in conversations in black disability studies. Black feminist theory is probably best known for its conceptualization of intersectionality, which posits that focusing on singular identity categories erases those who inhabit multiple, overlapping identity categories. An intersectional approach recognizes that adding issues of race to issues of gender, for example, fails to identify the specific ways black women experience oppression. Though black feminist legal scholar Kimberlé Crenshaw coined the term intersectionality, black women have been articulating their experiences as intersectional since they emerged in the public sphere. For instance, when Harriet Jacobs declares that “[female slaves] have wrongs, and sufferings, and mortifications peculiarly their own,” she is insisting on the specificity of her experience as an enslaved woman. While intersectionality in black feminist theory has explicitly focused on the intersections of race, gender, class, sexuality, and,


26 Harriet Jacobs, Incidents in the Life of a Slave Girl (Penguin, 2000), 36.
with the publication of memoirs like Janet Mock’s *Redefining Realness* (2009), gender identity, what is less often noted is that disability identity has also always been integrated into this analysis. Returning to Jacobs as an example, crucial to her experience as a formerly enslaved woman is her experience of acquiring a permanent chronic illness after remaining trapped in a cramped storage space for seven years so that she could be near her children. Harriet Wilson’s *Our Nig* (1859) has similar themes of race, gender, and disability. Indeed, part of my argument in *Refusing to Be Made Whole* is that the disabled black body proliferates black women’s writing, not at the margins but at the center. Thus, black feminists have extensively analyzed and theorized not just the Black female body more generally but also the black disabled body in history, culture, and literature, typically through theories of the carnivalesque and grotesque, and more recently, trauma studies. Though the grotesque promises to address the disabled body in terms of aesthetics and politics, it leaves much to be desired. As Mary Russo argues of southern modernist writers:

> It is most common, among scholars of the grotesque, to show how the grotesque body reflects a social body gone awry, but less common to find critics who wonder what this role as national symbol means for the grotesque citizen. Even at their most politically invested, studies of the grotesque offer largely static accounts of the disabled figures that populate grotesquerie. In fact, many of the gains of the disability studies movement in the humanities have come from wresting symbolic control away from the critical lenses of the grotesque and the sentimental.

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Like Russo, rather than dismiss “decades of critical interest in the grotesque as insensible to the concerns of disabled people,” I rearticulate the arguments in terms of disability.

As education and black disability studies scholar Nirmala Erevelles reclaims Hortense Spillers for disability studies, so I reclaim the theoretical and critical work of writers such as Madhu Dubey for disability studies. I rearticulate their theories in the language of literary disability studies and I expand, complicate, and challenge their readings from a literary disability studies perspective. For instance, though I extensively critique Dubey’s ableism in her analysis of Gayl Jones’s *Eva’s Man*, I also maintain that Dubey’s *Black Women Novelists and the Nationalist Aesthetic* (1994) is as much about disability as Black women’s nativist aesthetic. For example, on the one hand, she uses theories of the grotesque to read Alice Walker’s protagonist Meridian Hill’s disabled body as lack. On the other hand, she argues that her disabled body is creative and productive, not lacking at all. Reformulating Dubey’s arguments through disability studies rather than the grotesque allows us to bypass altogether reading Meridian’s disabled body as “lack,” and it reveals how Black women’s literature participates in the main tenets of the social model of disability. Dubey, as well as other black feminist writers, engage what Julie Minich and Jina B. Kim articulate as disability as methodology.

Starting from Nirmala Erevelles and Andrea Minear’s observations that “The association of race with disability has been extremely detrimental to people of color in the US—not just in education, but also historically where associations of race with disability have been used to

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29 Russo, 61.

justify the brutality of slavery, colonialism, and neo-colonialism,”31 Julie Minich contends “that efforts to resist the pathologization of non-normative bodies and minds in communities of color do not always take place under the name of disability scholarship/activism, even as they deploy what I am naming as a critical disability studies methodology.”32 Disability as methodology shifts the attention away from disability as “object of study” to “mode of analysis,” because, as Minich observes,

there is also an enormous body of scholarly and activist work that has until recently gone unrecognized by disability scholars as critical disability studies, despite advocating a radical politics of corporeal variation and neurodiversity; protests against racialized disparities in health, education, and policing; struggles for environmental justice and reproductive freedom; HIV/AIDS and fat activism; the writings of Audre Lorde on blindness and cancer and of Gloria Anzaldúa on early menstruation and diabetes.15 Recognizing disability studies as a methodology rather than a subject allows us to explain more precisely why we might not name the former as disability studies, despite the fact that it addresses disability; it also explains why the latter might constitute a disability studies archive, even if it is not directly identified with disability.16

Within Minich’s and Kim’s rubric, in addition to Audre Lorde, who is a popular figure in disability studies scholarship, black feminist writing like Evelynn Hammonds’s work on Black women’s sexuality and HIV/AIDs and Byllye Avery’s work on black women’s health care becomes clear works of disability as methodology.33 Refusing to Be Made Whole participates in the critical work of identifying and articulating how black feminist writing, though unacknowledged, has nevertheless represented radical accounts of disability even as the writers


navigate the violent histories and ontologies of disability. Yet, it is not enough for explicit
analysis of disability to remain on the fringes of critical discussions of race, and gender. Thus, I
push for scholars of critical race theory to recognize disability as a central thematic and political
concern in these women’s writings and to engage critical disability studies as more than just the
new trend, but as critical to conversation and theorization about race in the U.S. and elsewhere.

In my analysis of disability in black women’s writing, I specifically engage and make
critical interventions into the field of disability studies by demonstrating how race complicates
some of the most basic tenets of the field. The predominant focus in disability studies has been
challenging the medical model of disability with the social model. The medical model assumes
disability is an individual, bio-medical malady that should be treated, hidden, or eliminated. This
model aligns disability with tragedy and deficiency and presumes that a life with a disability is
one of suffering, all of which bolsters social stigma against disability. It grants the ultimate
authority on the disabled experience to medical practitioners, rather than those who are disabled.
This results in the erasure, social ostracism, abuse, and disenfranchisement of disabled people.
For instance, as Liat Ben Moshe notes, at the word of any doctor, a mentally disabled person can
be forcefully medicated and incarcerated in institutions with little to no legal recourse.34

Disability activists and scholars have and continue to challenge the medical model with the
social model approach. As I outlined, early iterations of the social model distinguished between
impairment and disability, though recent turns in the field have destabilized the impairment-


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of cultural products, and ...disabled people [as] a group historically oppressed but politically recognized under the logic of civil rights.”

Within this rubric, the disabled are a minority group—the largest one—and disability is a celebrated identity category.

Central to the social model, disability activism, and disability scholarship is severing the connection between disability and tragedy and suffering. In *Refusing to Be Made Whole*, however, I reveal how attention to the intersections of race and gender trouble this impetus. For one, this understanding of disability erases all people’s experience with pain, discomfort, and suffering because of their disability. As Tom Shakespeare argues in *Disability Rights and Wrongs Revisited* (2006), “the strong social model overstates the social creation of disability, and fails to give an adequate account of the complexities of disabled people’s lives” part of which is that “disability always has a biological dimension that usually entails limitation or incapacity, and sometimes frailty and pain. These aspects of disability can be modified or mitigated by environmental change or social intervention, but often cannot be entirely removed. They are not just a matter of culture or language.”

This has become especially clear as disability studies incorporates chronic pain, illness, and mental disabilities into its purview.

Within the context of African American history and literature, aspects of the social model prove especially problematic when one evaluates the role of systemic, racialized violence in creating disabilities. For example, in *Disability and Difference in Global Contexts: Enabling a


37 For more on chronic pain and illness and disability, see Susan Wendell’s "“Unhealthy Disabled: Treating Chronic Illnesses as Disabilities” and for mental illness see Margret Price’s “Defining Mental Disability” and Anna Mollow’s “When Black Women Start Going on Prozac” in Lennard J. Davis, *The Disability Studies Reader* (Routledge, 2016).
Transformative Body Politic (2011), Nirmala Erevelles examines the relationship between global capitalism and disability and argues that the social model does not account for how society creates impaired bodies, often to maintain some kyriarchical structure or ideology. Erevelles keenly points out that this makes embracing disability as a positive identity problematic for these groups: “I am also arguing here that it is the lack of access to economic resources and, consequently, to health care that also contributes to the creation and proliferation of disability. This is a difficult argument to make in a context where disability is theorized as a possibility rather than a limit, because this begs the more controversial question: How is disability celebrated if its very existence is inextricably linked to the violence of social/economic conditions of capitalism?”

In turn, she proposes what she calls a transnational historical-materialist approach to disability that exposes how “the social meanings of disability, race, gender, and sexuality are constituted within the historical conditions of transnational capitalism.” Erevelles turns to Black feminist theory to show not only the social parallels between disability and race but also the ways disability, race, and gender constitute each other. Erevelles claims Hortense Spillers’s seminal essay, “Mama’s Baby, Papa’s Maybe: An American Grammar Book” (1987), for disability studies, arguing that Spillers’s essay is “as much about disability as it is about race, even though the word ‘disability’ is not mentioned even once.” In the case of the enslaved bodies that Spillers discusses, Erevelles says, “the attribution of disability to the female captive body...enabled this body to become a site where the flesh became


39 Erevelles, 60.

40 Erevelles, 38.
the primary commodity of exchange in the violent conflation of both profit and pleasure.”

41 Erevelles, 26.

In other words, constructing the Black female body as disabled facilitated the conditions that turned that flesh into a commodity subject to brutalization. Through Spillers’ insights, Erevelles can conclude that “race and disability are imbricated in their collective formation of the black disabled body that...becomes a commodity that has economic social, cultural, and linguistic implications for transnational subjectivities.”

42 Erevelles, 39.

Erevelles’s understanding of disability as an act of becoming critical to my reading of black women’s literature, as well as her methodology of reclaiming black women’s writing. Just as she argues that Hortense Spiller’s “Mama’s Baby, Papa’s Maybe” is about disability, though she never uses the term, I argue that much contemporary black women’s literature is about disability identity, whether they explicitly identify it as such. Moreover, I argue that black women writers represent race and disability as mutually imbricated. In their works, becoming disabled is a violent yet quotidian physical and mental inscription of their marginalized status.

Review of Literature

David T. Mitchell’s and Sharon Snyder’s foundational work on disability and literature, *Narrative Prosthesis*, represents the dominant arguments about disability in literature the field. It argues that though disability proliferates in literature, it is rare for a work’s protagonist to have a disability; disabled characters are typically marginal, perpetuate negative stereotypes of disabled people as pitiable or bitter and malicious, serve as a plot devices to either the main, able-bodied character or as metaphor for larger social issues and/or symbolize recalcitrance and intractability itself. According to Mitchell and Snyder, in literature, disability must always signify something
other than itself. When it comes to disability, the novel’s goal toward mimesis fails. Moreover, Mitchell and Snyder argue that the general plot of fiction serves in the perpetuation of able-bodiedness as the norm, that the storyline always moves toward normalization.\footnote{Davis, \textit{The Disability Studies Reader}, 2016, 9.}

Problematically, Mitchell and Snyder make these arguments without substantially analyzing any works of literature written by black or non-black people of color. Consequently, their analysis neglects a robust number of disabled protagonists in black women’s literature. Indeed, there has been little focus on black women’s writing despite the predominant place disability occupies within their canon. Yet, analysis of black women’s representations of disability complicate arguments such as Snyder and Mitchell’s.\footnote{To date, the most extensive work of literary disability studies on Black women’s work are: Therí Pickens’s chapter in \textit{New Body Politics} (2014) on Arabic writer-activist Evelyne Accad’s and Audre Lorde’s representations of their experience with cancer and pain, and her articles “Octavia Butler and the Aesthetics of the Novel” (2014) and “You're Supposed to Be a Tall, Handsome, Fully Grown White Man”: Theorizing Race, Gender, and Disability in Octavia Butler's Fledgling” (2014); --Alice Hall’s chapter on Toni Morrison in \textit{Disability in Modern Fiction} (2012);-- Julie Ngue’s book \textit{Critical Conditions: Illness and Disability in Francophone African and Caribbean Women’s Writing} (2007);-- Anna Mollow’s article “When Black Women Start Going on Prozac: Race, Gender, and Mental Illness in Meri Nana-Ama Danquah's "Willow Weep for Me" (2006);-- Rosemarie Garland-Thomson’s chapter on Ann Petry, Toni Morrison, and Audre Lorde in \textit{Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature} (1997);--and Sami Schalk’s newly released monograph \textit{(Dis)ability, Race, and Gender in Black Women’s Speculative Fiction} (April 2018).} For example, though scholars argue that disabled characters in literature are marginal and flat, as Therí Pickens observes, nearly every protagonist in Octavia Butler’s oeuvre is a black woman with a disability. Butler’s disabled protagonists are dynamic, and they resist conventional disability tropes such as the crippled who elicits pity, also known as “the tiny Tim” figure. Their disabilities are not mere obstacles to overcome, but instead crucial to their development. Butler represents Black, disabled womanhood as complex. While many scholars argue that disabled characters are weak, evil,
and/or pitiable, in *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (1997), Rosemarie Garland-Thomson’s chapter on Ann Petry, Audre Lorde, and Toni Morrison reveals that these writers represent disabled women as powerful. Pickens and Garland-Thomson’s engagement with disability in Black women’s work brings major insight into the field, but their works are too few considering the amplitude of available sources. Their arguments suggest the richness of the material waiting to be cultivated by disability studies scholars.

*Refusing to Be Made Whole* synthesizes and builds on the little scholarship that is available. For example, Anna Mollow and Julie Ngue argue that Black women’s experience with disability complicates the social model’s desire to position disability as a positive identity category and desire to reject, completely, the medical model of disability. I also demonstrate the myriad of ways that Black women’s writings complicate the social model of disability. While Garland-Thomson argues Petry, Morrison, and Lorde represent the extraordinary Black female body not as lack or deviance but as powerful, Pickens argues that Butler’s disabled protagonists reveal how the disabled, Black female body is at the nexus of struggles over power and that when these protagonists privilege their (disabled) embodied knowledge and sense of self, they challenge those in power. I, too, demonstrate how black women writers reclaim the disabled body by redefining wholeness as inclusive to disability. Therí Pickens argues that Octavia Butler privileges disability as a category of analysis, which then informs elements of her aesthetic such as her use of “open-ended conclusions” that “frustrate...narrative cohesion,” her “intricate

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45 Anna Mollow argues that Meri Danquah’s experience with depression, racism, and xenophobia reveals how including mental illness in discussions of disability, which until that point focused on physical disability, complicates the social model’s rejection of the medical model of disability. Julie Ngue argues that the colonial condition is so brutal to these women’s bodies that to embrace disability could mean embracing colonial violence.
depictions of power that potentially alienate the able-bodied reader,” and her use of “contained literary chaos that upends the idea of ontological fixity.” Along the same lines, Alice Hall argues that Morrison proposes a new aesthetic of beauty rooted in the so-called deformed, Black female body in her works. In Refusing to Be Made Whole, I use Hall’s and particularly Pickens’s arguments to demonstrate how disability as content shapes black women’s formal and aesthetic practices.

As post-Brown black women writers attempted to reclaim, recover, and re-write their past, then use that past to interpret the present and think toward the future, they reclaimed, recovered, and re-wrote disability. For instance, during the post-Brown era, one sees a rise in popularity of genres such as the neo-slave narrative amongst African American writers. Novels like Octavia Butler’s Kindred (1979), Sherley Anne Williams’s Dessa Rose (1986), and Toni Morrison’s Beloved (1987) represent how slavery scarred and disfigured the black female body, but they also reimagine the carriers of this body as vulnerable yet powerful, problematic yet empathetic, dynamic and multifaceted. Like other black women writers that emerged during this period, they challenged predominant portrayals of black women through the narrow controlling images of the Mammy, Matriarch, Welfare mother, Crack mother, Black Lady, and Jezebel. In addition to reclaiming and re-imagining black women’s history, works from this period, as Barbara Smith observes, “incorporate[s] Black language, music, and folk traditions.” These women particularly represent folk healing traditions such as herbal healing, laying on of hands, herbal healing, laying on of hands.


47 For a detailed definition and analysis of these controlling images, see Patricia Hill Collins, Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment, Rev. 10th anniversary ed. 2nd ed (New York: Routledge, 2000); Melissa V. Harris-Perry, Sister Citizen: Shame, Stereotypes, and Black Women in America (Yale University Press, 2011).
and even conjuring, as seen in works like Margaret Walker’s *Jubilee* (1966), Paule Marshall’s *Praisesong for the Widow* (1983), and Gloria Naylor’s *Mama Day* (1988). Black women writing during this period draw on black traditions and history, which, as I will now demonstrate, are enmeshed with disability.

**A Brief History of Blackness and Disability**

Because post-*Brown* black women writers extensively engage black history and black history is deeply enmeshed with disability, I will now provide a brief history of some of the ways disability has shaped Black women’s experience in the U.S. since slavery. As Erevelles explains, to justify the slave economy, the slave-owner class argued that enslaved Blacks were mentally and physically disabled. In turn, this presumption of Black inferiority, deformity, and sub-humanness justified practices that actually disabled enslaved people. It is no secret that slavery was brutal on the Black body: the cramped, tortuous journey through the Middle Passage, the demanding and grueling work of plantation life, and the use of savage and barbaric punishments against slaves meant that the enslaved experience was often physically disabling. Additionally, the South’s tepid, sub-tropical conditions meant that illness and disease were rampant amongst both slaves and slave owners, but slaves experienced epidemics more acutely because of most slave quarters’ crude and unsanitary conditions. For instance, slaves, often housed near animals, lived near both human and animal feces. These conditions bred illness and disease. Slaves also suffered from chronic illness because their diet, despite its caloric density and efforts to supplement it, lacked nutrients. Slaves experienced high infant mortality rates from diseases such as pellagra, which results from a niacin deficiency. Instead of improving these conditions, slave owners pathologized Black motherhood. Slave-owners and southern doctors blamed

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slaves’ high infant mortality on Black women’s “filth, and laziness,” 49 essentially blaming them for their babies’ deaths and the proliferation of illness and disability amongst their kin.

Additionally, medical knowledge and practice were still nascent at this time, and slave owners depended largely on home remedies to treat most maladies. Plantations often had spaces reserved for sick slaves where slave-owners could isolate and monitor slaves while they provided treatment. This often meant that slave owners exacerbated Black people’s poor health with heroic medical treatments, such as bloodletting and intestinal purging, that worsened rather than cured illnesses. Consequently, enslaved people feared surveillance and harm and often chose not to disclose their poor health to those who owned them. 50 Yet slave owners often turned to Black women, many of whom were excellent herbalists, to treat enslaved and free alike. 51 Though Black women were often blamed for the enslaved population’s poor health, they were also valuable as medical practitioners, making them intimate with the disabled body.

Though financially invested in minimizing poor health in slaves, slave owners doubted slaves’ claims of sickness and disability. Planters, ignorant about the human body, especially the female body, could never be sure if slaves were truly sick or impaired or if they feigned or induced sickness. Planters couldn’t be sure, either, if slaves were really well. Because many


enslaved people feared the heroic treatments that slave owners would possibly submit them to, they suffered disabling or even life-threatening illness or turned to Black herbalists and root doctors in secret. On the one hand, slave owners wanted to protect their investment in their slaves by caring for slaves’ basic medical needs. On the other hand, they suspected that slaves pretended to be sick to evade work or used knowledge about their health or lack thereof to undermine the slave owner’s authority. Of course, many slaves did both. As Marli Weiner and Mazie Hough argue, “Illness itself could be a form of resistance….“\(^{52}\) In a way, slaves embraced ‘disability’ to exert some agency in their highly subjugated lives.

Similar dynamics revolved around Black women’s reproductive health. Enslaved women could also take advantage of the slave-owners’ desire to increase their property through breeding. After importing Africans as slaves became illegal in 1808, slave owners sexually coerced, raped, and used Black women like animals as breeders to reproduce the slave population. Though pregnant slaves often worked just as hard as non-pregnant ones, they were also often relieved of certain duties because slave owners needed successful births and needed to create incentives for Black women to have as many children as possible. Enslaved women were very much aware that their status as slaves guaranteed that any children they bore would be slaves, too, and they did not want to bear children into a life of bondage. While there is still little definitive evidence that enslaved women had abortions or induced miscarriages, many planters suspected that women turned to nannies to help end their pregnancies. Consequently, enslaved women who did not have children were often severely punished. Most often, women deemed infertile were sold away. Sometimes, however, slaveholders subjected women to dangerous medical treatments for

\(^{52}\) Weiner, *Sex, Sickness, and Slavery*, 11.
their infertility or forced them to do more work.\textsuperscript{53} Infertility, real or perceived, was not only constructed as a disability for all women but could also become actually disabling for Black women.

These issues are reflected in the cultural, literary and intellectual production of the time, namely slave narratives. For instance, themes of slavery, motherhood, freedom, and disability drive the action in William and Ellen Craft’s narrative \textit{Running a Thousand Miles for Freedom} (1860). When William and Ellen decide to get married, Ellen soon realizes that motherhood is inevitable but refuses to bear children into a life of bondage. Consequently, she disguises herself as a disabled white man and claims that William is her slave to escape to the North and free from bondage. She takes advantage of the fact that physical disability hides her illiteracy and elicits pity to secure her freedom.\textsuperscript{54}

Even after legal emancipation, African Americans continued to live in disabling conditions and to be the victims of violence. The end of the Civil War and the manumission of African Americans were followed by economic destitution and a wave of violence and terror, issues that would prove persistent for those in the African American community. Many newly manumitted Blacks had no place to go or no way to earn a living. Though Reconstruction efforts such as the Freedmen’s Bureau tried to help as many African Americans as possible to find decent housing and work, many (most) continued to live in squalid conditions if they were able to work or find housing at all. African Americans also continued to experience disabling violence. For instance, lynch mobs terrorized Blacks in the U.S. South. Though notorious for the


\textsuperscript{54} For a reading of disability in the Craft narrative, see Ellen Samuels, \textit{Fantasies of Identification: Disability, Gender, Race} (New York: NYU Press, 2014).
unjust, dehumanizing, and horrific ways these mobs murdered Black men and women, less discussed is how they disabled Black bodies. In the young adult book *Roll of Thunder, Hear My Cry* (1976), the pre-adolescent protagonist, Cassie, and her family visit their neighbors, Mrs. and Mr. Berry. Mr. Berry “had no nose, and [his] head no hair; [his] skin was scarred, burned, and [his] lips were wizened black, like charcoal.”55 Mr. Berry is disabled after a family of white supremacists poured gasoline on him and set him afire. Though a fictional representation of a lynching victim, this scene in the book reminds both the protagonist and the reader that people did not always die from lynching, that practices such as burning tar, feathers, and oil often left victims maimed and severely disabled.56 In addition to mob violence, African Americans during this period also faced several epidemics. A smallpox epidemic broke out immediately following the Civil War, a yellow fever epidemic broke out, most notably in Louisiana in the 1870s, and hookworm and pellagra continued to plague Black children well into the twentieth century. Therefore, much of the African American experience was still marked by illness and disability. However, rather than internalize racist science and understand their experience as proof of their inferiority, African Americans tended to recognize that their condition was the effect of racism. Consequently, many African Americans involved in social uplift fought for healthcare as one of their human rights. In *Sick and Tired: Black Women’s Health Activism in America, 1890-1950* (1995), Susan L. Smith argues that post-bellum public health discussions about Black people stemmed from fear that African Americans were diseased and would contaminate white people. Smith writes, “Black activists attempted to exploit [this fear] to their benefit” by pushing


56 Though *Roll of Thunder Hear My Cry* takes place in depression era South, the novel’s representation of lynching mirrors nineteenth century depictions of lynchings such as those Ida B. Wells-Barnett presents in her 1892 anti-lynching text *Southern Horrors*. 

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for health policy legislation that would improve the Black community’s health. Black women sustained this activism by taking charge of practical tasks such as organizing and educating. Because they internalized ‘The Cult of Domesticity and True Womanhood,’ an ideology that sustained itself by defining (white) womanhood in opposition to Black women, these women’s activism embodied a paradoxical position towards Black women and health. Although, Black-women activists understood that the Black community’s poor health was the result of several social factors such as poverty and racism, the praxis for most racial uplift projects was to challenge pejorative stereotypes about Blackness. For women, this meant countering stereotypes about Black female lasciviousness by embodying true womanhood. Therefore, “acting on the assumption that good health was one characteristic of middle-class respectability, black club women set out to clean up the lives of the poor, imposing their own standards of appropriate behavior in their efforts for racial advancement.” In other words, they took on the futile task of improving community health by exhorting poor, newly emancipated Black women to become better homemakers, wives, and mothers in conditions not conducive to those goals. They reproduced negative stereotypes about Black women to help improve community health and to prove that Black people were healthy and fit for citizenship.

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58 The Cult of Domesticity and True womanhood valued piety, purity, submissiveness, and domesticity. However, Black feminist scholars such as Deborah Gray White have argued that negative stereotypes about Black women were developed, in part, to sustain a mythology of Domesticity and True womanhood about white women. See Deborah Gray White, Ar’nt I a Woman?: Female Slaves in the Plantation South (W. W. Norton & Company, 1999), 6.

59 Smith, Sick and Tired of Being Sick and Tired, 18.
At the same time (and rather ironically), true womanhood was characterized by feminine fragility. As Rosemarie Garland-Thomson reveals in “Integrating Disability, Transforming Feminist Theory,” society has always viewed women as dependent, fragile, and disabled.\(^\text{60}\)

However, Black feminists, such as Deborah Gray White, reveal that Black women were stereotyped not as fragile and weak but as exceptionally and beastly strong.\(^\text{61}\)

Consequently, some Black women represented themselves as frail and sickly to signify their true womanhood. For instance, the eponymous female heroine in Pauline Hopkins’s *Iola Leroy* (1892) often faints and becomes ill in the text, such as when she first learns that she is not white but Black. Hopkins takes a trope associated with sentimental fiction and white women and maps that on to a Black woman to signify that Black women can embody sickness and therefore true womanhood, too.\(^\text{62}\)

Activists continued this approach well into the twentieth century.

The tone of Black women’s health activism shifted during the Civil Right Movement of the 1950s. Instead of exhorting Black women to change themselves, Black-women activists began to voice their experience with and the connection between medical and social practices and sickness and disability, especially as it pertained to reproductive rights. Most notably, Fannie Lou Hammer exposed the prevalence of the ‘Mississippi appendectomy’—i.e., the undisclosed sterilization of countless Black women to control the Black population—and she made healthcare


\(^{61}\) White, *Ar’n’t I a Woman?*, 6.

\(^{62}\) In Paul Goring’s *The Rhetoric of Sensibility in Eighteenth-Century Culture*, Digitally printed version (Cambridge: Cambridge Univ. Press, 2009), Goring argues that sentimental fiction signified characters’ “politeness” and virtue through bodies’ “hysterical fits,” “fainting,” “groans,” “fevers,” and “madness”—among other symptoms (165). For Goring, “It is in this aspect of sentimental fiction...that we discover the novel’s most vital role within eighteenth-century body politics” (165). When Black women lay claim to these embodied moments of “weakness,” they lay claim to virtue, an ideal society did not associate with Black women.
rights part of the larger Civil Rights platform. Once again, Black women reveal how society disables the Black female body not only discursively but also literally.

The Black Power Movement also exposed how American racism and “colonialism” impaired Black bodies as it demanded quality healthcare for Black people. For instance, The Black Panther Party for Self-Defense (BPP) not only provided Free Lunch Programs for the People, but they also opened People’s Free Medical Centers, which provided Black Americans in impoverished communities with free access to quality medical care. The BPP also raised awareness about sickle cell anemia and made it an unavoidable issue for politicians running for office. Like earlier healthcare rights movements, Black women worked the front lines of this initiative as doctors, organizers, and secretaries.

Moreover, BPP members and Black liberation fighters from various organizations used their disabled bodies to bear witness to the U.S.’s violence. Consequently, one sees in George Jackson’s, Angela Davis’s, and Assata Shakur’s memoirs emphasis on the U.S. prisons’ abominable health care practices. In their narratives, they live in unsanitary conditions and

63 Hammer’s platform probably resonated with African Americans because a.) African Americans had long suspected birth control as part of an attempt at genocide against Black people, and b.) because motherhood was (and is) a reified position for Black women. See Harriet A. Washington, Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present, 1st ed (New York: Doubleday, 2006), 9.


65 In fact, their writing, specifically George Jackson’s, directly influenced Michel Foucault’s ideas about violence, the body, and the state. See, Jo Durden-Smith, Who Killed George Jackson?, 1st ed (New York: Knopf : Distributed by Random House, 1976).

66 George Jackson, Soledad Brother: The Prison Letters of George Jackson (Chicago: Lawrence Hill Books : Distributed by Independent Publishers Group, 1994); Assata Shakur and
experience violence from other inmates and prison personnel alike, but when they request medical care, they are reluctantly and hastily cared for or denied care outright, which often results in either more violence or solitary confinement. Moreover, they argue that inmates’ poor health reflects the health of Black people at large and that many Black people’s illnesses and impairments tend to stem from larger social issues such as crime, police violence, poor housing, and hunger. Davis and Shakur’s narratives reveal that women, due to sexual violence and reproductive concerns, especially feel the physically and mentally disabling effects of these issues. As Alondra Nelson argues in *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (2011), “[Black people’s ill health and poor healthcare], the activists insisted, were corporeal manifestations of the vicissitudes of urban poverty in the United States.”68 Therefore, much of the literature produced from these movements center on the sick and disabled body.

**Chapter Outline**

Such a wealth of material from Black women and rich history with race, gender, and disability argues that there is no single way that all Black women writers from this period approached disability in their life and work. Instead, I identify the predominant ways that these women, over the course of their corpora, engage issues within disability studies.

In “CHAPTER 2: Disability, Healing, and Wholeness in the Writings of Toni Cade Bambara, Gloria Naylor, and Audre Lorde,” I analyze the writings of Toni Cade Bambara, Alice Walker, and Audre Lorde to examine themes of illness, healing, and wholeness in relation to

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disability and cure. I argue that black women writers present an understanding of the body and wellness that demands an altogether different approach to disability than either the medical or social models. I particularly outline the limitations of the hard social model’s stance toward discourses of disability and suffering as well as the medical model’s pathologizing of individuals and narrow definitions of cure. Instead, I demonstrate how Nirmala Erevelles’s theory of disability as becoming articulates how these women represent disability and how, as Gay Alden Wilentz, Ann Folwell Stanford, and especially Valerie Lee have argued, these writers’ understanding of treatment, healing, and wholeness reflect non-Western and African American folk paradigms of embodiment that take seriously the connections of body, mind, and spirit, of individual and community.

In “CHAPTER 3: Disability Community,” I take up the theme of community in more detail as I challenge arguments that there is a dearth of representation of affirming disability communities in literature. I demonstrate how black disability communities have been excluded from disability studies analysis because these communities are often produced through communal trauma. I analyze disability communities in Alice Walker’s Meridian (1976) and The Temple of My Familiar (1989), Toni Morrison’s Song of Solomon (1977), Sula (1973), and Paradise (1997), and Octavia Butler’s Xenogenesis (1987-1989) trilogy to argue that these novels represent communities forged through shared or common experience with illness. In Walker’s work, disabling trauma becomes the foundation of communal belonging, and disability even has the power to mend relationships and bonds broken by racism. Powerful disabled women attract community in Morrison’s fiction. And, maroon-like communities of disabled humans resist alien colonization in Butler’s works. In these novels, disability is central to communal identity.
“CHAPTER 4: Crippling Motherhood” recognizes that the powerful disabled women who attract community in black women’s literature are often maternal figures. I analyze motherhood and disability in Sarah E. Wright’s *This Child’s Gonna Live* (1969), Octavia Butler’s *Parable of the Sower* (1993) and *Parable of the Talents* (1998), and Sapphire’s *Push* (1996) to argue that motherhood empowers disability identity and the reverse. Whereas disability studies tends to focus on raising disabled children and white mothers with a disability, I focus on the experience of disabled, black mothers. Black motherhood has been thoroughly theorized in African American literary studies and black feminist writing, less, if anything has been written about disabled black mothers in literature, though the proliferate the canon—each work I have examined thus far in *Refusing to Be Made Whole* centers on a black mother or maternal figure with a disability. Building on Patricia Hill Collins’s scholarship on black motherhood, I also reveal that ableism alongside racism and sexism inform controlling images about black motherhood and collude to present barriers to black mothering. I also contend that when black women authors challenge negative stereotypes about black motherhood they also challenge stereotypes about disability, which recovers both identities. Rather than focus on self-reliance and independence, however, these women focus on interdependence and mutual caregiving. Wright, Sapphire, and Butler portray disabled mothers who nurture and fight for the survival of their children and community.

Finally, in “CHAPTER 5: Refusing to Be Made Whole: Disability and Form, Disability Aesthetic,” I relate these themes and other formal components of black women’s writing, to an aesthetic deeply influenced by disability. While black feminist literary scholars such as Gwendolyn Henderson and Karla F.C. Holloway make arguments about black women’s form that suggests disability influences their aesthetic, I build on and expand their arguments to
content that disability as content shapes formal elements of black women’s writing. First, I show how Assata Shakur uses her 1987 autobiography to criticize disabling police violence and illness-producing prison conditions. Using literary disability studies scholar’s Ayo Quayson’s concept of “aesthetic nervousness,” I argue that disability shapes the autobiographical form of her work as she attempts to craft a persona free from prison, injury, and illness. Next, I discuss disability and the novel form in Gayl Jones’s *Corregidora* and *Eva’s Man*, arguing that both novels are what Michael Bérubé calls a disabled novel. Whereas trauma and blues forms disable *Corregidora*, a mad protagonist and storyteller disabled Eva’s Man. While I agree with Quayson and Bérubé argue that the presence of disability in any work affects the form and aesthetic, I also agree with Therí Pickens that commitment to representing the intersections of disability, class, gender, and race results in a particular aesthetic. Thus, I conclude this chapter and dissertation by using Pickens’s readings of Octavia Butler’s novel aesthetic to demonstrate how disability impacts the aesthetic of all the works discussed throughout *Refusing to Be Made Whole*. 
CHAPTER 2

Disability, Healing, and Wholeness in the Writings of Toni Cade Bambara, Gloria Naylor, and Audre Lorde

In this chapter, I analyze the writings of Toni Cade Bambara, Gloria Naylor, and Audre Lorde to examine themes of illness, healing, and wholeness in relation to disability and cure. I argue that these black women writers present an understanding of the body and wellness that demands an altogether different approach to disability than the standard paradigms of the medical or social models. I particularly outline the limitations of what Tom Shakespeare terms the hard social model’s stance toward discourses of disability and suffering as well as the medical model’s pathologizing of individuals and narrow definitions of cure. Instead, I demonstrate how Nirmala Erevelles’s theory of disability as becoming and her emphasis on historical context articulates how these women represent disability and how, as Gay Alden Wilentz, Ann Folwell Stanford, and especially Valerie Lee have argued, these writers’ understanding of treatment, healing, and wholeness reflect non-Western and African American folk paradigms of embodiment that take seriously the connections of body, mind, and spirit, of individual and community. In other words, these black women writers re-conceptualize what constitutes healing and wholeness.

Toni Cade Bambara early on articulates the relation of the black woman writer and healing in her 1970 groundbreaking anthology of black feminist essays, The Black Woman: An Anthology. Echoing the nationalist impulse of the 1960s Black Power movement, yet wary of its silence and at times hostility towards issues that affect black women, Bambara, in her preface,
declared that “[w]hat characterizes the current movement…is a turning away from the larger society and a turning toward each other” and that the black woman’s “job is to find out what liberation for ourselves means, what work it entails, what benefits it will yield.” Bambara rejects the authority of fields of Western medicine and science such as psychiatry, psychology, and biology to analyze and define black women’s political agenda because, she argues, the white men who dominate them make generalizing conclusions that often reproduce negative, delimiting stereotypes about black womanhood. Bambara observes that “It seems not to occur to these scientists … that the behavioral traits they label ‘basic’ and upon which the psychologists breezily build their theories of masculine/feminine are not so ‘basic’ at all; they do not exist, after all, in a context-free ether.” Yet, Bambara recognizes “the need for unified effort and the value of a vision of a society substantially better than the existing one.” In service of this project, Bambara charges the black woman writer with the task of healing. Athena Vrettos argues in “Curative Domains: Women, Healing and History in Black Women’s Narratives” that black women writers like Alice Walker and Gloria Naylor believe the “role of the healer” is “fundamental to black female identity.” Healing and wholeness are also the central concerns of Bambara’s novel *The Salt Eaters* (1980), as well as Gloria Naylor’s novel *Mama Day* (1988) and fictionalized memoir *1996* (2006), and Audre Lorde’s autopathographies, *The Cancer Journals* (1980) and *A Burst of Light* (1988). Though Gay Alden Wilentz argues writers of color engage a “healing discourse to cure the culturally ill,” they also, as Ann Folwell Stanford suggests, are

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70 Bambara, sec. 277.
71 Vrettos, “Curative Domains,” 472.
concerned with material bodies and minds. Of Bambara’s, Naylor’s, and Paule Marshall’s fiction, Stanford contends:

the medical profession is frequently absent or relegated to the margins. Constructing ‘thick descriptions’ of illness, these texts are concerned with the problematics, indeed the possibility, of individual healing in a world—a global community—that itself bears symptoms of terminal illness. Shifting the site of onset from the body to the world—the social and cultural community within which individuals live—these texts foreground the connections between an individual’s physical body and her private as well as collective history.73

These writers are interested in not only curing the world’s ills but also addressing the ills that this world has wrought on black bodies. Vrettos’s work suggests that healing in these writings manifests itself as something altogether different from what Western society typically understands, which is usually a return to an able-body and/or mind, one that might never have existed. For instance, Vrettos argues that writers like Walker “[create] a world out of ancestral scars;”74 they give voice to a female past silenced by pain and view their scars as evidence of survival.75

Troubling the Social Model of Disability

In Disability and Difference in Global Contexts (2011), Nirmala Erevelles troubles the current impulse in disability studies to celebrate disability identity without considering how one becomes disabled. Indeed, disability studies scholars resist focussing on how people acquire impairments, and for good reason. Focusing on the cause of disability, Jill C. Anderson argues,

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74 Vrettos, “Curative Domains,” 455.

75 Vrettos, 459.
positions disability as an accident, “as unintentional, undesirable, marginal deviations from idolized norms of fitness.”

Instead, “[d]isability studies rejects the assumptions that underlie this view, foremost by affirmatively valuing disability experience and accepting bodily diversity not as accidental but as essential to society,” which are the basic tenets of the social model of disability. The social model, as predominantly understood in the field, however, problematically reproduces the same decontextualized history of the body that writers like Toni Cade Bambara have critiqued. Erevelles argues, for instance, “While there is merit to the argument that disability is the most universal of human conditions…there is an implicit assumption here that the acquisition of a disabled identity always occurs outside historical context.”

Instead, Erevelles “situate[s] disability not as the condition of being but of becoming, and this becoming is a historical event, and further, it is its material context that is critical in the theorizing of disabled bodies/subjectivities.” For Erevelles, “it is the lack of access to economic resources and, consequently, to health care that also contributes to the creation and proliferation of disability.”

Erevelles reveals the tenuous place her arguments may occupy in the field: her claims, she understands, are “difficult… to make in a context where disability is theorized as a possibility rather than a limit, because this begs the more controversial question: How is disability celebrated if its very existence is inextricably linked to the violence of social/economic

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76 Rachel Adams, Benjamin Reiss, and David Serlin, eds., Keywords for Disability Studies (New York: NYU Press, 2015), 17.
77 Adams, Reiss, and Serlin, 18.
78 Erevelles, Disability and Difference in Global Contexts, 26.
79 Erevelles, 26.
80 Erevelles, 17.
conditions of capitalism?" Jasbir Puar puts this argument into relief as she describes a New York City disability pride parade on the same day and just blocks away from a Black Lives Matter march against mortal and disabling police violence (mostly against disabled black people). I argue that Erevelles’s understanding of becoming disabled captures the process by which black women have represented disability in their writing. Moreover, I fundamentally agree with scholars like Erevelles, Michelle Jarman, and Theri Pickens to name a few, who posit that disability, race, gender, and class are often constitutive of each other. I argue that in contemporary black women’s writing authors present becoming disabled as a violent yet quotidian physical and mental inscription of their characters’ marginalized status. Everyday racism and sexism are the causes of many diseases that become disabilities in black women.

**Body, Mind, and Spirit**

Disability as represented in black women’s literature also takes seriously the connection of body, mind, and spirit, the importance of community. For instance, writers such as Bambara, Naylor, and Lorde draw on Africanist and other non-Western paradigms of wellness and

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81 Erevelles, 17.


wholeness. According to Stephanie Y. Mitchem, “Long before western [sic] medicine recognized the fact, African traditional healers stressed that interpersonal relations affected people’s health” where “human life is understood relationally as part of the interconnected, shared web of the universe. Sickness, then, is derived not only from germs but also from situations that break relational connections. The born, unborn, and dead are all intertwined, particularly through familial connections.”

Unlike the religious model of disability that preceded modernity, which understood disability as a blessing or curse, a comment on one’s morality, the Africanist view understands “…the human person is not a divided body and soul but a whole being” that needs care. A broken soul can result in a disabled body; thus, healing begins with the spirit and psyche, which has the potential to outlive the temporality of the body. Within this paradigm, the sharp divisions the medical model of disability makes between body and mind, individual and society, material and spiritual are absent. Thus, these writers reject Western, biomedical treatments and cures that ignore or dismiss the role of the spirit and ask readers to recognize their views of wholeness and balance as culturally specific.”

They imagine collaborations between multiple healing systems, including (when appropriate) biomedicine, and

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85 While I use the adjective definition of “Africanist” as reflecting African culture. I also use it to suggests its other adjectival definition—of relating or reflecting African Nationalism or pan-Africanism. Despite many of these black women writers pushing back against this type of nationalism, it nevertheless greatly impacted their mediation of black identity.


88 Mitchem, 35–36.

89 This is not to say that African spiritual systems do not attribute moral valuations of disability. Many sources reveal that some do. But, the spirituality that American women of the African diaspora have extracted focuses more on the interconnectivity of body, mind, and spirit.

they are able to imagine alternative definitions of wholeness that embrace the disabled body where the medical model disdains it. While these writers desire healing, they typically position social conditions as the true disease that needs to be cured.91

Whereas the medical model, positions healing as the responsibility of the individual, in non-Western paradigms the community is responsible for each other’s health, and when one is healed, she is in turn responsible for the community. As Valerie Lee writes, “… knowledge comes through dialogue and is governed by an ethic of care; the community expects personal accountability.”92 This ethic of care and accountability extends to the writers themselves. Lee continues, “…a story is a healing event.”93 These women’s works are not only healing events for the readers but for themselves. Gloria Naylor, Toni Cade Bambara, and Audre Lorde all recount moments where they (re)turn to their writing for healing. They, therefore, position themselves as healers and what Lee calls “sister conjurers”: women who “use storytelling as a curative domain.”94 As sister conjurers, these writers have articulated understandings of wellness and wholeness whose influence continues to inform present-day black women.

Becoming Disabled in Toni Cade Bambara’s The Salt Eaters

In The Salt Eaters, Bambara represents mental disability as a socio-historical act of becoming where healing is paramount to not only the individual’s well-being but also the black community’s. The novel embraces Africanist understandings of the body and healing and

91 Using illness and disease as a metaphor for social conditions is, itself, problematic in that it reinforces the stigma of disease and illness.
92 Lee, Granny Midwives and Black Women Writers, 64.
93 Lee, 16.
94 Lee, 16.
presents healing as a collaborative effort between traditional medical communities and folk healers, while simultaneously troubling the concept of the able-mind and redefining wholeness to be inclusive of mental disability. While scholars such as Keith Byerman, Valerie Lee, and Linda Holmes have identified healing as the major theme of the narrative, and some, including Margo Anne Kelley and Sheila Smith McKoy, have even discussed the importance of Africanist cosmologies to the healing narrative, they tend to understand the text’s presentation of the protagonist’s, Velma Henry, psychic breakdown as simply a metaphor for the black condition. However, like Ann Folwell Stanford, I am interested in Velma’s mental disability as material reality for her character within the world of the narrative.

_The Salt Eaters_ is the story of Velma Henry’s path to healing after she attempts suicide. Velma’s healing, the main plot-line, occurs over the course of one day in a room in the Academy of the Seven Healing Arts’ Southwest Community Infirmary, a multi-racially and ethnically owned and operated institution that combines biomedical treatments along with healing practices from various non-Western cultures. Velma is surrounded by doctors, interns, and a select group of community members known as “The Twelve, or The Master’s Mind.” Also present, and central to the healing ceremony, is folk healer and conjurer, Minnie Ransom. As Stanford has noted, “[_The Salt Eaters_] resists any kind of attempt to separate mind, spirit, body, and social context. What is important here is that, despite the medical staff’s unease, this healing session (and presumably others like it) takes place within the clinic walls and medical people present.

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There is a partnership in place, as well as an accountability.” Bambara’s text embodies an Africanist understanding of wellness and healing as well as time and space. The text represents time/history as always present and the spirit world as accessible and instrumental in the everyday workings of the corporeal world. Moreover, though Velma is the protagonist, Bambara’s text is polyvocal and communal, and, eventually, the reader comes to learn that it is not only Velma in need of healing but all of us. As John Wideman so eloquently puts it in his 1980 book review, “[Bambara] makes us understand that what is at stake in Velma Henry’s journey back to health is not only one woman’s life but the survival of the planet.”

_The Salt Eaters_ frames disability as a process of becoming produced within a specific historical moment and under specific material conditions. In _The Salt Eaters_, Velma’s mental disability is a by-product of oppressive social conditions, which is revealed through the narrative structure. As Elliot Butler-Evans observes in _Race, Gender, and Desire_ (1987), Bambara’s novel is episodic, and present, future, and past time are always present. As such, events unfold, to borrow from trauma studies, through the process of association, where one thought or memory triggers an associated one; this links Velma’s sickness and symptoms to incidents of earlier trauma. For instance, in the narrative, Velma participates in civil rights activism to her mental and physical detriment. Early in the narrative, Velma’s godmother, Sophie Heywood, leaves

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98 For more on _The Salt Eater’s_ Africanist derived cosmology, see Kelley, Byerman, and McKoy.


100 Erevelles, _Disability and Difference in Global Contexts_, 26.

101 Elliott Anthony Butler-Evans, _Race, Gender and Desire: Narrative Strategies and the Production of Ideology in the Fiction of Toni Cade Bambara, Toni Morrison and Alice Walker_ (University of California, Santa Cruz, 1987), 178.
Velma’s healing ritual, and as she steps out of the clinic room she steps back into an unsettlingly violent march, one that seems to characterize how the text frames protests during the 1950s and ‘60s Civil Rights Movement. Sophie receives blows to her kidneys as she lies “face down in the jailhouse bed springs.” In this scene Sophie also sees the shocking image of a child pressed against the sidewalk: “Smitty pulled down against the cement pedestal, slammed against the horses’ hooves, dragged on his stomach to the van. A boot in his neck. Child. Four knees in his back. Son.” The narrative paratextually links the violence inflicted against Smitty to what has led Velma to the hospital stool in which the scene opens. This is evident in this scene’s last two sentences: “Sophie Heywood closed the door of the treatment room. And there was something in the click of it that made many of the old-timers, veterans of the incessant war—Garveyites, Southern Tenant Associates, trade unionists, Party members, Pan-Africanists—remembering night riders and day traitors and the cocking of guns, shudder.” Velma’s healing makes Sophie and The Twelve, a group of seasoned activists in social justice movements, recollect racialized violence. The Twelve connect Velma’s illness to the violence inflicted upon activists of specific historical events and movements—Marcus Garvey’s black nationalist organization, the Universal Negro Improvement Association (UNIA); farm and trade union activism during the Great Depression; Communist party membership; and the then-contemporary Pan-African movement to build coalition throughout the African diaspora with African nations. Velma’s mental illness is not a defect of her individual body nor has she acquired it “outside of historical context.”

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103 Bambara, 15.
104 Bambara, 15.
Readers, like The Twelve, should understand violence experienced during civil rights protests as an etiology of Velma’s illness.

Velma’s mental illness not only reflects a long history of traumatizing violence against various community activists but also her own experiences with sexualized and racialized violence and marginalization. In the next scene, Minnie Ransom asks Velma if she is sure that she wants to be well and exhorts her to “Release, sweetheart. Let it go. Let the healing power flow.” These lines recall two other events: one where Velma’s husband also tells her to let it go and another of what, exactly, she needs to let go of. Velma is in a group of black women listening to a black man ask them to help him win an election. Though Velma appears to lead the group, she is distracted as she tries to hide that she is menstruating into a flyer because the building does not sell sanitary napkins or tampons. This moment makes Velma recall another moment where she is once again menstruating into her panties as she and her fellow women activists use their social justice work to also help a budding male politician. She recounts that “She’d been reeking of wasted blood and rage. They’d marched all morning, all afternoon and most of early evening to get there. Shot at, spit on, nearly run down by a cement mixer, murdermouthed, lobbed with everything from stones to eggs,” only to find that when they arrived at People’s Park, later so named in honor of the march, the host-group had not set up for the post-march event. This scene exposes some of the violence activists experienced as they march as well as the physical toll marching itself exacts on the body. In addition, Velma must face the indifference of this leader who asked her and the other marchers and organizers to put their bodies on the line without suffering with them or even providing a place where they could rest

105 Bambara, 20.
106 Bambara, 34.
and take care of themselves. He used them and made them vulnerable to abuse, only to take their labor for granted. This scene, like Sophie Heywood’s, connects white violence against black bodies as an etiology for Velma’s disability. However, this scene presents a black-feminist critique of the physically and mentally detrimental casual misogyny as practiced by many black male activists. Moreover, in both the meeting room and on the street, the conditions prevent Velma from practicing the most basic acts of self-care, such as attending to her menstruating body, an issue that The Salt Eaters marks as crucial to Velma’s process of becoming disabled.

Velma has internalized the myth of the strong black woman to her detriment, demonstrating how also linguistic/representational constructs about black womanhood have material effects and can lead to becoming disabled. For Velma, as Trudier Harris argues, the myth of the strong black woman has become a disease.\textsuperscript{107} When she neglects her beaten, menstruating body she fails to engage in self-care; she is “never…the center of her own life,” as her friends and fellow activists Jan and Ruby say.\textsuperscript{108} Instead, Velma has taken on the task of running multiple civil rights organizations while nurturing a family without adequate spousal support, and therefore sacrifices her wellness for the sake of the movement. The Salt Eaters exemplifies critiques black feminists have levied against the strong black woman myth. As Melissa Harris-Perry argues in Sister Citizen (2009), the controlling image of the Strong Black Woman seems like a positive image black women can embrace, but it encourages black women to be self-sacrificial, hardworking, and independent to their physical, mental, spiritual, and even political detriment as it also cultivates feelings of shame and personal failure when they experience moments of weakness, vulnerability, or “normal humanity.” Internalizing this myth

\textsuperscript{107} Trudier Harris, Saints, Sinners, Saviors: Strong Black Women in African American Literature (New York: Palgrave, 2001), 16–17.

has been harmful to black women’s health.\textsuperscript{109} Trying to be a strong black woman leaves Velma in mental distress. Though this scene critiques the myth of the strong black woman, it does not reject it wholesale. In Bambara’s novel, the problem is not so much with black women believing that they are strong, or even taking on the insurmountable task of healing the world. The problem is when they do not take time to heal when necessary.

The dynamics of Velma’s healing not only speak to how to navigate the process of becoming disabled but also how to think about healing in a way that addresses the body’s suffering without pathologizing the individual or engaging ablest notions of mental and physical norms. It achieves this by rejecting Western notions of cure and health and embracing Africanist understandings of healing, wholeness, and balance, which is reflected in the collaborative nature of her healing ceremony and the healers’ refusal to bifurcate body from spirit, privileging one over the other. Minnie Ransom consults her spirit guide and recognizes that Velma suffers as much in her spirit as she does in her mind and body, that it is Velma’s spirit that connects her to the ancestors and the strength that she needs to be whole. That said, by embracing Africanist paradigms of health and wellness, \textit{The Salt Eaters} also challenges Western societal views of cure by redefining what wholeness means and looks like. Just as the text rejects the medical-model view of illness and disability as personal, biomedical pathology to instead position them as a communal problem, the text redefines wholeness by removing it from the purview of the individual and into the communal. Velma’s wholeness is not just personal but also a community concern and taking care of one’s health is not only important to the individual but also the community, who all have a stake in each other’s healing. Minnie Ransom tells Velma, “Choose your cure, sweetheart. Decide what you want to do with wholeness…. The source of health is

\textsuperscript{109} Harris-Perry, \textit{Sister Citizen}, 189.
never outside, sweetheart. What will you do when you are well?” Each sentence Minnie says to Velma encourages agency that patients in strict biomedical environments rarely feel. Each question Minnie asks Velma suggests that wellness and wholeness aren’t for personal benefit but must be used for the community. Wellness is not a personal matter but a community priority; wholeness is not for personal enjoyment but must be used for the political. As Sophie Heywood desires to ask Velma, “And did you think your life is yours alone to do with as you please? That I, your folks, your family, and all who care for you have no say-so in the matter? Whop!”

Finally, wholeness in Bambara’s text does not repudiate disability but instead embraces it. The ultimate promise of Velma’s healing is the possibility of her accepting her spiritual powers, powers that will give her the actual strength to carry on with the work that must be done to cure the pathological world. As Ransom consorts with her spirit guide, Old Wife, about Velma, Minnie tells her that Velma is “coming through with more than [she] can handle.” Velma’s godmother had “waited a long time for the godchild’s gift to unfold.” Velma’s godmother has been watching and waiting for Velma to come into her powers. Yet, Velma’s spiritual powers are manifest in characteristics and behaviors that Western society mark as pathological. Velma’s spiritual gifts may craft a reality, much like Minnie Ransom’s, where past, present, and future are always present, where spirits talk to and interact with the living, where it is possible to have second sight. Even in the world of the novel, outside of the safety of the clinic’s walls where a person like Minnie Ransom can garner respect for her healing abilities,

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111 Bambara, 148.
112 Bambara, 294.
113 Bambara, 293–94.
“those who do not claim to experience time and space within the rules of our contemporary reality may be considered mentally disabled due to their claims of living in a differing reality from others.”¹¹⁴ For example, the people in Velma’s life have stigmatized her for attempting suicide. “Velma is a crackpot” and similar remarks circulate among her associates, friends, and family.¹¹⁵ Moreover, Velma’s family and friends label her crazy—before she attempts suicide—because of her ability to see the connections amongst biopower, abuses against the environment, and health. Velma’s concern reflects the fact that, historically, mental and intellectual disability has been attributed to activists, from Samuel Cartwright’s drapetomania, a disease attributed to runaway slaves, to schizophrenia, as Jonathan Metzel reveals in The Protest Psychosis (2009).

The precarious, porous nature of mental disability is central to The Salt Eaters. Velma’s experience with mental distress mobilizes the narrative and the suspicion of those close to her, like Sophie, who predicts that “Velma’s next trial might lead to an act far more devastating than striking out at the body or swallowing gas”¹¹⁶ leaves the conclusion open-ended. In addition to the strong possibility that Velma will once again face a mental health crisis, the novel also reveals how certain mental disabilities are simply social constructs. What gets marked as crazy is tenuous and unstable; people can “[change] status overnight from nut to wise man.”¹¹⁷ On the other hand, disability speaks to material socio-historic problems. As Sami Schalk argues in her forthcoming book, Bodyminds Reimagined, black women’s speculative fiction “[u]ses disability as metaphor and materiality to critique the racist, sexist, and ableist construction of able-

¹¹⁴ Sami Schalk, Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women’s Speculative Fiction (Durham, NC: Duke UP, Forthcoming 2018)
¹¹⁵ Bambara, The Salt Eaters, 100.
¹¹⁶ Bambara, 294.
¹¹⁷ Bambara, 159.
mindedness and the racist, sexist, and ableist practices of the psychiatric medical-industrial complex.”

Bambara used the paradigm of wellness and wholeness that she expounded in *The Salt Eaters* to help provide a foundation for her own black women’s health activism. According to her biography, *A Joyous Revolt* (2014), Bambara would read from or summarized passages from *The Salt Eaters* during health workshops and lectures. She was also asked her to contribute feedback in the early stages of the National Black Women’s Health Project. After she was diagnosed with cancer, Bambara’s later works, as well as Bambara herself, “returned to the ideas found in *The Salt Eaters*…. [She]…returned to many of the concepts of transformation, creating wholeness, and claiming wellness that she wrote about…”, revealing that she deeply believed in the healing powers of her own work. 119 Toni Morrison, Bambara’s dear friend and editor, wrote that Bambara had “this other thing that a lot of writers don’t have, which is the confidence and the clarity. It’s not ego-bound confidence. It’s just confidence in the ability of the material.” 120 In Bambara’s case, she was confident in her writing’s ability to heal.

**Alternative Models of Disability in Gloria Naylor’s *Mama Day* and 1996**

Like Toni Cade Bambara’s works, Gloria Naylor draws on Africanist paradigms of wellness, wholeness, and healing that view the body and spirit as interconnected and illness and healing as a communal rather than an individual concern. If Western biomedicine and Africanist folk traditions each have an important and distinct role in Velma’s healing in Bambara’s *The Salt

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118 Sami Schalk, *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women’s Speculative Fiction* (Durham, NC: Duke UP, Forthcoming 2018)


120 Holmes, 201.
Eaters, they are mostly competing systems in Gloria Naylor’s Mama Day, as the text challenges Western biomedicine’s hegemony. Her work suggests that healing practitioners—medical and alternative—must be sensitive to how one’s culture shapes one’s experience with sickness, disability, and healing.

Mama Day is an epistolary novel, a series of (love) letters between Cocoa Day and George Andrews—one alive and one dead—that reflects on the events leading up to George’s untimely death as he tried to save Cocoa from a powerful, malevolent conjure. Cocoa, who has moved away from her birth home on the fictional island of Willow Springs, returns to introduce her husband, an orphan and a city boy, to her grandmother Abigail and her great-Aunt Miranda, the titular character, a healer and powerful conjure woman. Willow Springs, like the Gullah sea-islands which it is modeled after, is rural and has largely remained isolated from the mainland. This has allowed Africanist practices and paradigms to evolve largely untainted by the white hegemonic culture. As Daphne Lamothe argues, “the locus of resistance in Naylor’s text lies in the island inhabitants’ retention and transmission of African-derived traditions and values, such as orally conveyed folklore, quilting, and herb and rootwork, in the face of cultural forces that would efface them.”121 One of the prominent themes of resistance to “state-sanctioned” memory is preserving the culturally specific Africanist paradigms of wellness and healing. Mama Day presents a space where Africanist understandings of the body and spirit are valued and healing practices thrive, and George’s death becomes a warning to those who privilege the Western biomedical model to the exclusion of other, culturally specific ways of understanding the body and illness.

In *Mama Day*, biomedicine has its place, not as superior to Africanist and African American folk healing but as akin depending on the circumstances. The novel presents biomedicine as a health practice rooted in and informed by the specific, racialized socio-cultural history of the mainland. Biomedicine thus proves ineffective in dealing with an illness that requires a different cultural perspective. Hence, *Mama Day* rejects the hegemony of Western biomedicine and instead argues for a culturally “situated” approach to health and bodies. For example, George treats his congenital heart condition in a Western, biomedical fashion: he takes his medicine, eats a diet that keeps him well, and exercises regularly without overtaxing his heart. This approach to his disability has proven effective for him, and the text does not attempt to discredit or even reject this approach to medicine or the bodies that George and, later, the white mainlander, Dr. Smithfield, represent. Whereas the medical model of disability presents biomedicine as the only approach to illness and disability, *Mama Day* presents this as just one approach among many. This becomes most clear in the juxtaposition between Dr. Smithfield and Mama Day as medical practitioners.

*Mama Day* compares and contrasts Western and African American healing practices. Much like the enslaved medicine woman, Vyry, in Margaret Walker’s *Jubilee* (1966), Mama Day is a walking encyclopedia of medicinal herbs and roots and a respected midwife. She can heal life, bring life, and, if necessary, take life. Therefore, the residents of Willow Spring tend to trust Mama Day’s medical input more than Dr. Smithfield’s. And though “it hurt his pride at times,” Dr. Smithfield even admits that Mama Day’s medical advice/treatment was “no different than what he had to say himself…”

122 Though the text presents Miranda’s folk medicine as akin

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to Dr. Smithfield’s practices, *Mama Day* critiques Western biomedicine’s medicalization of unruly bodies. For instance, when Bernice, a resident of Willow Springs, is desperate for a child, Mama Day works with her to regulate her menstrual cycle and strengthen her womb using herbal remedies such as star grass and red raspberry tea. However, Bernice is impatient and has internalized the Western, biomedical impulse to pathologize her body and diagnose something wrong with herself. Consequently, she visits a doctor on the mainland for help getting pregnant. Instead, Bernice’s husband, Ambush, is forced to rush her to Mama Day when she begins to feel excruciating pains in her abdomen and run a fever. Though Ambush and Bernice believe that she is pregnant and experiencing complications, Mama Day corrects them and tells them that the “fertility pills [they] stole done inflamed [her] female parts” and that she must do an internal examination to find out exactly where. Mama Day soon discovers the infection is in Bernice’s ovaries. As this conflict unfolds, the narrative reveals that Bernice has taken Perganol, an actual fertility treatment known to cause abdominal pain, enlarged ovaries, and ectopic pregnancies, among other symptoms. Bernice’s storyline comments on the excessive medicalization of women’s reproduction. The text critiques the pharmaceutical industry for its hazardous—and at times lethal—treatments.

Moreover, Bernice’s situation reveals the limitations of the medical model’s tendency to unnecessarily medicalize bodies. Inmaculada Pineda Hernández is especially accurate when she observes that Bernice isn’t infertile; she’s impatient: “[Miranda] knows that Bernice cannot get pregnant because she is overstressed, she worries too much about having a baby.” Bernice’s impatience reflects a modern culture in which everything is expected instantaneously. Mama

123 Naylor, 84.
Day’s healing becomes more effective than Western biomedicine because she can design a
healing ritual suitable to the actual issue. Hernández continues: “to help [Bernice] overcome her
anxiety Mama Day designs a magical treatment to heal her. She marches in Bernice’s kitchen
and teaches her how to ‘really cook’…The intent of this whole process is for Bernice to learn
how to be patient.”125 This, as Hernández ultimately argues, reveals the magic in “our mothers’
and grandmothers’” everyday activities, an approach to wellness that takes on an explicitly
womanist inflection.126

The penultimate example of the importance of culture in healing practices is in the
conflict between Cocoa and Ruby. After a fight with George, Cocoa goes to Ruby’s home to
unwind by having Ruby braid her hair. Ruby is a fat, powerful conjure woman who, beneath her
outward confidence and self-assurance, feels insecure in her new relationship with a younger
man and therefore threatened by Cocoa’s youth and thinness. Cocoa, preoccupied with her own
husband and his experience with her family and hometown, does not know that Ruby is enraged
that her husband finds Cocoa attractive. She does not know Ruby has killed previous husbands
and is suspected of conjuring against other women she has marked as a threat, or that she is next
and should, therefore, distrust Ruby in her hair. Cocoa fails to “read” Ruby and her intentions.127
Soon after Ruby braids her hair, Cocoa begins to feel sick. Mama Day checks Cocoa’s hair
and finds nightshade braided in. Mama Day cuts out the braids, but when Cocoa experiences

125 Castro Borrego, 139.

126 Here, I am referring to Alice Walker’s critical strategies of reading aspects of black women’s domestic
labor such as cooking and quilting as practical but nevertheless creative outlets. For more, see Alice Walker, In

127 Andrea Shaw argues in The Embodiment of Disobedience: Fat Black Women's Unruly Political Bodies
(2006), that Ruby’s fatness signifies her magical ability but also, problematically, her maliciousness. However,
Naylor’s characterization of Ruby, Shaw argues, goes against the grain in how African Americans characterize fat,
black women. Typically, Shaw argues, they are figured as agents of healing. Ruby, however, is a “big mama” figure
gone wrong. Andrea Elizabeth Shaw, The Embodiment of Disobedience: Fat Black Women’s Unruly Political
Bodies (Lanham, MD: Lexington Books, 2006), 86.
“achiness in [her] head” and “fever,” and the red splotches around the temples turn into red welts going down her flesh, Mama Day immediately knows that Ruby has done more than poison Cocoa; she knows that Cocoa’s mysterious and disabling illness is out of the purview of biomedicine, and possibly her own hands. Cocoa’s condition worsens when she begins to see maggots falling off her flesh and to feel them eating away at her insides as if she were a corpse. Mama Day visits Ruby’s house and puts a conjure on it that blows it up. However, this is merely revenge and not enough to heal Cocoa.

Though Mama Day is powerful, she alone cannot cure Cocoa. Since George has Cocoa’s heart, it is crucial that he participate in the healing ceremony, but George is committed to a Western biomedical understanding of Cocoa’s illness, and Mama Day is, therefore, reluctant to tell him what needs to be done to save Cocoa’s life. Mama Day thinks:

In all her years she could count on half of her fingers folks she’d met with a will like his. He believes in himself—deep within himself—’cause he ain’t never had a choice. And he keeps it protected down in his center, but she needs that belief buried in George. Of his own accord he has to hand it over to her. She needs his hand in hers—his very hand—so she can connect it up with all the believing that had gone before. A single moment was all she asked, even a fingertip to touch hers here at the other place. So together they could be the bridge for Baby Girl to walk over. Yes, in his very hands he already held the missing piece she’d come looking for.128

Mama Day needs George to disregard the biomedical emphasis on individualism and independence for a model of interdependence. She needs him to see Cocoa’s sickness as not just of the body but also of the spirit, so she devises a way to work around George’s sense of independence. She asks him to go into a chicken coop with angry chickens and bring back whatever is in there, but George struggles to overcome the seeming ridiculousness of what Mama Day asks of him. Eventually, though, he goes into the chicken coop. However, he reaches

the proper nest and finds only his “gouged and bleeding hands.” Instead of bringing “straight back whatever [he] finds,” he hesitates. He doubts. “There was nothing that old woman could do with a pair of empty hands,” so he decides to return to Cocoa’s bedside, where his heart bursts. George sacrifices his life for Cocoa, which was the alternative healing-act Mama Day tried to avoid.

Though George eventually becomes desperate enough to try and practice what he considers superstition, he does not truly believe. He implicitly trusts Western, biomedicine over the spiritual-healing work that Mama Day determines is necessary for Cocoa’s healing, and he suffers the consequences. George begs Cocoa to see a doctor on the mainland as she deals with her illness, though Mama Day has proven herself just as—if not more—knowledgeable. His mentality reflects an internalized racism that automatically labels all things black inferior. That people are less likely to trust a black medical doctor than a white one proves that what George represents extends beyond doubt about the efficacy of spiritual methods to treat physical ailments. As Ann Folwell Stanford argues in Bodies in a Broken World (2003), “Mama Day, in creating ‘a world outside white parameters’ and critiquing George’s reliance on white constructs and ways of being, reminds readers that racism, both internal and external, is as deadly as any spell or rootwork done for spite.”  

Refusing to embrace Mama Day’s hand is a refusal to embrace his and Cocoa’s African roots. Joining hands with Mama Day is symbolic for connecting to all the wisdom and knowledge of the ancestor, the power of the ancestor. However, as Castro Borrego argues, “[u]nfortunately George, Cocoa’s practical husband, does

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130 Castro Borrego, The Search for Wholeness and Diaspora Literacy in Contemporary African American Literature, 144.
not believe in the power of the ancestors. George, who ignores his own family history, has been insistently taught that ‘only the present has potential’ (23).”

Naylor continues to emphasize the importance of cultural specificity and history in understanding illness in her 2005 fictionalized autobiography, *1996*. *1996* revisits the Gullah island setting as the Gloria Naylor character moves there to write. Once settled, however, a misunderstanding between her and her Jewish neighbor results in Naylor under illicit government surveillance and harassment that eventually compel her to move back to New York. Yet, the harassment persists. Naylor isolates herself from family and friends for fear that they will not believe her story and think her crazy. Here, Naylor’s persona attempts to divorce herself from madness as supposed true deviance. At the same time, the text deconstructs madness, revealing how the government agents attribute madness to those deemed dangerous. Moreover, they weaponize madness. They use it to discredit and torment. Eventually, the government agents employ a device that makes Naylor believe that she is hearing voices and people can read her mind. Through this device, they verbally assault her with invectives such as “bitch.” They send self-deprecating thoughts such as “I have no friends. Everybody hates me like I hate Jews.” They simulate suicide ideation by bombarding her with “thoughts” such as “I hope I die in my sleep.”

Naylor eventually feels weary from the social isolation and intrusive thoughts, but, when the voices tell her she wants to kill herself, she knows enough about herself to know that those desires are not her own. She sees a psychiatrist who diagnoses her with schizophrenia. Though he and her primary care physician promise to “fix her,” and she trusts them, she soon realizes that psychiatry is inadequate to cure or even treat her hallucinations. They get worse.

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131 Castro Borrego, 144.
When the government agents attempt to access Naylor’s therapy files, Dr. Davis, her care provider, learns that she is not paranoid; she is indeed under surveillance. Yet he does not know that the government agents are causing the hallucinations, so he continues to prescribe her psychotropic medicine. He also instructs her to engage in what the novel presents as one of the most effective healing acts: writing. Eventually, Naylor realizes that she hears the voices only in her apartment. When she works at the library, she is free from the intrusive insults. She begins to research mind control and finds a website of government mind-control survivors. She realizes, “I don’t have a chemical imbalance, and that’s why the medication isn’t working.”

As with *Mama Day*, Gloria Naylor suggests in 1996 that care for illness requires attention to one’s history and culture. In 1996, to understand Naylor’s interpretation of her hallucinations and suicide ideation as government harassment and mind control, one must account for her history as a black, female writer who came into intellectual age during COINTELPRO. The text does not dismiss mental disability as purely a social construction, nor does it reject consuming psychiatric services. It does, however, encourage faith in one’s ability to interpret one’s experiences. 1996 privileges the perspective of the person who experiences symptoms of mental distress or illness. As such, Naylor’s text affords her persona an authority to interpret her own experiences that mad characters and people are rarely granted. In the story, however, knowing that someone else causes her hallucinations does little to alleviate Naylor’s distress, troubling the boundary between “organic,” biologically rooted mental disabilities and mental

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133 Naylor, 117.

134 COINTELPRO was an operation wherein the F.B.I., under the Hoover administration, was tasked “to expose, disrupt, misdirect, discredit, or otherwise neutralize the activities of black nationalist, hate-type organizations and groupings…”

135 I agree with scholars such as Margaret Price, Anna Mollow, and Merri Lisa Johnson who push against feminist articulations of madness as purely a social construct, such as the arguments espoused in Sandra Gilbert and Susan Gubar’s class, *The Madwoman in the Attic* (1979).
distress caused by external stressors or trauma. Ultimately, Naylor uses writing to heal both body and social wrongs. She both opens and closes 1996 with the following lines: “I didn’t want to tell this story. It’s going to take courage. Perhaps more courage than I possess, but they’ve left me no alternatives. I am in a battle for my mind.”136 By the end of 1996 there is no “cure” for Naylor’s government-induced “schizophrenia,” but she has begun to use her writing to heal herself. Writing validates her experiences and exposes the injustices to which she is subject. It counters narratives that dehumanize and devalue her as a bitch who deserves to die—whether she is mad.

_Mama Day_ challenges the hegemony of just one approach to wellness, particularly Western, biomedicine’s hegemony. While _Mama Day_ does not altogether dismiss biomedicine, it does present it as limited, especially in cultural contexts beyond its purview. The text values Africanist understandings of body and spirit and the efficacy of African American folk medicine. It draws from Africanist paradigms and encourages interdependence. It rejects biomedicine’s focus on the individual and instead argues for communal responsibility for wellness and healing. It also forces us to acknowledge the role that race has in determining what legitimate medicine is: early on, the text establishes that Mama Day’s medical knowledge, though articulated in different terms, is just as and even more effective than Western medicine. And yet, George distrusts her knowledge. When Mama Day asks George to take her hand and connect with her and their ancestors, she asks him to dismiss, momentarily, his patriarchy and to have faith in African-derived beliefs and practices. Thus, and quite importantly, George’s refusal to embrace these alternative paradigms exposes the racism that underpins Western biomedical hegemony. As Stanford argues, “the illnesses and traumas of Willow Springs nevertheless hold within them the tensions implicit in a narrative approach to [medical] ethics: Whom should one trust? Whose

136 Naylor, 1996, 3 and 129.
story holds weight? Why? What is going on? And, of course, What to do?\textsuperscript{137} While Stanford is concerned with medical ethics, for disability studies and the medical and social models of disability, Naylor proposes a model that asks that we respect people’s experiences of their bodies and their understandings of their health and wellness, as she further explores in 1996. In 1996 self-confidence in her ability to interpret her experiences with a sensitivity to history is crucial to discovering the source of her mental distress while revealing the limitations of medicine to address them. \textit{Mama Day} and 1996 encourage a self-confidence in one’s ability to interpret one’s experiences and take informed action in one’s care that can be life-saving to black women, Naylor included.

\textbf{Redefining Wholeness in Audre Lorde’s Autopathographies}

While Toni Cade Bambara especially draws on Africanist paradigms to discuss the body and Gloria Naylor emphasizes cultural specificity in healing practices, Lorde radically redefines wholeness and survival in her life-writing about cancer. \textit{The Cancer Journals} and \textit{A Burst of Light}, like Toni Cade Bambara’s \textit{The Black Woman: An Anthology} and \textit{The Salt Eaters}, are essential readings in black women’s health activist-circles. Not only have black women health activists incorporated Lorde’s teachings into their praxis, but Lorde’s \textit{The Cancer Journals} and \textit{A Burst of Light} are the few works by a black woman widely taken up in disability studies, mostly because they are memoirs about her experience with illness, or autopathographies. While disability scholars of autopathography have no choice but to examine how sexuality, race, and gender shape Lorde’s experiences as disabled, many still find ways to elide her intersectional identity by focusing on either race, sexuality, or gender (typically gender), and with the exception of Rosemarie Garland-Thomson and Therí Pickens, isolate her work from the larger

\textsuperscript{137} Stanford, \textit{Bodies in a Broken World}, 157.
context of black women writing about disability. I argue that Lorde’s model of disability is not an outlier but fits in with, and is often the model for, the way that black women writers like Gloria Naylor and Toni Cade Bambara approach disability. For instance, The Black Women’s Health Book includes excerpts from A Burst of Light and Angela Y. Davis’s essay, “Sick and Tired of Being Sick and Tired: The Politics of Black Women’s Health,” opens with an invocation of Lorde’s spirit through her works. Finally, Lorde, like Naylor and Bambara, rejects the hegemony of Western biomedicine and instead draws on Africanist paradigms of wellness, wholeness, and healing to present an understanding of disability that attends to both body and spirit, positions disability as a communal rather than individual concern, points to unjust social conditions as disabling, and redefines wholeness and healing. Lorde, however, presents the most radical redefinition of wholeness.

Like Gloria Naylor and Toni Cade Bambara, Audre Lorde rejects the hegemony of Western biomedicine in favor of multiple healing systems, especially those rooted in her African and West Indian heritage. For instance, in The Cancer Journals, Lorde switches to a plant-based regimen modeled on West Indian and African diets, and as her battle with liver cancer progresses she slowly moves South, away from the cold New York climate, until she finally settles in St. Croix, US Virgin Islands. Moreover, she considers several holistic healing methods before settling on biomedical treatments. In A Burst of Light, Lorde travels to Switzerland to enter a cancer-treatment center that incorporates alternative healing methods that she believes are less

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toxic than chemotherapy and radiation. She decides that the center’s treatments are less toxic, and she finds its focus on both body and spirit attractive as she uses her studies of and a trip to Africa to develop an Africanist-derived understanding of embodiment that believes in the interconnection of body and spirit. Lorde undermines Western, biomedical supremacy and authority. She doubts and questions the diagnosis and treatments that her doctors in the U.S. prescribe for her, partly out of a distrust rooted in the medical institution’s long history of racism.

While Naylor and Bambara can elide issues of medical racism in *Mama Day* and *The Salt Eaters*, as these works are largely fictive visions of what healing and wholeness could be, Lorde cannot escape interacting with this community.\(^\text{139}\) Though Lorde does not shun medical treatment, she does often paint the medical community as nefarious. For example, as she is wheeled to the operating room for her mastectomy, she writes, “I have ceased being a person who is myself and become a thing upon a Gurney cart to be delivered up to Moloch, a dark living sacrifice in the white place.”\(^\text{140}\) Lorde’s description of herself as a black person surrounded by malicious white doctors echoes similar scenes in black writing as varied as Sutton Griggs’s *Imperium in Imperio* (1899) to Ralph Ellison’s *Invisible Man* (1954) to Assata Shakur’s *Assata: An Autobiography* (1987). Lorde employs a scene that can arguably be considered a trope within black literature, which invokes what historians such as Harriet Washington and Alondra Nelson have argued is a communal distrust of white doctors among black people because of the white, medical community’s history of unethical experimentation on and subpar care of black bodies.\(^\text{141}\) Lorde often admits she does not trust the white medical staff who are responsible for her

\(^{139}\) For more on medical racism, see Harriet Washington’s *Medical Apartheid*, John Hoberman’s *Black and Blue: The Origins and Consequences of Medical Racism*, and W. Michael Byrd and Linda A. Clayton’s *An American Health Dilemma* (2000, 2001)


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treatments. But this scene is one of the very rare instances in which Lorde represents herself as a passive patient. Throughout her autopathographies, Lorde refuses to relinquish her power to the medical community.

Whereas Western society tends to doubt the body, especially the female body, Lorde places more faith in what her body tells her than what doctors, labs, and tests do. First, she listens to and trusts her body. In *The Cancer Journals*, she shares that she knew that she had cancer, that her body told her so, and in *A Burst of Light* she hesitates to accept a cancer diagnosis because, once again, her body did not communicate that to her. Next, she maintains autonomy over the choices that concern her body. For her, “most important was not what [she] chose to do so much as that [she] was conscious of being able to choose, and having chosen, was empowered from having made a decision, done a strike for [her]self, moved.”\(^\text{142}\) She does not let her own fear or the medical community’s fear-mongering cause her to surrender that right. Instead, Lorde, as Sharon L. Barnes argues, “rejects the ‘european-centered’ powerlessness associated with illness and death in favor of a non-western, woman-centered celebration of the power that aware-ness of mortality brings.”\(^\text{143}\) Though the biomedical model encourages patients to feel shame and guilt because of their bodies and submit to the absolute authority of the medical practitioner, Lorde is proactive. She takes charge of her care, challenging the traditional power dynamic between doctor and patient.

It is not enough, however, for Lorde to celebrate her awareness. Lorde expresses a sense of responsibility to her fellow community of cancer patients and survivors and uses her narrative to represent their experience and build community. Lorde knows that women with breast cancer

\(^{142}\) Lorde, *The Cancer Journals*, 32.

“have been schooled to be secret and stoical about pain and disease,” but she believes that there are “powers buried within the breaking of silence about our bodies and our health.”\(^{144}\) Thus, in *The Cancer Journals*, Lorde shares the pain, anger, and sense of loss she feels after losing a breast: “The pain of waking up in the recovery room which is worsened by that immediate sense of loss…. For my lost breast? For the lost me?”\(^{145}\) Here, the distinction between physical and emotional pain, self and body, blur, revealing the extent to which her sense of self was tied to her embodiment. She gets angry when the medical staff suggests a silicone prosthesis is a viable substitute: “To imply to a woman that, yes, she can be the ‘same’ as before surgery, with the skillful application of a little puff or lamb-swool and/or silicone gel, is to place an emphasis upon prosthesis which encourages her not to deal with herself as physically and emotionally real, even though altered and traumatized.”\(^{146}\) The prosthesis can never replace what Lorde has lost, especially since the “flesh” color of the prosthesis is pale and pink and therefore represents what Lorde never was—a white woman.\(^{147}\) Lorde’s narrative reveals that becoming disabled, for her, is a traumatic process that involves suffering, loss, and mourning. In so doing, Lorde pushes against what black feminist scholar-activists such as Evelyn M. Hammonds and Byllye Avery have identified as the “conspiracy of silence.”\(^{148}\) Lorde refused to play into the stereotypes of the merry but self-deprecating “good crip” or the unassailable, strong black woman, and she refuses to let stereotypes about the bitter, self-pitying “bad crip” or angry black woman silence her. As Margaret Kissam Morris writes, Lorde “challenges the right of the AMA [American Medical


\(^{146}\) Lorde, 58.

\(^{147}\) Lorde, 42.

Association”—as well as society in general—“to silence and define her.”\textsuperscript{149} Moreover, breaking the silence and speaking out about breast cancer, as Therì Pickens argues, is a way that Lorde forces recognition.\textsuperscript{150} While Pickens discusses this in light of Lorde’s experiences with pain, Lorde’s desire for recognition also speaks to her black womanhood. In \textit{Sister Citizen}, Melissa Harris-Perry argues that black women have been misrecognized and misrecognize themselves. They view themselves, to use Harris-Perry’s phrasing, as if in a crooked room where they “have to figure out which way is up” though they have been “[b]ombarded with warped images of their humanity” or denied it altogether.\textsuperscript{151} Lorde’s desire for recognition is an effort to stand straight despite the crooked lens in which female cancer patients and black women in pain have been viewed and the crooked room in which they have been confined. Whereas attributions of disability have historically worked to make the room more aslant, here, claiming illness and disability are necessary to turn the world right-side-up.

Recognition also builds community. Though Lorde experiences becoming disabled as painful, she eventually uses her disabled identity to foster an activist community of one-breasted women ready to march to the White House. Lorde acknowledges and expresses the importance of community and speaking out because she recognizes a social etiology for her cancer. She rejects the medical model’s understanding of cancer as some personal tragedy. Instead “[her] scars are an honorable reminder that [she] may be a casualty in the cosmic war against radiation, animal fat, air pollution, McDonald’s hamburgers and Red Dye No. 2., but the fight is still going


\textsuperscript{150} Bell, \textit{Blackness and Disability}, 90.

\textsuperscript{151} Harris-Perry, \textit{Sister Citizen}, 29.
on, and [she is] still a part of it.”

Here, Lorde brings the social causes of cancer that, until her time and even afterward, were elided by narratives of the tragic cancer patient. Moreover, as Minnie Ransom warns Velma in *The Salt Eaters*, “wholeness is no trifling matter. A lot of weight when you’re well.” In this case, Lorde must use her social awareness and wellness to “still be part of” the fight.

Toni Cade Bambara presents a similar argument in her short story “Going Critical.” In this story, Clara is dying of cancer caused by exposure to radioactivity released during government bomb testing near civilian homes. Her daughter, Honey, is trying to come to terms with her mother’s illness and imminent death but is frustrated by Clara’s seeming indifference to dying. Clara tells Honey, “cancer is the disease of new beginnings, the result of a few cells trying to start things up again…it’s characteristic of these times, Honey. It signals the beginning of the new age. There’ll be epidemics. And folks…are not prepared.”

The narrative reveals that Clara, like Lorde, is most concerned with keeping up the fight against injustice and preparing Honey to continue the work as well. In the process, Clara revises narratives that associate cancer with tragedy and death. Instead, cancer is the “disease of new beginnings” and ignites in Clara a fire to do as much as possible in the flesh before she transitions into the world of the spirit. Cancer, for Clara, means that her “sitting days are over…and there’s work to do.”

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156 Bambara.
something empowering and focuses on political work in her last years after she redefines what it means for her to survive.

Part of the fight for Lorde is to redefine wholeness and what it means to win against breast cancer. African culture heavily influences Lorde’s concept of wholeness, as exemplified in her feelings of interconnection with Seboulisa, a one-breasted African goddess. Lorde’s feelings of kinship with the goddess began before her choice to have a mastectomy, but once she has her breast removed she feels, as Alexis De Veaux argues, “over taken by” Seboulisa. Lorde feels as if she were “becoming” “the goddess.” De Veaux quotes Lorde: “I never thought Seboulisa would overtake me in this fashion—that I would become her so completely that even the symbol of her breast eaten away by worms of sorrow should become mine.”157 While Lorde’s reflection in this instance shares the emotional pain and sense of loss that she felt after having her breast removed, Lorde later goes on to claim that she felt “that in the process of losing a breast [she] had become a more whole person.”158 Jeanne Perreault argues that Lorde’s sense of wholeness after becoming one-breasted “disrupts conventional notions of wholeness and unity of self. Certainty, continuity, and self-sameness—elements that are usually understood to be necessary for the self-hood—are here exposed as intermittent aspects of a subjectivity that includes, even embraces, uncertainty, dissimilarity, and discontinuity.”159 Perreault’s assessment that Lorde “disrupts conventional notions of wholeness” is perceptive, but she fails to situate Lorde’s understanding of wholeness as reflective of a group of like-minded black women writers, like Bambara. Regardless, Lorde demonstrates the possibility of imbuing the disabled body and

158 Lorde, The Cancer Journals, 56.
identity with value, though the act of becoming disabled is linked to oppression and filled with pain and loss.

Lorde not only challenges hegemonic understandings of wholeness but she also redefines survival. While biomedicine suggests that physical survival and one day, ideally, a cure are the only options, Lorde believes otherwise. She is realistic about her prognosis. For instance, she informs her readers that “[a]ccording to the American Cancer Society’s own statistics on breast cancer survival, of the women stricken, only 50% are still alive after three years. This figure drops to 30% if you are poor, or Black or in any other way part of the underside of this society.”

These statistics become prophecy when Lorde is diagnosed with liver cancer six years later. At that time, liver cancer had zero possibility of remission. But rather than understanding her activism and her life on the terms of biomedicine, she instead writes that “I look at all of my options carefully, even the ones I find distasteful. I know I can broaden the definition of winning to the point where I can’t lose.” Once again, she sets the terms by which to engage in her health and her body. “Our battle is to define survival in ways that are acceptable and nourishing to us, meaning with substance and style.” She then goes on to claim, “Racism. Cancer. In both cases, to win the aggressor must conquer, but the resisters need only survive. How do I define that survival and on whose terms?” Whereas the medical model positions remission and physical survival as the goal, Lorde’s activism for racial equality allows her to recognize and reject the fantasy of the binary between sickness and health, with the latter as the only ideal. Thus survival, for Lorde, is not a complete overturning oppression or disease.

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162 Lorde, 99.
163 Lorde, 111.
Survival is her ability, even after her health completely fades and she dies, to continue to work toward meaningful change through her legacy. As I have outlined in my discussion of Gloria Naylor and Toni Cade Bambara, this reflects an African worldview of continuity between the spiritual and physical, that one survives as long as there is someone there to still speak one’s name. While Lorde certainly would not reject a successful treatment and, ideally, cure for her cancer if one she could trust were available, drawing on a history of black resistance and an Africanist view of living and dying enables her to move past the biomedical focus on cure and focus on survival through continued resistance and legacy.

Based on Lorde’s legacy, she won. She has survived as black women continue to take her wisdom to heart. There are more and more conversations that reflect on how racism is related to disease and disability, and a core part of that reflection is how to put into practice the notions of survival and treatment that Lorde developed. For instance, thanks to Lorde, self-care is a mantra in many black feminist circles; Lorde’s affirmation that “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” is the founding principle for black women who continue to insist that the diseases, illness, and disabilities of their bodies are not just socio-linguistic products but the actual corporeal by-products of a racist and sexist world. Like Lorde, they, too believe that survival is a political issue.

Conclusion

These are but three authors among a group, or movement, of women writers taking on themes of wellness, wholeness, and healing in their works in ways that trouble the social and medical models of disability. Drawing on the ideologies espoused and concerns taken up in black

164 Lorde, 131.
165 De Veaux, Warrior Poet, 230.
activist movements, feminist movements, and, especially, black feminist thought, Gloria Naylor, Toni Cade Bambara, and Audre Lorde have bodies of works from which we can extract a model of disability that supplements the shortcomings of the medical and social models. Rather than medicalize every feeling of dis-ease and focus exclusively on biological etiologies of illness, these narratives point to socio-cultural beliefs and conditions that contribute to or cause sickness and disability. In *Zami: A New Spelling of My Name* (1982), Audre Lorde suggests that the material conditions of poverty that led her to work in a factory with radioactive materials are the cause of her cancer, not a flaw within herself. In *These Bones Are Not My Child* (1999), Toni Cade Bambara presents a tragic combination of racism and poverty as imbricated in a young boy’s kidnapping and subsequent trauma-related mental illness. Naylor, in *Linden Hills* (1985), presents patriarchy and classism as the catalyst for a black woman’s eating disorder. Thus, in all their works, while healing the person is desirable, the true focus is not only on the body but on society. Unlike the social model, which would deny these characters their experiences of trauma and suffering, these women give them voice. Naylor’s *The Women of Brewster Place* (1982), especially the chapter on Ceil, a young woman whose infant daughter dies in a horrible accident, presents an almost unbearable story of suffering. But rather than position disability as the main cause of suffering, unjust social conditions take the spotlight. Velma’s mental illness is not the sole cause of her suffering, racism and sexism are. As such, these works implicitly question the presence of racism and sexism key to maintaining the hegemony of Western-oriented/derived biomedicine.

Returning to Bambara’s preface in *The Black Woman: An Anthology*, this chapter has demonstrated that black women have presented a model of disability that asks us to respect other healing methods and cultural perspectives of illness and wholeness. And they encourage people
to be confident in their ability interpret their phenomenological experiences with their body, whereas the medical model only grants interpretive authority to the medical community and the social model tends to erase the body. Understanding this is essential to analyzing their representations of mental distress and illness. Discussing black women’s representations of disability and healing through a medical model reaffirms the Western, biomedical hegemony that they attempt to challenge, yet applying a strong social model lens to these texts can result in reductive and problematic conclusions. As Alison Kafer reminds disability studies scholars, “the accepted wisdom within disability studies that overcoming narratives are necessarily ableist does not make sense within many communities of color” and “a disability studies that insists on seeing disability as ‘desirable’ in the context of communities disabled by state violence or structural inequality” may not be relevant.\textsuperscript{166} Most important, these current modes of engaging disability as a critical frame has elided that these black women, despite conditions that make becoming disabled a mark of marginalization, have managed, in their works, to imagine “the world otherwise” where “crip communities” emerge as safe spaces.\textsuperscript{167}


\textsuperscript{167} Kafer, 9.
CHAPTER 3
Disability Community

In this chapter, I challenge arguments that there is a dearth of representation of affirming disability communities in literature. I demonstrate how black disability communities have been excluded from disability studies analysis because these communities are often produced through communal trauma. I analyze disability communities in Alice Walker’s Meridian (1976) and The Temple of My Familiar (1989), Toni Morrison’s Song of Solomon (1977), Sula (1973), and Paradise (1997), and Octavia Butler’s Xenogenesis (Lilith’s Brood 1987–1989) trilogy to argue that these novels represent communities forged through shared or common experience with illness. In Walker’s work, disabling trauma becomes the foundation of communal belonging, and disability even has the power to mend relationships and bonds broken by racism. Powerful disabled women attract community in Morrison’s fiction. And, maroon-like communities of disabled humans resist alien colonization in Butler’s works. In these novels, disability is central to communal identity.

Take Audre Lorde’s exhortation to create community amongst women cancer survivors in The Cancer Journals (1980), for instance. For Lorde, community is essential for survival. Without community, Lorde writes, “there is certainly no liberation, no future, only the most
vulnerable and temporary armistice between me and my oppression.”168 For one, in community there is mutual recognition; illness and disability is no longer an isolated experience. Lorde rejects prosthesis because, as she illuminates, it renders women invisible to one another:

But I believe that socially sanctioned prosthesis is merely another way of keeping women with breast cancer silent and separate from each other. For instance, what would happen if an army of one-breasted women descended upon Congress and demanded that the use of carcinogenic, fat-stored hormones in beef-feed be outlawed?169

For Lorde, cancer is not an individual pathology, but, for many, a product of the injurious practices of late capitalism. Visibility leads to group political consciousness which then transforms into action. In this case, Lorde imagines march on Congress, an image that presages disability activists’ 1990 Capitol Crawl. Illness, in Lorde’s writing, becomes political not simply medical; It moves from an individual calamity to a socio-political identity. When Lorde asks, “How do my experiences with cancer fit into the larger tapestry of my work as a Black woman, into the history of all women?” illness becomes historicized and possibly imbricated in other socio-cultural-political identities.170 Focusing on Alice Walker, Toni Morrison, and Octavia Butler’s novels, I will demonstrate how illness and disability are, indeed, enmeshed in their characters’ socio-cultural and political communal identities. Audre Lorde’s desire for community with similarly ill women is realized in Walker, Morrison, and Butler’s fiction.

**Disability and Community**

According to Rosemarie Garland-Thomson, one rarely sees representations of disabled people in community. She argues that the dominant, able-bodied society believes that disability

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169 Lorde, 14–15.
170 Lorde, 15.
is “individualized and isolating rather than communal and shared” and that for many “the concept of a disability community in which one might thrive seems counterintuitive.”

To counter the notion that disability is an isolated, tragic experience, she analyzes “feisty narratives” in the movie *Murderball* (coming harrowingly close to celebrating toxic masculinity), Simi Linton’s disability memoir *My Body Politic*, and the Society of Disability Studies’ (SDS) dance. Within these spaces, particularly the SDS dance, disability identity is sexy, sensual, and sexual, creative and joyous. Margaret Rose Torrell builds on Garland-Thomson’s work by arguing that disability life writing, like Linton’s *My Body Politic* and Eli Claire’s *Exile and Pride*, represents and creates disabled communities. Torrell contends, “The construction of a disability community in the disability narrative is a potent act of resymbolization: the emphasis on communities of disabled people as interactive, supportive, and engaged in enjoyable activities counters conventional thinking about disability as an isolated, lonely state.” Both scholars, however, identify and analyze communities that consist of mostly white, ivy-league people with physical or sensory disabilities. As Chris Bell observes in his scathing critique of “white disability studies,” “At the very least, it should be understood that many white disabled people have cultural capital by virtue of their race and are, therefore, more on the inside than they are on the outside. As an insider, Linton appears unaware of her positioning, and it is that unawareness that is one of the hallmarks of White Disability Studies.” While Sara Hosey’s article about community in contemporary re-imagining of freak-show performers’ lives draws attention to

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economically underprivileged and racial-ethnic minorities, the many sites of disability communities present in African American culture and writing are mostly absent from disability studies scholarship.

Stephen Knadler, for example, argues that there is overwhelming evidence that disability affected entire communities of African Americans in the late nineteenth and early twentieth centuries. While white supremacists used this information as proof of African Americans’ racial degeneracy and inferiority, black race leaders like Booker T. Washington and W.E.B. Dubois cited pervasive illness and impairment in the black community as evidence of U.S. racial injustice. Problematically, as Knadler argues, they also attempted to “veil disability.” These men mobilize disability to critique racist oppression while attempting to divorce disability from blackness, which disability studies scholars, like Douglas C. Baynton, disparage. Baynton argues, for example,

Disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups. That is, not only has it been considered justifiable to treat disabled people unequally, but the concept of disability has been used to justify discrimination against other groups by attributing disability to them.”

Baynton continues that “Rarely,” however, “have oppressed groups denied that disability is an adequate justification for social and political inequality. Thus, while disabled people can be considered one of the minority groups historically assigned inferior status and subjected to discrimination, disability has functioned for all such groups as a sign of and justification for

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174 Hosey’s article for example, mentions Christine and Millie, conjoined twins who were born enslaved and then sold out to freak show circuits.


inferiority.”¹⁷⁷ These minority groups reproduce ableist ideology by trying to distance themselves from disability to secure racial and gender equality. Some disability studies scholars even reject citing disability as evidence of social injustice. For example, in *Cultural Locations of Disability* (2006), Sharon Snyder and David T. Mitchell criticize Marxist analysis of disability, which, Snyder and Mitchell argue, “[equates] disability and capitalist corruption.”¹⁷⁸ More specifically, Snyder and Mitchell take issue with Marx by stating that “[r]ather than cite disability as a form of human deviance, [Marx] deployed bodily incapacity, disease, and debilitation as his primary evidence for the usurpation of physical labor by capital.”¹⁷⁹ While I fundamentally agree that disability is a form of human variation, it is from a position of privilege to dismiss the disability-producing violence that Marx critiques. Thus, the significance of Nirmala Erevelles’s challenge to arguments such as these cannot be overstated. In *Disability and Difference in Global Contexts* (2011), she argues,

> it is the lack of access to economic resources and, consequently, to health care that also contributes to the creation and proliferation of disability. This is a difficult argument to make in a context where disability is theorized as a possibility rather than a limit, because this begs the more controversial question: How is disability celebrated if its very existence is inextricably linked to the violence of social/economic conditions of capitalism?²⁰

As Booker T. Washington, W.E.B. DuBois, Karl Marx, and others have tried to demonstrate, socially unjust conditions often violently create impairments and therefore must be critiqued.

¹⁷⁷  Ibid., 18.


¹⁷⁹  Ibid.

Erevelles’s question—how can we celebrate disability if it is created by violent conditions—is particularly relevant for African Americans in a society that forcibly silences black pain. In *Scenes of Subjection* (1997), Saidiya Hartman has brought to our attention that black people were forced to perform joy and happiness in the midst of slavery’s most heart-wrenching acts of brutality. Celebrating group disability identity can potentially perform this violence. It also threatens to perpetuate the dominant society’s demand that traumatized groups work through their trauma, a process Kali Tal aptly terms medicalization. “Medicalization” Tal explains, “focuses our gaze upon the victims of trauma, positing that they suffer from an ‘illness’ that can be ‘cured’ within existing or slightly modified structures of institutionalized medicine and psychiatry.” In traumatized communities, not celebrating the cause of trauma while refusing medicalization marshals disability for change instead of embracing it. For instance, Eva Tettenborn argues, in contemporary African American Literature, melancholia, though pathologized by dominant psychoanalytic discourse, is represented as a politicized refusal to forget black history or suppress black pain.

African American women writers represent the black female body as impaired by historical-material conditions without distancing themselves from disability. Disability communities do not disappear in black women’s writings but rather proliferate. As Stephen Knadler argues, “While key race men such as Booker T. Washington fashioned public narratives that veiled disability even while addressing medical disparities in the community, African

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American women were often the primary agents of black public health work outreach." The impaired body in their works are not merely metaphor for the social injustice of racism or sexism but represent, as Ann M. Fox and Sami Schalk contend, the material and socio-political reality of life with a disability in the black community. As such, disability is very much a part of the historical, cultural, and political fabric of black communal identity.

**Illness, Disability, and Community in Alice Walker’s Fiction**

In Alice Walker’s body of work, illness, in addition to gender, region, and race is a pathway for communal identity. Pushing back against the black nationalist politics of the Black Power and Black Arts Movement, Alice Walker’s work challenges the idea of a stable, homogeneous black identity, even as it seeks to represent and give voice to the community. Consequently, in Walker’s works, locations of communal belonging such as motherhood and even activism prove limiting and at times detrimental to wellness, while community developed around disability is more mutually supportive. Walker’s characters return to and find space within black communities through common experiences with illness. While these characters garner a sense of belonging because of their shared trauma and experience of becoming disabled, disability fosters an ethos of mutual caregiving and has positively shaped the culture. Shared experience with illness and disability even has the potential to mend relationships fractured by misogyny and racism.

In *Black Women Novelists and the Nationalist Aesthetic* (1994), Madhu Dubey argues that black women novelists writing at the end and after the Black Arts Movement pushed against the movement’s general aesthetics, particularly its focus on race in exclusion to issues of gender

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and its understanding of race as a stable category of identity. Of Walker’s works, specifically, Dubey argues, “While the liberation of the entire black community is also the ostensible goal of black nationalism, Walker’s fiction exposes the ways in which the nationalist conception of community implicitly marginalizes the concerns of black women.” Walker’s stories tend to present intra-communal conflicts such as gender-related violence that troubles the image of blackness as a monolithic cultural and political identity. In addition to how gender shapes black identity, Walker also focuses on the role of region, particularly the South, in black identity formation. *Meridian*, as Dubey argues, is a “nostalgic recovery of the Southern Civil Rights movement” that presents a “feminist critique of the nationalist movements of the North.” The South, in larger conversations about the black community, is often positioned as a marker of authentic blackness. As Phillip Pages argues in *Reclaiming Community in Contemporary African-American Fiction* (1999), “[The South] remains in the mind because it is the site of the birth of African American culture, the locale of one's ancestors, and therefore the source of one's collective and individual identity.” This is true for Walker. Dorothy Grimes argues, that although “Alice Walker struggles with the question of the relationship between the local community and the larger imagined community,” Walker “sees the necessity of a sense of place, of local community,” and the South is an extraordinary source of community. Walker, herself, in

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186 Dubey, 107.
187 Dubey, 126.
“The Black Writer and the Southern Experience” writes, “What the Southern writer inherits as a natural right is a sense of *community*.”

Missing from this critical discourse of race, gender, region, and community in Alice Walker’s work is the role of illness and disability in developing a sense of community. Disability studies scholars argue that the black nationalist imperative to focus on only race led activists to shun the disability rights movement. Yet, this argument ignores how writers like Walker challenges black nationalist focus on race through gender, region and disability. As Walker writes in that very same essay, “And because we never believed we were poor, and therefore worthless, we could depend on one another without shame. And always there were the Burial Societies, the Sick-and-Shut-in Societies, that sprang up out of spontaneous need.” The black southern community Walker describes, and that so often populates her fiction, is brought together by illness and a mutually interdependent approach toward caregiving. Also, in “One Child of One’s Own,” it is after a bout of illness that Walker rejects white feminism and its refusal of motherhood and confidently claims her affinity with black women. For Walker, “Illness has always been of enormous benefit...It might even be said that [she has] learned little from anything that did not in some way make [her] sick.” This includes her place in the black community. Just as Walker, who left her childhood black community and felt dismissed in black nationalist circles because she troubled prevailing notions of blackness, returns to a sense of community through illness, so do the characters in her novel.

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190 Walker, 17.

191 Walker, 370.
Take, for example, the protagonists of Walker’s *Meridian* and *The Temple of My Familiar*. *Meridian* is a Bildungsroman that chronicles the titular character’s growth from a teen mom and wife to an activist for black civil rights, despite the obstacles southern poverty, racism, and sexism present. Meridian achieves this transformation, in part, because she joins a SNCC-like activist organization and chooses to put her son up for adoption, so she can take advantage of a rare opportunity to go to college after her husband abandons their family. Meridian’s choices, while liberating, still prove traumatic and consequential to her health. For one, it strains her relationship with her mother, who disapproves of what she believes is shirking maternal obligations. Meridian also has flashbacks and develops a debilitating illness that causes skin discoloration, alopecia, emaciation, muscle tics, loss of consciousness, vaginismus, and blindness. Meridian realizes that her past and personal values put her at odds with her peers. She leaves the civil rights organization to practice activism as she sees fit. She eventually moves to a small, Georgia village where she eventually finds community among the poor, southern blacks for whom she advocates and who in turn cares for her. Whereas Meridian never quite finds community in her southern home and college, or even while caught in the middle of a love triangle between her ex-lover Truman Held and fellow activist Lynne Rabinowitz, she does find it in the small, village of poor, similarly ill people.

In *The Temple of My Familiar*, Suwelo, a black historian, leaves the California Bay area for Maryland after inheriting his late Uncle Rafe’s house, a home his uncle once shared with his best friend Hal and lover Lissie, both of whom are still alive. There, Suwelo, who Doris Davenport in a 1989 review describes as “The weakest, most trifling character in the novel,”
deserving the “best liberal-male-misogynist-in-literature” award,\textsuperscript{192} learns not only about his Uncle Rafe but also the history of humanity from Lissie, who remembers every life she has lived spanning back to humans’ ape past. Lissie challenges Western (mostly white)-male and ableist accounts of history. Part of this history, her more immediate past, describes an island community of poor black people with a common, disabling illness. Though Lissie, able to remember a life where she was enslaved in the U.S., knows and demonstrates how her people’s illness is a by-product of slavery, she nevertheless describes a community that has learned to embrace disability as a specific part of their cultural identity.

\textit{Failed Communal Belonging in Meridian}

As scholars have argued, traditional avenues of racial communal belonging, such as motherhood and activism, are often foreclosed to Meridian because her values and politics fail to align with those of the group. One of the most contentious areas in which Meridian fails to meet the expectations of others around her is her attitude toward motherhood. As Lindsey Tucker argues, while Walker “celebrates The Mothers,” she also represents motherhood through “images of entrapment and paralysis.”\textsuperscript{193} Meridian, as a teenager, becomes pregnant, though lack of sex-education makes her condition an enigma to her. She marries her lover and unborn child’s father, and this choice soon begins to feel like a prison sentence that she alone must serve for fornicating while her husband, continues his schooling and partying. When she is offered an opportunity to attend an elite, southern black college for women on scholarship despite not having finished high-school, Meridian puts her son up for adoption, providing her with a second,


more promising chance at education and youth. While rejecting motherhood seems to elide the issue of social mobility in *Meridian*, it troubles Meridian Hill’s place in her community. Her mother resents her for placing her son up for adoption, and Meridian leaves the welcoming space of her mother-in-law’s home. She even leaves behind her friends, including a fellow teen-mother, Nilda. Though Meridian recognizes the limitations of mothering while poor, she nevertheless feels guilty for relinquishing her role; she feels as if she has betrayed her enslaved foremothers who were forcefully separated from their children. “She thought of her mother as being worthy of this maternal history, and of herself as belonging to an unworthy minority, for which there was no precedent and of which she was, as far as she knew, the only member.”

Thus, Tucker describes Walker’s attitude as an “ambivalence toward her maternal slave history,” particularly the lack of mobility motherhood imposes. This ambivalence results in personal turmoil and isolation from a community of mothers and forecloses motherhood as a location of radical black female identity.

As Madhu Dubey argues, Meridian’s inability to fit the image of the idealized black mother compromises her space in black nationalist movements. Indeed, Meridian’s values fail, overall, to align with those of her political organizations’. For instance, when asked “Will you kill for the Revolution?” Meridian’s “tongue could not manage” “a positive Yes.” Consequently, girls in the organization declare her a “coward” and “masochist.” Unlike her fellow activists who could utter yes “without a stammer,” Meridian “was holding on to

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something the others had let go.”

Dubey argues that it is Meridian’s connection to the past. Meridian represents Alice Walker’s “unequivocal commitment to the ancestral past and cultural continuity” that is “[i]n exact opposition to the black masculine writer.” As I will later demonstrate, this connection is not just ideological or historical but also physical.

While scholars like Tucker and Dubey identify some foreclosed avenues of black communal belonging for Meridian, these scholars fail to consider how Meridian’s experience with illness also affect her ability to find and maintain community. Unlike Madhu Dubey, Deborah McDowell, Martha McGowan, Alan Nadel, who read Meridian’s illness as a metaphor for the body politic and thus these scholars fail to see how illness has implications in Meridian’s life and experience of the black community, I read Meridian’s illness as material.

For instance, chronic illness exacerbates Meridian’s isolation from her economically privileged, able-bodied peers at Saxon college. Meridian often masks her experience with her illness, remaining silent about her symptoms. However, she experiences episodes she cannot hide, particularly her spells of paralysis, that interfere with her ability to attend class and socialize. Though Meridian’s friends attempt to offer care during her periods of acute illness, her friends eventually stop. For instance, after Meridian has a particularly long flare-up of symptoms that leave her bed-ridden, her best friend, Anne-Marion, concludes that “she could not endure a friendship that required such caring vigilance…. [she] could not continue to care about a person she could not save” and

198 Walker, 14.
199 Dubey, Black Women Novelists and the Nationalist Aesthetic, 133.
ends their friendship. In addition to the care Meridian requires, Anne-Marion’s frustration arises out of Meridian’s happiness and contentment with illness, and refusal to get treatment. While Meridian’s illness, for Anne-Marion, certainly signifies Meridian’s sensitivity to social injustice, chronic illness, itself, requires an ethos of caregiving and interdependence that Anne-Marion rejects. Though Walker’s novel appears to perpetuate representations of illness and disability as a lonely, isolating experience, it problematizes this assumption. Tellingly:

The difference between them was this: Anne-Marion did not know if she would be a success as a capitalist, while Meridian did not think she could enjoy owning things others could not have. Anne-Marion wanted blacks to have the same opportunity to make as much money as the richest white people. But Meridian wanted the destruction of the rich as a class and the eradication of all personal economic preserves. Anne-Marion still holds on to Western values of capitalism and its concomitant emphasis on individualism and exceptionalism, which scholars such as Eva Kittay have identified as deeply ableist. As Meridian rejects Western ideals of individualism and capitalism, ideals that flourish even within the militant, civil rights organization to which she belongs, she also rejects ableist ideals about illness, wellness, and cure. Meridian refuses to uphold ableist, dominant approaches to her illness as much as she resists the rigid and problematic prescriptions of black motherhood and activism. Meridian does eventually return to a black community. Unlike motherhood or activist circles, the communities where she finds a home are disability communities that embrace mutual caregiving.

201 Walker, Meridian, 131.
202 Walker, 124.
203 Walker, 122.
**Homecoming**

Though critics identify the black church as the pivotal location of Meridian’s return to the community and its music as the element that transforms Meridian’s communal consciousness, these observations overlook the critical role of accepting attitudes toward and shared experiences with illness and disability present in these spaces. Reflecting the predominant argument of *Meridian* criticism, for instance, Lauren Cardon writes, “Meridian discovers how to cure herself and to reconnect with a community when she joins a memorial service at a church.”

The service of which Cardon speaks appears in the chapter titled “Camara,” after Truman Held and Lynn Rabinowitz’s murdered daughter. In this chapter, Meridian, after many unsuccessful attempts, enters a black Baptist church for the first time since her adolescence. There, she finds familiar elements of the church but also surprising changes, particularly the church’s political militancy. The preacher, she notices, intentionally imitates Dr. Martin Luther King Jr. in his speech. Stained-glass images of white Jesus have been replaced with black, sword-bearing men.

While Cardon, as well as Susan Danielson, identify the church’s newfound militancy and the music as the cause of Meridian’s changed relationship to the church and therefore re-entry into the black community, these readings overlook how mutual experience with illness fosters community.

Disabling trauma and mutual caregiving serve as the cornerstone of the black communities to which Meridian re-emerges. For instance, Meridian feels an affinity with her Saxon peers when they come together and celebrate the tragic story of a former student, Fast Mary, who committed suicide after being whipped and locked away for hiding her pregnancy and committing infanticide. “Any girl who had ever prayed for her period to come was welcome

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to the commemoration…. It was the only time in all the many social activities at Saxon that every girl was considered equal.”206 This event brings them together through their shared experience as black women with limited choices in their reproductive health. Meridian also begins to feel an affiliation with Truman through shared experiences with trauma:

And she realized why Truman was limping. When the sheriff grabbed her by the hair and someone else began punching her and kicking her in the back, she did not even scream, except very intensely in her own mind, and the scream of Truman’s name. And what she meant by it was not even that she was in love with him: What she meant by it was that they were at a time and a place in History that forced the trivial to fall away—and they were absolutely together.”207

Meridian develops camaraderie with Truman once racist white police officers violently attack them both. The “History” that forces them “absolutely together” is a moment marked by injurious, and for Meridian, disabling violence.

In Meridian, however, some traumas are never shared. For these wrongs, the body speaks in lieu of the character. Meridian, as a character, never talks about the sexual trauma black men cause; she never bears witness to her experiences even as she matures with higher political self-consciousness and agency. As Guy Foster argues, Meridian has several experiences with sexual abuse with men in her community: a local funeral director, Mr. Daxter, Mr. Daxter’s assistant, a civil rights activist, Mr. Raymond, and a gynecologist. In part, Meridian’s silence reflects the silence imposed on black women by black power politics. These politics demanded only positive portrayals of black people and life, and that race, opposed to issues of gender predominate. Women writers who spoke out about the sexism and violence black women face were often castigated, like Walker after the publication of her first novel, The Third Life of Grange Copeland (1970). Yet, as Kalí Tal argues, “[b]earing witness is an aggressive act. It is born out

206 Walker, Meridian, 35.
207 Walker, 81.
of a refusal to bow to outside pressure to revise or to repress experience, a decision to embrace conflict rather than conformity, to endure a lifetime of anger and pain rather than to submit to the seductive pull of revision and repression.”

To bear witness is a political tool. However, Tal’s analysis ignores the ways in which silence has been used, although not unproblematically, as a political tool as well. Meridian’s refusal to bear witness situates her in a tradition of silence on sexuality, specifically sexual trauma, amongst black women.

The dominant culture has often represented Black women’s sexuality as deviant in controlling images of black women, such as the licentious Jezebel and the often asexual, when she is not seducing her white employers, Mammy. Black women, in an effort to counteract these negative representations, have historically remained silent or dissembled on the issue of black female sexuality.

Consequently, as Patricia Hill Collins points out, “when it comes to … issues concerning Black women’s sexuality, U.S. Black women have found it almost impossible to say what has happened.”

Evelynn M. Hammonds adds, “Black women’s sexuality is often described in metaphors of speechlessness, space, or vision; as a ‘void’ or empty space that is simultaneously ever-visible (exposed) and invisible, where black women’s bodies are always already colonized.” This is where using silence as a political tool becomes problematic: black women lose an already sparse language needed to bear witness to an important part of their lived experience.

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209 Darlene Clark Hine, “Rape and the Inner Lives of Black Women in the Middle West,” Signs 14, no. 4 (1989): 912. Clark writes, “I suggest that rape and the threat of rape influenced the development of a culture of dissemblance among Black women. By dissemblance I meant the behavior and attitudes of Black women that created the appearance of openness and disclosure but actually shielded the truth of their inner lives and selves from their oppressors.”

210 Collins, Black Feminist Thought, 123.

experience. The silence creates a culture where it is literally, due to lack of language, impossible to speak. It is this impossibility that silences Meridian, and it is out of this inability “to say what has happened” that Meridian’s illness bears witness to her trauma instead. Some of Meridian’s symptoms are directly caused and triggered by the sexual abuse and exploitation she has experienced. For instance, she experiences vaginitis while trying to have sex with Eddie and, later in her life, Truman. When Truman jokes that Mr. Raymond is Meridian’s “sugar daddy,” minimizing the nature of the exploitation Meridian faces, it triggers her tics. Meridian remains silent, but her body refuses.  

Disabling violence is also present in the scene that scholars mark as Meridian’s reentry into the black community. At the church service Meridian attends, a man who has lost his beloved son to racially-motivated murder speaks before the church. The man, Meridian remembers,

had gone temporarily insane. Meridian had read about it in the paper. He had wrecked own his house with an ax, swinging until, absolutely, profoundly silent and blank, he had been carried out of the state and placed in a sanitarium. He had returned red-eyed and heavier and deadly calm—still taking tranquilizers, it was said, and thinking (the people whispered, hoped) of running for office. But this had not materialized. This man acquired a mental disability by the trauma of losing his son to brutal violence. To add to the injustice of his son’s murderers remaining unpunished, the man was incarcerated in a psychiatric institution and medicated. His madness does not ignite pity, as Meridian will later

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212 The sexually abusive and coercive nature of Mr. Raymond's interactions with Meridian are especially problematic. For one, Meridian, while at Saxton, experiences instability in her ability to stay fed. She tolerates Mr. Raymon's abuse because she needs food. Moreover, Meridian, by this point in her life, already lives with chronic illness, making her more vulnerable to sexual abuse. As social work Vilissa Thomas exposes, in “Domestic Violence & Disabled Women - The Silent Epidemic within Our Community,” (2014), black women with disabilities are three times more likely to be assaulted than non-disabled women. The intersections of race, poverty, and disability makes women less likely to report these crimes, as we see with Meridian.

213 Walker, 215.
realize, but righteous rage to kill for the movement, a rage that overtakes Meridian and compels her to “[understand] finally, that the respect she owed her life was to continue, against whatever obstacles, to live it, and not to give up any particle of it without a fight to the death, preferably not her own.” While Meridian’s epiphany in the church is certainly pivotal to the transformation of her political consciousness and activism—the last pages of the chapter demonstrate how it shaped specific activist moments—scholars position this as the moment of healing, which enables her to continue her activism. Implied in this argument is the assumption that one must not be sick or disabled to engage in activism. However, Meridian’s attitude toward healing complicates these conclusions. For instance, when Truman admits to Meridian, “I’ve understood your illness, the paralysis, the breaking down ... the way you can face a tank with absolute calm one minute and the next be unable to move. I always think of you as so strong, but look at you!” Meridian “cockily, for someone who looked near death and had to do exercises before her body allowed her to crawl or stand” responds, “I am strong...I’m just not Superwoman.” Meridian’s strength as an activist and as a woman who is able to embrace and be part of her community without sacrificing her ideals is not determined by her physical ability or disability. This sentiment repeats in the chapter “Camara.” As the narrator demonstrates, Meridian’s new-found willingness to kill for the movement at times wanes until she witnesses

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214 Jess Waggoner argues that mental disability has been attributed to black people to bar them from civic participation, including voting and running for office, and that those with mental disabilities, of all races continue to be so. Though the narrative also withholds civil participation from this man by foreclosing, plot-wise, his entry into politics, Meridian does, however, subvert the norm by having the congregation desire him as a political leader.


216 As Madelyn Jablon argues in “Rememory, Dream History, and Revision in Toni Morrison’s Beloved and Alice Walker’s The Temple of My Familiar” (1993), there is no one moment of political consciousness for Meridian, as scholarship suggests. She has multiple moments of consciousness and growth the build on and correct the ones that have come before. For instance, when Meridian struggles to commit to killing for the movement earlier in her organized civil rights career is one moment of political consciousness. That moment is however revised, though not erased, after she attends church and hears the man’s story.

217 Walker, Meridian, 20.
moments of racial injustice. During those moments she feels she can “bring the mightiest country to its knees,” even though she is “weak and penniless, a little crazy and without power.” Strength and able-embodiment are distinguished one from the other. Disability does not preclude healing the relationship between herself and the black community. The black community’s willingness to integrate disability facilitates Meridian’s re-entrance into it.

For example, what strikes Meridian about the bereft father at the Baptist church is not only the injustice of his son’s death but also the response of the congregation to mental disability. “The people tried to be kind, as he had felt confident, even in his madness, they would be,” and “[t]hey accepted him then in whatever form he presented himself and knew him to be unpredictable.” Though the black community’s kindness fails to rescue the man from incarceration in a “sanitarium,”—or even position his incarceration as a political issue—the father, even in his madness and despite it, is confident of communal support and belonging. Moreover, as Meridian’s weak, penniless, and crazy presence suggests, he is not alone in his impairment.

Indeed, impairment is a central factor that enables Meridian to find communal belonging. Meridian eventually moves to Chicokema, a small Georgia-Alabama village, to advocate for the poor. There, Meridian finds belonging amongst others who are similarly ill. The narrator observes, that though “she was frail and sickly-looking…among the impoverished, badly nourished black villagers…she did not look out of place. In fact she looked as if she

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218 Walker, 221.

219 Walker, 116.
belonged."*220 Meridian not only looks like them, but she also shares a similar outlook that has been shaped by chronic illness. The narrator continues,

[I]ike them, she could summon whatever energy a task that had to be performed required, and like them, this ability seemed to her something her ancestors had passed on from the days of slavery when there had been no such thing as a sick slave, only a ‘malingering’ one. Like the luckless small farmers around her who tended their crops ‘around the weather’...she lived ‘around’ her illness. Like them, it seemed pointless to her to complain.221

Just as shared trauma creates comradery, so community emerges around disability. Similar experiences with chronic illness provide them a sense of shared history in their common enslaved ancestors and a shared an understanding of illness, labor, and life. For instance, she tells Truman, “Of course I’m sick,”*222 and then continues that the Chicokema poor “have a saying for people who fall down as I do: If a person is hit hard enough, even if she stands, she falls. Isn’t that perceptive?”223 They recognize how oppression disables. Yet, their approach to illness is not one that focuses on or privileges “cure”—indeed they are much too poor to afford medical treatment—but one that necessarily integrates illness into daily life activities. And, just as feminist disability studies scholar Susan Wendell argues: chronic illness and pain does not preclude productivity but rather demands that one learns how to manage and work around it.224 This is not the same as the “overcoming” narratives that disability studies scholars denounce for

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220 Walker, 154.
221 Walker, 153–54.
222 Walker, 10.
223 Walker, 13.
224 Alice Walker’s understanding of slaves working through sickness complicates the argument that many disabilities are a product of modernity’s shift from agriculture to industry. According the disability studies scholars such as Sharon Snyder and David T. Mitchell, that modernity shifted to a more rigid work day and demand for labor that is more intellectual thereby producing disabilities by erecting a more exclusionary labor standard. Walker’s reminder that slaves did not often have the option to be ill or disabled suggests that Snyder and Mitchell’s idyllic view of the past may be incomplete.
their ableism and unreasonable demands. It is a “perceptive,” according to Meridian, and pragmatic approach to bodies and socio-economic conditions with roots in enslavement.

Placing Meridian’s experience with illness in the context of a disability community challenges readings of her disabled body as lack or absence. In *Black Women Novelists & the Nationalist Aesthetic* (1994), Madhu Dubey argues that “Meridian’s body is marked by grotesque lack and disability,” that “Meridian explores the creative energies of a black feminine body conceived as grotesquely lacking and unstable.” While I concur that Meridian’s body is unstable due to disability, I reject reading disability as lack or interpreting lack as a deficiency. As Dubey suggests and Petra Kuppers exclaims, “The space for growth is the hollow itself, in the delicious absence that creates the echoing chamber.” That the disabled body is capable of “creative energies” alone suggests substance and productivity. When situated in community, Meridian’s disabled body becomes a site of history and culture. Dubey argues that Walker, unlike those who adhere to a Black Arts aesthetic, believes “rebirth does not require an abrupt, decisive rupture from the past.” Meridian, as stated earlier, recognizes a part of herself still connected to the past, that “was holding on to something the others had let go.” For Meridian, this connection is marked on her body and the knowledge that flows there forth. Indeed, if, as Rosemarie Garland-Thomson argues, that history marks the black female body, disability makes any endeavor to break away from the past impossible. Disability is a physical manifestation of generational continuity.

Likewise, in *The Temple of My Familiar*, the sick black body is an inheritance of slavery.

In the story, Lissie tells Hal, her partner and friend, and Suwelo, a lost, young black history

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professor, about the time a nurse visited her sea island home and discovered that she and the other children were malnourished, which Lissie attributes to the islanders’ diets of “grease, sorghum syrup, and biscuits,” a dietary preference with origins in U.S slavery. Lissie explains,

There was plenty of [fruit, raw leafy greens, and milk] on the Island...but it was all sold, every scrap of it, to the mainland, and had been since slavery time. In those days, in slavery, the people were whipped for tasting the milk or stealing the greens or eating the fruit; consequently, nearly fifty years later they had to almost be forced to eat those things.

The rules and regulations enforced during slavery violently conditioned the black islanders’ dietary preferences, resulting in a community that is not only malnourished but also physically disfigured. Lissie continues, “Many of the children had legs that looked like pretzels...legs so bowed that they made people with straight legs look deformed.” Among these islanders, bowed legs are “considered sexy,” with “people grumbling about how straight legged women didn’t do a thang for ‘em. Meaning sexually.” Bowled legs become an identifying mark of community membership. And, as Rosemarie Garland-Thomson argues about disability community in memoirs like Simi Linton’s My Body Politic, this community celebrates disability and even presents disability as sexy and the disabled as having sexual desire; however, this attitude toward physical deformity is complicated by the historical forces that produced the conditions under which these impairments developed. Lissie, able to remember every life from


228 Walker, 55.

56 Alice Walker, The Temple of My Familiar (New York: Washington Square Press, 1997), 56. The construction of Lissie’s comment--“legs so bowed”--evokes the game “the dozens.” One, that suggests exaggeration. Two, it is a game with disability origins, and, as Darryl Smith argues, presupposes disability. The use “so,” Smith maintains, presumes disability and the joke/signification hinges on a matter of degree. In the context of entire communities similarly disabled, such as the one Lissie describes, Smith’s arguments are especially apt and relevant. For more on the disability and the dozens, see Darryl Smith “Handi-/Cappin' Slaves and Laughter by the Dozens: Divine Dismemberment and Disability Humor in the US.”

230 Walker, 57.
which she has been reincarnated, urges her community to remember the past causes of their current embodiment.

Disability is not just a source of generational continuity by embodying history, but it also bears witness to history. Walker’s work, as Justine Tally argues of black women’s fiction, seeks to record, recover, write and right, and therefore shape history. As Adam Sol, Doris Davenport, and Clara Junker argue, in *The Temple of My Familiar* Lissie challenges dominant narratives of history in favor of folk knowledge and alternative histories and myths. Ability, as Jess Waggoner contends, has been written into the dominant historical account. In *The Temple of My Familiar*, however, disability is incorporated into Lissie’s re-writing of history. In at least three of the lives she relays within the text, Lissie was disabled: she lived as a pygmy (a small-statured person), which she loved, a sentiment that would be rearticulated by another short-statured character in Walker’s later work, *By the Light of My Father’s Smile*; Lissie’s leg and foot were amputated after a failed runaway-attempt when she was a slave in the U.S. South; and, as a poor sea-islander she was chronically ill as a child. In addition to Lissie’s multiple lives and embodiments, the narrative also inserts other disability histories, like Mary Ann’s, a friend of Suwelo’s lover’s mother, who was labeled insane, incarcerated in a South American school for people with disabilities, and drugged because of her connections to “politicos

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234 Walker, 70.

235 Walker, 55–58.
There is also another “little woman,” M’Sukta, who Mary Jane finds captive in a museum exhibit and liberates. Walker’s disabled history reveals how oppressive institutions construct people as disabled and create impairments, while it also celebrates disability as natural human variation. As proclaimed in “The Gospel According to Shug,” a pamphlet whose contents is included into the novel in the form of a chapter, “Helped are those who love the broken and the whole; none of their children, nor any of their ancestors, nor any parts of themselves shall be despised,” and “Helped are those who love and actively support the diversity of life; they shall be secure in their differentness.”

**Communities of Care**

In *Meridian* and *The Temple of My Familiar*, historical forces create communities of disabled bodies that in turn share common aesthetic tastes, perspectives, and values. The most central values that emerge in these disability communities are interdependence and mutual caregiving. Each person cares for the other within their abilities. Moreover, in Walker’s writing, care becomes a mechanism for social redress, able to repair communal relationships fractured by the violent and exploitative and dehumanizing manifestations of U.S. racism.

For instance, Meridian stands down a tank for the right of poor, mostly black, children to have equal access to see a mummified woman. While she and the adults know that the exhibit is fake and its owner profits from patriarchal violence, the poor residents appreciate her willingness to suffer for rights, no matter how trivial, “the Civil Rights Movement” supposedly
guaranteed. While Lauren Cardon positions Meridian as Chicokema’s “leader” for her activism, I argue that the relationship is symbiotic. When Meridian collapses into paralysis from her efforts, the men in town gently carry her across their shoulders to the home they provide, and they “[bring] boxes and boxes of food,” “even…a cow.” The villagers care for Meridian just as much, or more than, she cares for them.

Disability and disability community in *Meridian*, though produced by sexual trauma or slavery, is not marked by tragedy. It’s characterized by caregiving and interdependence. The focus on caregiving challenges myths of independence and individualism that have been used to pathologize disability. Not only is the disabled body often not able to perpetuate the illusion of independence and thereby privilege the individual, it often shatters the myth completely by reminding society of the body’s vulnerability. While some disability studies scholars have inadvertently reproduced the focus on individuality in their emphasis on access and independent living, scholars like Rosemarie Garland-Thomson challenges the value placed on independence altogether. Meridian may be “always alone” but her commitment to care through activism will also always position her within community.

Providing care is also redress for interpersonal and socio-political wrongs, what Felipe Smith has called “collective redemption.” While Smith focuses on Walker’s commitment to communal continuity by reclaiming her literary foremothers and forefathers, I argue that collective redemption also occurs within her narratives through acts of care. For instance,

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240 Walker, 11.


242 Indeed, Alice Walker arguably engages in acts of care for Zora Neale Hurston, her proclaimed literary mother.
Truman, a character who is utterly selfish, and, as I have argued, emotionally manipulative of Meridian, undergoes a radical transformation as he cares for Meridian in Chicokema. Guy Foster argues that Truman's transformation occurs when his “(black) male gaze” no longer desires Meridian sexually but desires to become her.\footnote{Guy Mark Foster, “Looking Good: Neutralizing the Desiring (Black Male) Gaze in Alice Walker’s Meridian,” Symbiosis: A Journal of Anglo-American Literary Relations 13, no. 2 (October 2009): 145.} For example, in the last pages of the novel, “[Truman] felt the room begin to turn and fell to the floor. A moment later, dizzy, he climbed shakily into Meridian’s sleeping bag.”\footnote{Alice Walker, Meridian (Harcourt, 1976), 242.} At the end of the novel, Meridian gets out of her sleeping bag and walks away, but Truman puts on her hat and replaces her, and, as Foster argues, therefore becomes (like) her. Part of becoming like Meridian, however, is caring for others through advocacy and experiencing disability. Caring for Meridian allows Truman to finally know Meridian and Meridian to “return to the world cleanses of sickness.” Caregiving is restitutive.

More radically, in The Temple of My Familiar, caregiving in disability community begins to heal relationships fractured by racism. After Lissie dies, Hal, her partner, stops painting, which causes him to lose his sight, and, having no living children, moves into a nursing home. At the nursing home, Suwelo notices that Hal, who avoids white people, particularly white men, has befriended a formally vehemently racist white man, Mr. Pete, who is also now disabled. Suwelo describes Mr. Pete as “one of those old tall, blue-eyed, rawboned white men who look as though they’ve lived long lives of perfect crime.”\footnote{Walker, The Temple of My Familiar, 414.} Hal tells Suwelo that “[Pete] was a jerk all his life… Only the lord and his ledger keeper know how much misery he’s caused. But he’s here now, and he’s scared. And he’s deaf and he’s old…. The heart just goes out to the
man... Besides, I can’t see him.”

While black people have had to care for white people as one of the few available jobs, this is not the nature of Hal and Pete’s caregiving. Hal and Pete offer each other care in the form of companionship that has managed to transcend one’s fear and aversion to white men and the other’s brutality toward black people. Disability and caregiving, then, becomes a means by which to reimagine relations not defined by the oppressive ideologies of the past.

Suwelo’s final encounter with Hal toward the end of *The Temple of My Familiar*, is an example of a future where race relations, because of disability, is imagined otherwise, without forgetting or dismissing the past. The representation of the nursing home as a bright, clean space with attentive, content staff and engaged occupants is the first signal that this is an idealized space (or that Walker is grossly mistaken about the conditions of nursing homes, especially for poor/er and/or black people). In addition to Hal and Pete’s relationship, there are many unlikely friendships in the nursing home as each of the occupants care for and gain companionship amongst each other. Like Truman at the end of *Meridian*, Hal finally gets to know Lissie, even though she has already passed from this life and, presumably, into another. Caring for Pete prepares Hal to finally learn about Lissie’s other lives that she has kept hidden from him. He learns that she was once a white man and tiger, both of which Hal has despised. In turn, Hal is finally able “to see” Lissie. Suwelo shows Hal some of Lissie’s self-portraits. Though Hal “Groan[s] from frustration” and “soon throws [the painting] down in despair” because he cannot

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246 Walker, 415–16.

247 Here, Walker uses the common disability metaphor of blindness as inner vision as encapsulated in the Tiresias from *Oedipus Rex*. 
see it, when Suwelo passes Hal Lissie’s self-portrait of herself as a lion, Hal asks Suwelo,

“what’s that reddish spot up in the corner?”

At this, the narrator states,

[Suwelo] knows, and [Lissie] knows, that Mr. Hal will be able to see all of her someday, and so she and Suwelo must simply wait, and in the meantime...she and he can while away the time contemplating the ‘reddish spot,’ which marks the return of Mr. Hal’s lost vision. For on Lissie’s left back paw, nearly obscured by her tawny, luxuriant tail, is a very gay, elegant, and shiny red high-heeled slipper.

Walker imagines a healing from the past in a present that has not yet come where helping a racist doesn’t erase accountability or require denial of one’s humanity. What we learn from reading disability and caregiving in Walker’s novels is that we must understand the present of disability as related to the past, yet not assume the future will follow the same trajectory/patterns as the past/present.

**Powerful Disabled Women Empowering Disabled Communities in Toni Morrison’s Fiction**

Like Alice Walker’s Meridian and Lissie, disabled characters who refuse to let dominant concepts of proper womanhood and motherhood dictate their actions, Toni Morrison represents disabled female characters who also shun societal prescriptions for black womanhood. With Morrison’s characters, disability identity empowers these women to subvert oppressive ideologies and carve out spaces where others, also marginalized for their inability or refusal to meet the demands of the dominant society, can find refuge and communal belonging. Whereas extraordinary women find community in Alice Walker’s fiction, in Morrison *Song of Solomon*, *Sula*, and *Paradise*, powerful disabled women are the fulcrum of disability communities.

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249 Walker, 417.
In her article “Speaking the Unspeakable: The Representation of Disability as Stigma in Toni Morrison’s Novels,” later reworked into a section of her book *Extraordinary Bodies* (2009), Rosemarie Garland-Thomson argues that Morrison’s novels include figures who are disabled or have some otherwise stigmatizing feature that falls under the rubric of disability. According to Garland-Thomson, Morrison often represents these women as “maternal goddess figures,” or disabled mythical figures that “both produce and are products of an alternative domain.”

Within her monograph version of this essay, Garland-Thomson situates these goddess figures within a genealogy of black women writers, beginning with Ann Petry and later including Audre Lorde, who represent disabled women as powerful. Garland-Thomson argues that in these women’s works, history marks the body through physical disability, yet the disabled bodies make these women exceptional, which is empowering not only for the characters but also for disabled people. I agree with Garland-Thomson that disability empowers some of Morrison’s female characters, particularly Pilate Dead, Eva Peace, and Consolata, and I add that communities emerge around these powerful characters. Though Garland-Thomson mentions the groups of people these powerful women attract in passing, I situate them as disability communities. While Garland-Thomson demonstrates that disability, myth, and empowerment is the “[product] of an alternative domain,” I am interested in how disability helps produce other domains.

*Disabled Pariah as Empowered Outlaw Woman*

The “extraordinary” disabled women around which disability communities grow are typically the characters Morrison has called outlaw women and pariahs. In an interview with

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Anne Marion-O'Connor, Morrison says, “Outlaw women who don't follow the rules are always interesting to me…because they push themselves, and us, to the edge. The women who step outside the borders, or who think other thoughts, define the limits of civilization, but also challenge it.” These women, often possess what Morrison calls “the funk,” traditional black values, and “the ancient properties,” traditional conceptions of black womanhood. The outlaw woman is divested of interest in white, male-supremacist ideals, which often marginalizes them as “pariahs” within African American communities. In an interview with Claudia Tate, Morrison explains:

There are several levels of the pariah figure working in my writing. The black community is a pariah community. Black people are pariahs. The civilization of black people that lives apart from but in juxtaposition to other civilizations is a pariah relationship. In fact, the concept of the black in this country is almost always one of the pariah. But a community contains pariahs within it that are very useful for the conscience of that community.

Because of ableism, the position of the disabled in every community, and society at large is that of the pariah. Yet, disabled, pariah identity empowers characters like Pilate, Eva, and Consolata to embrace outlaw status.

For instance, in *Song of Solomon*, Pilate Dead is a pariah figure within her community because of her lack of a navel. Pilate, however, tires of the ableism she faces. Rather than internalize other people’s ableism, she instead embraces her Otherness as an opportunity to empower herself to develop her own values and morals. As a young woman, each community

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that Pilate joins ultimately rejects her because of difference. The stigma attached to her navellessness initially bothers her. However, Pilate,

After a while…stopped worrying about her stomach, and stopped trying to hide it…[Men] froze at the sight of that belly that looked like a back; became limp even, or cold, if she happened to undress completely and walked straight toward them, showing them, deliberately, a stomach as blind as a knee….It isolated her. Already without family, she was further isolated from her people, for, except for the relative bliss on the island, every other resource was denied her: partnership in marriage, confessional friendship, and communal religion. Men frowned, women whispered and shoved their children behind them. Finally, Pilate began to take offense.

Morrison positions social barriers, opposed to the body itself, as the cause for Pilate’s isolation. The black community’s ableism deprives her of communal belonging. Instead of internalizing their views, she “takes offense.” “She threw away every assumption she had learned and began at zero.” She begins to flaunt her difference. Pilate contemplates what makes her happy and what standards she prioritizes. Conventional beauty is not one. She cuts her hair. She does not pay attention to style and fashion in her dress. She neglects her hygiene. She bootlegs for income, though she has little desire for material possessions. She decides relationships mattered most to her.

In *Sula*, the titular character’s grandmother, Eva Peace, is also a social outsider who is empowered economically and in her interpersonal relationships by disability. Eva, like Pilate, occupies a space closer to the margins of the black community. She refuses to abide by capitalist, patriarchal norms. Eva’s husband abandons her and their three, young children destitute. After using her hand and her children’s last food-item--a beet--to relieve her infant son of painful constipation, Eva leaves her children with a neighbor, and returns, “Eighteen months later…with

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255 Morrison, 149.
two crutches, a Black pocketbook, and one leg.”²⁵⁶ Like Pilate, Sula decides to reject hetero-patriarchy, capitalism, and ableism. Though the text obscures how Eva becomes one-legged, most believe that Eva’s disability is the source of her financial independence. Rosemarie Garland-Thomson argues, “Self-violation, however, is no concession for Eva … rather, it is an act of self-production that at once resists domination and witnesses oppression’s virulence.”²⁵⁷ Garland-Thomson continues, “Eva’s disability augments her power and dignity, inspiring awe and becoming a mark of superiority, a residue of ennobling history.”²⁵⁸ Consequently, Eva, as Garland-Thomson and Ayo Quayson argue, emerges as a goddess figure who “reigns…from her incongruous throne” (her wheelchair).²⁵⁹ Like Pilate, Eva refuses to hide her leg with a prosthesis or under her clothes. She chooses to flaunt her one leg and in turn her disability. Eva has many suitors but refuses to remarry. Her daughter, Ruth, regularly sleeps with other women’s husbands, yet Eva does not police her sexuality. Moreover, Eva refuses to allow her son, a war veteran turned heroin addict, to destroy himself or consume her. She sets him afire. On the other hand, she throws herself out of a window to save her daughter.²⁶⁰ Eva, as Rosemarie

²⁵⁸ Garland-Thomson, 117.
²⁵⁹ However, Madu Dubey argues, “Although Eva’s missing leg frees her to ‘literally invent herself,’ it also literally constricts her mobility; crippled and paralyzed, she spends her entire life confined to a wheelchair.” (65) This reading of Eva’s impairment assumes that a wheelchair impedes mobility, an assumption with little basis from the actual experiences of the disabled (Simi Linton finds that wheelchairs, unimpeded by socially-imposed obstacles, provides excellent mobility and Jim Ferris argues that those in wheelchairs have increased stamina to travel. Moreover, Dubey’s reading also diverges from the causes of immobility present in the narrative: when Eva becomes physically restricted to the second floor of her house, it is not because of her impairment because she chooses to do so. Ableism assumptions about disability limit Dubey’s reading of Eva’s disability. Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 117.
²⁶⁰ Ayo Quayson reads Eva’s choice to destroy her son and to save her daughter as an issue with mothering while disabled, the extra pressure to perform maternal love in the face of societal doubt.
Garland-Thomson observes, takes into her own hands the power to save or destroy. Like Pilate, disability empowers Eva to choose her own values, particularly what and to whom she is willing to sacrifice herself.

Consolata, in *Paradise*, is a pariah figure before she becomes disabled. It is when she embraces her outlaw status and disability that she becomes powerful. When Consolata becomes blind, she acquires healing power. Yet, Connie’s power is encumbered by Western religion. Devoutly Catholic in the tradition of the nuns who took her from her home and placed her in the Covent, “a school for “Indian girls,” Connie views her healing ability as witchcraft. She also views the sexual abuse she suffered as a child sex-worker as wantonness. She remains celibate for 30 years. She ends her celibacy with Deek, a married man from the nearby town, but he ends their affair after he feels consumed by her love. Despite Connie’s religious devotion, rumors that she practices witchcraft and performs abortions means that she is nevertheless ostracized as a pariah by the citizens of Ruby, a small town established by black people who abide by strict respectability politics. Her home soon attracts a group of outlaw women, though she does not consciously assume the role of guide until she sheds the vestiges of Western religion. When she does, she then becomes empowered in her disability and spirituality. Like Morrison’s other disabled characters, she flaunts her blindness. For instance, the narrator describes the Convent from an outsider perspective, noting “[a] customer stopping by would have noticed little change. May have wondered why the garden was as yet untilled, or who had scratched SORROW on the Cadillac’s trunk. May even have wondered why the old woman who answered the knock did not cover her awful eyes with dark glasses; or what on earth the younger ones had done with their

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hair." Here, flaunting disability is positioned as subversive, revolutionary, and political as embracing natural black hair. She comes up with her own belief system and mythology and guides the girls in healing exercises. Healing has nothing to do with curing her blindness, and everything to do with expressing then releasing hurt, pain, and anger from past trauma through self-care and love.

**Alternative Domains: Disability Community in Morrison’s Work**

Pilate, Sula, and Consolata are disabled women who recognize the futility of appealing to ableist, patriarchal, capitalist values of the dominant culture, and, these outlaw disabled women create spaces for others at the very margins of society. The alternative spaces that they create, I argue, are communities with powerful disabled women at their nexus who attract people who move in and out of disability or otherwise embrace impairment as natural human variation.

Whereas Pilate cares for those who are constricted by societal demands, in both *Sula* and *Paradise*, Eva and Consolata, at times reluctantly and haphazardly, care for those who have otherwise been cast out of society. Eva attracts a community of temporarily able-bodied and disabled people. In addition to her suitors and admirers, Eva turns her home into a boarding home, a space where those at the margins of society feel welcome to stay. For instance, the three Deweys are also very short at a fully-developed height of forty-eight inches tall. Tar Baby, a white man, lives with alcoholism and depression with suicidal ideation. Sula, Eva’s granddaughter, has a birthmark that is stigmatized by the people of Medallion, the town where they live. No one in Eva’s boarding house abides by society’s rules. The Deweys refuse to socialize with anyone outside of each other. Tar Baby, an intentionally ironic name considering

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his Aryan features, cannot remain employed or care for himself. Sula is simply evil, or at least Eva and the people of Medallion believe that to be the case. However, as Rosemarie Garland-Thomson argues:

Not always benevolent and never sentimentalized, Eva provides food and shelter, the material needs of life. Eva is the ‘creator and sovereign’ of a peculiar, rambling, incoherent boarding house, filled with living, singing, addiction, and casuallovemaking…. Directing her children, as well as continuous stream of friends, boarders, and adopted strays, Eva reigns…over an unorthodox communal household from her incongruous throne….264

Eva’s life with a disability is far from isolating and her experience with disability is far from isolated. Moreover, her and her boarders’ disabilities are not pitiable. They live a life as complicated as anyone, filled with loss, sadness, tragedy (though not at being disabled), as well as joy, sensuality, and sexuality. Disability, rather than being a source of suffering, is merely evidence of survival. Eva’s choice to become disabled, desperate as it may be, positions disability not as abject, but like the representations of healing discussed in the previous chapter, a path towards wholeness. Though Eva is tough, and at times homicidal/infanticidal, she is also nurturing and caregiving in her mothering and in her concern for her boarders.

Like Eva, Consolata from Paradise offers a type of boarding home. As Ayo Quayson argues:

Consolata … [provides] an unquestioning haven for the many women who drift into the convent; later, in a powerful reclamation of her spiritual power of reconstituting identity, she helps the women reclaim their bodies by immersing themselves with the plenitude of the immediate, and immediate, however, that has been corrected by being opened up to the shaded saturations of the multiple and traumatic identities that have shaped their world.265

264 Garland-Thomson, Extraordinary Bodies, 117.


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These traumatic identities also shape their bodies. In *Paradise*, an assortment of women with various disabilities join Consolata at the Convent. At the onset, these disabilities are pathologized as they dovetail with negative stereotypes about women. Mavis Albright is the monstrous mother whom newspapers label criminally insane because she killed her twin infants and abandoned her older children. She also claims to see her twins, a claim many would regard as a visual hallucination. Grace, or Gigi, is the Jezebel figure. Seneca engages in self-harm through cutting, and Pallas, later known as Divine, the victim of a sexually amoral mother, binges, purges, and restricts her food. Similar to Mavis, she hears the cries of babies. Through a series of what Quayson calls “perspectival modulations” readers shift their initial valuations of these women and their disabilities. Instead of pathologizing these women’s impairments, we realize that they have been created by trauma, and Consolata provides a space and the necessary guidance for the women to heal.

Each chapter is named for one of the women at the Covent or occupant of Ruby. Through their own stories or interspersed in the stories of others, a more nuanced picture of the women’s lives and subsequent disabilities emerge. We learn that Mavis, for instance, was a victim of domestic violence, and both of Seneca’s parents have abandoned her. Pallas’s mother has sex with Pallas’s lover. With Consolata as their guide, the women, as Peter Kearly argues, “learn to convert pain into mutual understanding.”  

This occurs, as Quayson observes, through “loud dreaming,” or “[h]alf-tales” that allowed them to “step easily into the dreamer’s tale.” Having someone else to bear witness to—to embody—one’s pain provides healing. Consolata, on the

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other hand, can offer the women something other than a mutual understanding of pain. Connie’s loud dreaming is that of Paradise:

[a] place where white sidewalks met the sea and fish the color of plums swam alongside children. She spoke of fruit that tasted the way sapphires look and boys using rubies for dice. Of scented cathedrals made of gold where gods and goddesses sat in the pews with the congregation. Of carnations tall as trees. Dwarfs with diamonds for teeth. Snakes aroused by poetry and bells. Then she told them of a woman named Piedade, who sang but never said a word.  

As I have argued earlier, Connie breaks away from Western religion to instead imagine her own, including her own concept of Paradise. As Quayson also notes, to “get [to this Paradise], the women have to claim their bodies for themselves and away from the traumatic histories that have marked these bodies.” For Consolata, this means the reintegration of her spirit and flesh. Whereas the nuns, Mary Magna in particular, made her separate the two, healing comes when Connie learns, like I argue of the writers in chapter two, to “[n]ever break them in two. Never put one over the other.” Morrison, as with Alice Walker, uses disability to imagine the future otherwise. Like Walker, caregiving and interdependence are at the heart of Morrison’s disabled futures, and they forge a path toward healing. Consolata, like Baby Sugg’s from *Beloved*, creates a gospel born of the flesh that frees the women of being haunted.

**Marooned Disabled Communities in Octavia Butler’s *Xenogenesis* Trilogy**

Similar to Alice Walker, who represents black communities merged through shared illness and impairment-producing history, Octavia Butler’s *Xenogenesis* trilogy represents communities forged through shared experience with impairment. In the trilogy, humans have all but obliterated each other and the earth through a massive nuclear war. An alien species, the

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270 Morrison, *Paradise*, 263.
Oankali, with superior biotechnology and an interest in using human genes to diversify their own genetic material, rescue the remaining living humans by keeping them in a coma-like state on the remains of Earth that have been incorporated into an Oankali ship. The first human the Oankali awaken is Lilith Iyapo who, after she lives with and adapts to the Oankali, is put in charge of awakening other humans and who has the first human-Oankali children, called constructs. The Oankali can cure human disease and extinguish disability, but they require that humans breed with Oankali. Many of the humans, repulsed by the Oankali and terrified to birth what they believe would be severely disabled offspring (as well as a refusal to defer to the Oankali), refuse to cooperate with the Oankali and escape into the wild to forge hidden communities where, more familiar and once socially abject, disabilities proliferate.

Much of the criticism of *Xenogenesis*, however, focuses on the interdependent communal relationships that humans, Oankali, and construct children forge. While Michele Oshero reads the Oankali as colonizers,271 Éva Federmayer positions Lilith as a cyborg not in a colonial community but in a community of mutual, if coerced, trade.272 Megan Obourn and Claire P. Curtis argue that human-Oankali relationships are interdependent in a way that revalues disability.273 Obourn argues that in *Xenogenesis*, Butler represents a dismodern future: “one in which ‘the ideal is not a hypostatization of the normal (that is, the dominant) subject, but aims to create a new category based on the partial, incomplete subject whose realization is not autonomy


and independence but dependency and interdependence.” All of these scholars focus on the communities that Oankali and humans create, paying little attention to the communities that emerge amongst those humans that reject the Oankali. These humans pay a steep price for their isolation: they are sterile and lack access to the Oankali’s ability to treat illness and injury. I turn my attention to these communities’ relationship with disability, arguing that the Oankali engage in eugenics practices similar to those that humans engaged early in the twentieth century. Oankali alienness and otherness cause the humans to re-evaluate their relationship to disability, which becomes the catalyst for them to form racially diverse yet nevertheless resistant, maroon-like disability communities.

**Fatally Flawed: Eugenics in Xenogenesis**

While the Oankali find potential in the human illness of cancer, they ultimately view humanity as severely disabled and decide, as humanity’s savior and the most bio-technologically advanced species, to save, support, and cure only those who agree to their conditions. As Lilith explains to one of her children: “Human beings fear difference” and the “Oankali crave [it],” which means that they constantly seek other species to diversify their genes. Lilith's appeal to the Oankali is that she has "a talent for cancer." They recognize that Lilith’s cancer is lethal to her, and remove it, but they incorporate the cancer cells into themselves, which later enables them to cure once permanent human impairments, such as re-growing amputated limbs.

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277 Megan Obourn has argued that there is strong evidence to suggest that Octavia Butler, avid science reader that she was, may have been familiar with the story of Henrietta Lacks and the HeLa cells before Rebecca Skloot
exchange the Oankali offer to make with humans in exchange for interbreeding is curing their impairments. The Oankali refuse, however, to cure those who refuse to breed and instead sterilize them because they feel that humans should not reproduce with their current genetic makeup. In the first book of the trilogy, *Dawn* (1987), Lilith learns from Jdahya, one of the Oankali, that they believe human ‘bodies are fatally flawed’ by “a mismatched pair of genetic characteristics” where “either alone would have been useful, would have aided the survival of [the human] species. But the two together are lethal.” Jdahya tells Lilith that humans are intelligent and hierarchical and that had they “been able to perceive and solve their problem, they might have been able to avoid destruction.” The Oankali believe that they cannot, ethically, let humans reproduce the genes that control these traits and revive the social conditions that exacerbated them. Therefore, if humans want to live they must allow the Oankali to make changes to their DNA that will, they hope, eradicate the two mutually destructive traits and produce intelligent, non-hierarchical construct children. Though the Oankali’s argument about humanity’s genetic flaw is compelling since humans in the novel have destroyed Earth and almost destroyed each other, their methods frighteningly resemble early twentieth-century human eugenics.

Much of the Oankali logic and many of their actions parallel that of the eugenics era. The Oankali identify humans as disabled because of faulty genetics. They believe that if only humans were aware of their faulty DNA, they could monitor and control it. Like the eugenicists of the twentieth century, the Oankali “[view] traits recognized as detrimentally deviant as identifiable, 

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279 Butler, 41.
predictable, and therefore, *preventable.*” The Oankali are not only especially apt at identifying, fixing, treating, and preventing human disabilities, but they are also biologically compelled to perform this work. In the first book, Jdahya tells Lilith, “We do what you would call genetic engineering. We know you had begun to do it yourselves a little, but it’s foreign to you. We do it naturally. We *must* do it…. The ooloi do it for us. …They can do it for you too—make sure of a good, viable gene mix.” The ooloi cannot stop themselves from treating what they view as biological and genetic mistakes. These “mistakes,” also provide much needed genetic material to diversify Oankali DNA, such as Lilith’s cancer cells, yet within humans, they are automatically identified for correction, cure, and extermination, particularly humans’ fatally combined intelligence and hierarchical nature. The Oankali recognize disability as part of biological diversity, but only for themselves. Consequently, they engage negative eugenics practices as they directly manipulate human bodies to destroy genes that carry disabilities or sterilize those who refuse ooloi treatment. They engage in positive eugenics by encouraging human-Oankali reproduction and forbidding human-human mating. As Jdahya informs Lilith, “genetic engineering” is an imperfect human endeavor. While many historians problematically position eugenics as an aberration, much of the work and logic, as Sharon Snyder and David T. Mitchell argue, continue in contemporary genetic science. While much science fiction writing is utopian in nature, and, as Rosemarie Garland-Thompson argues, steeped in eugenics logic, Claire P. Curtis troubles this argument by positioning *Xenogenesis* as a critical utopia that attempts to distinguish between an improved

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281 Butler, 43.

way of life versus improved body in its utopic/eugenics vision. She contends that the Oankali revalue and embrace disability, even as they feel compelled to treat it. Curtis’s arguments about Oankali eugenic practices are compelling: the Oankali do, eventually, let the humans more or less choose their destiny when they concede to give humans their own colony, even if it means their certain destruction. However, Curtis does not fully engage with the disability communities that arise in resistance to Oankali eugenics practices.

**Resister Communities, Maroon Communities, Disability Community**

The eugenics and medical model identifies disability and illness as weak human traits that can be eradicated through smart breeding/reproductive choices or medical technology, but the same arguments from non-humanoid, extraterrestrial aliens that demand interspecies breeding give the humans in *Xenogenesis* pause. While many of the remaining humans in *Xenogenesis* comply, albeit reluctantly, to breed with the Oankali for longevity relatively free of sickness and impairment, some of the humans refuse and settle into a colony of their own. At least one of these “resister” colonies, as demonstrated in the final book of the trilogy *Imago* (1989), form a disability community. Whereas other resister communities are composed of adults that the Oankali have sterilized, some of the people of this mountain-dwelling resister community are not. They also age at a now accelerated, “prewar” human rate, and many of the members of the community have impairments caused by the genetic condition neurofibromatosis. Those with the condition develop hyper-pigmented splotches or tumors all over the body. For some, the condition causes blindness, deafness, and fused bones. Though some in the community view physical disfigurement as ugly and grotesque, most members still value people with this disease as breeders of a new generation of humans untouched by the

Oankali. The females in the group are forced to reproduce until they can no longer bear children, become too physically damaged by childbirth to have more babies, or until they die, usually while giving birth. Many of the babies also die, and of those who live, some have the impairing genetic condition.

They are not a disability community simply because they are a group of people with a common disability. Their perspective of disability—or their shared disability—has, for the most part, changed. For instance, when Jodahs, an Oankali construct ooloi, meets Tomas and Jesusa, youth from the mountain resister community, he assumes that Tomas “couldn't possibly like his growing disabilities—and surely other Humans did not like the way he looked. Humans cared very much how other people looked.” Jodahs assumes that because of their disabilities, Tomas’s and Jesusa’s lives are not worth living. While Tomas feels that his is not, as he tries to commit suicide before his disabilities can become more severe, Jesusa does not associate being disabled with suffering. When Tomas declares that Jesusa has suffered as he has, she grows silent because, the limited omniscient narrator informs, “She simply did not agree with him.”

When Jodahs discusses Tomas’s increasing physical limitations, he presumes that Tomas and Jesusa mostly suffer from the social responses to their massive, disfiguring tumors, responses that, as an oooloi, Jodahs should well know, has little to do with Tomas and Jesusa’s embodied experience. Within the mountain-dwelling resister community, Tomas and Jesusa’s disability is normal. Jodahs further observes that "[e]ven Jesusa must seem grotesquely ugly to them--though

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284 As the first and unexpected construct oooloi, Jodahs can be read as an Oankli “mistake.” He is certainly ostracized by the Oankali-human community, and the Oankali, weary of Jodahs’s unknowability and inability to control his fluid form, threaten to isolate him to the main ship, a type of institutionalization.


286 Butler, 664.
neither Tomas nor Jesusa acted as though they cared how they looked. Very unusual. Perhaps it was because there were two of them. If they were siblings they had been together most of their lives. Perhaps they sustained one another." Together, Tomas and Jesusa forge community, but they also come from a community where their impairments are the norm and not the grounds for disqualification from social life. This is emphasized when Jodahs meets Santos, whom the mountain-dwelling resisters shun because he has achondroplasia and skin deformities not caused by the common condition. Santos’s anger and sadness have little to do with his impairments and everything to do with the social ostracization and torment of others. Consequently, unlike Jesusa who initially resists cure, Santos immediately embraces healing for his impairments so he can “be a man.” The difference between Jesusa’s and Tomas’s experience with disability and Santos’s reflects what disability scholars like Rosemarie Garland-Thomson and Simi Linton argue: Community shapes one’s experience with disability. Community, according to Rosemarie Garland-Thomson, helps situate disability as a social identity. Additionally, she reminds us, that, unless one is born disabled, many do not know how to navigate the world in their new bodies, including what resources and aid to request. Similarly, for Linton, community aides the process of becoming disabled by normalizing disability and transmitting knowledge about navigating the world with a disability. It allows one to see ableism as an ideology systematically maintained, and demands for access as political rather than personal. While

287 Butler, 624.
288 Butler, 710.
291 Linton, 110–11.
Jesusa and Thomas do not have access to a large disability community, and their relationship with their community is complicated by the imperative to reproduce, the disability community at hand provides them, particularly Jesusa, a more positive experience and understanding of their impairments.

Tomas and Jesusa, however, have betrayed their people and home by leaving. Leaving the community not only puts two, fertile youths’ lives at risk but also betrays the community’s existence as a whole. These people have survived by keeping their existence a secret from the Oankali. They are like the enslaved Africans and African Americans who escaped and settled into communities in South America, the Caribbean, and the U.S. These groups, particularly the ones who remained in close proximity to plantations, “shared three key characteristics: they settled in the wilderness, lived there in secret, and were not under any form of direct control by outsiders.” While there are many resister colonies scattered throughout the wild landscape of Xenogenesis’s Earth, including the human-only colony on Mars, the Oankali are aware of their presence and have successfully sterilized the members. The mountain-dwellers amongst whom Tomas and Jesusa live, however, remained completely outside of Oankali control. Within their seclusions, they developed their own culture replete with myths, customs, and values. For instance, the origin story of how they became a fertile people has turned into a legend of the “First Mother.” Moreover, their relationship to disability is different: if disability means freedom and full bodily autonomy, it is no longer an abject trait. Reading their disability community as maroon-like reveals that in this work, embracing disability is a form of radical resistance in the service of freedom.

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Though the mountain-dwelling resister community eventually gives way to the Oankali and their healing abilities, they only do so after learning that Earth will be uninhabitable after the main ship leaves. This community does maintain its autonomy when they, along with Jodahs and his construct-oooloi sibling, agree to start regrowing the earth in order to stay on Earth after the main ship leaves. They resist until the very end. Like Alice Walker and Toni Morrison, Octavia Butler, in her science fiction, imagines disabled futures where caregiving and interdependence are the fulcra.

Conclusion

Alice Walker, Toni Morrison, and Octavia Butler not only represent disability communities where, as in Audre Lorde’s writing, disability is political and historicized, they also write disability into the past, present, and future. In so doing, they speak to disability and temporality—another key conversation in disability studies. For instance, in Feminist, Queer, Crip (2013), Alison Kafer examines why disability is often eliminated from idealized, utopic futures. She writes, “In imagining more accessible futures, I am yearning for an elsewhere—and, perhaps, an “elsewhen”—in which disability is understood otherwise: as political, as valuable, as integral.”\(^\text{293}\) Kafer, in her concern with the future, however, is not “opposed to prenatal care and public health initiatives aimed at preventing illness and impairment, and futures in which the majority of the people continue to lack access to such basic needs…”\(^\text{294}\) as implied outcomes of a strict social model approach, but she recognizes that “there is a difference between denying necessary health care, condoning dangerous working conditions, or ignoring public health

\(^{293}\) Alison Kafer, Feminist, Queer, Crip, 1 edition (Indiana University Press, 2013), 3.

\(^{294}\) Kafer, 4.
concerns (thereby causing illness and impairment) and recognizing illness and disability as part of what makes us human.”

The disability futures that Kafer imagines “make room for people to acknowledge—even mourn—a change in form or function while also acknowledging that such changes cannot be understood apart from the context in which they occur.” In Kafer’s disability future, medical treatment, cure, nor representations or understandings of disability are neutral but shaped by ideological and historical, social, and economic forces. Kafer’s future looks much like the future for which Audre Lorde imagined and fought until her death. It looks much like the future suggested in Walker’s, Morrison’s, and Butler’s works as the identify and reject oppressive and disabling ideologies, structures, and institutions in favor of the alternatives presented in the disability communities in their fiction.

In Alice Walker’s, Toni Morrison’s, and Octavia Butler’s fiction, disability is depicted as part of the black communal experience. Though disability is produced by tragedy, it is by no means tragic. Nor is disability isolating. Indeed, disability, in its ability (and likeliness) to affect people regardless of race, gender, and class becomes a more inclusive means of forming communal identity, though this understanding of disability fails to interrogate how disability is an unstable an identity category that changes and shifts with time. Moreover, by directing our focus to the presence and function of disability in these communities, we observe a major trope in these women’s works: the disabled black mother. These disabled futures of disability community in Walker’s, Morrison’s, and Butler’s works center around powerful disabled women who also happen to be mothers. Caregiving and interdependence emerge, in part, because these

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295 Kafer, 4.
296 Kafer, 4.
women work within a maternal framework. Disabled mothers—both disempowered and empowered—are the subject of the next chapter.
CHAPTER 4

Crippling Motherhood297

In what follows, I analyze motherhood and disability in Sarah E. Wright’s This Child’s Gonna Live (1969), Octavia Butler’s Parable of the Sower (1993) and Parable of the Talents (1998), and Sapphire’s Push (1996) to argue that motherhood empowers disability identity and the reverse. Whereas disability studies tends to focus on raising disabled children and white mothers with a disability, I focus on the experience of disabled, black mothers. Although African American literary studies and black feminist scholars have extensively theorized and analyzed representations of black motherhood, few, if any of them has been written about disabled black mothers in literature— though they proliferate the canon. Each work I have examined thus far in Refusing to Be Made Whole centers on a black mother or maternal figure with a disability. In Black Feminist Thought (1990), Patricia Hill Collins argues,

The controlling images of the mammy, the matriarch, and the welfare mother and the practices they justify are designed to oppress. In the context of a sexual politics that aims

297 I use “cripping” to reference crip studies, a theoretical turn in disability studies that seeks to contest, though not eliminate, the boundaries between ability and disability. Crip theory tends to incorporate those voices who may not be traditionally represented in the field, such as those without medical diagnosis. I use cripping in my chapter on motherhood because the maternal body itself is often medicalized and therefore a contested site of disability, and yet there is little study on disability in motherhood, particularly disabled motherhood. For more on crip theory, see Alison Kafer, Feminist, Queer, Crip, 1 edition (Indiana University Press, 2013); Robert McRuer, Crip Theory: Cultural Signs of Queerness and Disability (NYU Press, 2006).
to control Black women’s sexuality and fertility, African-American women struggle to be
good mothers. In contrast, motherhood can serve as a site where Black women express
and learn the power of self-definition, the importance of valuing and respecting
ourselves, the necessity of self-reliance and independence, and a belief in Black women’s
empowerment.\footnote{Collins, \textit{Black Feminist Thought}, 176.}

A powerful example is Alice Walker’s experience with disabled mothering. Though Walker
represents Meridian Hill as ambivalent towards motherhood (she puts her son up for adoption but
later becomes the othermother of a community), Walker describes her personal experience with
mothering as empowering. In her essay “Beauty: When the Other Dancer is the Self,” published
in her collection of womanist writing \textit{In Search of Our Mother’s Gardens} (1993) \textit{and} in \textit{The
Black Women’s Health Book} (1990),\footnote{I have chosen to cite the essay in \textit{The Black Women’s Health Book} rather than in \textit{In Search of Our Mother’s Gardens} in order to underscore its presence in a larger black women’s health movement. Not only did this health movement take black feminist theory and fiction as praxis, but the conversations that they were having about disability/illness made interventions in how society thinks about health and wellness before the field of disability studies’ had taken shape.} Walker relates her feelings of insecurity and anger after
her eye is injured, disfigured, and eventually replaced by a glass prosthetic. She recalls that her
brothers shot her with a BB gun during a game of cowboys and Indians and later forced her not
to tell her parents about they did. Even after her parents learn the truth about the incident, no one
discussed it, and they sent her away. Walker suffers—not from blindness, but a great sense of
injustice and diminished self-esteem—in silence and isolation. Healing begins, for Walker when
daughter three-year-old daughter notices her blind eye for the first time. Rather than say
something hurtful in childlike indifference, as Walker expects, she tells her, “Mommy, there’s a
\textit{world} in your eye…\textit{where} did you get that \textit{world} in your eye?”\footnote{Evelyn C. White, ed., \textit{The Black Women’s Health Book: Speaking for Ourselves}, New, expanded ed (Seattle, Wash: Seal, 1994), 286.} Walker claims after that, “For
the most part, the pain left…. There was a world in my eye. And I saw it was possible to love it:
that in fact, for all it had taught me of shame and anger and inner vision, I did love it.”

By the end of the essay, Walker’s drifting, rolling, floating eye is “deeply suitable to [her] personality.” Motherhood empowers Walker’s disability identity. Building on Patricia Hill Collins’s scholarship on black motherhood, I also reveal that ableism alongside racism and sexism inform controlling images about black motherhood and collude to present barriers to black mothering. I also contend that when black women authors challenge negative stereotypes about black motherhood they also challenge stereotypes about disability, which recovers both identities. Rather than focus on self-reliance and independence, however, these women focus on interdependence and mutual caregiving. Wright, Sapphire, and Butler portray disabled mothers who nurture and fight for the survival of their children and community.

**Disability, Motherhood, and Race**

Most scholarship on motherhood and disability tends to focus on raising a disabled (white) child. As disability studies scholars, like Michael Bérubé, have noted, parenthood is often the catalyst for a critical disability social consciousness. Disability activists, however, have pushed against privileging the experiences of able-bodied parents raising children with disabilities, arguing that parents, as well as doctors, are given authority to define the issues central to the disabled to the exclusion of disabled people’s voices. Parents and caregivers are allowed to make decisions, often rooted in ableism, that suits their needs rather than what is best for the child. Kim Q. Hall’s analysis and criticism of the “pillow angel” is a stark reminder of the

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301 White, 286–87.


consequences of such power.\textsuperscript{304} Practically speaking, however, as Eva Kittay points out in \textit{Love's Labor: Essays on Women, Equality and Dependency} (2013), most caregiving responsibilities for the disabled, particularly the severely disabled, falls on caregivers—family and professionals—who are typically women, typically mothers.\textsuperscript{305} The concentration of women caregivers is the result of many factors, including myths about women as natural nurturers that have relegated women to unpaid caregiving labor and mothering or underpaid employment as home aids, one of the few “professional” jobs available to poor women of color and white women.\textsuperscript{306}

The scholarship that does privilege the experiences and concerns of disabled mothers, on the other hand, tends to focus on the white, Western experience as measured against able-bodied expectations. For instance, most conversations about disabled motherhood focus on the early twentieth century with the rise of eugenics practices and improved gynecological and reproductive medicine and technology. Disabled white women were actively discouraged from becoming mothers, and to decrease the chance that they would spawn children with disabilities, these women were either pressured to use birth control or were often sterilized, routinely without true, knowledgeable consent.\textsuperscript{307} As Claudia Malacrida describes in “Mothering and Disability: Implications for Theory and Practice,” today, disabled women share that they are still

\textsuperscript{304} Ashley, who Kim Q. Hall and journalists refer to as the pillow angel, is a disabled girl whose parents received legal permission to medically stop her growth and sexual development. While Hall is interested in how this action reveals the intersections of female-gender tropes and disability, specifically by perpetuating the sexually pure, demure, childlike ideal of womanhood, this example also reveals the power parents and caregivers are afforded over the lives of the disabled. In this case, the power to radically alter Ashley’s bodily growth and develop through medical technology to suit the needs of the caregiver. Kim Q. Hall, Feminist Disability Studies (Bloomington, IN: Indiana University Press, 2011), 1–2.


\textsuperscript{306} Kittay, 2.

discouraged from becoming mothers by doctors and loved ones. Additionally, disabled women share that finding romantic partners—long term or short term—is difficult, usually because the dominant society presents the disabled female body as sexually undesirable and all disabled women as asexual. This is reinforced by the lack of information concerning sex, reproduction, and disability. Disabled women who become pregnant soon learn that there is often little information that addresses disability. Some with physical disabilities even find gynecologists’ offices inaccessible. Society makes the message clear: disability and motherhood are incongruent.

As a result, most disability studies scholarship on motherhood reclaims maternal identity by challenging societal attitudes that assume disabled women are incapable of being good mothers. Carol Thomas argues that disabled (white) women identify three predominant themes in their experiences with motherhood: 1.) “engagement with the ‘risk’ discourse,” or the concern that their disability or disability related-issues, like whether to stay on or get off medication, will compromise their or their child’s life. 2) “the pressure… to demonstrate that they are, or could be, ‘good enough mothers’” against societal presumptions that disabled women, often dependents themselves, are unable to care for a child, which puts them at risk of losing custody of their children. Thomas elaborates, “Living with the fear of losing the right to care for their children forces some mothers to go to great lengths to ‘present’ themselves and their children as managing “normally”— often at significant personal costs in terms of comfort and emotional and physical well-being. One consequence is that assistance may not be requested when it is

308 Malacrida, 391.

needed because the mother feels that her request may be interpreted to mean that she is not capable.” This overlaps with Thomas’s last theme 3.) “the experiences of receiving unhelpful ‘help’ from health and social care workers.”

Healthcare and social workers strip away disabled women’s agency when they “[take] over” decisions about their client’s pregnancy or childcare responsibilities, because they assume that they know “what is in the patient’s best interests.”

These themes are identified in most work on disabled motherhood. However, these studies take as their starting point a maternal ideal based on white standards and constructions of family. According to Malacrida, “The ideal mother in Western culture is positioned as a woman who mothers naturally, is always and immediately present to care for her baby or child, and who does this mothering selflessly and seamlessly.”

This reflects a paradigm that privileges a heteronormative nuclear family where the biological mother stays at home and cares for her children or has a job with reasonable work hours and can afford childcare. Disabled white women measure their experiences with motherhood against a model from which black women—disabled and non-disabled—have always been excluded. Moreover, this fantasy of white motherhood emerges in relation to, and therefore depends on, pathologized black motherhood. Black feminist scholars, however, have identified how some black women have tried to define an empowering concept of motherhood unperturbed by the western, white ideal.

Whereas white disabled women have been historically discouraged from having children, the opposite was true for disabled and nondisabled black women. Slave owners in the U.S. exploited black women’s reproductive capacities to increase their slave population. They forced

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310 Thomas.
311 Thomas.
312 Thomas.
them to breed with other slaves, and they raped them. To justify this practice, slave owners characterized black women as licentious or Jezebel figures. Enslaved black women had no legal rights to their children. Slaveholders could overwork, beat, rape, and sell black children, and their mothers had no say so in the matter. They were often blamed for circumstances beyond their control. For instance, rather than address the deplorable conditions that led to a high infant mortality rate and rate of disabling diseases amongst the enslaved, slave owners blamed these occurrences on black mothers’ “filth,” “laziness,” and neglect.\textsuperscript{314} Still, black enslaved women (as well as disabled slaves, male or female), performed childcare labor for their white owners. Whereas controlling images such as the Mammy, who was asexual, subservient, doting, and loyal to her white owners, justified relegating black women to childcare labor, controlling images such as the Matriarch, the Mammy’s alter-ego, painted Black mothers as emasculating, cruel, and, at times, even violent to their own children.\textsuperscript{315} After emancipation, dominant society continued to blame black women for high infant mortality rates, disease, and dis-ease within the black community, as well as larger social ills. Take, for example, the images of the Welfare Mother, who is reckless with her sexuality and therefore has too many children, often as a means of securing more government assistance, stealing tax payer’s money and destabilizing the economy, and her close cousin, the 1980s Crack Mother, whose reckless sexuality was responsible for burdening the nation with supposedly defective crack babies.\textsuperscript{316} Systemic racism has meant that black women—disabled and non-disabled—experience some of the same barriers

\textsuperscript{314} See Herbert C. Covey’s, African American Slave Medicine: Herbal and Non-Herbal Treatments (Lexington Books, 2007).

\textsuperscript{315} While black women have always been portrayed as poor mothers, the Matriarch gained prominence in the mid-twentieth century and was particularly highlighted after the publication of Daniel Patrick Moynihan’s “The Negro Family: The Case for National Action,” better known as the Moynihan report.

\textsuperscript{316} Harris-Perry, \textit{Sister Citizen}, 282.
to parenting as disabled white women. As Melissa Harris-Perry points out, “Black women in their role as mothers and potential mothers are subjected to surveillance, judgment, and physical invasion.” Yet motherhood has continued to be a venerated position in the black community and an empowering identity for black women. While misogynoir within the black community has often characterized black women as bitches and ho’s, “big mama” is a venerated and celebrated figure, often problematically so. Much black feminist writing has been devoted to challenging the image of the Mammy, Matriarch, Welfare, and Crack Mother by focusing on Black women’s understanding of their maternal identity.

In “Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood,” Patricia Hill Collins criticizes white feminist myopic discussions of motherhood as only mediated by patriarchy and paternalism because it ignores that women of color and poor white women have had different relationships with motherhood. For one, Collins positions mothering as “motherwork,” which reflects that historical-material conditions have forged a connection between women of color’s reproductive labor and economic labor, shaping their experiences with motherhood. For instance, where white feminists argue that motherhood binds them to the needs of a demanding child, black women have engaged in labor that removes them from their children. While white feminist material theorists like Sarah Ruddick identifies “preservation, growth, and acceptability,” with preservation being a given, as the focus of motherwork, Collins claims that black women’s different experiences in the U.S. have made “[t]he importance of working for the physical survival of children and community, the dialectical nature of power and powerlessness in structuring mothering patterns, and the significance of self-definition in

317 Harris-Perry, 115.
318 Harris-Perry, 65.
constructing individual and collective racial identity” the focus of black motherwork.\textsuperscript{319} Collins further argues that these goals of motherwork come up against specific themes that characterize black mothers’ struggle for power. First, there is “the struggle for control over their own bodies in order to preserve choice over whether to become mothers at all,”\textsuperscript{320} which addresses the fight for reproductive rights as well as the fight against sexual violence. Next is “getting to keep the children that are wanted, whether they were planned for or not,”\textsuperscript{321} considering that “[i]n such a situation [as slavery], simply keeping and rearing one’s children becomes empowerment.”\textsuperscript{322} Finally, black mothers resist “the pervasive efforts by the dominant group to control their children’s minds.”\textsuperscript{323} Based on Patricia Hill Collins’s and Carol Thomson’s claims, black and (white) disabled motherwork have many intersecting concerns/themes, and yet disability studies scholars rarely explore the connection between the two maternal identities. While I imagine that disability studies scholars, given the field’s usual arguments about race and disability, would argue that black, (white) disabled, and black disabled motherhood overlap because disability is like race, I maintain that they intersect because disability is imbricated in racialization.

**Mothering the Disabled Black Child in Sarah E. Wright’s *This Child’s Gonna Live***

Mothering disabled children is an important concern of black motherwork and maternal identity, as I will demonstrate through my analysis of Sarah E. Wright’s scanty studied novel,


\textsuperscript{320} Collins, 64–65.

\textsuperscript{321} Collins, 65.

\textsuperscript{322} Collins, 66.

This Child’s Gonna Live, through the lens of Patricia Yaeger’s concept of the “throwaway.”

Despite the saturation of narratives about parenting a disabled child, there is little scholarship on mothering a black disabled child. In her contribution to Blackness and Disability, “Coming Up From Underground: Uneasy Dialogues at the Intersection of Race, Mental Illness, and Disability Studies,” Michelle Jarman analyzes BeBe Moore Campbell’s novel 72-Hour Hold (2005), a story about a black woman’s experience trying to stabilize her teenage daughter with bipolar disorder. While Jarman’s argument underscores how the novel represents the difficulties black mothers face when trying to get their children care while black in psychiatric distress, she is less interested in how disability affects maternal identity and vice versa. Denise Cordella Hughes-Tafen writes about her Antiguan mother’s experience raising an autistic son, which reveals that race and immigration status make it difficult to access information about resources for disabled children. Moreover, Hughes-Tafen’s essay also reveals how social and cultural norms construct disability. For instance, U.S. schools expected Hughes-Tafen’s brother to hit developmental milestones at a certain age, whereas her Antiguan culture stressed letting children develop at their own pace. Consequently, her brother didn’t initially appear disabled to her family. Hughes-Tafen’s essay, like Michelle Jarman’s analysis of 72-Hour Hold, doesn’t really give insight into how disability shapes maternal identity. Julie Maybee, in “The Political is Personal: Mothering at the Intersections of Acquired Disability, Gender, and Race” does provide this perspective. In this chapter, she shares her experience as a white woman raising a half-black, newly disabled daughter. Maybee shares that she enjoys motherhood—she just doesn’t like caregiving. Consequently, Maybee writes:

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324 Bell, Blackness and Disability, 20.

325 Hughes-Tafen, “‘Intersecting Postcolonial Mothering and Disability: A Narrative of an Antiguan Mother and Her Son,” 280.
Leyna's [her daughter] aneurysm has left her emotionally clingy and physically and cognitively dependent in ways that rub against both my definitions of myself as a woman and the kind of life I had envisioned for her as a woman. I have had difficulty dealing with her dependence, in part because it returns me to the bodily care work that I had shunned as a young woman and had been happy to leave behind as a mother of older children, and in part because she embodies the image of a woman that I had consciously rejected.”

While Maybee acknowledges that lack of access to resources like additional help and better insurance make mothering Leyna frustrating, she also admits that it is difficult to embrace her identity as the mother of a disabled child because the required caregiving work pushes against her understanding of feminism and feminist mothering, which, should be noted, is an ableist one. For Maybee, mothering a disabled child, especially a disabled black child with its additional burdens, aligns with what Donna Bassin, et. al. argue are feelings that mothers have, that “the baby is in charge, controlling time and space—baby’s needs and pleasures define the day.” In other words, caregiving feels like domination. This is the type of maternal identity Maybee resists yet feels trapped within, therefore subscribing to one concept of white feminism and motherhood that Patricia Hill Collins critiques. Whereas Maybee feels that caregiving “undermines [her] self image as a successful mother,” African American women’s representations of mothering disabled children reveal different concerns.


329 Maybee, ““The Political Is Personal: Mothering at the Intersection of Acquired Disability, Gender, and Race,” 252.
The protagonist in Sarah E. Wright’s semi-biographical novel, *This Child’s Gonna Live*, represents mothering a disabled black child from a different perspective, revealing different concerns than Maybee’s. In *This Child’s Gonna Live*, Mariah Upshur is a young mother in a small, 1920’s Maryland town called Tangierneck or “the Neck.” As a mother, she doesn’t have the money she needs to support her children, and her husband, Jacob, though devoted to his family, holds onto the image of himself as patriarch and provider rather than acknowledge that his family is in a dire need of help.\(^{330}\) Mariah wants to be patient and gentle with her children—she prays to be gentle with her children—but she violently lashes out at them under the daily stress, frustration, and hopelessness of trying to raise them in abject poverty.\(^{331}\) Like many poor, southern black women and children during the early 20th century, Mariah and her children’s material conditions leave them vulnerable to sickness and disease, and two of her children die: one from worms and choked to death from pneumonia and the other starved to death because of lockjaw (tetanus). Both diseases were common causes of infant and childhood death for the enslaved, revealing how little socio-economic progress those like Mariah have made by the early twentieth century.\(^{332}\) Consequently, Mariah Upshur’s motherwork is mostly limited to ensuring the physical survival of her children, and even that seems impossible. In the moments that she mothers her physically disabled child, we learn which power structures frustrate her motherwork.

Though scholars of Wright’s work, few though they may be, have typically addressed how abject poverty has shaped Mariah’s mothering, these articles have elided how central


\(^{331}\) Wright and Davis, 34.

\(^{332}\) Covey, *African American Slave Medicine*, 10.
disability is to the narrative. The scholar that comes the closest is Patricia Yaeger. Like other articles, Yaeger analyzes how poverty shapes Mariah’s role as a mother in the introduction to her book, Dirt and Desire: Reconstructing Southern Women’s Writing, 1930-1990 (2000). But Yaeger also notes that in This Child’s Gonna Live, “We stumble across torn, wounded flesh in Wright’s writing…we also find an epistemology of astonishment, an act of wonder at the power of flesh-eating, dirt-eating kindredness in which strangeness is a permanent property of the hard-bitten everyday and writing a magical theater of terror.” Yaeger further argues, “This novel presents the black child as someone who is invaluable and yet becomes white culture’s throwaway.” I argue that what Yaeger discusses is really the disabled body in southern literature. The wounded flesh that Yaeger sees as permeating Wright’s and other southern women’s writing reflects that disability is the manifestation of violent yet quotidian inscriptions of these black characters’ subjugated status, “the hard bitten everyday.” And the “flesh-eating, dirt-eating kindredness” is really black maternal work in a culture where, as Nirmala Erevelles argues, disability is an act of becoming enmeshed in the process of becoming black. I argue that Black women writers position mothering these throwaway bodies as crucial to the project of emancipation.


335 Yaeger, xi.
Although Mariah is the central maternal figure in *This Child’s Gonna Live*, she, in many ways, is also the quintessential throwaway child in the narrative. As Jennifer Campbell and Trudier Harris have noted, Mariah is discarded as a social pariah after she has premarital sex and confesses to it.\(^{336}\) A member of the main church in Tangierneck, Miss. Naomi, tells the congregation, “You gotta live clean, children…It don’t pay to be going against the will of God…Especially when there’s white people around to see you doing it. They use any kind of an ol’ excuse to take away from us what God done give us.”\(^{337}\) The Tangierneck community, in attempts to appear worthy of white people’s meager financial investments in their town and prove themselves unworthy of their violence, severely punish Mariah for behaving in a manner that they believe may compromise those endeavors. Her mother, Mamma Effie, beats her and locks her away in a room, and the rest of the town shames and shuns her. The Tangierneck community recognizes that powerful whites use the stereotype of the hypersexual and reproductively irresponsible black woman—stereotypes meant to uphold white, male supremacy—to justify racialized violence and subjugation. In a misguided effort at racial uplift, the community internalizes these stereotypes and police women’s sexuality. The community performs respectability by openly condemning and punishing overt expression of sexuality and sensuality, such as when Mariah confesses to the church congregation rather than keeping her sexual activity and pregnancy a secret, even though to the whites in power, Mariah’s “bodily [and psychic] harm does not matter enough to [register] or [repress].”\(^{338}\) Unlike Julie Maybee who finds carework for her disabled daughter as burdensome, being the “throwaway” is what

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\(^{337}\) Wright and Davis, *This Child’s Gonna Live*, 96.

\(^{338}\) Yaeger, *Dirt and Desire*, 68.
compromises and disempowers Mariah’s ability to mother Horace, better known as Rabbit, who was born with a hairlip, or cleft lip/palate.

Rabbit is intelligent and loving; he is the most self-sufficient of Mariah’s children, and he stands up for and takes care of his mother and infant sister. These traits both endear him to her and cause tension between the two as Mariah’s desire to instill in him a positive sense of self makes her feel that she must protect him from her supposed shameful past. For instance, when Mariah notices that her “seeing—too-much, talking—too-much, hearing—too—much” son is about to “bawl his guts out” over her, she thinks, “Little-son-of-a-bitch don’t be crying over me, a no good whore.” In this line, Mariah highlights Rabbit’s precociousness and positions herself as the “bitch” and “no good whore” who is unworthy of his concern. Consequently, Mariah’s own insecurities poison her motherwork, and instead of nurturing him, she lashes out at him with hits and punches to the face. She finally gains control of herself and tells him, “‘Rabbit, … If I go anywhere, I’m gonna take you, Rabbit.’ And she suck[s] her knuckles where she cut them on Rabbi[t]s teeth. Lick[s] the slobber and the snot and the blood from his face.”

Though Mariah exhibits traits of the bad black Welfare Mother who harms her children and Daniel Patrick Moynihan’s “overly aggressive” matriarch, the narrative reveals that it is a result of internalized sexism rather than an inherently pathologized trait. Moreover, she attempts to rectify her actions by taking into herself parts of her child that Julia Kristeva argues society deems abject. As she ingests his snot and tears, she underscores her promise that where she goes she

339 Wright and Davis, This Child’s Gonna Live, 30. Original emphasis.
340 Wright and Davis, 31.
341 Collins, Black Feminist Thought, 75.
will take him. With Rabbit, even the most disgusting parts of him are lovingly, if desperately, incorporated into herself.

Mariah’s motherwork is thwarted because she has internalized the patriarchal definitions of womanhood espoused by the rest of the town. Mariah not only views herself as a whore, but she also sees her children’s disabilities--Mary’s lockjaw, Rabbit’s hairlip, and, lastly, Bardetta’s socially stigmatized light skin--as evidence of her supposed sinful wantonness. For instance, the text later reveals that this is a repeated cycle that Mariah acts out against/with Rabbit. He defends her honor and she “beat[s] him so bad” not only because she feels unworthy of protection but because she does not want him branded with her shame. 343 “Said to him one time, ‘Rabbit, what you trying to do? Get yourself turned into a circus clown? Ain’t your lip enough of a scar for you to be carrying around? Your whole head ain’t nothing but a bunch of scars!’” 344 Though ill-phrased, misguided, and hurtful, Mariah’s actions and comments reveal that she wants to protect him from societal judgment, especially since he already has his own burdens to bear, one being his hairlip and his scarred face. In this way, Rabbit’s hairlip often acts as what David T. Mitchell and Sharon A. Snyder call a narrative prosthesis, or a disabled character whose primary function is to further the growth of able-bodied characters. 345 Mariah projects her own sense of unworthiness and defectiveness, yet it is also through her relationship with Rabbit as disabled that we understand her most basic goal as a mother. She reflects, "Rabbit just cried so pitiful after she said that thing to him. Talk about his lip hurt him worse than anything. He had a right to

343 Wright and Davis, This Child’s Gonna Live, 236.
344 Wright and Davis, 236.
cry, for when Mamma won’t take up for you, kiss on your sores and tell you I love you, you something—anything—who else will, Jesus?" For Mariah, the core of black motherwork, especially of her disabled child, is to love him and let him know that every part of him is valued. In other words, mothers are supposed to embody what bell hooks calls homeplace, where “[d]espite the brutal reality of racial apartheid, of domination,” they serve as a “site where one could freely confront the issue of humanization, where one could resist.” This Child’s Gonna Live places resisting ableism as central to homeplace.

Arguably, the narrative itself resists ableism. Whereas disability scholars like Mitchell and Snyder have argued that most physically disabled characters who are morally “good” are infantilized or meant to elicit pity, like Charles Dickens’s Tiny Tim, the narrative’s representation of Rabbit, and Mariah’s hopes for him, challenge arguments that disabled characters in literature are reduced to pejorative tropes. For instance, though Mariah often thinks of Rabbit’s hairlip as a burden he must bear, she realizes that it is not the disfigured lip itself that is burdensome, but the social stigma he faces because of it. Mariah rubs Rabbit’s face and thinks, “Be so glad to get him to the city where people didn’t waste time making people feel bad over things like [his hairlip].” Mariah imagines the city as a place where Rabbit will be free from social stigma and ridicule because of his hairlip, demonstrating that Mariah does not identify Rabbit’s disability as something that needs to be fixed and cured or as something that strips away the value of his life. Instead, she argues that the stigma society associates with his

346 Wright and Davis, This Child’s Gonna Live, 236.
348 Mitchell and Synder, “‘Narrative Prosthesis.’”
349 Wright and Davis, This Child’s Gonna Live, 27.
hairlip is what makes Rabbit “feel bad.” Consequently, Mariah makes hope-filled plans to see to it that Rabbit is well cared for and, eventually, college educated. In *This Child’s Gonna Live* the disabled child, Rabbit, is the child for whom Mariah holds the ultimate dreams of emancipation.

Despite Mariah’s dreams for Rabbit, she ultimately fails at motherwork. He dies. Mariah has already taken in the most socially abject aspects of Rabbit into herself—his spit, his snot, his blood—and when he dies, it becomes clear that Mariah views Rabbit as wholly of herself: “She took Rabbit up in her arms, just a-hugging on him and wiping him off. Kept it up until sometime in the evening dusk when her heart stopped moving. Heart stopped moving and she couldn’t hardly breathe herself. …Wasn’t her heart that wasn’t moving, it was Rabbit’s.”

Her and Rabbit’s heartbeat conflate. When he dies, “Mariah died in herself.” Moreover, Rabbit’s death is linked to her own wishes for death. Early on, the novel reveals that as a social outcast, Mariah is lonely. Her only companions are an ineffective Jesus and a menacing Death. She often wishes to take her life and has pills stored away just-in-case. After Rabbit dies, Skeeter, his brother, reveals that Rabbit found the pills and has created a salve to rub on him and his siblings’ sores. Rabbit even ate a little to help with his worms. Although the text more strongly suggests that Rabbit died from worms (his caretaker saw them crawl out of his butt and mouth), there is no denying the connection between Mariah’s self-loathing and suicidal tendencies and Rabbit’s death.

Mariah fails at her motherwork because she cannot extend the unconditional love she has for Rabbit and her other children to herself. Unlike Alice Walker, who is able to accept her child’s love and let that love heal the pain and insecurity of no longer adhering to her

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350 Wright and Davis, 255.
351 Wright and Davis, 257.
community’s beauty norms, Mariah is unable to absorb Rabbit’s love and protection. She internalizes her community’s misogynoir, and her mothering becomes toxic for her children. Most importantly, Mariah’s own mother, Mama Effie, by acquiescing to white standards of womanhood and internalizing white definitions of blackness, fails in her own motherwork. Her harsh and violent actions toward Mariah come from a desire to protect. As Andrea O’Reilly writes, “Motherwork…is concerned with how mothers, raising black children in a racist and sexist world, can best protect their children, instruct them in how to protect themselves, challenge racism, and, for daughters, the sexism that seeks to harm them.” While Mamma Effie’s response to Mariah’s behavior is an attempt to protect her from sexism, problematically, it perpetuates, rather than resists, the racism and sexism from which it seeks to protect Mariah. Mamma Effie and Mariah as mothers needed to espouse an understanding of black maternal identity that “challenges, and enables black women to challenge the controlling images of black motherhood…. by rearticulating the power that is inherent in black women's everyday experiences of motherhood.”

Though Mariah faces many obstacles in her attempt at motherwork, what emerges in the narrative is an unwavering insistence of her “throwaway” children’s value and right to life, most exemplified in her affection for her disabled child, Rabbit. By taking all of Rabbit into herself—his snot, his tears, his blood, and his disability—his disabled existence is no longer abject. As Patricia Yaeger argues of this novel, “we… find an epistemology of astonishment, an act of wonder at the power of flesh-eating, dirt-eating kindredness.” But because she could not extend that kindredness to herself, which is crucial under the strains of poverty—a “culture of

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353 O’Reilly, 3.
354 Yaeger, *Dirt and Desire*, x.
neglect” as Yaeger would call it—Mariah ultimately fails to preserve the life of her beloved son. And yet motherhood is ultimately positioned as an empowering identity. At the end of the novel, Mariah once again contemplates suicide. She wades out into the ocean water, even though she cannot swim, in parallel fashion to Kate Chopin’s Edna Pontellier and Désirée. Unlike those two women who drown themselves because of disempowered maternal identity, Mariah embraces “the power that is inherent in black women's everyday experiences of motherhood” and decides to live. In “It’s a Time in the Land”: Gendering Black Power and Sarah E. Wright’s Place in the Tradition of Black Women’s Writing,” Jennifer Campbell recognizes that at the end of the novel, “Mariah Upshur’s position in the community and, more importantly, her sense of self-worth have changed.” Campbell argues that Mariah changes, in part, because she learns that she is “not alone in her transgressive sexuality,” but mostly because, “she has willingly assumed the responsibilities of raising not only her own surviving children but Vyella (who has died from consumption) and of Cora Lou (who was run down by white teenagers). By accepting these children, Mariah enacts a commitment to the community, recognizing, as she does so, the common burden borne by all.”\(^{355}\) Mariah embraces black understandings of mothering and family by becoming what Patricia Hill Collins calls an othermother and community othermother, a position that is the “foundation for Black women’s social activism.”\(^{356}\) Instead of giving herself to the water, Mariah goes home to finish dinner for her newly expanded family. For Mariah, like Julie Maybee, feminist concerns about the role of patriarchy in defining maternal identity are important. But unlike Maybee, Mariah does not feel trapped into servitude by her disabled child and chronically ill children; She is oppressed by a racist and sexist society. As throwaways in a culture of neglect, acts of care are radical affirmations of black life, and reaffirming the children

\(^{355}\) Campbell, “‘It’s a Time in the Land.’”

\(^{356}\) Collins, “Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood.”

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most ravished by this culture, disabled children, becomes the starting point for demanding justice.

**Disabled Maternal Identity in Octavia Butler’s Parable Series**

While Mariah Upshur fails to fully recognize misogynoir as an oppressive ideology within her community and life, and therefore internalizes it and poisons her mothework, disabled maternal identity enables the protagonist in Octavia E. Butler’s *Parable* series to recognize misogynoir and ableism as mechanisms of control and power in the world around her and resist. Though as an individual she lacks the power to fully prevent these means of control from impeding her motherwork, she is able to create communities that, unlike Tangierneck, resist violence and oppression without perpetuating destructive ideals.

Disability and motherhood are strong themes in *Parable of the Sower* (1993) and *Parable of the Talents* (1998). At the beginning of *Parable of the Sower*, Lauren is only fifteen but is already a maternal figure to her stepbrothers and other youth in her gated California community, Robledo. She shares, “I’ve been taking care of little kids since I was one, and I’m tired of it.”\(^{357}\) Despite her maternal fatigue, Lauren continues to serve as a maternal figure throughout the series. When Robledo is attacked and burned down, which forces Lauren, along with two other survivors onto the dangerous streets and highways northward, Lauren takes the lead of the small gang of travelers she accumulates. In *Parable of the Talents*, she serves as the community othermother in Acorn and gives birth to her own daughter, Larkin. Equally consequential to Lauren’s characterization is her disability. She has hyperempathy syndrome, a congenital disability that causes people with the syndrome to feel, and at times embody, what they perceive

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\(^{357}\) Octavia E. Butler, *Parable of the Sower* (Open Road Media, 2012), 27.
is the pain or pleasure of other people. Lauren explains, “I feel what I see others feeling or what I believe they feel.” In a space where people “often have things wrong with them, they cut off each other’s ears, arms, legs. … They carry untreated diseases and festering wounds,” Lauren usually feels debilitating pain rather than pleasure. While scholars have respectively analyzed Lauren as a maternal figure or as a disabled character, I am interested in how ableism shapes the discourse of motherhood within the novels and how Lauren mobilizes knowledge garnered from disabled maternal identity to birth a religion, Earthseed, and community, Acorn, that positively embodies ways of knowing garnered from these two identities.

The series reveals how controlling images of black motherhood, such as The Crack Mother are tethered to disability. For example, within the Olamina household, Lauren’s disability is a secret source of shame. Lauren shares, “There’s a whole range of things we never even hint about outside the family. First among these is anything about my mother, my hyperempathy, and how the two are connected. To my father, the whole business is shameful. He’s a preacher and a professor and a dean. A first wife who was a drug addict and a daughter who is drug damaged is not something he wants to boast about.” Rev. Olamina is not only ashamed of his first wife, but he is also ashamed of his daughter, an emotion that Lauren internalizes. Each time Lauren decides to come out as disabled to her travel companions, she also feels compelled to come out about her mother. Lauren never separates being disabled from becoming disabled, which reinforces the connection between bad black motherhood and

\[358\] Butler, 8.
\[359\] Butler, 7.
\[360\] For readings of Lauren as a maternal figure, see Harris (153-172), Agustí, and Thiess. For readings of Lauren as disabled, see Pickens’s “Octavia Butler and the Aesthetics of the Novel.”
\[361\] Butler, Parable of the Sower, 8.
\[362\] Butler, 169.
disability. Specifically, Lauren’s mother’s story recalls the controlling image of the crack mother by positioning Lauren as a crack baby of sorts. According to Melissa Harris-Perry, “Crack babies were the living, squealing, suffering evidence of pathological black motherhood.” Lauren’s disability, through her society’s ableist perspective, not only signifies her personal weakness and vulnerability in a world, as Trudier Harris notes, values strength, but it also signifies a history of deviant womanhood that is etched into Lauren’s being. If, as Marlo D. David states, “Intraracially, black mothers often signify origins” and “are considered the initial and instrumental conduits to blackness itself,” Lauren’s blackness is entangled in what society considers pathology. Though her mother dies giving birth, Lauren is never disconnected from this pathologized origin through her disability.

The controlling image of the Crack Mother is further tied to disability when Zahra, one of Lauren’s travel companions and another black woman, shares:

My mama took drugs, too…. Shit, where I was born, everybody’s mama took drugs— and whored to pay for them. And had babies all the time, and threw them away like trash when they died. Most of the babies did die from the drugs or accidents or not having enough to eat or being left alone so much … or from being sick. They were always getting sick. Some of them were born sick. They had sores all over or big things on their eyes— tumors, you know— or no legs or fits or can’t breathe right. … All kinds of things. And some of the ones who lived were dumb as dirt. Can’t think, can’t learn, just sit around nine, ten years old, peeing in their pants, rocking back and forth, and dripping spit down their chins. There’s a lot of them…. You ain’t got nothing wrong with you, Lauren— nothing worth worrying about. That Paracetco shit was baby milk.

363 Harris-Perry, *Sister Citizen*, 282.
364 Harris, *Saints, Sinners, Saviors*, 155.
The mental picture that Zahra paints of women prostituting themselves for drugs as their babies languish in filth and disease more strongly evokes the Crack Mother stereotype. Though Zahra’s story attempts to lessen Lauren’s shame about her mother and disability, it also suggests a hierarchical understanding of black motherhood and disability that condemns poorer mothers and shuns more severe disabilities. Moreover, it fails to divorce disability from undesirability and black motherhood from pathology.

Moreover, sexist and ableist attitudes reinforce the connection between motherhood and disability by devaluing motherwork. For example, Keith tells Lauren, “You better marry Curtis and make babies…Out there, outside, you wouldn’t last a day. That hyperempathy shit of yours would bring you down even if nobody touched you.” In this instance, ableism is used to limit Lauren to a role that is deemed inferior. Keith’s comment is supposed to be vitriolic and seeks to ridicule Lauren because of her disability. Yet, as a woman, Lauren would already be restricted to this position; most women in her gated community, including her step-mother Cory who has a Ph.D., are limited to caregiving roles. Regardless, motherwork and caregiving are looked down upon, and so this is the only fitting labor for Lauren, which echoes what Jennifer Barclay reveals about people with disabilities on slave plantations: slaves with disabilities were thought incapable of performing other labor and therefore relegated to childcare. This attitude fails to see the value in this work and therefore also fails to see the value that disabled people offer to these societies. In *Parables*, without Cory and Lauren’s work, Robledo would be largely illiterate in a place where every skill can be used to aid survival.


368 Similarly, Lauren’s brother Marc uses ableism to suggest that Lauren go to Olivar, a place that offers work and housing but under conditions that Lauren’s father likens to bond slavery (*Sower* 106). In Marc’s mind, it is acceptable and even beneficial to enslave Lauren because she is disabled.

Lauren’s disability does make her extremely vulnerable to pain and suffering—Lauren, herself, states, “[s]haring is a weakness, a shameful secret” because “[a] person who knows what I am can hurt me, betray me, disable me with little effort.” However, the above example demonstrates, as Clara Agustí argues, that Lauren’s hyperempathy is not stigmatized simply because it makes her vulnerable in a dangerous society but also because men associate it with “female weakness,” which is “a pathology from the point of view of the male world which justifies her exclusion from it.” While disability is always positioned as weak and therefore feminine, Lauren’s disability particularly draws on tropes associated with women, so much so that she later observes that “[s]haring would be harder on a man,” not because they would feel the symptoms more acutely but because it would go against masculine ideals. Lauren’s hyperempathy is gendered, which gestures toward what Rosemarie Garland-Thomson argues about the intersections of gender and disability, namely that “Western thought has long conflated femaleness and disability, understanding both as defective departures from a valued standard.”

People like Lauren’s brother Keith are not concerned about Lauren’s survival, wellbeing, or experiences of pain and suffering; they doubt the legitimacy of her hyperempathy. For them, Lauren’s disability offers them a chance to maintain social hierarchies that privilege the able-bodied male.

In *Parable of the Talents*, this same mechanism of maintaining hierarchical power is reproduced when the theocratic political party, Christian America, gains popularity under its

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founder and leader, Andrew Steele Jarret. Jarret’s campaign slogan is “Help us to make America great again,”\textsuperscript{374} which for Jarret means a time of (white) male supremacy. As Marlo D. Davis argues of the 2016 presidential campaign in the US, “Rhetorical appeals to the ‘founding fathers’ or the language of ‘taking our country back’ and ‘Make America Great Again’ are just a few examples of the coded language that express this longing for a ‘tradition’ that relied on physical and epistemic violence, genocide, disenfranchisement, dehumanization, and other technologies of exclusion.”\textsuperscript{375} This becomes evident when, for instance, Lauren shares that “Jarret preached that woman was to be treasured, honored, and protected, but that for her own sake, she must be silent and obey the will of her husband, father, brother, or adult son since they understand the world as she did not.”\textsuperscript{376} Jarret paternalistically presents male supremacy as a means to protect women from their intellectual deficiencies, their inability to think critically. Jarret employs rhetoric where, historically, “[o]pponents of political and social equality for women,” like Jarret, this means “their supposed physical, intellectual, and psychological flaws, deficits, and deviations from the male norm.”\textsuperscript{377} Disabled people’s and women’s presumed inferiority and incapability justify marginalizing them from civic participation. As Butler’s narrative reveals, however, presumed inferiority is used to justify violence against those who deviate from the norm. Lauren recalls hearing about the above sermon after talking with a slave dealer about a woman who prohibited from literacy and thus could not write nor could she talk because someone cut off her tongue.\textsuperscript{378} Being characterized as a member of a disabled group excluded

\textsuperscript{374} Butler, \textit{Parable of the Talents}, 19.

\textsuperscript{375} David, \textit{Mama’s Gun}, 8.

\textsuperscript{376} Butler, \textit{Parable of the Talents}, 101.

\textsuperscript{377} Davis, \textit{The Disability Studies Reader}, 2013, 17.

\textsuperscript{378} Butler, \textit{Parable of the Talents}, 100.
from the body politic makes this woman vulnerable to actions that lead to physical impairments and socially disabling intellectual limitations.

The California portrayed in the *Parable* series is dangerous for everyone, but especially those considered weak. Rape, mutilation, and murder are common, quotidian occurrences, which if Lauren witness is likely to endanger her life. Very few people expect Lauren to survive beyond the protection of Robledo’s walls. Though Lauren comes harrowingly close to losing the battle for survival, especially after she is enslaved in *Parable of the Talents*, she survives though many do not, including her father and brother Keith. Brute strength and physical ability can get one far, but only so far. Lauren, unlike, say, her brother, learns how to work within the system, but also to question and challenge it. She has the ability “to imagine the world otherwise”379 because of the knowledge about the mechanisms of power that her marginalized identities yield.

In contrast to the dominant society that denigrates womanhood, motherhood in particular, and disability, Lauren emerges as a strong black mother figure who survives harsh circumstances. In *Parable of the Sower*, Lauren, as a mere teenager, leads her alliance of travelers along the dangerous highways. In *Parable of the Talents*, she conducts those who are enslaved with her at Camp Christian to freedom. She is nurturing and wise. Indomitable. She is characterized as a strong black mother figure. The strong black mother figure emerged as a counter to the stereotype of the domineering Matriarch and treacherous Mammy. The strong black mother is self-less and nurturing and is able to draw on an everlasting reserve of strength as she solves her family’s and the black community’s problems. As one Chicagoan who identifies as a strong black woman boasts, “We know how to make do, honey. We do with what

we don’t have.” As a trope, the strong black woman is one seemingly positive representation of womanhood black women can embrace. Yet black feminist scholars have pointed out the dangers in embracing this model. In *Saints, Sinners, Saviors: Strong Black Women in African American Literature* (2001), Trudier Harris argues that the strong black woman is the preferred representation of black womanhood, leaving little room for other representations. Harris argues, “These suprahuman female characters have been denied the ‘luxuries’ of failure, nervous breakdowns, leisured existences, or anything else that would suggest that they are complex, multidimensional characters.” As Melissa Harris-Perry later expands in *Sister Citizen*, when black women actually measure themselves against this type, any sign of weakness, vulnerability, or depression gets interpreted as failure. The strong black woman model leaves very little room for the presence of disability. Moreover, it places the onus for dismantling oppressive conditions on individuals, perpetuating the myth of individualism and the discourse of personal responsibility rather than forcing societal change. In many ways, the stereotype of the strong black woman overlaps with the stereotype of the supercrip, the disabled person who gains respect by overcoming disability.

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380 Harris-Perry, *Sister Citizen*, 178.
381 Harris, *Saints, Sinners, Saviors*, 10–11.
382 Harris, 12.
383 Harris-Perry, *Sister Citizen*, 186.
384 At the same time, and ironically so, scholars are linking the strong black woman type to a myriad of health problems amongst black women. Not only do women who take on that role overwork themselves and neglect the most basic self-care, society also believes that black women are unassailable and particularly suited to handle trauma and other mental health issues. For more on this, see Wallace, Jones and Shorter-Gooden, especially the chapter “Sisterella,” Harris (4), and Harris-Perry (187).
Like the strong black woman who manages to “make a way out of no way,” the supercrip is heralded for overcoming disability to achieve extraordinary feats. Both tropes demand that one “[suppress] or [mask]…negative emotions such as stress or depression, and [emphasize] personal, individualized attributes such as willpower and determination.” Both suggest ability and/or power that most people in either group do not have. They set an impossible standard. When we consider the many health conditions that lead to disabilities that black women have, often as a result of taking on the strong black woman ideal, the two discourses dovetail. Lauren Olamina simultaneously embodies the strong black woman and supercrip figures, but with an important difference. Lauren never overcomes her disability or eschews weakness and vulnerability. Instead, she embraces her disability.

Just as Alice Walker eventually realizes that there is a world in her eye, a world of wisdom that unfolds as she shares her story, living with a disability provides Lauren with a world of wisdom and skills that she needs to survive. For instance, Therí Pickens argues that Lauren is comfortable with gender and bodily fluidity and has no problem passing as able-bodied or a man. I add that Lauren also learns to become hyperaware of her surrounding environment to anticipate the likeliness that she will experience pain. She often must decide when to be proactive, choosing to defend herself in a manner that gives her some measure of control over the pain she will experience. She is not passive. Yet, she must also be careful about inflicting harm on others. She has, as she phrases, a “biological conscience”—a characteristic she realizes

386 Harris-Perry, *Sister Citizen*, 189.
387 Shapiro, *No Pity*, 17.
would benefit everyone.\textsuperscript{390} Lauren does not overcome her disability but learns from it and works with it. Her disability has also taught her that she must learn to strategically look away from other people’s pain. She has limitations and cannot always be the strong black woman or mule of the world. Yes, Lauren is incredibly vulnerable because she physically feels the effects of the troubled world around her, but her disabled identity ultimately proves to be an asset because it provides her with insight and skills that she needs to survive, to be a strong black maternal figure. As a disabled black female in a world that devalues all her intersecting identities, she has what Tobin Siebers calls “complex embodiment.” To be embodied complexly is to be defined outside of, and often against, the hegemonic group, which facilitates “outsider theories about the lived experience of oppression.”\textsuperscript{391} Complex embodiment draws on black feminist and feminist theories of situated knowledge but incorporates disability as a minority identity, one that is imbricated in other marginalized identities such as blackness. Disability, therefore, provides insight into mechanisms of power, particularly ableism. Unlike her brother Keith, who “believes in what he sees” and “doesn’t see much,”\textsuperscript{392} Lauren has learned that she must see (and sometimes not see) the hierarchal systems of the world around her if she is to survive. Though male dominance often violently corners Lauren into positions of powerlessness, her complex embodiment enables her to recognize the ideologies at work and, at the very least, internally resist them.

One way that Lauren resists the dominant culture is by creating her own religion, Earthseed, and establishing a safe space in Acorn. Lauren rejects the “big-daddy-God” that her

\textsuperscript{390} Butler, \textit{Parable of the Sower}, 99.


\textsuperscript{392} Butler, \textit{Parable of the Sower}, 11.
father and others worship. Instead, she establishes her own religion and her own definition of what God is and does. Her God is Change. For her, God is a powerful, indifferent force that “can’t be resisted or stopped, but can be shaped and focused.” The idea that God is Change emerges from Lauren’s experience of her body as subject to forces beyond her control, of the fact that the boundaries of her and other people’s bodies blur as she shares other people’s pain and sometimes pleasure. With Earthseed, Lauren explodes the various myths of an ideal, stable path to which her father, Andrew Steele Jarret, and others cling. Lauren’s view of the world and self parallels a feminist disability studies argument that disability “is a way of describing the inherent instability of the embodied self.” Lauren cannot escape this unstable embodied self and refuses to ignore that the world is also dynamic and vulnerable, open and subject to change but also capable of being shaped. These lessons are connected with the fact that others can physically shape her by manipulating her disability, yet she can also influence and shape others as a teacher and othermother.

Acorn is her first Earthseed commune whose community rules reflect an understanding of the world based on disability and also embraces motherwork. For example, in Acorn, the entire group, men and women alike, are in charge of collectively rearing children. In other words, Acorn is a community of othermothers, a model of child-rearing that echoes what Patricia Hill Collins and bell hooks have argued has long been a relatively successful model of childrearing within the African American community. Communal “mothering,” as Collins also argues,

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393 Butler, 10.
394 Butler, 19.
fosters an ethos of mutual caregiving and interdependence. This is evident in Acorn. In Acorn, senior denizens are tasked with assisting and teaching new residents. If someone needs help, they are encouraged to ask. Lauren explains, “Acorn is a community of people who have saved one another in all kinds of ways…Acorn is home.” Acorn is also what bell hooks has called “Homeplace,” or a place where “Despite the brutal reality of racial apartheid, of domination…one could freely confront the issue of humanization, where one could resist.” Whereas disability and maternal identity are held in mutual contempt by the dominant society, Lauren establishes a space where both identities offer insight into how to improve her broken society.

Despite being homeplace, not everyone decides to stay in Acorn. The most notable character to leave Acorn is Lauren’s youngest brother Marc. After Lauren purchases Marc’s freedom, she brings him to Acorn. Once in Acorn, however, he is unhappy. For one, as Lauren shares, “it bothered him that he had so much to learn even about simple things,” even though the Acorn community makes it clear he can “Just ask” when he needs help. Marc refuses to embrace his vulnerability and adopt Acorn’s model of interdependence and caregiving. Marc also rejects Acorn’s method of sharing knowledge. In Earthseed, there are no preachers; there are “shapers,” and the shaper’s lessons are open for interrogation. Each meeting, someone different leads, or shapes. When Marc decides to lead, as an attempt to follow in his father’s footsteps as a preacher, he flounders under the community’s scrutiny. He loathes that his word—masked as the

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398 Butler, Parable of the Talents, 175.
399 hooks, “Homeplace: A Site or Resistance.”
400 Butler, Parable of the Talents, 140.
word of the Christian God—is not unquestionable and absolute. Instead, he prefers the illusion of
individualism and the power of patriarchal rule. He “needed to ‘go off on his own,’ to have his
own turf where he was the one who said yes or no, and where everyone respected him. He
needed that more than he needed anything, and he meant to have it all at once.”⁴⁰¹ Therefore,
Marc leaves Acorn to join Christian America. Mathias Nilges argues that the Parable series
wants to “restore the idealized protective father,”⁴⁰² but that is true for only select characters,
Marc being one. Lauren identifies with her father but rejects his paradigm. It is Marc who wants
to be his “Dad all over again.”⁴⁰³ Marc’s leaving highlights that the values espoused in Acorn are
in direct opposition to the patriarchy and ableism at work in the dominant culture.

Because Acorn is a transgressive space, however, it becomes the target of more focused
domination, and Lauren, though strong cannot stop the state-sanctioned and enacted violence that
disempowers her mothering by separating her away from Larkin. In Parable of the Talents,
Christian America attacks Acorn, steals the children, and enslaves the adults. Though Lauren
escapes and works relentlessly to find Larkin, they do not reunite until Larkin is an adult. When
Lauren and Larkin finally reunite, the narrative reveals that Marc actively prevented Lauren from
reuniting with her daughter after she escapes slavery. Towards the end of Parable of the Talents,
Larkin, now, Asha Vere and an adult, unfolds that she met her Uncle Marc when she was
nineteen, but that he had found her when she was two or three. She narrates, “he saw that I had
good Christian American parents, and he thought it would be best for me to stay with them,

⁴⁰¹ Butler, 140.
⁴⁰² Mathias Nilges, “‘We Need the Stars’: Change, Community, and the Absent Father in Octavia Butler’s
Parable of the Sower and Parable of the Talents,” Callaloo: A Journal of African Diaspora Arts and Letters 32, no. 4
⁴⁰³ Butler, Parable of the Talents, 124.
undisturbed. Earlier in the narrative, we learn that this was a grave mistake. Larkin was sexually and emotionally abused in her CA family. In the end, her CA family disowns her when she refuses to stay and marry. At the same time, Marc never has a family of his own because he is gay, and CA despises homosexuality. Marc and Asha unite and become each other’s only family. All the while, Marc never tells Lauren that he found her daughter, though he and Lauren stay in touch. Asha, shares, “I DON’T KNOW THAT Uncle Marc would ever have told me the truth about my mother. I don’t believe he intended to. He never wavered from his story that she was dead, and I never suspected that he was lying.” Marc uses his power within the CA community to find Larkin and then decides whether or not Lauren is fit to parent. Marc’s desire to usurp Lauren’s position as a leader leads him to deceive both Asha and Lauren, robbing Lauren of her chance to establish a relationship with her daughter. Even after reuniting with her mother, learning about her mother’s enslavement, and discovering her uncle’s treachery, Asha chooses to forgive Marc and instead direct her anger towards Lauren. As a mother, Lauren lost what Patricia Hill Collins has argued is one of the most central battles for black mothers: the battle for a daughter’s mind. Larkin doesn’t want to trust her mother. CA has made her suspicious of what they call cult leaders and living with her CA family has made her unresponsive to affection. Most of all, she is in love with her uncle Marc. Systemic patriarchy forever robs Lauren of the opportunity to mother and connect with her biological daughter.

Ultimately, Christian America’s influence dissolves, though never fully disappears, as Earthseed’s influence rises. In Parable of the Talents, Lauren ascends to the ultimate strong, maternal figure. She births a successful religion and movement. She accomplishes this because

404 Butler, 377.
405 Butler, 377.
406 Patricia Hill Collins, “Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood.”
she trusts her complexly embodied knowledge. Larkin/Ashe reveals that Earthseed spreads and Lauren is elevated to near goddess-like status amongst her followers. Much like Alice Walker’s disabled character, Meridian, Lauren is the mother of a movement but at the cost of losing her own, biological daughter. Like nearly all of Butler’s works, the narrative ends on an ambivalent note. Lauren’s intuition that humans need Destiny and a project larger than themselves—in this case, the stars—was right. Earthseed has spread like wildfire. But, her relationship with her daughter is forever fractured.

**Motherwork as Healing and Empowering in Sapphire’s *Push***

While Sarah Wright’s *This Child’s Gonna Live* represents mothering a disabled child and Octavia Butler’s *Parable* series presents a disabled mother, Sapphire’s 1996 novel, *Push*, tackles the issue of mothering an able and disabled child while also being disabled. In *Push*, Claireece Precious Jones (Precious) has her first baby at just twelve years old and her second baby at sixteen; her father, Carl Kenwood Jones, is the father of both children. Mary, Precious’s mother, does nothing to stop the continual rapes. Instead, she accuses Precious of stealing her husband and then goes on to sexually, physically, and emotionally abuse Precious. She gives Mongo, Precious’s first child, to her mother Toosie to raise, yet claims to be Mongo’s primary caretaker to increase her welfare benefits. At school, Precious gets no relief. She is illiterate but has made it to the ninth grade, and though she is eager to learn, her peers tease her about her obesity and dark skin, and her teachers ignore or dismiss her as disruptive. Moreover, the school punishes her for her father’s abuse by kicking her out due to her second pregnancy. Like Mariah Upshur, Precious is one of society’s throwaways. Whereas Mariah survives but never heals from the wrongs she experienced as a throwaway, Precious is able to find the type of community that Lauren Olamina establishes in *Parables*. Though *Parables* end by vaguely suggesting that
Lauren’s Earthseed communities heal some of the brokenness of the world, the community that Precious finds unambiguously facilitate her healing and in turn empowers her motherwork. I argue that maternal identity is empowering for Precious once it has been empowered by the mothering she receives from her teacher and other-mother Blue Rain at the alternative school, Each One, Teach One. Moreover, it is Ms. Rain’s maternal, black feminist disability consciousness that enables her to create homeplace for Precious as she navigates the process of becoming a disabled mother.

Most scholarly work on Sapphire’s *Push* and Lee Daniels’s 2009 movie adaptation *Precious* acknowledge, even if in passing, the importance of motherhood in the novel/movie. Several scholars, such as David C. Wall, Marlo D. David, and Charlene Regester,⁴⁰⁷ have even explicitly analyzed representations of motherhood, but they have not analyzed motherhood through any of works of black maternal theory. Instead, these scholars use fatness studies and theories of the grotesque to analyze critical reception of the book/movie, particularly critical responses to Precious/Gabrielle Sibide’s body. And though Precious, the central character, and her daughter Mongo are disabled, Michelle Jarman and Ann Folwell Stanford are the only scholars who have approached *Push* through an explicitly disability studies or medical humanities framework.⁴⁰⁸ Most scholars simply can’t get past Precious’s fatness. The result has been that scholars have not yet recognized the contribution *Push* makes in the conversations about disabled/black motherhood that I have outlined at the beginning of this chapter, and Ms. Rain’s identity as an other-mother with a disability consciousness is ignored.

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Unlike Mongo, who doctors have diagnosed with Down syndrome and who has the physical characteristics associated with it, Precious has no diagnosed mental or learning disabilities nor any physical impairments society typically deem a disability. Yet, I agree with Michelle Jarman that Precious is disabled.409 Precious is raped at a very young age—at least by the second grade, and as many children who have been sexually abused, she has incontinence. But rather than investigate why Precious urinates on herself, her teacher considers her disruptive and often throws her out of class, a pattern that continues throughout her education. Precious never learned to read. Jarman positions Precious’s illiteracy as a “disabling trait” and uses the term “learning disabled” to [underscore] this.410 Moreover, Precious copes with her anger and depression through food, and as Scott Stoneman has noted, lives in a food desert, which means the only accessible foods are heavily processed and nutritionally void. Consequently, Precious is fat, which, as Anna Mollow has argued, society stigmatizes and medicalizes in parallel fashion to other disabilities.411 Lastly, towards the end of Push, Precious learns that Carl dies from AIDS-related complications and he has transmitted the disease to her. Precious is HIV positive. As a disabled black mother, her experiences reflect those identified in discourses of black motherhood and disabled motherhood in ways that overlap. Better yet, there is no way to disentangle issues of disabled motherhood from issues of black motherhood.

Both black feminist and disability studies scholars of motherhood identify bodily autonomy as a priority. To be sure, Precious has no bodily autonomy and very little choice when

410 Jarman, 165.

she becomes a mother. Her only sexual experiences are her mother’s molestation and her father’s rapes. Breaking the silence of sexual abuse, however, is what makes this theme prominent in the book. Like many mothers in the black women’s literary tradition—Celie from *The Color Purple*, and Pecola from *The Bluest Eye*—Precious’s foray into motherhood is a disempowering experience because of sexual abuse, and Precious is initially ambivalent about her desire to be a mother. For instance, she tries to dissociate from her body to forget that she is pregnant for a second time because it triggers flashbacks of being raped, and both her school and her mother have punished her for pregnancies resulting from Carl’s abuse. While Jarman argues that Precious’s ambivalent attitude toward Mongo stems from “unsophisticated, ableist beliefs about Down syndrome,”412 I argue that it reflects the only model of mothering that she sees—Mary’s. As Precious even notes, “My mama not getting no check for me, I think she be done killed me a long time ago.”413 Precious may feel ambivalent about her daughter and second pregnancy when she thinks about the conditions leading to their conception but is less ambivalent about her desire to mother.

Precious’s desire to mother her children, however, is frustrated, adding to her sense of disempowered maternal identity. For instance, though Mary claims to be Mongo’s primary caretaker to increase the amount of welfare benefits she receives, Toosie, Mary’s mother, takes care of Mongo, and later Mongo is put into a facility. At each juncture, Precious has no say in decisions concerning her daughter’s life. Moreover, she rarely gets to interact with Mongo, which is a source of anxiety and regret for Precious. Readers see this when she shares, “I hardly have not seen my daughter since she was a little baby. I never stick my bresses in her mouth. My


Precious expresses her desire to mother through her desire to breastfeed Mongo, connecting her to other mothers in black literature whose mothering has been thwarted by oppressive conditions, like Sethe from Toni Morrison’s *Beloved*. Unlike Sethe, whose milk was stolen by slaveholders, Mary uses ableist logic to diminish Precious’s desire to nurse. Breast milk in black women’s literature represents survival and life (Mariah Upshur’s wishes that she had enough breast milk to feed all of her starving children), and Mongo, because she is disabled, is not worthy of survival, intimacy, and care. Her disabled black life does not matter—to Mary. Though Precious feels powerless to contradict Mary, she does not cast away her desire to mother her first born.

Mary is not alone in her attempts to control Precious’s relationship with her child by using ableist arguments to shape Precious’s views about her daughter’s disability. After Precious gives birth to Mongo, the nurses at the hospital are the first to link Down syndrome with lack. Before Precious can even hold Mongo, the nurse tells Precious that “[s]omething is wrong with your baby… “Mongoloid,” When Precious asks “What happen[ed]” the nurse replies “Well, a lot of things…It looks like your baby may have Down’s syndrome and have suffered some oxygen deprivation at birth. Plus you’re so young, things happen more to the very young—”

Right away, those in authority link Down syndrome with “wrong” and position Precious’s youth as the cause, essentially blaming her for her daughter’s disability. Yet, when Precious begins to cry over her “ugly” child, she is thrown into a flashback of her mother’s physical assaults while she was in labor and her father’s sexual abuse. The novel suggests that disabled embodiment, despite those who try to suggest otherwise, is not wrong. Rape is.

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414 Sapphire, 34.
415 Sapphire, 17.
Though critics like Charlene Regester reduce Mongo to her disability, and even though Michelle Jarman argues that Precious internalizes other’s ableist narratives about Mongo, I argue that a close reading of *Push* complicates this. For instance, Claudia Müller argues that Precious “equates her child’s [Mongo’s] life with money,” citing the moment in *Push* when Precious becomes enraged that Mary, instead of her, gets money for Mongo.\(^{416}\) Put into context, however, it becomes clear that Precious is indignant that Mary profits from her abuse: “I’m a good girl. I don’t fucks boyz but I’m pregnant. My fahver fuck me. And she [Mary] know it. She kick me in my head when I’m pregnant. She take *my* money. Money for Little Mongo should be mine.”\(^{417}\) Precious is outraged that she is punished for being raped while her mother is rewarded. Additionally, that Mary receives benefits for Mongo indicates that authorities recognize Mary, not Precious, as Mongo’s true mother. Jarman also argues that Mongo’s name reflects Precious’s ableist attitudes toward her daughter, as exemplified when Precious discusses Mongo’s name saying, “Mongo sound Spanish don’t it? Yeah, thas why I chose it, but what it is is short for Mongoloid Down Sinder, which is what she is; sometimes what I feel I is. I feel so stupid sometimes. So ugly, worth nuffin’.”\(^{418}\) On the surface, Mongo, like Rabbit in *This Child’s Gonna Live*, is a narrative prosthesis for Precious’s own feelings of inadequacy and self-worthlessness, feelings shaped by her experiences with ableism in the school system when she is deemed learning disabled and incorrigible and therefore unworthy of an education. Thus, in a way, Precious does associate Down syndrome with stupidity and worthlessness. Yet, this is only part of the story. Precious names her daughter Mongo, which she admits is short for “Mongoloid.”


\(^{417}\) Sapphire, *Push*, 57.

\(^{418}\) Sapphire, 34.
the ableist slur for Down Syndrome. But she also says that her daughter’s name sounds Spanish, an ethnicity that Precious has fetishized as ideal, an ethnicity that she respects and associates with beauty, benevolence, and worthiness. Precious imbues Mongo’s name with all the characteristics she thinks she lacks. Nevertheless, societal attitudes impede Precious’s ability to mother her child.

When Precious eventually tries to see Mongo on her own, she learns that Mongo has been placed in an institution because she “was severely retarded,” and they, those at the institution, tell Precious that she “is in really bad shape” and “even if [Mongo] could be help, take a lot more than [Precious], and ain’t [she] got full load with Abdul.” Like Marc decides Lauren is not capable of mothering Larkin in *Parable of the Talents*, other people tell Precious whether or not she is capable of mothering her child and have the power to enforce their evaluation. For instance, when Precious wants to discuss removing Mongo from the facility, her social worker redirects the conversation. Moreover, institutions that surveil and monitor Precious’s life use ableism to impede her ability to grow as an individual and thrive as a mother. For instance, Ms. Weiss, Precious’s social worker, does not feel that she is worth the “considerable” resources needed to help her get even a G.E.D. but does believe that “[d]espite [Precious’s] obvious intellectual limitations, she is quite capable of working as a home attendant.” As Precious’s social worker, Ms. Weiss has the power to provide or take away services that will help improve Precious’s life. She decides what quality and level of education Precious deserves and the jobs available to her. As Precious and Jermaine, her transgendered peer from Each One Teach One,

419 Sapphire, 84.
420 Sapphire, 132.
421 Sapphire, 119.
read the notes in the file Precious stole from Ms. Weiss, they recognize that Ms. Weiss uses standardized tests to diagnose Precious as intellectually disabled and therefore justify assigning her work that would exploit her labor. As Michelle Jarman argues: “[Precious’s] ‘intellectual limitations’ are evoked in order to justify the system’s disinvestment in her education and her future,” and I add that they are also invoked to inhibit Precious’s ability to keep and care for her children. As Precious herself notes, as a domestic laborer, she would hardly have any time to mother her child.

Precious’s struggles reflect experiences shared by both non-disabled and disabled black women. Historically, black women have been relegated to work as domestics that restricted their ability to mother their own children. From slavery until the present, different iterations of the caregiver and cook are often the only jobs open to poor, black women, and one of the most virulent stereotypes about black woman and motherhood has emerged from this situation—the Mammy. The Mammy is the asexual, fat black woman who is more concerned with white people’s needs and children than her own. She accepts her role and job with a shiny face and bright smile. In the white imagination, she is the safe alternative to the angry Sapphire and hyper-sexual Jezebel stereotypes, and she is the opposite of the Matriarch. Ms. Weiss’s assessment of Precious’s fitness to work draws not only on her intellectual disability but also this stereotype, a stereotype dependent on ableist notions of disability. As I have already established, the Mammy’s fatness is a socially stigmatized and now medicalized trait, and like other disabilities, it is desexualized, which is what makes the Mammy safe in the white imagination. Her fatness (disability) supposedly eliminates her sexual desire as well as make her sexually

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423 Harris-Perry, Sister Citizen, 72.
undesirable to others. She won’t seduce poor, unsuspecting white men. For all her wit and wisdom she can offer to her White employers, the Mammy is presented as patient and loving, in part because she is mentally “slow.” As Patricia Hill Collins writes, “[j]uxtaposed against images of White women, the mammy image as the Other symbolizes the oppositional difference of mind/body and culture/nature thought to distinguish Black women from everyone else.” The mammy figure is encapsulated by her large body and gentleness. She is the black female version of John Steinbeck’s “gentle giant,” Lennie. Think of the mammy figure Annie Johnson in the 1959 rendition of *Imitation of Life*. Ms. Weiss interprets Precious’s fatness and supposed intellectual disability through the controlling image of the Mammy and therefore offers her jobs associated with that figure. Disability may be cited in official discourse as a reason Precious should not mother, but *Push* reveals that a cycle of abuse and institutionalized ableist-misogynoir is the true obstacle to empowered motherhood for Precious.

As a result, Precious, as well as Mongo, are urban variations of Patricia Yaeger’s throwaway. Yaeger writes, “We must pay attention to the difficult figure of the throwaway body—to women and men whose bodily harm does not matter enough to be registered or repressed—who are not symbolically central, who are looked over, neither important enough to be disavowed nor part of white southern culture’s dominant emotional economy.” These are the “wounded,” torn, bodies that are a product of “a culture of neglect.” While Yaeger suggests in so many words that these bodies are marked by disability, I argue that novels like *Push* make us realize that disability is often used to justify why these bodies can be relegated as

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425 Yaeger, *Dirt and Desire*, 68.

426 Yaeger, 67.
throwaway in the first place. As Nirmala Erevelles argues, “race and disability are imbricated in their collective formation of the black disabled body.”\textsuperscript{427} Under these conditions, how can Precious ever find motherhood and motherwork empowering?

Precious finds motherhood empowering after she is mothered herself. She begins to feel confident in her ability to learn and care for both her able-bodied and her disabled child when she receives the encouragement and nurturing that she has been denied. She gets that support from Blue Rain, her teacher at Each One Teach One, the “alternative” school. As Michelle Jarman notes, Ms. Rain is more than Precious’s teacher; she is her other-mother. She engages in the motherwork of ensuring Precious’s survival, empowering her, and instilling in Precious a sense of positive black—and I add disabled—identity. Ms. Rain demonstrates that she is invested in Precious’s survival (and the survival of her unborn child) by encouraging her to seek prenatal care. When she learns that Precious is homeless with her second child Abdul just days after giving birth, Ms. Rain goes into a motherly outrage that lets Precious know that she is “not gonna be homeless no more.”\textsuperscript{428} She empowers Precious. She demonstrates confidence in Precious’s ability to learn and pushes Precious to feel confident in that aspect as well. When Precious shares that in her fantasy ideal-life she would be skinny and light-skinned, Ms. Rain tells Precious that she is a “beautiful” and “wonderful girl” who “was born for a purpose.”\textsuperscript{429} Finally, Ms. Rain tries to provide Precious with a positive sense of disabled black identity. For instance, Precious is already suspicious of the supposed official narrative about her and her family’s life as represented and analyzed in her “file” and standardized test scores. When she

\begin{footnotesize}
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\item\textsuperscript{427} Erevelles, \textit{Disability and Difference in Global Contexts}, 39.
\item\textsuperscript{428} Sapphire, \textit{Push}, 79.
\item\textsuperscript{429} Sapphire, 70, 71, and 75.
\end{enumerate}
\end{footnotesize}
enrolls at Each One Teach One, she is upset that her high school “done sent [her] file.” Then, she is upset that she must take a literacy test. She claims, “[t]here has always been something wrong wif the teses. The teses paint a picture of me wif no brain. The teses paint a picture of me an’ my muver—my whole family, we more than dumb, we invisible.” Before entering Each One Teach One, Precious knows that these tests construct her as learning disabled, as “dumb.” Though she recognizes that tests eclipse her participation in how others understand her, the fact that they don’t reflect her progress still upsets her. Ms. Rain comforts her and reminds her that tests don’t define her or over-shadow her progress. Moreover, rather than situate Precious’s difficulties with literacy as something wrong with her, Ms. Rain shows Precious how other factors—home life and emotions—affect her ability to communicate. “she say u notice yr spelin change wen yu hav feelins not ta bout in book she say I am nt dyslx nune that say its emoshunal disturb.”

Though Precious has worked to instill a sense of black identity in herself through her admiration of Nation of Islam leader, Louis Farrakhan, Ms. Rain unpacks Farrakhan’s anti-Semitism and sexism and offers Precious alternative role models. For instance, she makes Precious read Alice Walker’s *The Color Purple*, which allows Precious to see her own experiences represented. Ms. Rain introduces Precious to many black feminist foremothers, such as Harriet Tubman and Audre Lorde, women who had to learn to deal with their own disabilities and come to terms with motherhood. For Precious, disabled black women become a source of wisdom and strength and healing, especially their poetry and novels. Therefore, their works are healing narratives, which I discuss in chapter two, and Ms. Rain is what Carole Boise Davies has

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430 Sapphire, 27.
431 Sapphire, 30.
432 Sapphire, 100.
called a mother-healer. Davies argues: “As the fiction by Black women indicates, mother-healers take on the responsibility of nurturing when biological mothers are unable to sustain the emotional support of their daughters…Significantly, much of this mothering is directed at releasing the inner self being suffocated by race and sex oppression. As Each participates in the other’s healing they, by extension, heal themselves in a kind of symbiotic unity.” What Davies describes is a community of mutual caregiving, a community built upon an ethos of motherwork and healing work. This community of mutual-mothering and caregiving is evident in Ms. Rain’s class as all of the women eventually learn to support each other. Precious shares, “These girlz is my friends. I been like the baby in a way ‘cause I was only 16 first day I walk in…. They and Ms Rain is my friends and family.” And when she tells the class/community that she is HIV positive, she writes that,

Rita Romero [another one of her peers] hug me like I’m her chile and I cry and Ms Rain rub my back and say let it out, Precious, let it out. I cry for every day of my life. I cry for Mama what kinda story Mama got to do me like she do? And I cry for my son, the song in my life. The little brown penis, booty, fat thighs, roun’ eyes, the voice of love say, Mama, Mama he call me.

Being a mother uplifts Precious, even after she is dealt what many believe is a death blow—her father gave her AIDS. At the same time, being mothered also sustains her. In this dark moment,

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434 Though disability scholars in the field of education, such as Nirmala Ervelles, have argued that special education class and alternative schools are systemic mechanisms to ghettoize disabled, black children and other children of color, Sapphire, building on her own experience and mission as an educator, imagines this space where these cast away children can flourish. For more, see Erevelle’s, Disability and Difference in Global Contexts.

435 Sapphire, Push, 95.

436 Sapphire, 96.
Ms. Blue pushes Precious to write,\textsuperscript{437} recognizing that, as Sathyaraj Venkatasan and Valerie Lee argue, writing is a healing act.\textsuperscript{438}

Throughout \textit{Push}, as Precious receives the mothering that she needs and is healed through literacy and writing, she becomes empowered as a mother. Not long after starting Each One Teach One, Precious stops trying to dissociate from her pregnant body. She “don’t pretend [she] not pregnant no more.”\textsuperscript{439} She has the opportunity to decide whether or not to keep her second child and does: “This is my baby. My muver took Little Mongo but she ain’ taking this one. I am comp’tant.”\textsuperscript{440} She feels confident in her ability to mother, which is bolstered when she actually engages in the motherwork of caring for Abdul and empowering him through literacy as well. Not only does she decide that she is “not going to give Abdul up,” she also decides, though much more hesitantly, that she “is gonna get Little Mongo back one day, maybe,” but, she “hardly even know what she look like, aside from retarded, that is.”\textsuperscript{441} Here, Precious does not question whether or not to reclaim Mongo because Mongo is disabled; she is hesitant because she realizes that the only thing she knows about Mongo, the only thing she has been allowed to know about her daughter, is that she has Down’s Syndrome. Moreover, she suggests in the narrative that she is afraid for her girl child. She is afraid that she will end up like her. But as Abdul grows and Precious realizes that she is more than capable of taking care of his needs, she feels empowered enough in her motherwork to decide that, “One day I going back for Little

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\textsuperscript{437} Sapphire, 97.

\textsuperscript{438} Sathyaraj Venkatasan, “‘Telling Your Story Git You over That River’: AIDS and Scenes of Reading and Writing in Sapphire’s Push,” \textit{Journal of Language, Literature and Culture} 60, no. 2 (August 2013): 109–17; Lee, \textit{Granny Midwives and Black Women Writers}.

\textsuperscript{439} Sapphire, \textit{Push}, 62.

\textsuperscript{440} Sapphire, 64.

\textsuperscript{441} Sapphire, 75.
Mongo. Maybe I make the day sooner than I had thought.” Precious, as many mothers diagnosed with learning disabilities share, feels empowered through caregiving, by realizing she is able to do that work.

As Claudia Müller argues, the conclusion of *Push* is far from a happy ending: “the novel limits the extent of Precious’s success tremendously; the protagonist’s progress is seriously threatened, the story ends without closure, and it integrates other voices and perspectives instead of remaining Precious’s narration.” This reading of *Push*’s ending, however, does not take into account black feminist discourses that argue that for black women, as a multiply marginalized group, even small gains are humongous victories. Müller’s readings fail to see how Precious, like Audre Lorde as I discuss in chapter two, recognizes that if she measures herself against someone else’s barometer of success, she will never win. Instead, like Lorde, she redefines winning in a way that she can’t lose. Precious is thinking about her future. She believes she has a future. She feels ready and worthy of love and sex in a healthy relationship. She is getting an education. She is mothering her son. She is healing from her trauma but recognizing that doesn’t mean the trauma will completely go away, will be cured. Sharing her story and being able to empower her sisters to share and heal from their stories do not indicate a loss for Precious. As Valerie Lee argues, in African American communities, healing comes with the

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442 Sapphire, 88.
expectation that you return to the community and heal them as well. Enabling her sisters to write about and therefore heal themselves is the ultimate victory.

Yes, being HIV positive, especially during the late eighties, is a grim reality, but as her peer-sister Rita tells her: “forgit the WHY ME shit and git on to what’s next.” This is not to invalidate Precious’s right to be sad, angry, and however else she feels about her disease, but it is a loving reminder from someone else with the illness not to forget she still has some living to do. And we are reminded of this in the last scene of the novel proper:

It’s Sunday, no school, meetings. I’m in dayroom…sitting on a big leather stool holdin’ Abdul. The sun is coming through the window splashing down on him…When the sun shine on him like this, he is an angel child. Brown sunshine. And my heart fill. Hurt. One year? Five? Ten years? Maybe more if I take care of myself. Maybe a cure. Who knows, who is working on shit like that? Look his nose is so shiny, his eyes shiny. He my shiny brown boy. In his beauty I see my own. He pullin’ on my earring, want me to stop daydreaming and read him a story before nap time. I do.

The thought of dying and leaving Abdul hurts Precious, but the act of mothering and loving in the here-and-now fills her heart. While I do not aim to turn Precious’s story into inspiration porn, there is no denying the sadness yet hope—bliss, even—in this last passage. There is a balance of realism, which Ms. Rain argues is missing from works like *The Color Purple*, and serenity and joy brought about by her own healing through the motherwork of others and sustained by her love of mothering her son.

**Conclusion**

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447 Lee, *Granny Midwives and Black Women Writers*, 64.
448 Sapphire, *Push*, 139.
449 Sapphire, 140.
450 Sapphire, 83.
In Sarah Wright’s *This Child’s Gonna Live*, Octavia Butler’s *Parable of the Sower* and *Parable of the Talents*, and Sapphire’s *Push*, disability emerges as a prevalent and important aspect of the black mothering experience. Whereas Mariah Upshur is unable to disengage from dominant narratives of deviant black woman and motherhood, which in turns disempowers her identity as a mother, for Walker, maternal identity is empowering. Her toddler-age daughter can see in her mother’s disfigured eye value that no one else can really see and being loved and a source of wonder for her daughter enables her to love and be a source of wonder for herself. Motherhood empowers disabled identity. Precious in Sapphire’s *Push* has a similar experience. For Precious, however, mothering her son empowers her disabled identity, but being mothered and cared for by others as a disabled child empowers her maternal identity. In Butler’s *Parable* duology, disability provides Lauren an embodied knowledge that uncovers mechanisms of power that disempower maternal identity and drives her to create spaces where both identities are honored. In this chapter, embodied knowledge enables mothers to recognize the ideologies that disempower their motherwork, including the ableism that inhabits controlling images about black motherhood, and enables black mothers to fashion spaces, whether communities or classrooms, where they and their “children” can resist and key to this resistance is healing. If, as I argue in the previous chapter, healing is redress for disability/illness caused by societal wrongs, healing and nurturing those who are affected by those wrongs, in other words mothering the disabled, becomes another mechanism of imbuing value in bodies that society have dismissed as worthless.
Chapter 5

Refusing to Be Made Whole: Disability and Form, Disability Aesthetic

While black feminist literary scholars such as Gwendolyn Henderson and Karla F.C. Holloway arguments about black women’s form suggests disability influences their aesthetic, I build on and expand their arguments to contend that disability as content shapes formal elements of black women’s writing. First, I show how Assata Shakur uses her 1987 autobiography to criticize disabling police violence and illness-producing prison conditions. Using literary disability studies scholar’s Ayo Quayson’s concept of “aesthetic nervousness,” I argue that disability shapes the autobiographical form of her work as she attempts to craft a persona free from prison, injury, and illness. Next, I discuss disability and the novel form in Gayl Jones’s Corregidora and Eva’s Man, arguing that both novels are what Michael Bérubé calls a disabled novel. Whereas trauma and blues forms disable Corregidora, a mad protagonist and storyteller disabled Eva’s Man. While I agree with Quayson and Bérubé argue that the presence of disability in any work shapes the form and aesthetic, I also agree with Therí Pickens that commitment to representing the intersections of disability, class, gender, and race results in a particular aesthetic. Thus, I conclude this chapter and dissertation by using Pickens’s readings of Octavia Butler’s novel aesthetic to demonstrate how disability affects the aesthetic of all the works discussed throughout Refusing to Be Made Whole.

The predominant observations of black feminist literary critics such as Mae Gwendolyn and Karla F. C. Holloway about contemporary black women's literary formal technique are that
it is dialogical, polyvocal and revisionary; that it is open-ended, recursive, and cyclical. I argue instead that these characteristics of black women’s writing reflect an aesthetic that represents their ontological views of the body, as discussed in Chapter 2. In “Speaking in Tongues,” for instance, Mae Gwendolyn Henderson argues that

[w]hat is at once characteristic and suggestive about black women’s writing is its interlocutory, or dialogic, character, reflecting not only a relationship with the ‘other (s),’ but an internal dialogue with the plural aspects of self that constitute the matrix of black female subjectivity. The interlocutory character of black women’s writing is, thus, not only a consequence of a dialogic relationship with an imaginary or ‘generalized Other,’ but a dialogue with the aspects of ‘otherness’ within the self.451

Henderson continues, “What distinguishes black women’s writing, then, is the privileging (rather than repressing) of ‘the other in ourselves.’”452 For instance, Audre Lorde’s declaration that she is a “Black lesbian feminist mother warrior poet” insists on the multiple Others within her. Lorde’s understanding of herself as Other is not only linguistic but also embodied, as in the moment she identifies with one-breasted Seboulisa as a signifier of her Otherness.453 As Elizabeth Alexander argues, Lorde does not create a whole self but instead allows the fragmentary aspects of her identity to remain together in tension. Consequently, Alexander contends,

[b]oth Zami and The Cancer Journals favor nonlinear narration that plays with chronology as it needs to. Both are autobiographies of Lorde's body. Both books are also erotic autobiographies, with Zami, in particular, describing Lorde's sensual life in intricate detail. The African-American woman's body in Lorde's work—specifically, her

451 Winston Napier, African American Literary Theory: A Reader (NYU Press, 2000), 349.
452 Napier, 350.
453 De Veaux, Warrior Poet, 190.
own body—becomes a map of lived experience and a way of printing suffering as well as joy upon the flesh.\textsuperscript{454}

As I argue in Chapter 2, reflected in these women’s writings is an understanding that bodies are malleable; wholeness is a myth. Karla F.C. Holloway expands Henderson’s arguments about the polyvocal character of black women’s writing, adding that it is recursive and reflexive; “these works are often characterized by the presence of a translucent flux and identified by a shifting, sometimes nebulous text.”\textsuperscript{455} This chapter will demonstrate that disability influences the text’s formal flux and fluidity. The recursive and cyclical natures of these women’s writing frustrate the ableist underpinnings of narratives that suggest problems can be solved (cured) and that progress is linear. Holloway suggests black women’s writing, therefore, must be read as disabled: “However, by disabling the definitions --that is, by acknowledging a textual language that is translucent and in flux--both the text and (ideally) the inquiry surrounding the text are freed from the tyranny of the West.”\textsuperscript{456} Though Holloway uses “disabled” throughout her essay as an ableist metaphor,\textsuperscript{457} here, her use has the potential for a disability studies/crip interpretation. Black women writers’ formal elements must not be read through a Western lens that subsumes the role of fiction into the project of bodily and mental normalization through its insistence on linearity, progress toward conflict resolution, and a return to a mythical stasis or wholeness. As Holloway asserts, “the search for wholeness is representative of the critical

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\textsuperscript{454} Elizabeth Alexander, “‘Coming out Blackened and Whole’: Fragmentation and Reintegration in Audre Lorde’s Zami and The Cancer Journals,” \textit{American Literary History} 6, no. 4 (1994): 697.

\textsuperscript{455} Napier, \textit{African American Literary Theory}, 388.

\textsuperscript{456} Napier, 393.

\end{footnotesize}
strategies of Western cultures. It represents a sensibility that privileges the recovery of an individual (and independent) text over its fragmented textual dimensions.... literature by African-American women writers actually dissembls the ‘wholeness’ of this revived folkloric texts. This is, however, not an act of textual sabotage.” In other words, black women’s texts from this period insist on disability. Black women’s writing refuses to be made whole.

The Political Prison as Patient, The Political Memoir as Disabled

Assata Shakur’s 1987 memoir hardly appears to deal with themes of disability, yet, I argue, it does. Few scholars have engaged her autobiography beyond identifying it as an extension of her general activism or revision of negative narratives circulated about her in the media. They have yet to examine how her experience with being disabled by state violence and the chronic state of illness she inhabited as a prisoner shapes Shakur’s politics and personal development, and how this, in turn, shapes the form of Shakur’s text. Angela Ards observes in Words of Witness: Black Women’s Autobiography in the Post-Brown Era (2016), “the genre [of life writing] is a pastiche of personal narrative, history, and fiction whose hybrid nature encourages attention to form. And form attunes us not only to aesthetics but also to politics.” Shakur re-claims and re-conceptualizes narratives ascribed and inscribed on her body when she dissociates from her vulnerable body and instead constructs an able one. As Carol Henderson [argues] of prison life writing, Shakur’s narrative works to “...reclaim... [the sick and injured] body discursively in order to facilitate a counter-discourse that re conceptualizes the

458 Napier, African American Literary Theory, 395.
459 Ards, Words of Witness, 16.
meanings of literal and figurative bodies within certain predetermined social structures.” As a result, the whole, cohesive autobiographical self does not emerge within Shakur’s story. This has implications on the formal elements of the text. Shakur uses the aesthetic flexibility of life writing to make formal decisions that allow her to navigate fraught and often contradictory politicized narratives about violence and Black bodies. I argue that Shakur’s form is affected by her disablement as a political prisoner.

In May of 1973, Assata Shakur, along with Sundiata Acoli and Zayd Shakur, was stopped by state patrollers on the New Jersey Turnpike. What began as a stop for a supposed traffic violation ended with Zayd and state trooper Werner Foerster dead, and Shakur in critical condition. Assata and Sundiata were tried for Foerster’s murder and Shakur convicted. Throughout her trial, Shakur, her legal team, and her supporters maintained (and continue to do so) Shakur’s innocence; they argue that she was targeted by the FBI, a claim they feel has been substantiated since information about the FBI’s COINTELpro became widely disseminated. Moreover, Shakur’s claim that she did not shoot and kill the trooper hinges on several points that bring together the intersections of race, gender, and disability. Evelyn C. White exclaims:

Indeed, apparently lost on the all-White jury who put her behind bars was the fact that ...Assata herself took two bullets.

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461 Throughout, I identify Assata Shakur and other black liberation fighters by their preferred names.

462 While many disability studies scholars differentiate impairment, an injury, illness, or difference in bodily function, from disability, social or environmental barriers, I follow trends in disability studies that recognize that it is often difficult to separate impairment from disability and therefore use “disability” interchangeably with impairment.
One nearly ripped off her right arm. The other shattered her clavicle and remains lodged near her heart to this day. The jury gave short shrift to forensics experts who testified that Assata’s massive injuries could have only been sustained with her hands in a position of surrender. They ignored the absence of gun residue on her fingers—there was no evidence she had fired a weapon.\textsuperscript{463}

A forensic doctor analyzed Shakur’s scars and x-rays, testifying that her injuries could only have been sustained if events happened as she claimed.

For Shakur and her supporters, Shakur’s injured body gives insight into “the truth” of what happened that night on the New Jersey Turnpike, a truth that situates Shakur as not just innocent of the crime for which she is accused but also a victim of the state troopers’ racial profiling and violence. Consequently, in her 1988 memoir, \textit{Assata: An Autobiography}, illness and injury emerge as a prominent yet underexamined aspect of her narrative and disabling violence central to her critique of the US.

Moreover, after being shot, Shakur was rushed into spaces that exacerbated her injury. Lennox S. Hinds writes in his foreword to Shakur’s autobiography:

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She understates the awfulness of the conditions in which she was incarcerated...In the history of New Jersey, no woman pretrial detainee or prisoner has ever been treated as she was, continuously confined in a men’s prison, under twenty-four-hour surveillance of her most intimate functions, without intellectual sustenance, adequate medical attention, and exercise, and without the company of other women for all the years she was in their custody.\textsuperscript{464}
\end{quote}

Even though Shakur gives a conservative account of her experience in prison, in her autobiography it becomes clear how, on top of her gunshot injury, the conditions under which she was imprisoned debilitated her and left her chronically ill.

\begin{footnotes}  \item[463] Evelyn C. White, “Prisoner in Paradise: An Interview with Assata Shakur,” Blacklight, 2013, http://www.blacklightonline.com/a_shakur.html.  \item[464] Shakur and Davis, \textit{Assata}, xv. \end{footnotes}
Although the doctor’s testimony is crucial to her defense and healthcare reform is a subtheme of her work, Shakur’s relationship to medicalization and the medical community is complex. Indeed, the prison clinic and the emergency room at the hospital are implicated in the state-sanctioned violence enacted against her.

Assata Shakur’s autobiography opens with an act of disabling police violence:

There were lights and sirens. Zayd was dead. My mind knew that Zayd was dead. The air was like cold glass. Huge bubbles rose and burst. Each one felt like an explosion in my chest….My chest was on fire. My blouse was purple with blood. I was convinced that my arm had been shot off and was hanging inside my shirt by a few strips of flesh. I could not feel it. … The medics examined me. I tried to talk, but only bubbles came out. I was foaming at the mouth.

The officers drag Shakur’s seriously injured body across the ground, threaten her life, and deny her care as an interrogation tactic. The troopers not only continue this behavior once Shakur arrives at Middlesex County Hospital, but the hospital staff is also implicated in this violence and brutality:

THE HOSPITAL is glaring white. Everybody i see is white. Everyone seems to be waiting. All at once they are in motion. Blood pressure, pulse, needles, etc. Two detectives come in. I know they’re detectives because they look like detectives. One of them has a face like a bulldog, with jowls hanging down the sides. They supervise the nurse as she cuts off my clothes. After a while, one of them dabs my fingertips with what look like Q-tips. Later i find out that this is the neutron activation test to determine whether or not i have fired a weapon. Another one then tries to fingerprint me, but he has trouble because my hand is dead. “Gimme the dead man’s kit.” He puts my fingers into spoonlooking things used to fingerprint dead people. They begin to ask me questions, but a bunch of doctors come in. One of them, who appears to be the head doctor, examines me. He pokes and prods, throwing me around like a rag doll. Then, like he is going to kill me, he jerks me around so that i’m on my stomach. The pain is like an electric shock. I moan. “Don’t cry now, girlie,” he says. “Why’d you shoot the trooper? Why’d you shoot the trooper?” I want to kick him in his face. I know he would kill me if he had the chance.

465 Shakur and Davis, 3.

466 Shakur writes her “I” in lowercase letters throughout. Margo Perkins argues that she does this to decentralize the individual within the genre of autobiography.
I can see the scalpel slipping. One of the other doctors says something about calling the operating room. “Hell no!” is all I can think of. “Hell no!”

Though Shakur’s medical condition is precarious, police continue their investigation, and, as Cindy Au and Margo Perkins observe, continue their brutality while she is in the emergency room. Analyzing this same scene, Au writes, “The violence of Shakur's experience at the hands of law enforcement describes a police force whose hands are hardly tied, and in fact, whose dispensation of justice is tainted by emotion and vengeance. As various police come in and out of the hospital room where Shakur is being held, she hears one of the police threaten her life.”

Similarly, Perkins notes that: Shakur’s narrative…opens dramatically with the description of her violent capture on the New Jersey Turnpike. She recounts first the sensation of having been shot, and then the aggravation of her already precarious condition…by further police aggression.”

While both scholars recognize and acknowledge the police officers’ brutality in this scene, and Perkins even articulates some of the hospital staff’s brutality—they withhold care and information about Shakur’s medical status—neither scholar observes or analyzes the explicitly violent actions of the medical staff. According to Shakur, it is the doctor who initially aggravates her injuries as he “pokes and prods” her; she fears the doctor will kill her if he has the chance. The doctor’s interrogative shouts and condescending attitude towards Shakur’s pain position him as just as angry and hateful towards her as the troopers who shot and arrested her. This scene not only describes, as Au argues, “a police force …whose dispensation of justice is tainted by

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467 Shakur and Davis, Assata, 4.


emotion and vengeance,” but also a medical force “whose dispensation” of treatment is also “tainted by emotion and vengeance.”

Moreover, the hospital is a space of incarceration. The head doctor engages in violent interrogation tactics, “throwing [Shakur] around like a rag doll.” Additionally, Shakur frames a Black nurse’s attempt to follow in-take procedures as another effort to extract information for the cops and refuses to speak. When Shakur finally does relent and tell the nurse her name, in hopes of being able to then contact her family, her suspicions about the collaboration between the hospital staff and the police are confirmed: “Two minutes later the detectives are on [her] like white on rice.” Though Shakur requests to call her mom and lawyer (who is also her aunt), she is denied. Isolated from family, friends, and her lawyer while seriously injured, Shakur has no way of caring for herself without the medical staff’s aid. She is dependent on the very people who are indifferent, and often inimical, to her wellbeing. These circumstances also make Shakur easy to surveil. In the hospital, she is placed in a private room that allows troopers to watch her around the clock without disturbing the other patients. Shakur notes the irony of her predicament: the room in which she is housed represents medical care that is typically reserved only for wealthy whites:

I can’t believe it. I have never imagined that hospitals have rooms like this. There is a sitting room, a huge hospital-equipped room (where i am kept), a den, a kitchen, a full bathroom and another little room whose purpose i will never learn. They transfer me to the bed and handcuff one of my legs to the side rail. I keep looking around. It is elegant and clearly for rich people. I am probably the first Black person who has ever been in this room. And the only reason i am there is for security. They have sealed off the doors and no one can enter except through the sitting room next door where three state troopers are stationed. Two regulars and one sergeant.


\[471\] Shakur and Davis, Assata, 9.

\[472\] Shakur and Davis, 8.
Nurses and doctors are often absent, so the troopers have access to her body, and “they get in their digs and bangs.” Even though a German nurse attempts to help Shakur, the police move her to another hospital. As Margo Perkins observes, “Her hospital room becomes a site of around-the-clock interrogation, harassment, and torture, which is alleviated only periodically by the entrance of sympathetic nursing staff.”

Presenting the hospital as a space of imprisonment, Shakur underscores her assertion that she “has never been free,” that imprisonment for black people in the U.S. is a matter of degree. Shakur’s rendering of the collusion between law enforcement and medical personnel reflects what Liat Ben-Moshe describes as “trans-incarceration, or the move from one carceral edifice such as a psychiatric hospital to another such as a jail.” Ben-Moshe argues that as the intellectually disabled were deinstitutionalized they were merely transferred into other types of institutions, such as nursing homes and those spaces that were once institutions for the mentally disabled re-opened as prisons. Though these various institutions have significant differences (prisons supposedly promise due process, for instance, where psychiatric institutions do not), Ben-Moshe argues that they all operate “on similar logic.” “Incarceration,” then, is “a continuum and not an isolated phenomenon that can be understood by engaging with only one

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473 Shakur and Davis, 6.
474 Perkins, Autobiography as Activism, 35.
475 Gloria Rolando, The Eyes of the Rainbow, Documentary, n.d.
477 Ben-Moshe, 3.
478 Ben-Moshe, 4.
479 Ben-Moshe, 5.
locale.” Shakur underscores the hospital emergency room as a space of trans-incarceration by paralleling her experience with emergency doctors to her experience with prison doctors. Shakur’s time in prison is marked by similar exchanges with the medical community: guards injure her, prison conditions sicken her, she requests medical treatment and is denied or given inadequate care, or the medical community explicitly enacts physical or psychological violence against her. For instance, Shakur gets pregnant by fellow Black Liberation activist Kamau Avon White while both are removed from the courtroom into an adjacent room. When she seeks prenatal care, she is met with hostility informed by racist and sexist myths. First, the prison doctor refuses to truly listen to her as she hints that she might be pregnant. He dismisses her complaints of symptoms that at one point “have her hanging on for dear life.” Once he finally runs a blood test that reveals—to him because Shakur already knows—that she is pregnant, he withholds this information from Shakur and instead “makes fun of [her]” and “repeat[s] the same old stuff about a bowel disorder” and asks “some questions about [her] sex life.” In this instance, as with when she tried to find out about the extent of her injuries in the Middlesex

480 Ben-Moshe, 5.
481 Ben-Moshe, 5.
482 Shakur and Davis, Assata, 122.
483 Shakur and Davis, 122.
County emergency room, she and the doctor engage in a struggle where medical information and the ability to withhold it is an act of power. Shakur eventually finds out from her aunt-lawyer, not her doctor, that tests confirm that she is pregnant.

In addition to withholding vital medical information, the prison doctor withholds care. After the court learns that Shakur is pregnant, she still does not receive adequate prenatal care and nutrition. When her body threatens to spontaneously abort (miscarry) and she seeks help from the doctor, he tells her, “Well, I can’t force you to do anything, but my advice is to have an abortion. It will be better for you and for everyone else”, however, when she asks if there is anything he can do to stop the miscarriage, or if he could call for a gynecologist, he refuses, insisting that abortion--“no matter which way [she has] it”--is best. Although the doctor claims that he cannot force her to act, by not offering treatment he does just this. Moreover, he not only shows no concern for her unborn child’s life, but he also shows no concern for Shakur’s. He does not investigate why her body threatens to abort, an indicator of a potential health problem, nor does he care about the psychic consequences a possible miscarriage will have on Shakur, who is already overwrought. His actions are violent against both her psyche and her body. Luckily for Shakur, the baby survives, and Shakur has her aunt petition the court to allow Dr. Garrett, a Black doctor affiliated with the Black Liberation Movement, to assume responsibility for her prenatal care. When she goes into labor, Dr. Garrett demands that the medical staff treat her humanely by unshackling her legs and actually providing proper care instead of ignoring her. However, once she delivers her baby girl and Dr. Garrett leaves, the medical staff resume

484 Shakur and Davis, 126.
485 Shakur and Davis, 126.
treating her inhumanely by preventing her from practicing basic hygiene and making it difficult for her to nurse her newborn.

*Disability and the Autobiographical Aesthetic*

Shakur survives the brutality she faced and eventually escapes from prison. She positions her ability to dissociate from her body as essential to this survival. Consequently, Shakur aligns her impaired body with her imprisonment and her whole body with freedom. Problematically, this associates disability with captivity. Yet, the end of Shakur’s autobiography and the structure of the text itself troubles this supposed cohesion. Instead, like Audre Lorde, these aspects of Shakur’s identity reside together in tension.

During moments of brutality, Shakur shares that she conscientiously dissociates from her abused and broken body. As the detectives abuse her, she writes, “after a while i don’t think about them too much. I am thinking about living, about surviving, thinking about what is going to happen next.”\(^{486}\) Shakur also dissociates from her impaired body through the repetitions, almost obsessive concern she has over possibly losing her arm. At the beginning of her autobiography, after she is shot but before she is transported to the hospital, Shakur thinks, “If i live…i’ll only have one arm.”\(^{487}\) She continues to articulate this fear of losing her arm once she is in the hospital, as she responds in silence to the black nurse’s attempts to collect information. Shakur writes, “I drift off, thinking about my arm. It is still there.”\(^{488}\) Shakur’s concern over her arm becomes obsessive, especially considering at this point in the plot she does not yet know

\(^{486}\) Shakur and Davis, 6–7.

\(^{487}\) Shakur and Davis, 4.

\(^{488}\) Shakur and Davis, 5.
whether she will live or die. Her arm, within the story and as a narrative device, comes to symbolize a wholeness that police brutality and violence threatens to shatter. To lose her arm, it seems, would be the equivalent embodying the monstrosity that they have attributed to her character.

Shakur’s anxiety over losing her arm continues until the end of the narrative. For instance, towards the end of her autobiography, Shakur’s describes the following scene:

I’m being introduced at a party. The hostess tells me that the man is from El Salvador. I hold out my hand to shake his. A few seconds too late, i realize he is missing an arm. He asks me what country i come from. I’m so upset and ashamed i’m almost shaking. “Yo soy de los estados unidos, pero no soy yankee,” i tell him. A friend of mine had taught me that phrase. Every time someone asked me where i was from i cringed. I hated to tell people i was from the u.s. I would have preferred to say i was New Afrikan, except that hardly anyone would have understood what that meant. When i read about death squads in El Salvador or the bombing of hospitals in Nicaragua, i felt like screaming.

The man’s missing arm recalls Shakur’s experience with police violence and the resulting disabling injury that nearly disfigured her body. Rather than react with recognition, however, she is embarrassed. Shakur’s reaction to the El Salvadorian man’s one-armness seems to exemplify Ato Quayson’s arguments in *Aesthetic Nervousness: Disability and the Crisis of Representation* (2007). Quayson argues that there “is [an] implicit assumption that disability is an “excessive” sign that invites interpretation, either of a metaphysical or other sort.” He continues:

Following from this first point is the issue of subliminal fear and moral panic. Several disability scholars have already noted the degree to which the disabled body sharply recalls to the nondisabled the provisional and temporary nature of able-bodiedness and indeed of the social frameworks that undergird the suppositions of bodily normality. I will suggest, however, that in literature this subliminal unease manifests itself within the structures of the literary discourse itself, generating a series of crises in the protocols of

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489 Shakur and Davis, 268.

representation. Finally, I want to highlight the degree to which the social treatment of disability has historically been multifaceted and sometimes even contradictory. 491

One-armness is an “excessive sign” in Shakur’s autobiography that consequently begs interpretation. Moreover, Shakur’s unease with the man’s one arm is a reminder of the temporarily and precariousness of her own visibly able-body. Part of her thesis is that, as a black woman, the state can maim and injure her body with impunity. However, this is where Shakur’s employment of disability as a trope complicates Quayson’s arguments. Shakur’s temporary paralysis in her arm and the Salvadorian man’s one arm invite interpretations grounded in the material. Shakur’s arm is evidence of police brutality against black people in the U.S. and the corruption of the criminal justice system. The man’s one arm signifies U.S.-sanctioned violence in El Salvador and Nicaragua, violence in which Shakur, as a U.S. citizen, exiled though she may be, feels implicated. Violent encounters with authority signify their status as disenfranchised citizens, and as infrahuman subjects of a racialized nation-state.

As Therí Pickens argues in New Body Politics (2012), “within narratives by and about Blacks...embodied experience, particularly when the body announces its fragility, becomes a vehicle through which they articulate their reflections on and critiques of the world we inhabit.” 492 Shakur’s injured body and the El Salvadorian man’s disabled body are synecdoches for the communities oppressed by U.S. violence. Disability represents something other than itself, is a negative metaphor aligned with tragedy and violence that potentially further devalues disabled lives. Disability is also, however, an actual consequence of state violence.

491 Quayson, 14.

492 Therí A Pickens, New Body Politics: Narrating Arab and Black Identity in the Contemporary United States, 2014, 1.
Understanding the dual function of disability as metaphor and reality is crucial for analyzing Shakur’s critique of U.S. violence.

Shakur tries to separate herself from her U.S. citizenship, and her possible implications in U.S. violence. In the scene with the El Salvadorian man, she tells him “Yo soy de los estados unidos, pero no soy yankee.” Her autobiography, as a whole, attempts to counter the persona of her crafted by police and mainstream journalists. Consequently, as Au argues, "By the time Shakur pens her life story, two distinct Assatas exist—the monster woman of the media, and the political activist she brings to life through autobiography." Two Assatas exist within the autobiography itself. Even as Shakur centers her experience on bodily fragility she attempts to divorce herself from it. As Quayson argues, the anxiety the able-bodied experiences in the face of disability “manifests itself within the structures of the literary discourse itself, generating a series of crises in the protocols of representation.”

In *Assata*, Shakur represents her imprisoned body as almost always injured or sick and she represents her childhood body as almost always well. She never describes moments of sickness or injury as she relates the details of her upbringing and coming into political consciousness. Her activist experience, as I’ve discussed, is chronicled by disability (she is temporarily paralyzed), injury, and illness. The effect is that she aligns her injured, pained, and abused body to her identity as the Black Liberation fighter suspected of murder and burglary, and she aligns her whole and healthy body to a version of herself that never loses her voracious appetite for art, who still loves to read, and who is able and is willing to be a mother to her


daughter. The narrative achieves this by moving back and forth through time; chapters alternate between creeping onward, and away from, the events of the immediate present, and racing forward through events from the past until the two almost meet. For instance, the first chapter begins with the police shooting and her hospitalization, and the second chapter begins with her birth in the South. The chapters then alternate back and forth between past and present, imprisoned and injured, healthy, free, and whole until Chapter 18, where the two narratives not quite chronologically “meet.” The effect is that two personas emerge: the militant activist who is incarcerated, beaten, and nearly broken, and who “The FBI [can’t] find any evidence that ...[she] was born,” and the vibrant, curious subject of a Bildungsroman who is fast-tracking towards the other’s destiny but is not yet shackled to it. The two personas’ fates never fully intersect; the one never emerges into the other. Instead, both destinies are abruptly foreclosed. The Bildungsroman ends with Shakur underground, presumably before the events that open the autobiography since Shakur never shares her version of what happened to the state trooper. While chapters eighteen to the postscript continue to chronicle the remainder of Black-Liberation-leader Shakur’s trial, the prison-narrative abruptly ends, too. With only a page break, the narrative leaps from Shakur’s dead-end, hopeless life incarcerated in the U.S. to a completely other experience as free in Cuba. Once again, what one can surmise as legal reasons and the desire to protect other activists, Shakur never shares how she escaped to Cuba.

The persona that lives-out and embodies this new destiny does not seem to be a synthesized version of the prior identities. The version of herself on which the narrative ends, the aspects of her former self she still can and wants to claim, is precisely what prison and revolutionary work foreclosed: the maternal, family-oriented Assata. Shakur constructs a final

496 Shakur and Davis, Assata, 18.
persona that reclaims what was before lost to her: “We were here together...my small little family, holding each other after so long.”

The final shape of Shaku’s autobiography is indelibly shaped by her experience with becoming ill and impaired as a result of state violence and the discourse needs to distinguish this body from one free of these abuses. Disability shapes the form of the narrative. By structuring the text as she does, multiple Shakurs emerge that do not necessarily erase the other, but all inhabit the narrative in tension. All aspects of herself are present but fail to emerge as cohesive.

**The Blues Novel as Disability Novel in *Corregidora***

In this section, I unpack the relationship between injury, trauma, and disability in Gayl Jones’s *Corregidora*, arguing that against the expectations of her family and heteronormative relationships, the protagonist’s hysterectomy and her subsequent sterility becomes a disability. Though other characters and scholars view her disability as lack, I argue that disability becomes a site of creativity and production. Building on arguments such as Cheryl Wall’s, I contend that history may traumatically mark the body, but theorizing/imagining alternative futures through the disabled body enables the possibility of breaking the cycle of trauma. Moreover, Jones’s choice to write a blues novel and represent this struggle solely through the voice of the protagonist as her blues song results in a text and story that often diverge from narrative expectations. Whereas disability affects the form of Assata Shakur’s autobiography as she attempts to disentangle disabled and non-disabled narrative personas, in Gayl Jones’s *Corregidora*, first-person testimony of trauma and incorporation of blues musical forms produces a “disabled” text.

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497 Shakur and Davis, 274.
Corregidora traces blues singer Ursa Corregidora’s process of healing from personal and familial trauma. From an early age, Ursa’s Great Gram and Gram have imparted their memories of enslavement for Ursa to internalize, and they have exhorted Ursa to have children who will also bear their memories. As an adult, she struggles with intimacy and the ability to conceptualize heterosexual relationships outside of reproduction as redress for her Great Gram and Gram’s owner, Simon Corregidora’s, horrendous actions as a slaver in Brazil. Moreover, the men in Ursa’s life objectify and try to control her. As a result, her first husband, Mutt Thomas, accosts her in a jealous, drunken rage, causing her to fall down cement steps, miscarry, and undergo an emergency hysterectomy. Soon after, Ursa remarries Tadpole McCormick, only to have that relationship disintegrate, too, partly because Ursa is emotionally unavailable.

Throughout Corregidora, Ursa struggles to feel whole after becoming sterile. Ursa’s inability to have children is a central source of conflict in the novel that I argue is an impairment, a disability, within the context of the narrative that consequentially affects the structure of the text.

After Ursa has an emergency hysterectomy, she is no longer able to function as a Corregidora woman. Since their emancipation, Great Gram and Gram have exhorted Irene, Ursa’s mother, then Ursa to “make generations.” Though, after slavery in Brazil ended, officials “burned all the slavery papers so it would be like they never had it,” Great Gram and Gram contend that “they can’t burn conscious…. And that what makes the evidence. And that’s what makes the verdict.” Great Gram and Gram turn their memories of Simon Corregidora’s abuse into Ursa’s own and their desire for restitution her sole ambition. When Tad asks, for instance, “What do you want, Ursa?” She replies, “What all us Corregidora women want. Have been

499 Jones, 22.
taught to want. To make generations." Ursa’s sterility becomes a disability under her and her family’s demand that she makes generations. Rather than challenge external understandings of her worth that align it with her ability to reproduce, she internalizes feelings of lack and deficiency, which she at times projects onto lesbians. For instance, while she recovers from her hysterectomy at her friend and neighbor Cat’s house, the teenager Cat babysits tries to molest Ursa in her sleep. Ursa reacts violently. She pushes the child, Jeffy, off the bed they were sharing and yells expletives at her. When Ursa deduces that Cat is also a lesbian, she leaves Cat’s home and ends their friendship. Ursa eventually reflects on her discarded friendship: “It wasn’t until years later that I realized it might have been because of my own fears, the things I’d thought about in the hospital, my own worries about what being with a man would be like again, and whether I really had the nerve to try. But then I just felt evil.” Ursa transfers her own insecurities, feelings of inadequacy, and anxieties about her ability to have sex with men onto Jeffy and Cat. As Joanne Freed argues, “Ursa's conception of her own sexuality is so powerfully linked to the idea of reproduction that she is unable to engage in sex or experience pleasure after her hysterectomy. Although Tad Attempts to convince her that ‘[a]s long as a woman got a hole, she can fuck,’ his logic requires Ursa to redefine her sexuality as a woman who can no longer make generations, which she is incapable of doing (Jones 82).” The Corregidora women’s demand and desire for generations disable Ursa after she becomes sterile.

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500 Jones, 22.
501 Jones, 48.
502 Joanne Lipson Freed, “Gendered Narratives of Trauma and Revision in Gayl Jones’s Corregidora,” African American Review 44, no. 3 (Fall 2011): 413.
Generations are how the Corregidora women refuse to participate in a “politics of silence” yet presents a different iteration of what Saidiya Hartman identifies as the violence of the archive. Darlene Clark Hines argues that historically black women have practiced a method of preserving privacy and evading the white gaze by speaking publicly one way about black womanhood, or not at all, and living another, what she identifies as a culture of dissemblance.  

This has created a “politics of silence” that erases black women’s experience with sexual violence, as Evelynn M. Hammonds contends. Building on Hines’s work, Hammonds argues that "Historically, black women have reacted to the repressive force of the hegemonic discourses on race and sex … with silence, secrecy, and a partially self-chosen invisibility." The Corregidora women, however, speak openly and candidly about how they were raped and forced into prostitution. By bearing witness to their experience with sexual violence, Great Gram and Gram refuse to make their trauma invisible. Their children are the ones to whom they bear witness. For example, Great Gram shares memories with Ursa of being forced to have sex with both Corregidora and his wife--when Ursa is just five-years-old. As Joanne Freed argues of Corregidora, "traumatic narratives hold the power to reproduce trauma as well as to heal it, and the act of witnessing, the text reminds us, is also a dangerous one. Witnesses in Corregidora risk becoming victims of the abuse of the past, as the young Ursa does, or they risk consuming dehumanizing events as entertainment, like the white gawkers Great Gram describes."  

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503 Hine, “Rape and the Inner Lives of Black Women in the Middle West,” 912.
504 Hammonds also argues that the politics of silence also suppresses information about black women's experience with HIV/AIDs, a concern of disability studies. Evelynn M. Hammonds, “Toward a Genealogy of Black Female Sexuality: The Problematic of Silence,” in Feminist Theory and the Body, a Reader (New York: Routledge, 2010), 93–104.
505 Evelynn M. Hammonds, 94.
506 Freed, “Gendered Narratives of Trauma and Revision in Gayl Jones’s Corregidora,” 419.
it is dubious as to whether Ursa or her mother ever consume Great Gram and Gram’s stories like “white gawkers,” their stories fail to give insight into their sexual desires or who they are outside of their forced sexual labor. Elizabeth Goldberg observes, "The testimonies of Great Gram, Gram, and Mama read like dominant historical accounts--chronologies, statements of fact without affect. Witness in this model, then, is not a witness to pain or affect, but rather to an otherwise erased history; bearing witness means retelling events in the same historical narrative mode from which they were excluded." Great Gram, Gram, and Mama’s mode of bearing witness exemplifies the violence of the archive Saidiya Hartman has identified, theorized, and attempted to expel from her own writing of “Venus in Two Acts.” Discussing enslaved black women, Hartman writes, “We only know what can be extrapolated from an analysis of the ledger or borrowed from the world of her captors and masters and applied to her.” Therefore, Hartman argues, "The archive of slavery rests upon a founding violence. This violence determines, regulates, and organizes the kinds of statements that can be made about slavery and as well it creates subjects and objects of power." She goes on to ask:

And how does one tell impossible stories? Stories about girls bearing names that deface and disfigure, about the words exchanged between shipmates that never acquired any standing in the law and that failed to be recorded in the archive, about the appeals, prayers and secrets never uttered because no one was there to receive them? The furtive communication that might have passed between two girls, but which no one among the crew observed or reported affirms what we already know to be true: The archive is inseparable from the play of power that murdered Venus and her shipmate and exonerated the captain. And this knowledge brings us no closer to an understanding of the lives of two captive girls or the violence that destroyed them and named the ruin:

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509 Hartman, 10.
Venus. Nor it can explain why at this late date we still want to write stories about them.\textsuperscript{510}

Not only do Great Gram and Gram’s stories read like the dominant narratives, as Goldberg argues, but they also rely on the discourse of the legal system. Cheryl Wall writes, "To a significant degree, [their] struggle is framed by the discourse of the law: 'evidence,' 'verdict,' 'witness,' and 'consequence' are keywords in this text. Even the name 'Corregidore' means 'former judicial magistrate.'"\textsuperscript{511} Though Great Gram and Gram present their stories in their words, they situate their desire for redress using the discourse of institutions and systems that delineated them as property and therefore subject to sexual brutality in the first place. Their testimony prevents the fact of Brazilian slavery from burning in flames with the official documents, but, like Hartman’s Venus, their “knowledge brings us no closer to an understanding of [their] lives.”

Great Gram and Gram not only reproduce the discursive violence committed against them, but they also ensure the continuation of their trauma in Irene and Ursa.

As I stated previously, Ursa begins to hear Great Gram and Gram’s horrific memories of slavery from a very young age. As an adult, Ursa has night terrors about Simon Corregidora, though she has never met him. Throughout most of the novel, she fails to conceptualize sex outside of reproduction, what Tadpole adeptly recognizes as “a slave-breeder’s way of thinking.”\textsuperscript{512} As Cheryl Wall argues, "Slavery commodified black bodies and threatened to destroy the affective bonds between black men and women, parents and children. The destruction was never total. But its lingering effects disfigure the most intimate relationships

\textsuperscript{510} Hartman, 11.


\textsuperscript{512} Jones, \textit{Corregidora}, 22.
among the slaves’ descendants.” Ursa struggles with emotional and physical intimacy, which is exacerbated after she becomes sterile.

Just as Great Gram, Gram, and Irene reveal little to nothing of their desires, neither does Ursa. Tadpole provides care for Ursa when she leaves the hospital, tries to assuage her self-doubt about her new body and new voice, and express his love. Ursa responds with silence. “I love you,” he said. /I said nothing.” She tells him about Corregidora, and she makes it clear that she does not want to see Mutt again. She has sex with Tad and even agrees to marry him, but she offers little of what could be considered intimacy. She never reciprocates verbal articulations of affection. She never tells him that Mutt and Corregidora haunt her dreams. He knows she has nightmares about him; she exhibits behaviors of night terrors, but nothing personal. Ursa’s affectlessness is obvious to Cat and even Mutt’s cousin-cum-messenger. Ursa’s lack of emotional intimacy is paralleled by her lack of sexual intimacy and struggle to find pleasure.

As established, Ursa equates sex with reproduction. Sex as an expression of love or for pleasure frightens her, as she comes to understand when reflecting on her reaction to Jeffy’s and Cat’s lesbianism. Moreover, or perhaps as a consequence, Ursa often finds it physically difficult or impossible to have vaginal intercourse with Mutt and then Tad. Once she becomes sterile, her anhedonia becomes more severe. She, and both men, negatively position her inability to experience sexual pleasure and have penetrative sex as a deficiency. Ursa and Tadpole’s relationship degenerates not only because she does not reciprocate Tad’s feelings of love, but also because she fails to respond to him, and therefore physically show affection. After many tries to make sex “feel sweet” for Ursa while Ursa “felt nothing,” Tadpole takes a fifteen-year-

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513 Wall, Worrying the Line, 138.

514 Jones, Corregidora, 55.
old lover. When Ursa confronts him and his teenage lover Tadpole tells Ursa, “You can’t even come with me. You don’t even know what to do with a real man. I bet you couldn’t even come with [Mutt] when you had something up in there.” Tadpole verbally berates Ursa, suggesting that she is less of a woman because she is sterile and/or cannot experience sexual pleasure. Moreover, Tadpole coincidently (or perhaps not coincidentally at all) identifies one of the issues in Ursa and Mutt’s relationship--Ursa’s inability to respond to Mutt sexually. What follows is a call-and-response sequence that reveals Tadpole’s frustration with Ursa,

‘You know what you can do for me.’
‘I know what you can’t do.’
‘You knew what happened to me when you married me,’ I said
‘I know some women that can fuck your ass off you too after it happened to them.’

Both Tadpole and Ursa think of her anhedonia as lack and deficiency. For Ursa, her deficiency lies in “what happened to [her]”—her inability to have children. For Tadpole, Ursa’s deficiency is her inability to “come with [him],” to find mutual pleasure in sex as an aspect of intimacy. However, Ursa struggles with anhedonia because pleasurable sex is inaccessible for her within the confines of the violent heterosexuality practiced in the novel. Even consensual sex in the novel is associated with conditions that foreclose the possibility of both consent and pleasure.

The distinctions between Simon Corregidora and both Mutt and Tadpole are porous throughout the novel, linking, as Elizabeth Goldberg argues, the sexual encounters between Corregidora and Great Gram or Gram with Ursa and Mutt or Tadpole. Goldberg contends that their desire to

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515 Jones, 88.

516 Elizabeth Goldberg argues that both Mutt and Tadpole reduce Ursa to hole to fuck. While there is much merit to her argument, especially with Mutt, who insists to Ursa that men do not hear her sing but see someone they want to fuck, it also forecloses that they, too, seek intimacy in sex, which seems to be the case with Tadpole. Goldberg, “Living the Legacy,” 452.

517 Goldberg, 451.
possess and “fuck” Ursa reduce her to her genitals; their actions parallel Corregidora’s literal, legal possession of Great Gram’s and Gram’s vaginas.\textsuperscript{518} Though Ursa recognizes the links between Mutt’s and Tadpole’s brand of heterosexuality and slavery, and thus rightly fails to find pleasure in it, neither one of the men see the connection, even as Mutt attempts to sell Ursa on stage. Moreover, physiologically speaking, orgasm is only very difficultly achieved (and most often not at all) through vaginal stimulation alone; yet, in the novel, heterosexual sex is reduced to vaginal intercourse. When Tadpole does attempt to pleasure Ursa clitorally, and she responds favorably, he immediately stops. She begs him, “Please, honey,” and he continues. Ursa describes the actions:

\begin{quote}
He dug his finger up my asshole. I contracted against him. ‘You fucking me. Yes, you fucking me.’ He fingered my clit again, but it was painful now. ‘It hurts,’ I fretted. He took his hand away. I kept moving with him, not feeling it now. I waited till his convulsions were over. His sperm inside me. Then we lay back together, exhausted, ready to sleep.\textsuperscript{519}
\end{quote}

Tadpole provides Ursa with clitoral then anal stimulation, to which she “contracts” with pleasure and verbally affirms that he is “fucking” her, but this pleasure is immediately followed by pain and anxiety. This scene is followed by a break and dream-sequence dialogue between Ursa and Mutt where Mutt tells her, “\textit{he’s going to wont more.}”\textsuperscript{520} Here, the anxiety Ursa feels during sex with Tad is revealed as an anxiety over her inability to have children. She responds to Mutt, “\textit{He knows what I ain’t got.}”\textsuperscript{521} Mutt continues to talk to Ursa but eventually shifts the conversation to Ursa’s comfort using expletives during sex with Tad. Mutt says, “\textit{I thought you were still}

\begin{footnotes}
\footnotetext[518]{Goldberg, 452.}
\footnotetext[519]{Jones, \textit{Corregidora}, 75.}
\footnotetext[520]{Jones, 75.}
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afraid of those words. To which Ursa responds, “Didn’t I tell you you taught me what
Corregidora taught Great Gram. He taught her to use the kind of words she did. Don’t you
remember?”522 Sex and intimacy are tethered to trauma and loss for Ursa. “Sperm to bruise me.
Wash it away. Vinegar and water. Barbed wire where a womb should be. Curdled milk.”523 As
Cheryl Wall argues, “Corregidora is a poetic exploration of the consequences of history. In what appears to be an offhanded moment in the conversation, Ursa avers, ‘[M]y veins are centuries
meeting.’”524 These consequences are not only in the relations between men and women but also embodied, in a body viewed as defective— “Barbed wire where a womb should be” and breast that curdles milk.

Initially, it seems that Ursa’s impairment—her sterility—is only associated with deficiency and tragedy, loss and lack. She has inherited the trauma of her foremother’s internment as slaves in Brazil. She loses her womb and therefore lacks the ability to make generations. She lacks the ability to enjoy sexual pleasure. However, impairment also creates the possibility for transformation and healing, largely through her relationship with the blues. As a blues singer, impairment adds rather than takes away value from her art. The structure of Corregidora is “impaired” by its use of blues form.

After having a hysterectomy, Ursa’s voice undergoes strain; it, too, becomes impaired. But rather than end her career, her strained voice increases her talent. Though Ursa knows that the operation to have her womb removed has little to do with her vocal chords, she worries that she will not be able to sing again. Cat offers to listen as Ursa sings for the first time since leaving

522 Jones, 76.
523 Jones, 76.
524 Wall, Worrying the Line, 128.
the hospital. Ursa observes that her voice does not sound the same as before, and Cat responds, "Your voice sounds a little strained, that’s all. But if I hadn’t heard you before, I wouldn’t notice anything. I’d still be moved. Maybe even moved more, because it sounds like you been through something. Before it was beautiful too, but you sound like you been through more now." Cat even assures Ursa that her experience is in line with other female blues singers like “Ma [Rainy],” who had incredible mainstream success as a blues singer. Similarly, after the demise of her relationship with Tadpole, Max, the owner of the Spider, Ursa’s new full-time singing gig, tells her, “You got a hard kind of voice” and there is “something powerful about you.” It is the hardness of Ursa’s newly impaired voice that brings patrons to listen to her at the Spider.

It is no coincidence that Ursa’s compounded impairments increase her value as a blues artist. In “The Organ of Soul: Voice, Damage, Affect,” Laurie Stras reads damaged vocal organs as an impairment and disabled within the world of classical music. Yet, within popular music genres, Stras argues, impaired vocal organs are enabling in their presumed ability to convey emotion. According to Stras, "Many singers have learned to simulate or manipulate damage in the voice, so further revealing the affective value of the sound; and in a reversal of what might be considered normate associations, damage here seems to be linked with concepts of authority, authenticity, and integrity." This is especially the case with the blues: "Damaged voices abound in the blues canon; indeed the very sound of the blues singer has been defined by voices

525  Jones, Corregidora, 44.
526  Jones, 44.
527  Jones, 92, 93.
in which physical suffering is almost palpable.” Ursa conveys her emotions through her voice. Her familial trauma, made more significant, visceral, and raw by the loss of her womb and two failed marriages, impairs her voice. She has a career that lasts over two decades.

The relationship between the blues and impairment extend to the form of Corregidora, too. In “Of Blues and the Erotic: Corregidora as a New World Song,” Caroline Brown analyzes blues as a function in Corregidora. Brown conceptualizes blues music as a process in which “experience is experienced then actively interpreted.” Brown focuses on the blues song as call-and-response, arguing “Thus Ursa’s life becomes an enactment of the blues, which is a “subjective psychological state of depression and an objective, socially defined status of oppression” (Davis 113), as well as a response to the call of earlier generations of Corregidora women.” Consequently, Brown argues the text, itself, is Ursa’s blues song. Brown’s arguments not only underscore the relationship between impairment—depression as a mental disability—and the blues but also suggests this relationship is reflected in the form and structure of the novel as a whole. Donia Allen more explicitly outlines these connections. In “The Role of the Blues in Corregidora,” Allen shifts critical attention away from criticism of Gayl Jones’s supposed stereotypical representation of African American women as hypersexual and black men as animalistic and violent to contend instead that “form and content are inextricably linked and must be examined as such in order to fully understand crucial aspects of the novel.”

529 Lerner and Straus, 179.


531 Brown, 124.

Specifically, Allen argues that Jones’s use of blues call-and-response and repetition in dialogue brings the past into conversation with the present and underscores the novel’s central themes and concerns, and blues breaks signal “shifts from one speaker to another, from one time period to another, and from one subject to another” and “emphasize a sense of chaos, a sense that the speaker has no idea what to do.” Not only, as Brown suggests, is the novel a metaphorical blues song through symbolic call-and-response processes, but it also contains actual blues formal elements such as scenes comprised of blues call-and-response. Formal elements borrowed and adapted from the blues, Cheryl Wall argues, occurs when the text must “worry the line,” or bridge the gap between what is known and can never be known of Ursa’s matrilineal history. For Wall, the text of Corregidora is a blues song that parallels the songs Ursa creates in the storyworld as surrogates for the children she can no longer birth. I contend that as such, the blues song is a prosthesis for reproductive capacity in Corregidora. Although a prosthesis is supposed to erase the fact of impairment, it instead causes what can be read as impaired or disabled moments in the text.

Throughout Corregidora, there are moments where sentences, characterization, and narrative fail in their role as such, many of these instances can be attributed to formal elements of the blues. For instance, Gayl Jones uses aposiopesis several times throughout the novel. Not just during dialogue but also Ursa’s exposition. Thinking about the “consequences of fucking,” for example, Ursa thinks about how slavery made black women “hard.” She thinks about her and Mutt’s relationship and who is at fault for her current consequences. She decides to herself, “Naw, that nigger’s to blame. What’s bothering me? Great Gram, because I can’t make

Allen, 266.
generations. I remember everything you told me, Great Gram and Gram too and."

The sentence abruptly ends without continuing into the second clause warranted by the coordinating conjunction “and;” Moreover, it is punctuated by a period, though the sentence remains incomplete. Donia Allen identifies this, and similar uses of aposiopesis, as blues breaks. Allen argues the break signals Ursa’s doubt concerning Mutt’s culpability in losing her womb (Allen forcefully maintains that was an accident) and a way to demarcate the transition from one voice to another, in this case from Ursa’s to Great Gram’s in the page break and flashback that follows. Nevertheless, the sentence and the thought remain incomplete. It is self-consciously incapacitated much in the same way Ursa abruptly ends conversations she finds uncomfortable with silence.

As Caroline Brown, Donia Allen, and Cheryl Wall argue, the past is in conversation with the present even as characters in the present are in conversation with each other. All the conversations are focalized through Ursa who is often “suppressing hysteria.” For Ursa, actions in the present not only evoke memories of the past but people also shift into one another. For instance, Ursa often confuses or conflates Mutt and Tadpole with Old Man Corregidora. After Ursa first tells Tad about Corregidora and her mama’s exhortation that she makes generations, Tad responds, “I guess you hate him then, don’t you?”—meaning Mutt. Ursa tells Tad, “I don’t even know the bastard.” She immediately recognizes her mistake: “He [Tad] frowned and I knew he hadn’t meant the old man, but I went on as if he had.” Ursa makes this same slippage again in the dreamscape. When Mutt comes to her in the dream she tells him, “I don’t know you.” Considering she also dreams of Corregidora, it is initially unclear to whom she is speaking, until

534 Jones, *Corregidora*, 41.
535 Jones, 10.
he replies: “What do you mean you don’t know me? I was in your hole before he even knew you had one,” and Ursa responds “At least I still got one, ain’t I? You didn’t take that away from me.” We know this is Mutt because of the reference to sex and Ursa’s hysterectomy, though Ursa will later have dreams where Corregidora claims to have had sex with her, too. The repetition of history in the present over and again threatens to or successfully collapses characters one into the other until characterization becomes an insufficient means of distinguishing one person from the next.

Moreover, several critics recognize that the text itself seems impaired. Claudia Tate opens her article on Corregidora and the blues by claiming: “Gayl Jones's first novel, Corregidora, published in 1975, is not a conventional novel in that it does not revolve around a chronological sequence of dramatic scenes. It has, in fact, so little sense of time and action that it seems to exist entirely without plot structure.”[^1] Elizabeth Goldberg likewise argues, "that by structuring her novel in a pattern of traumatic repetitions. Jones offers neither the satisfactory closure of a linear narrative (of either progress or decline), nor the redemptive healing of a circular narrative recalling ancestral strength."[^2] Moreover, “rather than surging forward to climax and the warm dispersal of denouement, remains, ‘like a fist drawn up’ (Corregidora 75), unopened, unrelieved.”[^3] Goldberg continues:

If, as Madhu Dubey argues, Corregidora’s narrative structure performs the ‘eruption’ of Ursa’s (ancestral) past into her present life, the novel’s temporal and referential ambiguities--that is, its withheld, misplaced, and misunderstood words and gestures, its


[^2]: Goldberg, “Living the Legacy,” 446.

[^3]: Goldberg, 446.
repetitious conflation of times and events, ultimately constituting a literal impossibility of reference—also indicate a narrative contained within what I will call a pained present, symptomatic of the representation of a body still in pain rather than of a traumatized subject attempting to grasp a pain which sustains itself upon living memory.”

Aspects of the narrative’s form that I have identified as failed or impaired, Goldberg likens to the body impaired by pain. Put another way, Corregidora is a text where formal conventions are intentionally impaired which parallels pain—emotional and physical—as a motif in the story. Corregidora is not only about impairment but is also an impaired, or what Michael Bérubé calls a disabled text.

In The Secret Life of Stories (2016), Bérubé argues that “intellectual disability warps the very fabric of the text itself, producing "disabling" effects in reader's comprehension of narrative.” According to Bérubé, "Intellectual disability can be a textual matter--a matter for the text, and a motive for its characters--even when there are no characters with intellectual disabilities to be found." What results with such a story, however, is a text where some “features of narrative have been disabled” thereby impeding or at times thwarting readerly comprehension. Bérubé claims, for example, "In Memento, by contrast, we might say that insofar as the narrative is controlled by the perspective of the character who has no short-term memory, the narrative itself is ‘disabled,’ in the relatively ‘neutral’ way that a smoke detector or a function on one’s computer can be disabled. That is to say, the narrative of Memento simply does not perform some of the functions we ordinarily associate with narrative (it cannot be reassembled

539 Goldberg, 447.

540 Michael Bérubé, The Secret Life of Stories: From Don Quixote to Harry Potter, How Understanding Intellectual Disability Transforms the Way We Read (NYU Press, 2016), 33.

541 Bérubé, 33.
into a 'proper' order; *fabula* cannot be reconciled with *sujet;*” Darryl A. Smith builds on this particular argument in his analysis of Ishmael Reed’s *Mumbo Jumbo*. Smith argues:

*[Mumbo Jumbo]* is consummately functional through deft dysfunction and deformity. The novel begins without a title page (only to aberrantly include one along with a copyright page at the conclusion of the first 'chapter'); it suffers apparently missing commas throughout; and, perhaps what most disorients, the narrative fails to include quotation marks from the dialogues between its characters--to name a few of the 'disabilities' of the text itself. In form and voice, then, it is a 'handicapped novel.'

Smith positions Reed’s novel in the tradition of the Dozens, a form of comedic signification, and reveals that the Dozens emerges not only from a history of black enslavement and disability but also that it takes “so-called disability as the normal condition of the majority of human beings.” As part of that tradition, Reed’s self-consciously “handicapped novel” (opposed to normate one) “in turn, positively enable[s] the negative wisdom it cultivates in order to negotiate our own normal condition of routine “disabledness” better.”

Gayl Jones’s *Corregidora* can hardly be said to be as “handicapped” or “disabled” as Reed’s *Mumbo Jumbo*, but there are indeed disabled aspects of the text. Moreover, as part of another black tradition with a history of disability--blues music--impairment/disability can be

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544 Smith, 293. Smith traces the Dozens back to the practice of selling disabled slaves by the dozen. Moreover, he argues that the dozens takes disability as a given. He writes, “The comedy of the dozens harkens back to an earlier brokeness by further breaking it. So, the singularly ubiquitous word-sign in virtually every typical sparring event in the dozens is indicative of this activity of further breaking of the already 'broken.' ‘Your mama so fat...’ ‘your daddy so broke...’ ‘your mama so stank...’” and so on. As such, obesity, destitution, and funk are the initial givens--the take-for-granted state of affairs.” original ellipses and emphasis

545 Smith, 296.
read as ultimately “positively enabling.” Ursa’s impaired voice improves her career. Most significantly, Ursa’s impaired womb and inability to have children forces her to forge a creative alternative and break the cycle of slavery’s wrongs. Ursa tells her mother, who believes Ursa’s blues to be “devil’s music,” “Then let me give witness the only way I can. I’ll make a fetus out of grounds of coffee to rub inside my eyes. When it’s time to give witness, I’ll make a fetus out of grounds of coffee. I’ll stain their hands.” As Donia Allen argues, “Ursa's accident forces her to think about the other ways to 'make generations.' Her music then becomes her manner of making generations, of bearing witness. Her inability to have children also jolts her into finding a way to break the cycle of withholding that the women in her family have perpetuated.” This, for Allen, culminates in the final scene in the novel. Ursa, now forty-seven, agrees to meet Mutt who has returned to town. The two go back to the hotel where they once lived to have sex. Instead of vaginal intercourse, however, Ursa initiates fellatio. As she fellates on Mutt, Ursa, meditates on what Great Gram could have done to make Old Man Corregidora both “hate her so bad he wont to kill her one minute and keep thinking about her and can’t get her out of his mind the next.” Ursa concludes that “it had to be something sexual...A moment of pleasure and excruciating pain at the same time.” The narrative then moves back into her sexual performance on Mutt: I held his ankles. It was like I didn’t know how much was me and Mutt and how much was Great Gram and Corregidora.” The effects of the past continue to bear weight on the presence. Whereas for Ursa this previously foreclosed the possibility of non-reproductive sex, sex as intimacy, and

546 Jones, Corregidora, 54.

547 Allen, “The Role of the Blues in Gayl Jones’s ‘Corregidora,’” 261.

548 Jones, Corregidora, 184.
intimacy as vulnerability, the final exchange suggests new potential and possibility for Ursa and her relationships:

He came and I swallowed. He leaned back, pulling me up by the shoulders.
‘I don’t want a kind of woman that hurt you,’ he said.
‘Then you don’t want me.’
‘I don’t want a kind of woman that hurt you.’
‘Then you don’t want me.’
‘I don’t want a kind of woman that hurt you.’
‘Then you don’t want me.’
He shook me till I fell against him crying. ‘I don’t want a kind of man that’ll hurt me neither,’ I said.
He held me tight.\(^{549}\)

The novel ends in a blues-call-and response that significantly, as Cheryl Wall observes, ends in embrace rather than violence. Additionally, Donia Allen notes that Ursa emotionally responds where she previously withheld; She asserts what she wants rather than focusing on what Mutt desires and she cries.\(^{550}\)

In \textit{Corregidora}, Ursa’s sterility is an impairment in a family and cultural context that demand women reproduce. The weight of her family’s trauma along with the loss of her womb causes psychic turmoil that also impairs her ability to have intimate relationships—sexual and otherwise—with the men in her life. If, as Cheryl Wall asserts, \\textit{Corregidora} explores the consequences of history on Ursa’s life, I maintain it is important to understand those consequences as embodied. Slavery touches and impairs Ursa’s body and mind though she is two generations removed. The blues music tradition, however, is crucial to Ursa’s ability to mobilize pain and impairment. This is reproduced at the level of the text itself. The text does not adhere to conventions in writing and narrative that at times trouble the reader’s interpretive abilities. At the

\(^{549}\) Jones, 185.

\(^{550}\) Allen, “The Role of the Blues in Gayl Jones’s ‘Corregidora,’” 263.
same time, *Corregidora*, as a disabled text, is a work of literature that Toni Morrison, then Jones’s editor, affirmed, “no novel about any black woman could ever be the same…This girl [Jones] had changed the terms, the definitions of the whole enterprise.”

**Madness, Representation, and Interpretation in Eva’s Man**

Though Jones’s choice to narrate *Corregidora* from the sole perspective of a woman who is traumatized results in repetition, moments of unclear character distinctions, and eruptions of flashbacks that at times make the story arc confusing to follow, Jones’s choice to write *Eva’s Man* only as the testimony of someone who is supposedly insane makes the text “incoherent” and “unreadable.” Whereas *Corregidora*’s moments of disability raise questions about how the past bears in the present and how one narrates or bears witness to such phenomena, *Eva’s Man* as a disabled story raises questions about the acts of representation and interpretation themselves.

In *Eva’s Man*, Eva Medina Canada is incarcerated in a psychiatric prison after she poisons a man and bites off his penis. For this, characters in the story and critics alike label her mad. Through her story, we learn that she met the man, Davis, in a bar and spent four days in a hotel room with him, at times, the narrative suggests, against her will. Readers also learn, through her conversations with her psychiatrist and with her cellmate, Elvira, that she has experienced sexual abuse or been subject to predatory men her entire life. Outside of these, and few other events and characters, it is difficult to parse a coherent and cohesive story from *Eva’s Man*.

Eva’s madness is not only essential to the plot and her characterization but also to the novel’s structure and form. Eva castrates and murders Davis because she is supposedly insane.

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Her lies, lapses in memory, and refusal to defend herself to authority figures like police man are also attributed to her madness. Most significantly, madness determines her ability to tell her story, which, as a novel narrated as her testimony, in turn, shapes the novel’s structure and form. There are, as Madhu Dubey and others observe, many problems with the novel. Dubey argues, for instance, “Characterization in Eva’s Man is a random yoking of names and attributes. Especially in the second half of the novel, traits are so arbitrarily shuffled from one name to another than the difference between names ceases to signify, and the realist notion of characters—as a distinctive collection of physical and psychological traits—loses all functional value.”

Dubey then notes the complications with time in Eva’s Man, stating, “The fragmented structure of the novel presents time as a series of shattered moments linked to each other by sheer, random repetition,” repetition which Biman Basu characterizes as, “obsessive.”

These traits of the novel “deflect”, as Dubey contends, “the reader’s interpretive activity.”

Unlike my reading of Corregidora and even the focus of critics like Dubey and Basu, I am less interested in how madness shapes the form and structure of Eva’s Man and more interested in the questions and problems of reading and interpretation that a mad-novel raise. Madhu Dubey contends that “Eva’s Man preserves its own integrity by refusing the reader’s function, and constituting itself as an unreadable, inviolable text.” Gayl Jones, herself, confesses that “[i]t is easier to talk intellectually about, to try to articulate about, Corregidora

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552 Dubey, Black Women Novelists and the Nationalist Aesthetic, 93.
553 Dubey, 96.
556 Dubey, 104.
than *Eva’s Man*.” Such claims compel me to ask: What problems with interpretation arise when a novel is told solely from the perspective of someone with a mental disability? What are the implications of a novel that “deflects the reader’s interpretive activity” because it privileges the voice of someone with a mental disability? To consider these questions, I will extensively engage Madhu Dubey’s comprehensive analysis of structure and form in *Eva’s Man* not to single-out Dubey but to use her analysis as representative of some of the critical problems that arise when analyzing a novel disabled by the author’s choice to have a mad character articulate her own story. Take the following passage from Madhu Dubey’s *Black Women Novelists and the Nationalist Aesthetic*, which I quote at great length:

> The unreliability of Eva’s narration is, of course, a result of her madness. Eva’s madness functions as a kind of safety valve, allowing readers to dismiss the more uncomfortable moments of the novel as the distorted fabrication of an insane mind. The use of a mad narrator serves to distance not only the reader, but also the author, from the ideological implications of the work…The peculiar ideological function performed by madness in Eva’s Man may be better appreciated by means of a comparison with *The Bluest Eye*. Pecola’s madness serves as an instrument of social satire, strengthening the novel’s powerful critique of the violence, racism, and sexism of American society. The novel’s relentless tracing of the causality of Pecola’s madness gives this madness a social dimension, and constructs Pecola as helpless victim of her society. That Pecola’s madness is narrated by Claudia and the omniscient narrator allows the reader to place her madness in some kind of relation to a sane, ‘real’ world. Eva’s Man provides the reader no directions, no clues to a correct reading of Eva’s madness. The novel’s kaleidoscopic jumbling of time (itself an effect of Eva’s madness) makes it impossible to establish a causality, an origin for Eva’s madness. We have no means of judging whether the repetition of events in Eva’s life caused her insanity or whether Eva’s insanity is the source of the repetition of events in her narrative. All we have is Eva’s madness, unmediated by a sane narrator; we are given no relatively real fictional world that might help place Eva’s madness in perspective. This unmooring of Eva’s madness from any ‘real’ narrative context greatly complicates the reader’s interpretive function. We cannot identify with Eva, or take away any clear meaning from her madness…Eva’s unfiltered, insane, first-person narration serves to lock meaning inside the text, and to diminish the text’s power to illuminate the reader’s world.\(^{558}\)

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Dubey positions madness as a function, a tool for Jones to distance herself from the problematic ideological position of the text. In making this argument, however, Dubey relies on a deeply ableist (sanist) understanding of mental illness that, in turn, exposes ableist expectations and understandings of narrative convention. For one, Dubey’s argument assumes that one can dismiss the testimony of those who are mentally disabled. Within literary studies, it is taken for granted that insane or mad characters are necessarily unreliable with little thought of the societal and political implications of a device that aligns unreliability with mental disability. Moreover, a novel that provides no other voice seems to complicate the unreliable narrator as a literary device. First, the entire story is the perspective of this narrator. Dubey’s argument also assumes that madness must stand for something else, must have an identifiable cause and finds fault that it does not. Her argument assumes that the only “social dimension” disability has is its relation to other systems of oppression. It fails to recognize mental disability as a socially mediated experience and the mentally disabled as subject to abuse based on their impairments. Dubey’s argument further assumes that the mad must have someone to speak for them. That they cannot express their own experiences without mediation from an authority—another character or the author in a storyworld, a medical doctor or anyone, really, who is considered sane in the real world. This is evident in Dubey’s comparison of Eva’s Man with The Bluest Eye. In Eva’s Man, disability, to borrow Sharon Snyder and David T. Mitchell’s phrasing, remains intractable.\footnote{David T. Mitchell and Sharon L. Snyder, Narrative Prosthesis: Disability and the Dependencies of Discourse, Corporealities (Ann Arbor: University of Michigan Press, 2001), 6.} This suggests that Eva’s Man is not only “unreadable” because of its complex development of plot, time, and characterization but also because disability fails to operate as it should under the logic of ableism. Jones’s rendering of madness is itself illegible.
Dubey’s analysis of madness in *Eva’s Man* raises the question: to what extent can someone who is mad narrate her experiences or speak for/of herself. Her argument suggests not at all. The utterances of the mad can and should be dismissed. As Michael Bérubé argues in *The Secret Life of Stories*, "Mindedness is so obviously a necessary condition for self-representation and narration that it should be no surprise to find narratives in which various forms of damaged mindedness serve neither as moral barometers of individual persons nor as invitations to pity or horror but as meditations on the very possibility of narrative representation."

What can and should we take away from Eva’s story? The issue is not that Eva is incapable of self-representation but that her madness casts doubt on everything that she says. Again, I quote Madhu Dubey, at length:

> It is impossible to assign any truth value to Eva’s narration because, as the psychiatrist tells her at the beginning of the novel, she does not know how ‘to separate the imagined memories from the real ones’ (p. 10). Eva insistently tries to convince us of the truth of her narrative at precisely those moments when the reader most seriously doubts her… Eva’s unreliability permeates every detail of the novel, including her castration of Davis. The police report and the prison psychiatrist inform Eva that she did not bite off Davis’s penis, as she believes; the very truth of the novel’s central incident is thus thrown into doubt.

Initially, it seems that Eva asserts truth value to her statements to the same purpose as the protagonist in Maxine Hong Kingston’s *The Woman Warrior*. Bérubé argues of Kingston’s work that "the text has firmly, insistently established a relation between intellectual disability and speech, as if the fear of the one necessarily produces the other, as if one begins to narrate partly in order to show--to show to others and oneself--that one is neither crazy nor retarded." Yet Eva never claims or repudiates attributions (accusations) of insanity. She does not tell her story

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as an opportunity to distance herself from madness. There is no clear motive for Eva’s choice to
narrate outside of the fact that she feels like it, and she knows she has a story to tell that law
enforcement, journalists, and curious citizens alike want to hear. Eva says,

> Even now people come in here and ask me how it happened. They want me to tell it over
and over again. I don’t mean just the psychiatrists, but people from newspapers and
things. They read about it or hear about it someplace and just want to keep it living. At
first I wouldn’t talk to anybody. All during the trial I wouldn’t talk to anybody. But then,
after I came in here, I started talking. I tell them as much I don’t even get it straight any
more. I tell them things that don’t even have to do with what I did, but they say they want
to hear that too. ...I know when I’m not getting this straight, but they say that’s all right,
to go ahead talking. Sometimes they think I’m lying to them, though. I tell them it ain’t
me lying, it’s memory lying. I don’t believe that, because the past is still as hard on me as
the present, but I tell them that anyway. They say they’re helping me. I’m forty-three
years old, and I ain’t seen none of their help yet.”

As in *Corregidora*, Eva struggles to narrate “a past that is not past.” She is aware of some of
the limits of her ability to narrate her story and she is also wary of those who claim to want to
hear her story to help her— “[she] ain’t seen none of their help yet.” Arguably, she does not
make it easy for others to help. Eva does not defend her sanity (or insanity), and she refuses to
speak for herself at precisely those moments she needs to most: She does not defend herself to
police when arrested for Davis’s murder and earlier in her life when she stabs a man in self-
defense.

Despite Eva’s silences, characters in the text have little trouble, it seems, “interpreting”
Eva because of the readily available narratives about black womanhood. Indeed, some of the
most vitriol criticisms of *Eva’s Man* is that the novel represents stereotypical images of black
woman and manhood without correctives. June Jordan, for instance, attacked the novel as “the


564 Christine Sharpe argues, “In the wake [of slavery], the past that is not past reappears,
always, to rupture the present.” Christina Sharpe, *In the Wake: On Blackness and Being* (Duke
blues that lost control” because, she argues, “these chapters perpetuate ‘crazy whore’/’castrating bitch’ images that long have defamed black women.” Madhu Dubey contends that Jones uses madness as a device to distance herself from her ambiguous, indifferent perpetuation of problematic stereotypes.

Eva’s silences, Biman Basu argues, have usually been interpreted “along two lines, those that see Eva as passive and paralyzed by dominant constructions of her subjectivity and those that see her has resisting, even disrupting, those constructions.” For Basu, these divergent readings of representational agency emerge out of differing definitions of representation. Quoting Sally Robinson, Basu writes, “The first is a response to ‘a form of colonization, an imperial move,’ and the other is ‘self-representation,’ that is, ‘the processes by which subjects produce themselves as women and, thus, make ‘visible’ the contradictions in hegemonic discursive and political systems’ (190).” Basu then posits that we either read “Eva’s self-representation” as “ultimately indeterminate,” thereby “rejecting the coherence of a dominant discourse” and so “maintain[ing] a vestigial control” or tethered to how others represent her. In other words, Eva’s madness enables her to resist stereotypes and dominant narratives or she reproduces them on her own terms. Clara Agustí makes an argument similar to the latter.


566 Basu, “Public and Private Discourses and the Black Female Subject,” 197.

567 Basu, 197.

568 Basu, 198.

569 Basu, 199.
She contends that *Eva’s Man* deconstructs madness and exposes it as a tool for patriarchal control. According to Agustí, “Branding the black woman as mad and “offering” her psychological treatment is our contemporary society’s mode of containing her difference, providing her with a new identity which is the result of a process of comparing, differentiating, hierarchizing, homogenizing and excluding; as Foucault puts it, of “normalizing” (1979: 183).”\(^{570}\) Agustí recognizes that diagnoses of insanity are intentionally used to silence and dismiss and thereby subjugate and control difference. It is an act of categorization and therefore familiarization. Similarly, Basu argues that,

> The institutional forces-law enforcement, judicial, and psychiatric-do not, then, suppress a certain type of discourse, but, in fact, encourage, even solicit it. The institutionally warranted discourse, however, has specific contours: "domestic abuse," "crime of passion," "unfaithful/ deceitful lover," "unrequited love," "mad woman," "parental neglect/abuse," "insatiable lust," and "representative" criminal. The consistency with which these discourses are represented makes it clear that they are not incidental, benign, or benevolent but that they constitute a systematic deployment of strategies which, by means of a certain type of textuality, would order, organize, and make manageable a phenomenon that resists such reduction.\(^{571}\)

Moreover, Basu continues, “These public discourses are guided by certain underlying assumptions. One such assumption is that if we can collect enough "data," we can render the unknown as surface, reduce the strange to the familiar, make the intractable manageable. We can then move from the opacity of the text to posit a transcendent essence, in this case, the essence of blackness or femaleness which then permits the proliferation of discursive formations on black sexuality and black crime.”\(^{572}\)

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572 Basu, 203.
This appears to support what Sharon Snyder and David T. Mitchell argue of the relation between narrative and disability. In their foundational work of disability literary theory, *Narrative Prosthesis* (2000), Sharon Snyder and David T. Mitchell argue that “disability inaugurates the act of interpretation.”573 According to them, "it is the narrative of disability's very unknowability that consolidates the need to tell a story about it. Thus, in stories about characters with disabilities, an underlying issue is always whether their disability is the foundation of character itself. The question is not whether disability is cause or symptom of, or distraction from, a disturbing behavioral trait, but whether its mystery can be pierced by the storyteller.”574 Snyder and Mitchell continue, "The effort to narrate disability's myriad deviations is an attempt to bring the body's unruliness under control. As we will demonstrate, disability's representational 'fate' is not so much dependent upon a tradition of negative portrayals as it is tethered to inciting the act of meaning-making itself.”575 The act of narration, itself, creates and maintains a sense of cohesion and control. However, in *Eva’s Man*, Jones crafts a storyteller who is disabled.576 Moreover, Eva, as a storyteller, refuses all attempts to “pierce” her “mystery” and aligns those who try, characters and critics alike, with oppressive institutions and structures.

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574 Mitchell and Snyder, 6.
575 Mitchell and Snyder, 6.
576 Moreover, as Casey Clabough argues, Jones as author makes no judgement on Eva's “insanity.” She attempts to represent mental disability--albeit problematically using sources produced within the psychiatric industrial complex--but makes no effort to “pierce” the “mystery” of it. This lack of authorial intervention also, in part, makes *Eva’s Man* unreadable according to Dubey. Casey Howard Clabough, “‘Toward an All-Inclusive Structure’: The Early Fiction of Gayl Jones,” *Callaloo* 29, no. 2 (August 9, 2006): 634–57, https://doi.org/10.1353/cal.2006.0093.
Eva’s Man does not invite interpretation but shuns it. Indeed, any attempt to “pierce” Eva’s “mystery” aligns readers with abusive men and or oppressive institutions that rely on and prefer controlling images about black women to interpret their actions and lives. Madness, as Basu observes, is explicitly situated as one of the discursive tactics used to order and constrain Eva’s story, what Eva dismisses as an “easy answer.” Any attempt to interpret Eva or her narrative imbricates one in the same normalizing, hegemonic discourses as the police and psychiatrist. It is not simply, as Basu argues, that the critic is positioned as the psychiatrist, though diagnosing a text as mad clearly suggests that that is a possibility. Rather, it is that the introduction of mental disability elicits ableist reading practices that normally would invite criticism. For instance, Dubey problematically relies on the authority of the medical institution paired with sanist invalidation of mad subjectivity to cast doubt on Eva’s tale. Dubey uses the details and comments provided by the prison psychiatrist to invalidate Eva’s authority, even though Dubey admits a few pages later that the psychiatrist, along with "all the reader surrogates in the novel (the lawyers, the police, the journalists, and general public) assault Eva's integrity with their sexist, stereotypical readings." Even though the psychiatrist’s integrity and ability to tell the truth about Eva are compromised by his alignment with institutions and structures that perpetuate white, male heterosexism, Dubey grants the psychiatrist authority she denies Eva, herself, because of her madness. Usually, black feminist theory approaches dominant narratives that explain and in turn perpetuate black pathology with caution. These discourses can relatively escape without question when the character has a mental disability. Not only are troublesome discourses given privilege in Dubey’s argument, but there are also elements of dehumanization as well: "Eva's madness contributes, as it were, to the impression of self-containment conveyed

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577 Dubey, Black Women Novelists and the Nationalist Aesthetic, 103.
by Eva's Man. We cannot identify with Eva, or take away any clear meaning from her madness…. Eva's unfiltered, insane, first-person narration serves to lock meaning inside the text, and to diminish the text's power to illuminate the reader's world." Not only is the text unreadable, according to Dubey, but it also completely fails to illuminate the reader's world and Eva is a totally unrelatable character. Megan Sweeney’s work, however, suggests otherwise.

Because Eva’s Man is one of the few novels that center on a female convicted of a violent crime, Sweeney ran a focus-group reading of the novel with women in prison for committing violent crimes to gauge how they consider Jones’s representation of Eva. Sweeney’s focus group challenges the conclusion that the narrative completely fails to illuminate a reader’s world. While the women in Sweeney’s group were at times disgusted and confused by Eva's actions, particularly the supposed lack of an immediate threat to her life as a motive for murder, they identified with her experiences of abuse, anger, and mental confusion. For them, Eva's inability to heal from trauma illuminated that they must work on self-healing, lest they continue to act in violence, like Eva. Rather than Other Eva, they deeply identified with the legible aspects of her story. For the parts that were illegible, they practiced an interpretative model that Sweeney argues the text itself endorses:

I want to argue that Eva’s Man does gesture towards a method of reading that respects the integrity of the feminine object. Although the media and curious onlookers attach ‘the easiest answer they [can] get’ to Eva’s crime—reading her as a whore, as crazy, or as the victim of a deceitful lover—and although the male characters rely on the easiest answer they can get in continually reading sexual availability in women’s eyes, Eva begins her story by foregrounding a counter-method of reading. …Rather than illustrating the impossibility of interpretation, this encounter highlights a method of reading that privileges silence as an act of attentive listening, forestalls mastery and the immediate

578 Dubey, 103.

imposition of certain meaning, and draws attention to instances when existing explanation fail.\textsuperscript{580}

The effect, Sweeney later argues, is that it allows for the possibility of “complex personhood,” which, she explains:

means that people are beset by contradiction; they are neither mere victims nor superhuman agents, they ‘recognize and misrecognize’ themselves and others, and they variously ‘get stuck in the symptoms of their ‘troubles’ and ‘transform themselves.’

Furthermore, complex personhood means ‘that stories people tell about themselves, about their troubles, about their social worlds, and about their society’s problems are entangled and weave between what is immediately available as a story and what their imaginations are reaching toward.’\textsuperscript{581}

Sweeney’s reading of complex personhood in \textit{Eva’s Man} suggests that the disabled novel forces us to contemplate to whom we grant personhood or how narrowly we define personhood, who gets excluded. As Jess Waggoner and other critical disability studies scholars argue, our current conceptions of personhood are deeply enmeshed in ableist desires/understandings of rationality that exclude those with mental, intellectual, and neurological disabilities. They are not part of the body politic; they have no voice that matters. \textit{Eva’s Man} challenges this as it privileges the voice, story, and shape of disability.

\textbf{Towards a Black Feminist Disability Aesthetic}

What I have hoped to demonstrate thus far is how disability in post-Brown black women’s literature emerges as a central thematic concern that also deeply shaped the form and structures of these writers’ texts. Reading these women’s formal and aesthetic choices through the lens of disability reveals how they challenged black nationalist aesthetics by turning to the disabled body. In reclaiming the disabled body in content, they revolutionized black women’s


\textsuperscript{581} Mills and Mitchell, \textit{After the Pain}, 475.
narrative form. In what follows, I apply Theri Pickens’s observations about disability and Octavia Butler’s novel aesthetic to the writers I have discussed in *Refusing to Be Made Whole*. In so doing, I hope to bolster the argument that I have attempted to demonstrate throughout: black women’s writing that emerged during this period, in its attention to intersecting issues of race, class, gender, and disability, demonstrates a pronounced aesthetic garnered not from racial or gendered or even disabled identity, but from a commitment in representing and reclaiming these identities in all their complexity and celebrating the knowledge acquired from those who live life complexly embodied.

In “Octavia Butler and the Novel Aesthetics,” Pickens establishes disability as a prominent theme in Octavia Butler oeuvre, which is replete with black, female disabled protagonists. Pickens argues that disability is central to Octavia Butler’s aesthetic, but, as Pickens, herself, argues, these characteristics are not isolated to Octavia Butler’s writing but can be found in other works that consider the intersections of disability, race, gender, and class, among other markers of identity.\(^{582}\) I take up her challenge to identify other writers whose aesthetic also fall under this rubric. As I have maintained throughout *Refusing to Be Made Whole*, Butler participates in a tradition of black women writers like Toni Cade Bambara, Gloria Naylor, Audre Lorde, Alice Walker, Toni Morrison, Shirley Ann Williams, Sapphire, Gayl Jones, and Assata Shakur.

The first component Pickens identifies as part of Octavia Butler’s novel aesthetic is “open-ended conclusions that frustrate the narrative cohesion associated with the novel form.”\(^{583}\) According to Pickens, open-ended conclusions refuse to settle or resolve a “central problem;”

\(^{582}\) Pickens, “Octavia Butler and the Aesthetics of the Novel,” 169.

\(^{583}\) Pickens, 168.
instead, they consider problems that cannot easily be resolved or cannot be resolved at all.\footnote{Pickens, 175.}

\[\text{[The] stories [Octavia Butler] tells do not seek to neatly erase disability or difference writ large, but to live with it.}\]\footnote{Pickens, 175.} Moreover, open-ended conclusions “critiques the presumption of and adherence to normalized ideas of completion within the novel form.”\footnote{Pickens, 176.} These assertions can easily apply to most of the novels I have discussed. Disabled characters in the novels I have analyzed are rarely cured. For instance, readers never “pierce” Eva Canada’s “mystery” or madness in \textit{Eva’s Man}; she never moves closer to sanity. Moreover, she never fully escapes from the sexual violence to which she has been prey all her life. While some have read her acquiescence to Elvira’s sexual advances as breaking away from violent heteronormative sex, Elvira is just as predatory as the men in the novel.\footnote{Bethany Jacobs, “‘Woman Like You’: Troubling Same-Sex Desire in Gayl Jones’s \textit{Corregidora} and \textit{Eva’s Man},” \textit{Callaloo} 37, no. 5 (December 30, 2014): 1197, https://doi.org/10.1353/cal.2014.0191.} And, \textit{Eva’s Man} challenges more than just ideas about completion within the novel form. It is an altogether disabled novel. Though Sapphire’s \textit{Push} more-or-less follows narrative convention as the story’s plot unfolds mostly chronologically and is fairly easy to follow, as a narrative “written” from the sole perspective of the lens of a young woman who is illiterate and possibly dyslexic, the novel is incredibly difficult to read. Similarly, the ending of Sapphire’s \textit{Push} is open-ended, and disability is not erased. On the one hand, Precious is moving toward literacy, has custody of one child, and, at least, desires custody of the other. On the other hand, and as critics such as Claudia Mueller have noted, the fact remains that she has HIV/AIDS at a time where treatment options were limited
and inaccessible. Just as Eva is still incarcerated within the psychiatric industrial complex at the end of *Eva’s Man*, Precious remains mired in the same welfare system that failed to intervene in her experience of disabling abuse. Moreover, these texts, as Therí Pickens contends of Butler’s *Kindred*, “simply [end]. [Their] denouement is neither tragic nor triumphant, and as such...embodies an aesthetic that concerns itself with the putatively unfixable aspects of human experience.”\(^{588}\) In Gayl Jones’s *Corregidora*, it is uncertain whether or not Ursa and Mutt will continue to hurt each other, and, as many argue, Ursa never overcomes history but learns to live in with it.\(^{589}\) Similarly, Sharon Montieth argues that though Shirley Ann Williams’s *This Child’s Gonna Live* appears to end on an optimistic note with her resolve to continue on as a mother, her economic conditions have not changed nor has Jacob demonstrated any resolve to be more proactive in parenting. The critical question of how to raise children in poverty, a poverty that leaves her and her children chronically ill, has not been resolved. In *The Salt Eaters*, Velma’s healing from a mental disability seems to be only temporary. And, *The Salt Eaters* is indeed, open-ended: by the conclusion of Velma’s healing ceremony, the world is on the brink of apocalypse. This is particularly the case in Gloria Naylor’s *1996* where the protagonist turns to writing to affirm her reality, which, structurally, brings the narrative back to where it began, leaving the impression that there has been no satisfactory “resolution.” The open-endedness of these works reflects their depictions of complex systems of power that characters must navigate.

\(^{588}\) Pickens, “Octavia Butler and the Aesthetics of the Novel,” 175.

\(^{589}\) Allen, “The Role of the Blues in Gayl Jones’s ‘Corregidora,’” 264; Freed, “Gendered Narratives of Trauma and Revision in Gayl Jones’s *Corregidora*,” 417.
As Pickens argues of the second component of Butler’s disability aesthetic, these “intricate depictions of power…potentially alienate the able-bodied reader.” Pickens elaborates:

Butler’s characters consistently jockey for power between rocks and hard places, revealing the way fear, embarrassment, and confusion can be untenable and navigable. The intricacy of her plots becomes the structural device that alienates those who have no experience with navigating power in the same way that her characters do. This is not to say that disabled experience is codified or cohesive, but rather that power dynamics tend to be complicated and fraught. For those who have difficulty imagining disability as triumphant or as an advantage, the victories (where they occur) appear meager at best.

Characters in Butler’s, as well as in these other women’s, works must navigate society as black, often disabled, sometimes queer women. The multiple systems of power against which they struggle leave very little room for triumphalism. For instance, though Assata Shakur achieves the miraculous by escaping to Cuba, she is forever exiled from her home and remains the F.B.I.’s most wanted woman. Though she manages to conceive a child through sex as an affirmation of life and black love while incarcerated, she misses the opportunity to raise her daughter. Indeed, as I have shown in Chapter Four: Crippling’ Motherhood, disabled mothers, in particular, have to “jockey for power between rocks and hard places.” While still imprisoned, Shakur, for instance, becomes severely ill and suspects she is pregnant, but must have the prison doctor confirm this information before she can get the care she needs. She tells the doctor her symptoms but withholds that she has had sex during the trial. In turn, even after her blood tests confirm her pregnancy, the prison doctor withholds that information. They engage in a struggle over her pregnant body where information is power and, in the case of her failing health, weaponized. Shakur gets confirmation of her pregnancy from her Aunt and lawyer. In this instance, and others, Shakur continues to vie for and celebrate each short-lived victory. Similarly, Meridian

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591 Pickens, 176.
Hill, from Alice Walker’s *Meridian*, fights for and celebrates minor, almost absurd victories, such as enabling black and poor youth access to see a man’s supposed mummified dead wife, in the seemingly futile fight against white, male supremacy. Her actions not only alienate her readers but also other characters in the novel. She is fearless but strange. Moreover, even her closest friends fail to comprehend her experience with illness and her choice to seemingly forgo treatment. In both of these latter works, the plots are as multiple and as intricate as the power relations depicted. In Shakur’s autobiography, there are two simultaneous “plots”—Shakur’s prison narrative and her *Bildungsroman*. In *Meridian*, there is no plot. Instead, the novel reads like a series of vignettes, with Truman’s visit to Meridian in Chicokema as the frame.

These inconclusive narratives of complex power struggle results, as Pickens argues of the third component of Butler’s aesthetic, in a “contained literary chaos that upends the idea of ontological fixity.” Characters push and transgress binaries and boundaries of race, gender, and ability—to name a few—and in turn “trouble the fixity we ascribe to identity,” a perspective, according to Pickens, that is related to disability as “‘the most labile and pliable of categories.’” As Pickens argues of Butler’s Lauren Olamina, Walker’s Meridian Hill is also androgynous, with her lank body and signature outfit of a cap over her short hair and men’s coveralls, and at times hides her disability from others. Pilate Dead, from Toni Morrison’s *Song of Solomon*, also blurs gender binaries with her short hair and tall stature. Pilate troubles, and, at times, defies all laws of, ontological fixity, as when she transforms into a shorter, older woman to keep Milkman and Guitar out of jail. In *Sula*, Eva Peace uses naming to challenge the boundaries of identity when, for example, she names a man with light skin and features Tar Baby

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592 Pickens, 168.

593 Linton qtd. in Pickens, 177.
and gives three boys of different ages, complexions, and distinguishing features, the same name
and same treatment until they eventually meld into one persona, making them indistinguishable
to others. In Gayl Jones’s works, characters slip one-into-the other until it becomes uncertain
what traits align with which characters or to whom another character refers. Identity,
consequently, is shiftless and shifting.

Conclusion

What I have hoped to demonstrate over the course of *Refusing to Be Made Whole* is how
disability profoundly shapes the thematic and aesthetic choices of black women writing in the
post-Brown era, despite arguments that suggest the contrary. While taking seriously disability
studies scholars’ arguments that African American writers and activists dissociate disability from
blackness, I reveal how black women have engaged a radical disability discourse in writing of
this period. I have demonstrated that in fiction, life-writing, and essays by authors such as Toni
Cade Bambara, Gloria Naylor, Audre Lorde, Alice Walker, and Octavia Butler, among others,
the medical model of disability is challenged, black communities are forged through common
disability, disabled black motherhood is empowering, and, more generally speaking, aesthetic
and formal practices reflect a disability consciousness. In these women’s works, disability
extends beyond problematic stereotypes that reinforce the preference for the able body and mind.
I hope that my engagement with these works pushes scholars of critical race theory to recognize
disability as a central thematic and political concern in these women’s writings and to engage
critical disability studies as more than just the new trend but as critical to conversation and
theorization about race in the U.S. and elsewhere. I hope that *Refusing to Be Made Whole*
uneartths the bridge between the supposedly parallel but never intersecting paths of critical race
and disability studies.
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