Sick of It: Psychosomatic and Sociogenic Illness in Feminist Philosophy of Disability

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Abstract

Continental feminist philosophy has long examined the relationships between physical capacities, symptoms, and mobilities, and social, political, and affective experiences. This dissertation responds to both the discursive turn and the new materialist turn in feminist theories of embodiment. I engage theories that frame symptoms as a type of discourse, foregrounding what counts as a "speaking body." Focused on psychosomatic and sociogenic disorders linked to political-affective atmosphere and physical conditions, this dissertation challenges the search for etiology. I center cases of chronic, undiagnosed, medically unexplained illnesses, to show ascriptions of agency are mediated by perceived animation and ability. These ascriptions matter; subjects are pathologized and denied care according to gendered, racialized, and ableist conceptions of action, will, and disability. Taking up crip theory, critical phenomenology, and Black Studies, I construct an experiment by bracketing agency as a term—in a crip use of phenomenology—to pursue disability and sickness otherwise.

In Chapter 1, considering appeals to the agency of the "speaking body," I ask how to conceive of the materialization of psychosomatic or sociogenic illness within feminist philosophy of disability. Chronic and unexplained illnesses, in particular, challenge liberal individualist ideas that view agency as a quality or property. Agency is insufficient for understanding the possibilities and restrictions that modulate illness under political oppression. Chronic temporality is often framed as pathological; I argue instead that chronic time-forms are useful deformations. The chapter attends to metaphors of illness and disability that arise in medical case studies and analyses of oppression, setting the foundation for following chapters.

Chapter 2 considers the hysteric's body in new materialist feminisms, psychoanalysis, and crip theory. I take up Sigmund Freud's Dora case and Elizabeth Wilson's work, arguing that appeals to will and plasticity both rest upon and reinforce questionable assumptions about control and responsibility. The apparent plasticity of Dora's throat is contingent upon her whiteness and will. Racialized animacy demands show up in specific ways in relation to the sick, particularly in today's era of increased healthism, making non-compliance a symptom and self-control a point of tension for contemporary "hysterics."

Chapter 3 explores debilitation and maiming within settler colonialism, building on Jasbir Puar's queer-of-color critique to make two claims using Frantz Fanon's work. First, the racist

pathologization of physical effects is instrumental to maintaining settler colonialism, demonstrated by Algerians living with muscular dystonia preceding, during, and after the Algerian revolution. Second, the muscular tensions and rigidity in Fanon's appraisals of North African life demonstrate social authoring of colonized patients as both agitated and maimed. With muscles, too, agency is an insufficient lens to understand the interplay of debility, capacitation, and slow life.

Chapter 4 engages with Black Studies and Black feminist theories that critique the notion of biopolitical bare life. Through writer C.L.R. James' imprisonment and ulceric crisis, I probe the concept of flesh alongside Alexander Weheliye's notion of deformations of freedom. Understanding the flesh in both Hortense Spillers and Maurice Merleau-Ponty enables me to demonstrate the layered materialization of ulcer under conditions of prior chronic illness and political carceration facing deportation. Following James' insistence on unwillingness and passivity, ulcer is neither metaphor nor hypochondria, but a deformation of freedom that re-reads the hieroglyphics of the flesh.

Résumé

La philosophie féministe continentale a examiné pendant longtemps les relations entre les capacités physiques, les symptômes, les mobilités et les expériences socio-politiques et affectives. Cette thèse répond aux tournes discursives et néo-matérialistes dans les théories féministes de la corporéité. Je problématise les théories qui présentent les symptômes comme des énoncés, en demandant ce qui constitue un corps parlant. En se dirigeant aux maladies psychosomatiques-sociogéniques reliées à l'atmosphère politique et aux conditions physiques, cette thèse conteste l'étiologie. J'étude des maladies chroniques, non-diagnostiquées ou inexpliquées pour démontrer comment les attributions d'agentivité sont médiatisées par l'animation et des capacités du sujet. Les sujets sont pathologisés ou sont refusés l'accès aux soins en concordance avec nos idées genrées, racialisées et capacitistes de l'action, de la volonté et du handicap. Avec la théorie crip, la phénoménologie critique et le Black Studies, je monte une expérience par mettre l'agentivité en parenthèses – en crippant la phénoménologie – afin de voir la maladie et l'handicap autrement.

Le chapitre 1 recherche l'émergence des symptômes psychosomatiques-sociogéniques dans la philosophie féministe du handicap. Les maladies chroniques posent un défi aux perspectives libérales et individualistes voyant l'agentivité comme une qualité. L'agentivité est une idée insuffisante pour comprendre les possibilités et les contraintes des maladies sous l'oppression politique. La temporalité chronique est souvent pathologisée; je constate que certaines formes du temps chroniques sont des déformations utiles. Ce chapitre étudie aux métaphores de la maladie et du handicap dans la médecine et dans l'analyse politique, jetant ainsi les bases des chapitres suivants.

Le chapitre 2 considère le corps hystérique dans les féminismes néo-matérialistes, dans la psychanalyse et dans la théorie crip. Je rassemble le cas de Dora de Sigmund Freud et le travail d'Elizabeth Wilson, pour poser que l'hystérique est une figure de plasticité. Je montre que les appels à la volonté ou à la plasticité soutiennent des hypothèses douteuses sur le contrôle et la responsabilité. La plasticité apparente de Dora réquit sa blancheur et sa volonté. Les exigences racialisées de l'animation se manifestent de manière spécifique par rapport aux malades, particulièrement face à healthism. La maîtrise de soi devient un point de tension pour nos hystériques contemporaines.

Le chapitre 3 explore la débilitation et la mutilation dans la colonisation de peuplement, en utilisant le critique queer-of-colour de Jasbir Puar pour soutenir deux arguments autour du travail de Frantz Fanon. D'abord, la pathologisation raciste des effets physiques est nécessaire afin de maintenir la colonisation, tel que démontré par les cas des Algériens vivant avec la dystonie musculaire avant, pendant et après la Guerre d'Algérie. Suivant, les tensions musculaires et la rigidité, tracées par Fanon, établissent la création sociale des malades colonisés à la fois agités et blessés. Avec les muscles, l'agentivité ne suffit pas pour comprendre les relations entre debility, capacitation, et slow life.

Finalement, le chapitre 4 examine les Black studies et les théories féministes noires critiquant l'idée de la vie nue en biopolitique. En y joignant l'exemple de l'emprisonnement et de l'ulcère de l'écrivain C.L.R. James, je sonde l'idée de la chair aux côtés de la notion de déformation de la liberté d'après Alexander Weheliye. Je démontre la nécessité de suivre la chair autant chez Hortense Spillers que chez Maurice Merleau-Ponty, ce qui me permet de cherche la matérialisation multicouche d'un ulcère préexistante sous l'incarcération et face à l'expulsion. En écoutant James sur sa non-volonté et sa passivité, l'ulcère n'émerge ni comme une métaphore ni comme une hypochondrie, mais est bien une déformation de la liberté qui relie les hiéroglyphes de la chair.

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Chapter One: Introduction

Introduction

This project began with a curiosity about the discourses and ascriptions of agency we attach to sick bodies, in both continental feminist philosophy and in lay discourse. Public attention to the entanglements of trauma, oppression, and embodiment have strengthened due to books such as *When the Body Says No: The Cost of Hidden Stress* (Maté 2003) and *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (Van der Kolk 2015). Both books explore the mind-body connection for laypeople, connecting unexplained or contested physical symptoms to trauma. Canadian physician Gabor Maté focuses on emotional repression in relation to autoimmune disorders, functional disorders, and cancer through psychoneuroimmunology (5). He notes that over the years many of his patients "felt incapable of saying no," in their relations with others (3). This "no" is framed both as a *message* and as a *confusion* in Maté's work: "Repression — dissociating emotions from awareness and relegating them to the unconscious realm — disorganizes and confuses our physiological defences so that in some people these defenses go awry, becoming the destroyers of health rather than its protectors" (7).

The Body Keeps the Score, an expansion of psychiatrist and trauma theorist Bessel van der Kolk's article of the same name (1994), brings together trauma theories of memory with neuroscience and somatic techniques, arguing that what is forgotten by the mind is retained, "scored" by the body in traumatic memory.[1] The *scoring* happens on his framework, by a return to pre-cortical fight-or-flight states (351). In his preface, he frames the book as asking, "how can

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1. Interestingly, critiques both of his usage of neuroscience and of his understanding of memory, as articulated by Leys (2000) and McNally (2005), have not stuck.

people gain control over the residues of past trauma and return to being masters of their own ship?" — stating we might "regain self-mastery" through physical somatic therapies that engage the trauma (4).

I broadly sympathize with both of these works, and the authors' goals of minimizing suffering. However, "keeping the score" and "saying no" both require further investigation. Such interpretations reinforce the idea that undiagnosed and unexplained illnesses always *mean something.* While both publications have insightful treatments of the interactions between embodiment and trauma, they also feed into the hopes that if we could just manage our social experiences, avoid abuse, avoid stress, and reprogram our neural pathways, we might control our health. Much of this dissertation was sparked from a simultaneous apprehension of the disbelief of bodily pain and the attempts to discipline and control that those with undiagnosed or unexplained illnesses face daily. These are, in essence, forms of epistemic injustice faced by many subjects inside and outside of the medical system. [2] As Lisa Guenther (2017b) notes, "a critical appropriation of phenomenological method [might] contribute to current discussions of epistemic injustice" (197) through examinations of embodiment's role in the ways we structure meaningful experience.

My project connects to these lay and scholarly accounts by thinking through the questions: If the "body talks back," "says no," or "keeps the score" are these statements of agency? Unconscious or involuntary agency? Who or what becomes the agent in the case of a psychosomatic illness? In this dissertation, I engage theories that frame symptoms as a type of

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2. See Carel & Kidd (2017), Sanati & Kyratsous (2015) on epistemic injustice in healthcare; M. Johnson & McRuer (2014) and Patsavas (2014) on cripistemologies, theories grounded in crip ways of knowing.

discourse, foregrounding what counts as a "speaking body" in these ascriptions. Taking up crip theory, critical phenomenology, and Black Studies, I construct an experiment by bracketing the notion of agency—in a crip use of phenomenology—in examinations of lived experience of chronic, undiagnosed, medically unexplained illnesses, to demonstrate how ascriptions of agency are mediated by perceived animation, temporality, and ability. A critical phenomenological and intersectional investigation of ascriptions of agency, I argue, asks that we attune to the time-forms of chronic illnesses and conditions (without relegating them to inertness) and to the racialized notions of animacy that underly seemingly "natural" interpretations of sickness. Thinking *outside of* or *around* agency helps in particular to dispel the assumptions of volition and will that come with the inheritance of psychosomatism. By probing the metaphors, images, and figures that accompany psychosomatic disorders, I demonstrate their use in both *authoring* the meanings of symptoms and in *producing* an ambivalent relationship to disability. Reading these illnesses and conditions through a Disability Studies lens further demonstrates how the existing models of disability need to be rethought in terms of their temporality and relationality. This chapter, as introduction, frames the stakes, motivations, and influences of my project.

Psychosomatic disorders — call them psychogenic, sociogenic, or conversion disorder — offer a specific site where mind and body, the psychic and the somatic, are not easily disentangled. While the terminology of psychosomatic is out of vogue, the notion of the psychosomatic shows up today within the doubt and psychologization of "chronic fatigue syndrome" (CFS), also known as myalgic encephalomyelitis (ME), environmental illness and multiple chemical sensitivities (EI/MCS), Lyme disease, as well as medically unexplained illnesses. The label psychosomatic is often used to undermine those with physical undiagnosed or non-apparent disabilities: once someone is seen as mad or converting, hysterical, the rest of their body falls into question as potential malingering, simulation, or hypochondria.

The distinctions between psychopathology and physiopathology, psychosomatic illness and provable lesion, are fluid and varying. For example, *stress* places this distinction itself under pressure, as Stanford biologist Robert M. Sapolsky's *Why Zebras Don't Get Ulcers* (1993), the blooming of studies on epigenetic relations to illness, and studies of those who have survived and live through traumas all indicate.[3] Stress *itself* is vague, while a stressor is "anything in the outside world that knocks you out of homeostatic balance, and the stress-response is what your body does to reestablish homeostasis" (Sapolsky, 6). Stressors prompt our bodies to release certain hormones for survival purposes. Indeed, examining stress suggests that separation of biological (or physiological) from psychological, affective, or social forces is a constructed binary (Jackson 2013).

My research is also motivated by a politicization of illness and sickness and a reclamation of these experiences as both painful and valuable modes of living. Take for example Johanna Hedva's "Sick Woman Theory" (2016), which uses "woman" as a rhetorical framing to consider both the sick and sickened, open to those institutionally legitimated or diagnosed *and* those who are not:

> Sick Woman Theory is an insistence that most modes of political protest are internalized, lived, embodied, suffering, and no doubt invisible. Sick Woman Theory redefines existence in a body as something that is primarily and always vulnerable . . . Sick Woman Theory maintains that the body and mind are sensitive and reactive to regimes of oppression — particularly our current regime of neoliberal, white-supremacist, imperial-capitalist, cis-hetero-patriarchy. It is that all of our bodies and minds carry the historical trauma of this, that it is the world itself that is making and keeping us sick. (n.p.)

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[3] See for example Schahram et. al (2016), Vaiserman (2015).

Hedva centers *both* body and mind as impressible and vulnerable, both domains that feel the pressures of political constriction and control. Neither are placed in a hierarchy, but figured as entangled. Using this as a ground, "Sick Woman Theory" calls for the reader's attention to the traversal modes of sickness and also calls for us to develop care and crip solidarity. Hedva centers how the 'Sick Woman' figure crosses social binaries of identity, classes, trauma, and lack of care. In brief, "The Sick Woman is told that, to this society, her care, even her survival, does not matter" (n.p.). *Crip solidarity* as I use it here gestures to both care webs and access support among the differently disabled/sick and between the abled and disabled, encouraging an understanding of these distinctions and binaries as themselves constructions.[4] Crip solidarity might be insisting on access needs that are not your "individual" own as a point of principle (Piepzna-Samarasinha 2018, 74); focusing upon certain spaces as shared sites of struggle, such as bathrooms (Kafer 2013, 157); emphasizing the already-existing role of coalitional support, such as the Black Panthers' crucial support for the 504 sit-in (Schweik 2011). I write, as well, in crip solidarity. While writing this dissertation (and previously throughout my life), I have many times been "sick," in different ways, legitimated or denied, privileged by my whiteness, gaslit through my femininity and emotionality, struggled to receive diagnoses and treatments. Although this dissertation does not center my own lived experience, these questions are intimate ones which I encounter every day as much as I grapple with them theoretically. My own spaces in care webs, coalitional projects, and intellectual pursuits are woven through with support and love for these crip solidarities.

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4. I am using crip solidarity to include both solidarity between crips, solidarity amongst crips and non-crips individually, and solidarity between political movements. This encompasses part of what Schalk (2013) calls "crip identification" and what Kafer (2013) calls "crip affiliation" and "crip coalition."

I utilize the terms illness, sickness, and disability with some flexibility. This is not to flatten out the many experiences that are captured under these labels, nor to assert that they overlap even most of the time. In contrast, what interests me here are the kinds of experiences that are deemed illness or sickness, are chronic, and have an ambivalent relationship to disability. I will use psychosomatic as a general catch-all to the cases I look at, with more specific vocabulary in each case. None of the terminology is sufficient: *psychosomatic* at least highlights the role of the body, while *psychogenic* tends to underplay it, *sociogenic* highlights social context but is used in multiple ways, and *medically unexplained illnesses* is the clinical terminology used today. I discuss these here as a foundation for the three chapters to follow.

The label *psychogenic* centers the psychological and mental over the somatic, whereas *psychosomatic* gives the two equal places. Psychogenic illnesses, broadly, are those for which no physical lesion or dysfunction can be found. Mass psychogenic illness is often used to refer to periods of mass hysteria or group unexplained illness, both historical and contemporary (Bartholomew 2001). Take for example "resignation syndrome," a catatonia found among refugee-seeking children in Sweden beginning in the 2000s. Between 2003 and 2005, "over 424 refugee children and adolescents 0-20 years" were treated for stupor and unresponsiveness, most often after threats of family deportation (Von Knorring and Hultcrantz 2020, n.p.). Overwhelmingly, the term psychogenic denotes belief in fully psychological etiology or causation and reinscribes a division between psychological and somatic factors. Unexplained illnesses that are called psychogenic are habitually referred to psychiatrists, with physical pain dismissed (Hustvedt 2013, 171). Siri Hustvedt, in her close reading of psychogenic seizure literature, encourages clinicians and laypeople to recognize "implicit prejudices in yourself against psychogenic and/or emotional, psychiatric illnesses as somehow effeminate and less ‘real’ than a brain lesion” For these reasons, I tend not to use psychogenic.

Sociogenic is also used in numerous ways across disciplinary literatures. Sociogenic illness complicates the label of psychogenic illness, developed earlier and based on a much more individualistic model. Broadly, it gained attention in early sociological texts as a way to explain society as an origin of certain pathologies (Ward 1903). However, the specific uses of sociogeny that I draw upon come out of the work of Frantz Fanon. In *Black Skin, White Masks* (1952), Fanon rejects psychoanalytic and evolutionary explanations, such as classical psychoanalysis, which restrict etiology to individualistic or universal causes: “beside phylogeny and ontogeny there stands sociogeny” (13). By this he means that explanations of psychopathology that rest only upon evolutionary or ontological explanations will constitutively fail in understanding the experience of Black subjects. Andrea J. Pitts (2021), in their consideration of Fanon’s “The ‘North African Syndrome’” (1952), highlights how “sociogeny functions as a non-reductivist stance on the combined hermeneutic, intersubjective, and ontological conditions for experiences of health, illness, and disability, as well as the related conditions necessary to reinterpret the practice of medicine. In this sense, the North African patient’s symptomatology cannot be understood as divorced from the state violence that is enacted on the social and embodied lives of colonized peoples” (621). This is the strength of *sociogeny*: it relates symptoms to environment without taking a direct path through psychology.

I occasionally use the term *contested illness* and the related diagnostic term of *medically unexplained illness*. As anthropologist Abigail Dumes explains in *Divided Bodies: Lyme Disease, Contested Illness, and Evidence-Based Medicine* (2020), “contested illnesses are disorders over which bodies of thought are divided, and they are also bodily conditions that are always experienced as diseases but are often perceived to be illnesses" (7). *Contested illness* highlights the incomplete explanation that Dumes insists is constitutive of our contemporary medical system. *Medically unexplained illness* is a clinical construct, a placeholder, a gap marker used in contemporary physical medicine. MUIs are "characterized by multiple symptoms, significant suffering, and disability that fail to show consistent pathophysiology" (S. Johnson 2008, 3). This category gathers together "chronic fatigue syndrome (CFS), fibromyalgia (FMS), premenstrual syndrome, chronic pelvic pain, irritable bowel syndrome (IBS), multiple chemical sensitivities (MCS), Gulf War syndrome, temporomandibular joint dysfunction (TMD), noncardiac chest pain, hyperventilation syndrome, and tension headaches" among others (S. Johnson 2008, 3-4). Many of the cases in this dissertation are *both* contested and medically unexplained. Throughout, I will also make references to apparent and non-apparent disability and illness, rather than "invisible" disability and illness. This allows that we might drift from apparent into non-apparent depending on the dynamic state of symptoms, pain, or social environment. It also decenters the emphasis on visuality which is insufficient to describe, for example, accessible displays of pain.

Within this dissertation, I do not place a clear limit on the borders of the body or make a strong distinction between bodily pain and disability and mental or emotional pain and disability. Instead, I think through and with *bodyminds*. In 2014, Margaret Price brought the term *bodymind* to materialist feminist disability studies, borrowing from trauma studies, noting its debt to the long history of non-Western understandings of body and mind as non-dualistic. Price invokes bodymind as not just a placeholder for an understanding of body-and-mind, but rather an insistence upon the indiscernibility, in many cases, of the "two separate entities" assumed in dualist Cartesian models. Black feminist Sami Schalk (2018) highlights the strength of *bodymind*, as both theoretically useful in challenging the distinctions of "mental dis/ability" and "physical dis/ability" and politically useful in attending to the harms of politically oppressive environments (5-6).[5] We could say that psychosomatic illnesses happen in neither just bodies nor just minds, but bodyminds. Although I do not use the term as a refrain throughout this dissertation, the thrust of *bodyminds* — that "mental disabilities" are physical and "physical disabilities" are mental, part of one jumbled experience rather than separate experiences — undergirds my inquiries. However, in my investigation into the attributions of agency and activity to various parts of the body and/or mind, in the authorings, body and mind are treated as separate objects. For that reason, I begin with *bodymind* as a provocation but not an assumption, as a resource.

Throughout this dissertation I tend to use terms such as *disabled subjects, disabled people, sick individuals*, and *ill individuals* rather than the "person-first" language: people with disabilities, people experiencing illness.[6] I do this for a few reasons. First, I use *disabled* because disability is a process, not an intrinsic characteristic or trait of the person. Although "person with a disability" resembles "person with size 10 feet" in linguistic construction, it obscures both the temporal and social constitutions of disability, as well as the extent to which experiences of access and inaccessibility structure disabled lives. I also take this stance to recognize that disability, illness, and sickness can all be dynamic and intermittent.

In using *subjects,* I recognize that we do not spring from the womb fully formed; rather, over time we are subject to processes of subjectivation. This unwieldy term, a translation of

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[5] The slash in dis/ability is unique to Schalk (2018). For her discussion of its use see p. 6.

[6] See Dunn & Andrews (2015) and Flink (2021) for discussions of person-first language and disability identification.

Foucault's assujettissement, refers to the fact that becoming a subject is simultaneous with one's subjection to forces, epistemes, and norms.[7] Technologies of the self and even strategies of liberation coexist with discourses and apparatuses that restrict us. I will keep the understanding of subjectivation broad here; although it has been taken up by many different theorists, for my purposes the dissertation will follow roughly the understanding of Judith Butler in *The Psychic Life of Power* (1997):

> "subjectivation" … denotes both the becoming of the subject and the process of subjection—one inhabits the figure of autonomy only by becoming subjected to a power, a subjection which implies a radical dependency. . . Subjection is, literally, the making of a subject, the principle of regulation according to which a subject is formulated or produced. Such subjection is a kind of power that not only unilaterally acts on a given individual as a form of domination, but also activates or forms the subject. Hence, subjection is neither simply the domination of a subject nor its production, but designates a certain kind of restriction in production. (83-84)

I use subject rather than person or individual most often, recognizing that these are not interchangeable words and both *person* and *individual* carry as much baggage as *agency*.[8]

At times in this dissertation, I center and pointedly use the term *sick*. My use of the term here comes from my generative discussions over several years with my colleague Corinne Lajoie, with whom I have collaborated for both a presentation on bringing critical phenomenology to discussions of illness and the collection of a special issue of *Puncta: the Journal of Critical Phenomenology* (2020). As our discussions wound through institutions and access points, Lajoie emphasized how sickness breaks apart and shows the weaknesses of the

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7. See Allen (2009) for a comparison of Foucault's understanding of subjectivation with Habermas' view of the same process.

8 . I foreground this in part because phenomenology has faced criticism from a number of directions in being too subject-centered and taking for granted a unitary subject.

traditional phenomenological dyad of illness and disease, where disease is attributed to the biological or medical body while illness is articulated as the experience of that disease (Lajoie 2019b). We also both feel a political push behind the utilization of sick as an insult or marker of deviance, with proximity relations to illness, disability, queerness, and madness; and behind the uneven distribution of social conditions and forces that *make or keep some of us sick*. As we write in “A Crip Queer Dialogue on Sickness” (2020), “we choose to talk about sickness to honor the many coalitional alliances formed between Mad, disabled, and ill folks. Our use of the term *sickness* also challenges the ways in which illness and disability have been deployed within phenomenology mainly in isolation from critical examinations of ableist and sanist norms and normalizing labels of somatic and psychiatric normalcy” (6). Even when I am not explicitly using *sick*, the spirit of sick and the tracing of sickness archives persists throughout this dissertation.

Why This is Not a Dissertation About *or* Through *Agency*

As stated above, this project began with wonders and worries about the discourses and ascriptions of agency we attach to sick bodies, within the realms of the psychosomatic and sociogenic. In brief, this dissertation asks *around* but not *about* what is termed the structure/agency problem in philosophy and social theory. In a broad sense, the structure/agency problem arises with the recognition of our construction and subjectivation within both discursive and material forces. As prominent Latina feminist philosopher Maria Lugones recognized (1990), and many across philosophy, sociology, and cultural studies have reiterated, the structure/agency problem arises in part because of the articulation of oppression as inescapable, ignoring the actions and negotiations made by subjects. She argues that systematic theories of oppression that frame it as completely structuring experience and thus eliminating agency neglect "the ontological or metaphysical possibility of liberation ... If oppression theory is not liberatory, it is useless from the point of view of the oppressed person" (502). She insists that, in the face of many theories of oppression, the oppressed move between and among many different structures, and can find themselves in liminal spaces with (conditional) possibilities for liberation (507).[9] Thus one way past this impasse is to rearticulate our understandings of structures; another would be to rearticulate the "agency" that is possible.

My project tends in this direction (rearticulating agency), but I *pivot* to another angle than agency itself for several reasons. First, there is uncertain and inconsistent use of agency (as there is with the term resistance) internal to philosophy as well as in the other disciplines I engage. Philosophers do not agree about what agency is, nor what we want it to do. Part of my reluctance to use agency as a framing comes from a strong strain of *narrow, liberal individual-based theoretical* notions of agency, largely derived from neo-Kantian views, against which a strong counterwave has formed amongst feminist philosophers and relational theorists.

Take for example the narrow view of philosopher Christine Korsgaard (2009), who holds psychic unity and self-constitution as conditions for agency:

> to regard some movement of my mind or my body as my action, I must see it as an expression of my self as a whole, rather than as a product of some force that is at work on me or in me. Movements that result from forces working on me or in me constitute things that happen to me. To call a movement a twitch, or a slip, is at once to deny that it is an action and to assign it to some part of you that is less than the whole: the twitch to your eyebrow, or the slip, more problematically, to your tongue. *For a movement to be my action, for it to be expressive of myself in the way that an action must be, it must result from my entire nature working as an integrated whole.* (18-19, emphasis added)

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[9] For example, Loyal and Barnes (2001) assert that agency has no "sociological utility."

These are strict and difficult conditions to meet. On such a view agency is an individualistic notion entangled with autonomy, atomistic, focused upon intentional action, decision-making, mastery, and possession. Further, slips and twitches "fall out" of this image and become meaningless. Criticizing this image, feminist epistemologist Lorraine Code (2000) describes:

> a hyperbolized version of that presumably supplanted ideal tenaciously dominates the social imaginary—the common sense—of white, Western societies. It descriptively configures and prescriptively animates the discourses of self-sufficient individualism in which "autonomous man" retains his place as an iconic figure, emblematic of an unrealistic imperative toward self-reliant self-making. (183)

This slipperiness in agency and autonomy — an ideal figuration which is not named- is accompanied by structural violences that consistently bestow subjects with liberal agency while narrowing the diameter/sphere within which explicitly gendered, sexualized, and racialized subjects can act.[10] Critical race theorist Saidiya Hartman (1997) notes how these very ascriptions are weaponized and used to impose both control and meaning in the afterlives of slavery:

> designations like "independence," "autonomy," and "free will" are the lures of liberalism, yet the tantalizing suggestion of the individual as potentate and sovereign is d*rastically undermined* by the forms of repression and terror that accompanied the advent of freedom, the techniques of discipline that bind the individual through conscience, self-knowledge, responsibility, and duty, and the management of racialized bodies and populations affected through the racism of the state and civil society. (122, emphasis added)

Agency is thus part of a trap as it is only ascribed and offered in specific instances. Discipline, control, and management of both individuals and populations is afforded by insisting upon agency as self-directed self-making and the elision of relational ties. These understandings of agency are built on assumptions about how power works, what activity means, and the limits of personal and shared control. These interventions reflect a number of critiques across feminist

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[10] Note that while some are gendered and sexualized but asymmetrically, others are degendered and desexualized.

philosophy, disability studies, political theory, and Black Studies, which demonstrate that the bar for agency is constructed along lines of whiteness, masculinity, and ability, tied up with the notion of a rational man. As such, agency helps to demarcate those "fully human" from the semi-human or non-human and may be of limited value as a lens for analysis.[11]

These limitations of agency and resistance when considering states of oppression can be illustrated by way of Hartman's incisive analysis. In *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (1997), she explores the simultaneous construction of enslaved (and later "freed") Blacks as both agents and objects, willing and will-less. On the one hand, enslaved Blacks have been portrayed as objects rather than subjects, and as such their wills were irrelevant to many whites. Further, performances of affect and entertainment were used to claim that slaves were willing and happy in their submission: "the captive dancing in literal or figurative chains" (52). Enslaved Blacks were effectively recognized as agents legally only in the realm of criminality, as subject to the law though not folded within it. Hartman probes this split, noting that the childlike innocence attributed to "Sambo" figures during non-consenting performances (for a Master or the white gaze) acted as a "simulation of the will" rather than true expressions of agency. She asks:

> Is it possible to consider, let alone imagine, the agency of the performative when the black performative is inextricably linked with the specter of contented subjection, the torturous display of the captive body, and the ravishing of the body that is the condition of the other's pleasure? As well, how does one explicate the conditions of slave agency when the very expression seems little more than an oxymoron that restates the paradox of the object status and pained subject constitution of the enslaved? How is it possible to think "agency" when the slave's very condition of being or social existence is defined as a state of determinate negation? In other words, what are the constituents of agency when one's social condition is defined by negation and personhood refigured in the fetishized and fungible terms of object of property? (52)

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[11] See Weheliye (2014) to be discussed in Ch. 4, as well as the work of Sylvia Wynter on the topic of Man/H/human.

The “agency of the performative” is complicated and disrupted by Hartman’s intervention. Agency, after all, is put to *use* with regards to the interest of those in power. On her view, “the fetish or artifice of the slave’s *consent and agency* effectively links the exercise of will and contented subjection” (52, emphasis added). Agency becomes itself less a helpful clarification than an obscuring distraction.

For these reasons, I have chosen to dodge agency’s potential as a central pillar of this dissertation. As Cressida Heyes argues in her *Anaesthetics of Existence: Essays on the Edge of Experience* (2020), both agency and resistance are in fact restrictive notions that take us away from what is actually happening, and we risk real harms in celebrating them. Agency is often construed in both philosophical and non-philosophical discourses as *doing* rather than *not doing*, and as an overwhelmingly individualized matter: “[we see] the complete fetishization of agency as a symbolic property of only *the right kind of subjec*t, rather than as a description of a real capacity that emerges (or not) from *relations within* shared political life” (91, emphasis added). This fetishization predates neoliberalism but, Heyes argues, is particularly cutting in neoliberal times, conditioning what is *seen as* agential as well as what is *successful* and praised resistance.

On this note, I must clarify my stance. Resistance happens, and not only heroically, but often in everyday, micro-level, and mundane (in)actions. As Heyes notes, resistance often carries an assumption of liberal-individual agency with it, as well as a restricted understanding of what ‘counts’: “transgressing the norm in ways that are legible as politically successful within dominant systems of meaning ” (91). Indeed, literature across feminist theory has pushed scholars to inquire and reformulate understandings of resistance.[12] For the purposes of this

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[12] See Mahmood (2005), Clare (2009), Zion-Waldoks (2015) and Medina (2020).

dissertation and my inquiry into the legibility of action and inaction, I maintain an ambivalent position on the criteria or measurement of resistance.[13] I do not seek to *prove* that the symptoms and situations I interrogate are resistant, nor place these in doubt. Instead I foreground their frictional capabilities with regards to power relations and domination. In a Foucauldian understanding of power — which I elaborate on further in this chapter — "where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power" (Foucault 1976, 95). Even in states of domination, interruptions occur. As both agency and resistance *happen,* I focus upon the ascriptions and denials of agency to "psychosomatic subjects" through legibility, which is inherently relational.

Much more helpful than looking for or asking about agency, for me, is Black feminist philosopher Alissa Bierria's proposal that we pay attention to *social authoring*. In "Missing in Action: Violence, Power, and Discerning Agency" (2014), Bierria argues that: "even if an agent develops her intentions and acts accordingly, others who observe the agent's action also construct narratives of meaning about her actions, empowering them as social authors of her autonomous action" (131). In contrast to social *reading*, which nods to interpretation of a pre-given event, *social authoring* focuses on the intersubjective creation of meaning. That is, meaning comes from many directions. While some meaning is demanded of subjects, to constitute themselves self-sufficiently, other meanings are authored.

An example that Bierria provides is newspaper captions which describe similar photos from Hurricane Katrina, alternatively, as a Black man "looting" a store while a White couple

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[13] To pursue correct criteria or necessary and sufficient conditions for resistance would be to take up a double of the project I dodge with regards to agency. This shifting back and forth between agency and resistance often obfuscates theoretical goals.

“finds” supplies. Bierria is not just saying that we *read* the Black man as looting, but that this meaning is *written into his agency* by journalists and spectators (2014, 129-130). These authorizations (ascriptions) are projected upon or denied from subjects in order to legitimate or challenge claims of oppression (2018, v). What lies beneath these authorizations of agency interests me. Bierria finds that in Black women’s’ actions, the authorization frequently involves the “phenomenon of black subjects becoming disappeared within social encounters and replaced with what I term ‘phantom agents’ that ultimately take their place in the context of the dominant narrative of those encounters” (2). Black subjects disappear in that they are present, but passed over for their “phantom” versions. Police officer Darren Wilson, on her account, invents a third agent when he describes Michael Brown as a *demon* whom he reacted to, while the real Michael Brown’s “subjectivity is evacuated,” made not to matter, erased. Bierria (2018) elaborates a trio of phantom agents, phantom intentions, and phantom acts. All three are fictive inventions that are projected in the process of social authoring, sedimenting in the meaning of actions — or sometimes *phantomizing* (74, 77). In the case of Black subjects and police violence, phantom agents “are invented in order to maintain the schema of meaning [officers] use to make sense of the world”: a world where Blackness and criminality are conflated (82).Black subjects and disabled subjects, including Black disabled subjects, all inhabit a world of social authoring. However, we cannot simply transpose Bierria’s idea across categories: social authoring, I show, works differently according to indexes of identity.

This dissertation broadly traces social authoring in cases of psychosomatic and sociogenic illness, showing how bodily organs can become phantom agents, volition is projected as phantom intentions, and mundane everyday acts are figured as discourse. Chapter 2 takes up Dora’s throat as a phantom agent and somatic compliance as a kind of intention. Chapter 3 explores the social authoring in colonial Algeria that authors criminal agents, rigid and agitated. Chapter 4 moves between James' status as alien, the authoring of stubborn intentions not to eat, and questions of perceived passivity.

Accordingly, this dissertation is not *about* agency but about our ascriptions of this concept to the material of the ill/sick body itself. Rather than trying to determine if those with psychosomatic illnesses have agency or are taking up political resistance, I hold that these questions flatten relevant differentiations and tensions. I will not give an exhaustive account of the causes or best treatments for psychosomatic and sociogenic illness. I will not give rules or conditions for the attribution of agency. Instead, I examine the social authoring and metaphors that circle sick life. As my project takes sickness and illness up, it is crucial to think agential questions in relationship to our models for understanding disability.

Necessary Background: Models Of Disability

Disability Studies' now-canonical distinction between the medical model of disability and the social model remains relevant for psychosomatic illness, in part due to the insufficiency of the medical and social models. In this section, I familiarize readers with the medical and social models, as well as Alison Kafer's political-relational model, to serve as a foundation for the following chapters. Kafer's proposal emerges from within crip theory, a critical movement that I engage further in Chapter 2. Crip theory engages disability studies with a twist, foregrounding the contradictions in disabled identity. Both the medical and social models are insufficient for thinking psychosomatism, in part, I will argue, because neither properly account for the experience of psychosomatism nor the time-forms of living disability and illness.

The *medical model* takes up a kind of biological determinism as well as an individualized image of the body. In brief, the medical model views disability and impairment as naturalized but diseased parts of our individual embodiments, accidents that diverge from the norm and are to be cured or treated. By *naturalization*, I mean that social act within which properties of our existence that are contingent or produced are cast as "natural." As Tremain (2020) notes, despite the fact that feminist philosophers have fought the naturalization of both sex and gender, disability in philosophical discourse disability is still overwhelmingly "naturalized as a nonaccidental and disadvantageous biological human characteristic, attribute, difference, or property that ought to be corrected or eliminated" (4). This naturalization works in part through the logics of cure and the positing of a normal (abled) human ideal.[14] Brisenden (1986) articulates the medical model as fixated on *facts*: "In order to understand disability as an experience, as a lived thing, we need much more than the medical 'facts', however necessary these are in determining medication. The problem comes when they determine not only the form of treatment (if treatment is appropriate), but also the form of life for the person who happens to be disabled" (173). The medical model individualizes diagnosis, treatment, and views the lived experience of disability as measurable and calculable processes to manage flawed embodiment.

The *social model* distinguishes disability from impairment: impairment is located in the body alone, while disability resides in our environments and attitudes.[15] Disability is viewed as a category of social oppression that emerges from the interaction of bodies with environments. This also provides the model for accommodations: what parts of our environment and attitudes *can be* flexible in order to decrease disability and yet are still considered unchangeable?

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[14] See Clare (2017).

[15] I use social model in the broad sense, not referring only to the specific "British Social Model" while recognizing its influence on social concepts of disability more broadly.

(Tremain 2017, 10). The typical example given of the social model is in terms of universal design and physical access: that if in our society we constructed fewer stairs and more ramps, those using wheelchairs or other mobility technologies would not be disabled.

Sociologist Michael Oliver's *Politics of Disablement* (1990) is credited with popularizing the turn to the social contributors to disability, with his recognition that "what is at stake here is the issue of causation, and whereas previous definitions [of disability] were ultimately reducible to the individual and attributable to biological pathology, the above definition locates the causes of disability squarely within society and social organisation" (11). Oliver's utilization of the distinction between impairment and disability, as Tom Shakespeare notes (2010), has been highly influential upon the growth of the social model, which overwhelmingly makes a clean distinction between impairment and disability. While on this model disability becomes social, impairment itself remains naturalized at the level of the private and the individual. Impairment is cast as something to accept and work around. As Shakespeare points out, the social model assumes that impairment is static, not accounting for dynamic or degenerative conditions (218). It also separates the body from society by an invisible limit, where impairment is "in here" and disability is "out there"; impairment is the body and disability is the "misfitting" with society (Garland-Thomson 2011). On this model, psychosomatism has to be relegated to one or the other: pain is usually aligned with individualized impairment, assuming *a cut* with society. While disability is certainly socially constructed, and the social model has been extremely useful to activists, using the social model simpliciter has risks. Indeed, the specific highlighting of ableism as an axis of oppression is valuable for understanding the specific oppression of disabled people, neuroatypicality, and madness (Campbell 2009). However, ableism does not exhaust disability. There are *at least three kinds of issue* that arise if the social model is applied uncritically.

First, what is disability (social?) and what is impairment (biomedical?) are not always separated by a clear line. Eli Clare notes that "to neatly divide disability from impairment doesn't feel right. My experience of living with CP [cerebral palsy] has been so shaped by ableism or to use Oliver's language, my experience of impairment has been so shaped by disability-that I have trouble separating the two" (1999, 7-8). Both are felt as frustration in his body, not separable in life, and both are obstacles and sites of discrimination. This is reflected in Christine Wieseler's observation that "the medical and social models both assume that the bodily and social are separate factors, rather than comprising a unified phenomenon" (2016, 116). This alone is a strong reason to remain cautious around the social model. Indeed, this dissertation takes as central the claim that the body is always social and social spheres are intersubjective arrangements and relations of bodies.

Second, many disability scholars argue that the social model naturalizes impairment. In truth, they argue, impairment itself is also produced. As work on debility shows, especially that by Jasbir Puar (who I will revisit in Chapter 2), physical suffering and injury are unevenly distributed through maiming, in particular under states of settler-colonialism and using the rhetoric of "normal work injuries." Thus, in a sense many impairments are produced, and intentionally so, while the subjects thereof are denied disability identification or support. Alternatively, Shelley Tremain (2017) argues that impairment is produced through discourse, as the presumed neutral bodily counterpart which disability lies "on top" of. She points out that impairment is taken to be transhistorical or nonhistorical (91), even among disability theorists and activists: "an unstated premise of their model is that . . . impairment is a necessary condition for disability” (92).[16] Indeed, feminist philosopher of disability Susan Wendell emphasizes that even impairment is always indexed to a certain society and view of normal functioning. “I, who can walk about half a mile several times a week but not more, am not significantly disabled with respect to walking in my society, where most people are not expected to walk further than that in the course of their daily activities”; however, were she in rural Kenya, where women typically have to walk much further to maintain their everyday functions, Wendell’s walking stamina would be a *severe* impairment (1996, 14). These critiques of the social model operate to show the stakes of retaining a strong division between impairment and disability; despite emphasizing the need to maintain an understanding of the social construction of disability, they suggest that the binary cannot be kept.

Third, too strong an embrace of the social model can also lead to the rejection and marginalization of those who seek treatment and pain relief. If all disability is social, and we wish to engage in treatment or cure for impairment that includes bodily pain and suffering, are we then “bad crips”? Moya Bailey and Izette Autumn Mobley (2019) and Sami Schalk and Jina B. Kim (2020) all emphasize that in contrast to the forced provision of cure and treatment to the white and prototypically physically disabled, racialized people seeking treatment are often told that their pain or suffering is overexaggerated or not real. This is true even in the social model: “Disability Studies has consistently produced *a critique of the medical model* of disability that obfuscates the particular vulnerability of Black, women, and gender-nonconforming bodies” (Bailey & Mobley 28, emphasis added). Under medicalization, these bodies are not often subject

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[16] This argument mirrors the argument regarding gender/sex, a distinction which was used by some feminists of the first and second wave to divorce the social, constructed gender, from the “raw, biological” sex. As numerous feminist science scholars and philosophers of sex and gender have argued, the presence of bodily features does not mean that sex itself is not constructed. See J. Butler (1991) for more.

to cure but intervention, sterilization, or disbelief of subjective pain. In their discussions of chronic illness, Susan Wendell (1996) and Anna Mollow (2011) have raised that the non-apparently and undiagnosed disabled, too, often need to fight to gain their own medical information or interventions. Nirmala Erevelles argues that both a determinist biomedical model and the social model miss the materiality of the production of impairment: "both disability/impairment and race are neither merely biological nor wholly discursive, but rather are historical materialist constructs imbricated within the exploitative conditions of transnational capitalism" (2014, 87). This production, itself a temporal undergoing, helps us to understand disability as a process. By this, I mean not only the process of an individual becoming disabled, but the role that producing impairment plays as *affording* domination and exploitation.

Some theorists have developed adapted versions of the social model in response to these criticisms (Thomas 1999, Crow 1996, Shakespeare and Watson 1997). Nevertheless, these more nuanced versions have not resulted in a new version of the social model; rather, they have prompted the creation of alternatives to the medical and social models. For example, Alison Kafer proposes what she calls a political/relational model, which sees the "problem" of disability "in built environments and social patterns that exclude or stigmatize particular kinds of bodies, minds, and ways of being" (2013, 4-6). While it shares characteristics with the social model, the political/relational model has a more ambivalent or agnostic relationship to medical intervention and drops the sharp distinction between disability and impairment. Kafer argues that this account "sees disability as a site of questions rather than firm definitions," in particular because it refuses to assume a neat distinction between the "discrete groups" of the disabled and the non-disabled (10-11). The political-relational model affords greater understanding of the intersubjective aspects of disability — as *relational* suggests — because "disability is experienced in and through relationships; it does not occur in isolation" (8). Further, as Kafer notes, both the medical model and the social model are frequently *depoliticized,* while she offers an understanding of disability as inherently political, i.e., imbricated within relations of power (8-9). This dissertation rejects both the medical model and the simplified strong social model, instead following Kafer's provocations to see disability as site of questions. The examples I take up here are social, biological, and material. The cases and subjects I examine are subject to ableism and are entangled within relations that cause, interrupt, or divert material changes in the body. With this background in hand, I turn now to how I will apply methodologies — particularly critical phenomenology and feminist philosophy— in my project.

Methodologies

As an interdisciplinary project that moves between feminist philosophy, critical phenomenology, continental philosophy, disability studies, and Black Studies, this dissertation has no single method. Rather, I utilize multiple methods, acknowledging that they are incongruous, discordant, and do not converge. I do not read the disparate methodologies that I bring together as compatible or commensurable. Instead, I take pieces and leave behind others. I also intentionally read together texts and theories that clash. This approach follows that of Juliet Hooker who, in *Theorizing Race in the Americas* (2017), articulates *juxtaposition* as an alternative method to comparison. Whereas comparison assumes pre-existing differentiations and assumes that we can evaluate disparate experiences on a single scale, juxtaposition "places two disparate objects side by side, and it is by being viewed simultaneously that the viewer's understanding of each object is transformed" (13). Though my project works in a different vein than Hooker's, juxtaposition is a central way in which this dissertation proceeds.[17] I have two major influences in my methodology for this project: feminist philosophy and critical phenomenology. Below, I outline these commitments as well as my more general stance on power, affect, and culture.

Feminist Methods: Intersectionality & Subjugated Knowledges

The feminist methods I use pay particular attention to *intersectionality*, through the entanglements of oppressions. This requires foregrounding the co-imbrications of race and disability, race and gender, and directing our attention to *subjugated knowledges,* through the centering of those who have been systemically barred from producing knowledge about their own lives. Although now gathered under the term intersectionality (coined by Kimberlé Crenshaw in 1991) the observation that forms of oppression are not only additive but co-imbricated — and the insistence that feminist theory take account of and begin with those subjects affected by and through multiple oppressions — has a long history. For example, the 1977 statement by the Black feminist Combahee River Collective foregrounds that: "we are actively committed to struggling against racial, sexual, heterosexual, and class oppression, and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives" (177). This interlocking understanding carries with it that oppressions are not merely additive: we cannot "add" sexism and ableism, for example, to determine the experience of a disabled woman; nor can we calculate who is the most oppressed.

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[17] Note that juxtaposition has been taken up and invoked as a method sparingly so far; see Valentine (2020) and Stanley (2020) for examples.

While intersectionality has become a buzzword in feminist theory and activism in the last decades, its use has also become somewhat vague and varied. Jennifer Nash (2008) points out that “intersectional projects often replicate precisely the approaches that they critique” (89). For example, focusing on Black women as the subject of intersectionality tends to reify them as constituted entirely and only by the intersections of race and gender, essentializing identity, with little attention to intra-group differences. As Anna Carastathis (2016) notes, intersectionality has been harnessed for uses far from Crenshaw’s original essay and has itself become a sort of assumption in much feminist theorizing (3-4). Further, identity itself is often reified and fixed within popularized versions of intersectional theory. As Jasbir Puar (2007) argues,

> No matter how intersectional our models of subjectivity, no matter how attuned to locational politics of space, place, and scale, these formulations—these fine tunings of intersectionality, as it were, that continue to be demanded—may still limit us if they presume the automatic primacy and singularity of the disciplinary subject and its identitarian interpellation. (206)

My project is informed by intersectionality in that I heed Crenshaw’s statement that intersectionality is not a totalizing theory of identity, also taking seriously that intersectionality’s own meaning and methodology are contested (Crenshaw1991, 1244; Carastathis 2016). Identities are not stable fixed qualities, but fluctuate and are modulated in ways that cannot be captured by simple categorization.

Intersectionality nevertheless plays a role in this dissertation as an organizing principle. I proceed in the vein of Bailey and Mobley’s (2019) articulation of Black feminist disability studies and Schalk and Kim’s (2020) feminist-of-color disability studies. Both of these methodological interventions provide techniques that emerge from the history and present of intersectional thought without making intersectionality itself the be-all and end-all of theorizing. Bailey and Mobley aim to bring Black Studies and Disability Studies as disciplines into an explicit discussion of their relation:

> Disability Studies often neglects racism and sexism's impact on disability, just as Black Studies can omit the realities of ableism and sexism's impact on race. Rather than reformulate Crenshaw's model, we build on the intersectional work of scholars in both fields to suggest that disability, race, and gender are always already present and simply need to be attended to in our analysis. (35)

This invocation of attending to what is "always already present" disrupts any notion of mere addition of oppressions. Further, it recognizes that intersectional work already exists; reforming and deforming fields is not a "newness" but a plumbing of depths. This is a call responded to by Schalk and Kim in their articulation of a feminist-of-color disability studies, more broadly construed but also informed by the history of feminisms of colour.[18] They argue "feminist-of-color disability studies deploys disability studies as a lens that is not object- or identity-oriented, moving us away from a politics of representation and toward an understanding of (dis)ability as a social system and disability as a relationship to power that intersects with and is mutually constituted by race, gender, class, and sexuality" (39). Feminist-of-color disability studies foregrounds the social and relational dimensions of disability in a distinctively political manner, taking identities as temporal and durational rather than fixed. This echoes Kafer's political/relational model, enabling us to view disability as a process within other processes, rather than a bodily state created by biological dysfunction and impairment (the medical model) or by social arrangements, design, and access (the social model). Disability emerges, changes, is moved around, and is used. Intersectionality clarifies such processes, which are always entangled with processes of racialization, de/gendering, and de/sexualization.

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[18] This dissertation might be a feminist-of-color disability studies investigation: "To be clear, when we use the term feminist of color we understand it as a critical methodology and political category that can be taken up by scholars and activists of any gender or racial identity" (Schalk & Kim 2020, 32).

The architecture of my citations and arguments is also informed by a decentering of canonical views and a turn towards *subjugated knowledges*, in particular Black feminist theory, crip-of-color critique, and crip/disabled theorizing. This is not in the spirit of inclusion, but in the spirit of excavating for academia the myriad resources already present (if hidden). This is one form of heeding Bailey and Mobley's call, above, to attend to what has already been established and elided. I use the language of subjugated knowledges, which comes from Michel Foucault but has become popular within feminist philosophy, queer theory, and other areas. *Subjugated knowledge* refers to two things in Foucault's account. First, it refers to "blocks of historical knowledges that were present in the functional and systematic ensembles, but which were masked, and the critique was able to reveal their existence by using, obviously enough, the tools of scholarship" (2003, 7). More importantly for my purposes, *subjugated knowledge* also points us towards "a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges, naïve knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity" (7).[19] Certainly the phenomenon that the term points at was not unique to Foucault's recognition. Nevertheless, I find this terminology helpful as a way to avoid traps of inclusion, "filling out" the history of philosophy with token "diverse figures," or equity, none of which adequately capture my methods here.

Indeed, this methodological gesture is supported by an understanding of intersectionality. Schalk and Kim invite the reader to move beyond the inclusion of theorists-of-colour, and bring

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19. Subjugated knowledges have been a generative concept in the establishment of trans studies, and is more recently deployed in conversations about incarcerated scholars and survivors of psychiatry; see Stryker (2006) on trans studies as a movement of desubjugating knowledges; Jones (2016) on incarceration scholarship.

them in on their own account rather than as derivatives of other philosophers. As Tommy Curry (2011) highlights, even “the most studied Black philosophers are read as the embodiment of their white associates: W.E.B. DuBois is read as the Black Hegel, the Black James, the Black Dewey, Frantz Fanon as a Black Sartre or Black Husserl” (315-316). In alignment with this recognition, Schalk and Kim highlight that a feminist-of-color disability studies “involves changing the citational politics of the field so that feminist-of-color and critical race theories inform work in feminist disability studies as a whole even when people of color are absent as sites of analysis or as scholars theorizing from identity or experience” rather than considering these texts as merely applied (33).

Throughout this dissertation, I trace how the modes in which we attribute agency or activity to the disabled and ill interacts with the racialization at hand, which is never null and void but always latent. I will not be theorizing the process of racialization itself but tracking how race and racialization are invoked, considered, or elided among the archive of sick, ill, and disabled figures. I understand race and disability as non-analogous and non-parallel, but linked in certain discursive and material ways. *Racialization*, a term I use regularly, is the process by which people are assigned or authored a specific (non-white) racial identity; not an inherent feature of them, but a contingent construction in a movement that maintains whiteness as neutral. Racialization, as Helen Ngo notes, “is almost always a form of racism” (2012, xiii). In Falguni Sheth’s words, “the perceived threat and vulnerability that characterize a certain subject-population becomes part of the ground of its outcasting as a species unto itself” (2009, 51).

Racialization as a term highlights the movement and self-reinforcing process of racial categorizations.[20]

Desiree Valentine (2020) notes that when investigating race and disability, the conceptual models we use matter greatly. She explicates three conceptual models of race and disability that emerge through concrete material processes, moving from the individual-biological (akin to the "medical model"), to a social constructionist model, to a political/critical model which "understands race and disability as contingent products of political power" (430) that emerge through concrete material processes. Valentine proposes the model of political ontology, drawing upon Afropessimist Jared Sexton's work. She explains:

> "race" is political in that it is a project advancing a certain logic emergent from a specific historical juncture. And it is ontological in that this logic pervades our historical social epoch, generating the functioning of race through its appearance as a metaphysical property, in order to uphold an ongoing project of racial domination and anti-blackness. Disability, too, appears as a metaphysical property, which is generated from the intertwining historical project of stratifying and hierarchicalizing humanity as more-, less-, or nonhuman via comportment and "ability." (431)

Taking intersectionality seriously and critically requires understanding how the naturalization of certain identities and properties are used to sort, order, manage, and discipline subjects. This is supported by my engagement with critical phenomenology.

Critical Phenomenology

This dissertation employs critical phenomenological methods, in which I attend to the lived body, habituation, and the structures of experience in worlds that are already value laden.

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[20] I primarily use Black with a capital B in my own writing, respecting the lowercase or uppercase usage of authors when I cite them – not to denote an essential category, but out of recognition for culture. The non/capitalization of black is, nevertheless, a debated issue even amongst those racialized as black. See Whittaker (2021), Appiah (2020), Laws (2020), and Tharps (2014).

Generally, phenomenology is pinpointed as arising with the work of Edmund Husserl (1913, 1989). Husserl emphasizes that we ordinarily live in the natural attitude, a state where the horizons and conditions of possibility for experience are backgrounded. In order to be able to see the natural attitude more clearly, he introduces the method of the *époché,* or bracketing. Phenomenology as an exercise involves temporarily placing the natural attitude out of play in order to determine the conditions of our experience. As Gayle Salamon deftly puts it, "phenomenologists note the ways in which habit and familiarity shape our understandings of what is real and true; phenomenological methods endeavor to approach our surroundings anew, shedding our sedimented interpretations so that we might apprehend the world and the things in it with greater clarity" (2018, 16). Bracketing a part of the natural attitude serves as a way to shed and challenge these interpretations. This dissertation functions in part by placing agency — as an assumed quality — aside, in brackets. This does not mean that I *deny* agency, but rather that its place of focus, and intensity in theorizing, results in us often finding agency when we look for it, or denying it when we want to. This prefiguration of the grounds of inquiry sets up a telos in its very questioning.

Phenomenology has been particularly helpful to me in terms of thinking about the body as *lived*. I consider the body as not a mere object or "assemblage of organs" (Merleau-Ponty 1945, 100), but that which through I encounter objects and have a world (94). Coming originally from Husserl, in German *Körper* references the body one "has" as an object, while *Leib,* which Husserl emphasizes always contains the *Körper*, references the body one "lives" (1989, 152).[21] The lived body as a "permanent object" is also subject to numerous forces; not forces that

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[21] 21. Note that *Leib* is often translated as lived body, but might better be translated as living body. Thanks to Dr. Alia Al-Saji for pointing out this nuance of translation.

determine its constitution wholly, but forces that orient, maim, or recuperate bodies. I follow in the steps of Maurice Merleau-Ponty (1945) and his commentators in considering the body as a condition of our experience and a condition of our having a world. This dissertation focuses on experiences of the lived body, rather than the body as an inert object, while recognizing its material and physical facticity.

However, classical phenomenology also operates with several tendencies that are *not* helpful for my project. First, phenomenology has often been criticized for centering and taking for granted the subject. For example, from a Foucauldian perspective, we do not arrive in the world already subjects in the world; rather, we are shaped into particular kinds of subjects.[22] Secondly, many phenomenological investigations, while admitting the presence of perspective in the world, tend to generalize the experiences of an assumed-universal subject (white, abled, and male) into the experience of all humans. For example, Merleau-Ponty's body schema is famously critiqued by Fanon, who argues that Black subjects in a Manichean, racist world have a fragmented or crumbled body schema (1952, 110-112).[23]

In response to these problems, I primarily invoke the methodology of critical phenomenology over transcendental phenomenology. Although the term *critical phenomenology* is newly used to refer to a field, it draws upon existing bodies of work in phenomenology of gender and race. Linda Martin Alcoff's *Visible Identities: Race, Gender, and the Self* (2005) and Gail Weiss' *Refiguring the Ordinary* (2008) are now widely considered critical phenomenology,

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22. See May (2006) for a close reading of the disputes and resonances between Foucault's work and phenomenology.

23. Various scholars read Fanon as arguing either that (i) the black man has a body schema in Merleau-Ponty's sense, then it is destroyed by racist environments or (ii) the black man does not have and cannot have a body schema in Merleau-Ponty's sense. See for example Al-Saji (2013, 2014, 2021), Zeiler (2013), Whitney (2018).

alongside more recent texts that use the term explicitly.[24] While the precise form and goals of critical phenomenology are still evolving, the field holds together around several pillars. Lisa Guenther (2013) articulates it thus: “critical phenomenology that both continues the phenomenological tradition of taking first-person experience as the starting point for philosophical reflection and also resists the tendency of phenomenologists to privilege transcendental *subjectivity* over transcendental *intersubjectivity”* (xv). Critical phenomenology is therefore both a project of critical description and a political practice: *“*As a political practice, critical phenomenology is a struggle for liberation from the structures that privilege, naturalize, and normalize certain experiences of the world while marginalizing, pathologizing, and discrediting others” (Guenther 2017a, 49). Across critical phenomenology, philosophers examine not only the constitution of consciousness and the body as generalized, but as embedded within our habits, attitudes, and gestures around race, gender, and ability. Another way of putting this is that critical phenomenology changes the fundamental bracketing in phenomenology, recognizing that the residue of the *époché* frames even how we see “the things themselves.”

Many critical phenomenologists retain an attachment to first-person description and experience, though they hesitate to universalize as the classical version does. Other works of critical phenomenology write *not* from the author’s own first-personal experiences but instead read through documents, descriptions, and the experiences of others. My work falls into the latter category, as the experiences I examine constitutively escape me. Salamon (2018) has not been a young racialized trans girl, and Guenther (2013) has worked in prisons but never lived through solitary confinement. I do not assume the inner feelings or intentions of the subjects I write

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[24] See the work of Helen Ngo, Andrea Pitts, Alia Al-Saji, Gayle Salamon, and others.

about, but instead work through their actions, inactions, behaviour, and expressions.

Critical phenomenology, particularly with work that crosses tangled identifications, has to guard against instrumentalization. After all, the use of stories of racialized, disabled, or otherwise marginalized subjects is often reduced to a mere tool in philosophy and theorizing. One example is including cases of racism or ableism as moments of tokenization in a shallow attempt to engage with "diverse thought." Another kind of instrumentalization is the use of analogies between oppressions that shortchange or undertheorize ways of living. These uses have been prominent in feminist theory for much time, as Black feminists have raised time and again. Audre Lorde presented her famous speech "The Master's Tools Will Never Dismantle the Master's House" (1983) at a 1979 conference honouring Beauvoir that claimed racial and class inclusion, but failed to "include others as equals" in structural, significant ways (Olson 2000, 260). Hortense Spillers, describing motivations for "Mama's Baby, Papa's Maybe: An American Grammar Book" (1987), notes how she saw "black people being treated as a kind of raw material. That the history of black people was something you could use as a note of inspiration but it was never anything that had anything to do with you — you could never use it to explain something in theoretical terms" (Spillers et al 2007, 300).

Mainstream philosophical literature on instrumentalization takes it to be a species of objectification: instrumentalizing someone is to use them as a mere means to your own ends (Nussbaum 1995). But one does not have to be reduced to an object to be instrumentalized, nor to be the recipient of ill feelings. As Sara Ahmed (2019) notes, using someone (or something) as a mere tool and having affection or sympathy towards them are compatible states (7). More than mere sympathy or empathy, a non-instrumentalizing engagement requires attuning to the horizons and orientations that have harmed oppressed subjects, in non-discursive as well as in discursive modes.[25] It requires recognizing that my work, as a knowledge producer, is complicit in mining experiences — without reducing those experiences to their traces. The cases within this dissertation support my points generally and, *further*, disrupt the binary frameworks of able/disabled, healthy/ill, criminal/victim, agent/non-agent that have been imposed upon the varied positionalities of politically oppressed subjects. Critical phenomenology takes intersubjectivity rather than individual consciousness as a central condition of life, and critical phenomenological work has a shared responsibility.

Other Methodological Guides

In the background and bones of this dissertation lie some broader methodological influences: Foucauldian philosophy, affect theory, and cultural studies. First, my methodology is generally Foucauldian in the sense that I view power not as something held and transferred, but largely something which exists in relationships and is dispersed among subjects in their subjectivation. Power is not *in* individuals like electricity is in the power banks that we use to recharge our phones, but comes about *in the relation* of one (or more) subject(s) to another. Power does not require our volition, will, or desires — consciously or unconsciously — in order to work. Consider this explanation:

> The exercise of power is not simply a relationship between partners, individual or collective; it is a way in which certain actions modify others. . . that something called Power, with or without a capital letter, which is assumed to exist universally in a concentrated or diffused form, does not exist. Power exists only when it is put into action, even if, of course, it is integrated into a disparate field of possibilities brought to bear upon permanent structures. This also means that power is not a function of consent. (1982, 788)

Notably, Foucault also viewed power as productive: This is not to say that power is good in a

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[25] See also Hartman's (1997) discussion of empathy, especially p. 19-21.

moral or ethical sense, but to say that it produces things (behaviours, objects, disciplines) in the world. It produces things not wholly completed, but in the dispersed manners indicated above. Power's productivity means that in power relations a subject gains possibilities when others are closed off, even if these possibilities themselves are undesirable.

However, Foucault also recognizes relationships in which power does not act on others' capacities, but directly upon their bodies, in *domination: "*A relationship of violence acts upon a body or upon things; it forces, it bends, it breaks on the wheel, it destroys, or it closes the door on all possibilities" (789). The cases I examine within this dissertation involve both power relations and domination, and often both. This view of power informs my critiques and apprehensiveness regarding agency. We are subjects, but always incomplete ones, and we become subjects through processes of subjectivation both under disciplinary power relations and violent domination. The frames through which we develop and act have specific mechanisms. I will, however, press on Foucault's account of biopolitics through Chapter 3 and 4. Both chapters explore the coexistence of power relations and relations of domination, foregrounding the harms of biopolitics as well as the insufficiency of the framework.

A second influential presence in this dissertation is taken by affect theory. Without room for a full retracing of the history of affect theory here, I focus on what I use from it. First, affect theory encourages a recognition of the ways in which emotion does not sufficiently describe the lived intensities that escape subjective feeling. This does not mean to step away from emotion, but to broaden away from emotions in a narrow sense (as personal, owned, possessed, interior, and localized) and away from psychological states. Distinguishing between emotion and affect affords an emphasis on process over state, as well as the circulation and transferability of affective resonances. The first waves of affect theory typically follow Baruch Spinoza's notion of *affection* as the ability to affect and be affected or Henri Bergson's observation that *affection* is the counterpart of perception, the gap within which we relate to our body.[26] Brian Massumi's *Parables of the Virtual* (2002), for example, argues that "Affect is autonomous to the degree to which it escapes confinement in the particular body whose vitality, or potential for intention, it is" (33). Teresa Brennan's work demonstrates that understanding affect pokes holes in the concept of the "emotionally contained subject," showing the biological and physical effects of the social (2). [27]

However, in many early articulations of affect theory, the autonomy of affect often becomes *unmoored* from its interactions with other forces and intensities in the world. Ahmed (2004) challenges the interpretation of affect theory as a "new turn," demonstrating its progression through other queer and feminist articulations of embodiment and emotions. If affect is autonomous, it nevertheless circulates differentially according to the predispositions, tendencies, and articulations of bodies in the world. Therefore, my engagements with affect are guided by Ahmed's insistence that affects *do things* and are *used* in particular ways: "The 'doing' of emotions [and affect], I have suggested, is bound up with the sticky relation between signs and bodies: emotions work by working through signs and on bodies to materialise the surfaces and boundaries that are lived as worlds" (Ahmed 2004, 191). By "stickiness," Ahmed describes what happens to the objects of emotions. These objects circulate and move between us, with the potential to "become sticky, or saturated with affect, as sites of personal and social tension," becoming stuck or glued onto certain subjects (11).

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[26] For more details see Spinoza (1985), Bergson (1896).

[27] Phenomenology can and has approached affect, though it is not always framed as such and is often discussed within phenomenology of emotion. See Al-Saji (2000, 2020); Szanto & Landweer (2020).

With these two recognitions — one of intensity and excess, the other of stickiness and materiality — my project thus joins in recent philosophical bridges between affect theory, feminist theory, and phenomenology (Guilemette 2019, Whitney 2018).[28] Affect, unnamed, is present throughout both psychosomatism in general and the specific cases I consider (primarily, hysteric materialization, muscular tension as debility, and ulcers in detention). Affect is non-conscious and in a sense, involuntary; it provides a bridge as such towards investigating the forces in psychosomatic illness.

Thirdly, throughout this dissertation, I examine several sick figures through snippets of cultural studies analysis. Itself a heterogeneous and interdisciplinary field, cultural studies views culture and media as themselves sites of negotiation, resistance and consent (S. Hall, 1981, 2016). Our cultural products express, reflect and loop back into our understandings of illness, disability, race, gender, and class. The question of *how* we came to think as we do about the invocation of psychosomatism, can be reconstituted and traced from these pages, these representations and lived experiences. It is also a genealogy of *sick and sickening* figures, in the sense that Ahmed draws from a willfulness archive to focus *Willful Subjects* (2014). She writes: "following the figure of the willful subject, making her my priority, is another way of proceeding, another way of writing a history of the will" (4-5). I trace these ill figures as a way into the question of psychosomatism, asking what diagnosis and social conditions *do.* Sick figures are tied up with the history and present of metaphorical understandings of illness and disability.

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[28] See Åhäll (2018) for a more thorough history of the moments of the affective turn and its use for feminist political ends.

Metaphor, Meaning, Illness, And Disability

Agency is often read into states of psychosomatic illness through the metaphorical description of the body speaking back. As we will see in Chapter 2, symptoms themselves are often thought to express our unconscious thoughts, feelings, and affects (whether minded or biological). Certainly, at times, our affects and our physiological symptoms, always already entangled, collide. How can we retain a focus upon the lived experiences and physiological processes of psychosomatic illness while grappling with its long histories of metaphorization and metonymy? This dissertation questions such automatic attributions, but does not reject the work of metaphor as a whole. Instead, I work through the metaphors, figures, and images that accompany disability and illness, through attuning to temporality and animation. Proceeding requires a short explanation of my stance on metaphors in relation to illness and disability: pain and metaphor; illness and metaphor; disability and metaphor.

The metaphors and meanings ascribed to illness have often been cast in terms of resistance and agency: see for example the 1980s feminist reclamation of hysteria, as well as popular interpretations of undiagnosed conditions. My earlier discussion of the problems with agency collides with the metaphors we use to discuss agency. Political theorist Talal Asad (2000) argues that the "triumphalist" versions of agency that dominate social theory can be undercut by turning our attention to "the role of disempowerment and pain" (30). While some of his main examples in the text come from Christian and Muslim practices, theatrical performances, and the text of *Oedipus Rex*, his articulation of the problem of pain and agency is informative for my work here. Across social theory, "the sick body is often represented no differently from the healthy body in that for both agency is typically regarded as resistance to power" (31). Theorists, he argues, tend to "attribute individual agency to the sick body by translating all its states and movements directly into ‘dissent,’” making behaviour into discourse (31). As he emphasizes, such an understanding of agency requires understanding power as an external force that we respond to (32). Asad, in his understanding of pain as “a process of structuring . . . experience” stands against Elaine Scarry’s (1985) well-known articulation of pain as *essentially resistant* to expression, instead framing it as a “practical relationship” (43). Asad’s analysis in the first pages of this paper provides a first route in, by asking about how we attribute agency in contexts of disempowerment and pain.

Though not usually taken up within disability studies, Susan Sontag’s *Illness as Metaphor* (1978) directly challenges the metaphorical meanings often assigned to diagnoses and diseases. Comparing tuberculosis and cancer, Sontag shows their uses as symbols of and carriers of different fears and desires, while both understood as diseases of passion (20). Disease is authored as punishment or sign of bad temperament, constitution. The “modern cancer character type,” built around warfare metaphors and a “ferociously energetic” notion of cell multiplication, retained some of the meanings of tuberculosis, while the others were transferred to insanity in the twentieth century (30, 35). Sontag’s essay moves between disease as an analogy for civil disorder amongst political philosophers and the everyday language of “battle” that is used for cancer patients, avoiding any discussion of first-personal experience. She insists that: “illness is not a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking. Yet it is hardly possible to take up one’s residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped" (3-4). The tendency to overwrite illness with metaphors remains present in many depictions and discourses.[29]

However, as Lisa Diedrich (2007) notes, Sontag's attempt to purify illness of metaphors is incomplete and is often belied by the ways she puts metaphor to use (as the kingdom above). Indeed, I argue that we cannot purify the experience of illness in this way, to have it pure and unmediated. Diedrich offers, taking up other critics of Sontag, that both "the de-metaphorizing idea and metaphorical language . . . might be useful for the person who is ill, and both have been crucial in transforming the way illness is spoken" (29). Indeed, Sontag's publication of *AIDS and its Metaphors* (1989)*,* eleven years later, shows her simultaneously using personal narrative, metaphor, and politicizing the experience of being ill.

Within disability studies proper, a notable intervention regarding metaphor comes from David Mitchell and Sharon Snyder. In *Narrative Prosthesis: Disability and the Dependencies of Discourse* (2001), Mitchell and Snyder argue that disabled characters' presence in literature is often reduced to a metaphor. By this, they mean that "while stories rely upon the potency of disability as a symbolic figure, they rarely take up disability as an experience of social or political dimensions" (48). Disability itself becomes a narrative prosthesis, a tool instrumentalized to prop up narratives of abled characters and forms:

> within literary narratives, disability serves as an interactive force that confronts cultural truisms. The inherent vulnerability and variability of bodies serves literary narratives as a mechanism for that which refuses to conform to the minds desire for order and rationality. Within this schema, disability acts as a metaphor and fleshly example of the body's unruly resistance to the cultural desire to "enforce normalcy." (48)

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[29] For a look at the use of illness and disability metaphors in Hegel's *Philosophy of the Right*, see Dryden (2013).

This critique has been highly influential in disability studies, in particular in highlighting the use of overcoming narratives and the concept of the supercrip.[30] It has also led to a distaste or a hesitancy around reading metaphor, lest it once again bypass the material body for its symbolic potential for the abled. That is, disabled existence is leveraged within a relationship as an instrument for able self-understanding.

There is also a strong resistance to reading the body as metaphor in new materialist feminism. Elizabeth Wilson (2004), who I engage directly in Chapter 2, names the "the fierce antibiologism" of feminist theory since the second wave as a result of the overwhelming influence of social constructionism (13). As a remedy, she suggests looking at the biological body rather than centering the discursive construction. As feminist philosopher Shannon Sullivan notes:

> A lack of hunger can be a statement that a depressed person does not want to take in the world, and this gut-level refusal is not a metaphor but a literal socio-affective-physiological experience. In return, for a depressed person to recover a physical sense of hunger often is for her to regain an affective-emotional life that includes engagement and caring, both for herself and for others. (2015, 54)

On this point, I strongly agree — our physiological symptoms and signs have a meaning outside of their reduction to discursive, metaphorical, or representational functions.[31] Yet Sullivan's description also emphasizes that physical hunger is entangled with other parts of our life: intersubjective engagements and affective transformations, for example. The trick is to maintain attention on the biological and physiological, as relational, without losing them.

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[30] See Eli Clare (1999) on the supercrip, see also Jasbir Puar (2017), 84-5 on the temporal structure of narrative prosthesis.

[31] Of course, discourse, metaphor, and representation do not refer to the same phenomena — but all three of them are identified as "biophobic" and ignoring the material body among new materialist feminisms, who sometimes slip between these three. See Chapter 2 for more details.

These, then, are (at least) three reasons to be wary of the use of metaphor. However, the metaphorical and discursive have shaped and do shape the material as well as our actions and interactions with the physical body. In *Bodyminds Reimagined: Disability, Race, and Gender in Black Women's Speculative Fiction* (2018), Schalk argues that disability metaphors in and of themselves often can (and do) illuminate the relation between abstract discourses and material results. As such, we have to take account of the metaphors of disability along with the materiality:

> because disability has been used by dominant social discourses to reference, define, and regulate other social systems, it requires reading for the metaphorical, allegorical, or otherwise abstract ways in which its fictional representation is implicated in gender, race, class, and sexuality concerns as both discursive signifier and material effect. (44)

Schalk thus refocuses attention on metaphorical and discursive meanings, while nevertheless highlighting the material lived experiences of disability and debility. Thus, although I tread cautiously around instances of metaphor that frame bodies or parts thereof as symbolic of political or ethical struggles, it is necessary to examine how such symbolic uses have framed our contemporary thinking. Metaphor and figuration are frequently used to socially author certain meanings — particularly onto racialized bodies. Black women's speculative fiction, for Schalk, is a place where such metaphors can be challenged and new metaphors produced.[32]

As a closing to this section, take for another example the classic case of the European Victorian hysteric, whose complaints, pains, and in/capacities have been the site of feminist disagreement, with some arguing the symptoms act as a representation, as a metaphor or symbol for the oppression of women. Elaine Showalter shows how some see the hysteric's symptoms as "a specifically feminine protolanguage, communicating through the body messages that cannot

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[32] I will return to speculative thinking through Afrofuturism in Chapter 4.

be verbalized" (1993, 286). Certainly, sexism and misogyny are involved in the genesis of hysterical symptoms, but this does not mean that they are not material and real alterations of embodiment. I maintain some distance between a typical metaphorical treatment of psychosomatism, allowing that symptoms carry meaning(s) but are always more than their meaning(s). With this foray into the "speaking body," I now turn to one of the central pivots of my dissertation: chronic illness and chronicity as time-form.

Chronic Considerations

This dissertation pools around refrains. One of these refrains is the *chronic.*[33] The case studies I center in this dissertation are for the most part examples of chronic illness or disability; with symptoms and suffering protracted in time, and with dynamic phases and periods. When psychosomatic disorder is chronic — as it often is — the question of the "agency of the body" cannot be separated from the irregular rhythms of chronic illness and its lived temporality.

I diverge from the associations of the chronic with *Chronos* and chronology, including Gilles Deleuze's articulation of Stoicism's *Chronos/Aion* distinction, where *Chronos* designates a cyclical present, an empty time-form "which measures the action of bodies as causes and the state of their mixtures in depth," while *Aion* refers to the "unlimited past and future" linked to incorporeality and surface (1969, 61). On his view, "there are two times, one of which [*Chronos*] is composed only of interlocking presents; the other [*Aion*] is constantly decomposed into elongated pasts and futures" (62). The chronic of chronic illness would then refer to a kind of closure, limitation, stuckness, and measurement, a time-form that cannot function on its own. In

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[33] Thank you to my co-supervisor Dr. Alanna Thain for her encouragement to think about my project in terms of the chronic.

contrast, I attune to experiences of illness labelled as chronic and unfold the temporalities *already present* apart from their contrast to other times. [34]

Rather than taking the chronic as a pathological form of experiencing time, I submit that the times of relapses, flashbacks, triggers, physical therapy, and medication management do not illuminate a "normal temporality" or a "healthy temporality," but rather reveal the inadequacy of temporal rhythms assumed by the notion of agency. With Kafer (2013), I ask "What happens . . . if we do not move 'beyond somatic changes' but think about queer/crip temporalities through such changes, through these kinds of skeletal dislocations, or illness, or disease?" (34). To not only include, but *center* somatic changes in our discussions of temporalities means to take them seriously: not as additions, by-products, or mere companions to time, and furthermore not as symptoms of normative time.

Phenomenologies of illness need to become critical and engage with disability studies in order to do justice to the complications of sick existence. Often, they fail to do so. For example, consider Natalie Depraz's "Microphenomenology of Chronicity in Psychosomatic Diseases: Diabetes, Anorexia, and Schizophrenia" (2021) and David Morris's "Diabetes, Chronic Illness and the Bodily Roots of Ecstatic Temporality" (2008).[35] Coming from different strands of phenomenology, they nonetheless assume a standard healthy experience of time and, in framing chronic illnesses as primarily temporal pathologies, contribute to the view of unexplained symptoms as illusory. Morris and Depraz, in different ways, both suggest that we think of many chronic illnesses as themselves pathologies of temporality.

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34. Bogue (2010) argues that the Chronos/Aion opposition must be enriched by Deleuze's later passive syntheses of time and seen as flexible. See in particular Chapter 2 and 3 for his elaboration.

35. See further Geniusas' "The Pathos of Time" (2015), which also shares these problems.

Depraz characterizes the chronic as motionless, not dynamic, a kind of stuckness. Chronic time, for Depraz, is a time of stuckness and stillness, maintaining a "motionless and unchanging attitude" (88). She contrasts this with traumatic time, which on her reading is "a dynamic time with multiple reactivations," and a time that *can be overcome.* Chronicity's pathology, on this picture, lies in both its motionlessness and its persistence. Strangely, she reads diabetes, anorexia, and schizophrenia all as psychosomatic but insists that diabetes is "a clearly somatic disease" while anorexia is "halfway between diabetes and schizophrenia" (92, 93). What binds these disorders or illnesses for Depraz *is* their disturbance in time. She goes as far as stating that "chronicity is not a property of many diseases, but the diseases are the properties of chronicity, which is as such a core pathology" (95). While she notes "a kind of dynamic and possible evolution within chronicity," chronicity itself remains a transverse pathology on her account (95).

Morris, taking diabetes as his case study, tries to grapple with the flows and stops of medication management, but can do so only by assuming normal access to improvisational temporality. The problem of chronic illness for him is that "the provisional time of the body is . . . disturbed, in turn disturbing what I call improvisational temporality, thence disturbing the sense of freedom" (404). He identifies provisional time both with "linear clock-time" and with the bodily cycles of digestion, sleep, energy, and hunger (409, 414). Having a stable connection to provisional time, on his account, is what allows for improvisation:

> Normally we can drift off in the excitement of company, first love, or philosophical thought, we can partially forget about when to eat or sleep. We can invest lived temporality with an improvised intensity of our own making: we can discover new meanings in the living pace of the love affair or the jazz improvisation, or we can parcel out clock-time as we see fit. This is because the body institutes a provisional time that frees us for improvisation. But this is disturbed into chronic time in diabetes. (Morris, 415)

The “normal” improvisational temporality of the body is made impossible in the move to chronicity, where the provisions of the body are disjointed, as clock-time weighs heavily and regulates actions (413).

In my view, these analyses make two main mistakes. First and foremost, they reify a singular understanding of disabled time and construct it as always static, confining, and regimented. Of course, this is not the case — even when crip time is inconvenient and painful, it often works in unpredictable manners and requires subjects to maintain flexibility over rigidity. As Ellen Samuels (2017) notes, crip time involves waiting for diagnoses and treatments, being prepared to take breaks and rest “out of” the “normal” flow of time, in fact it *demands an improvisation* that responds to both pain and pleasure. Thus, instead of wedding one to a linear clock time, even the examples Morris provides require the ill subject to move between temporalities and adjust unexpectedly.

A second mistake: both Depraz and Morris seem to assume that there is always a prior experience of time that bends to us. But for those who have been deemed ill, sick, or disabled since childhood, there was no “before” to contrast or grieve. Those with congenital conditions or emotional and psychological distress, on this reading, become stranded in chronic time and without an understanding of what they have “lost.” To be clear, I want to emphasize the shifts in temporality that may occur with disability, whether becoming disabled is foregrounded as acute event or is present as lifelong background. These temporal shifts can be disorienting, whether in suffering an injury, reconfiguring one’s self concept, or in learning to cope with one’s experience.[36] Still, the assumption that “healthy time” is non-pathological, while the chronically

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[36] See Christina Crosby’s *A Body, Undone: Living On After Great Pain* (2016) for a careful articulation of her experience with sudden disability and chronic pain.

ill are “hostage to a chronic, provisional time rooted in the body” both oversimplifies the diversity of experiences of chronic illness and dangerously attaches freedom to a proper alignment towards linear, objective, or “clock” time (Morris 2008, 415).[37]

As historian Allegra Fryxell (2019) shows, psychiatrists, psychologists, and phenomenologists in the first decades of the 20th century, most notably Minkowski and Binswanger, viewed healthy temporality as a matter of aligning one’s inner time in relation to clock-time: not to live by the clock, but to be able to convert these two senses of time (10). Psychopathologies like depression and schizophrenia were thought through as disorders of the relation between *Ichzeit* (personal time) and *Weltzeit* (clock-time), and this misfit was blamed for the mad’s “abnormal” relationship to past, present, or future. Indeed, some recent scholarship also conceives of mental illnesses as focused on temporal pathology, as this kind of misalignment (Moskalewicz & Schwartz 2020).

Conceiving of temporal experience as itself pathology, and of pathologies as essentially temporal, has risks. Philosopher of psychiatry Samuel Thoma (2021), in his reply to Depraz, notes that chronicity is both an experience and something “constituted by medical institutions and our society”: certain subjects are deemed “chronics” as a character type, even when they do not *feel* chronic (103). Others become sicker in places of “medical treatment.” I hasten to add that still others have chronic forms of pain and suffering and are ignored. Thoma suggests that we ought not to focus on the pathology of chronicity itself, but on how chronicity itself is the focus of stigma and discrimination. Diagnosing a pathological temporality both reifies an experience of time and stigmatizes the subject.

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37. Morris characterizes healthy time through the healthy body: “The body that normally frees one to live in social company as one likes operates as a sort of temporal calculator and regulator, in ways that we do not normally notice” (414).

Specifically, this diagnostic moment relies upon what queer theorist Elizabeth Freeman (2010) calls *chrononormativity*: "a mode of implantation, a technique by which institutional forces come to seem like somatic facts," where both certain modes of clock time and of temporal organization are naturalized (3). She notes that "manipulations of time convert historically specific regimes of asymmetrical power into seemingly ordinary bodily tempos and routines, which in turn organize the value and meaning of time" (3). Recall my earlier discussion of disability as naturalized, seeming "like [a] somatic fact": here we can see certain time-forms naturalized through both Depraz's and Morris' accounts. Thus, to take Morris as an example, the timing of insulin tests does not arise directly from the diabetic body but from the concatenation of medical technology, insulin shortages, and the individualized site of self-monitoring.

As many theorists have noted, diagnosing a temporal pathology relies upon a constructed notion of universal time as well as a notion of speed or pace. Bailey (2021) asks that we consider the ethics of pace in academic work, where "the exponential pressure to move faster" and the perception that "every task is urgent" wear down multiply-marginalized bodies (285, 291). Alia Al-Saji (2013), drawing on Fanon, Henri Bergson, and Aníbal Quijano, analyzes the experience "of coming 'too late' to a world predetermined in advance and the distorted relation to possibility," frequently provoked by the racialized structuring of the past into two separate pasts (2). The assignation of racialized subjects to a closed and static past both reinforces and makes possible modes of discrimination and violence. In brief, I want to emphasize that time can indeed be painful: but diagnosing temporal pathology risks shifting the "wrongness" of illness and disability to be articulated in terms of temporal impairments that ought to be corrected.

In this dissertation, I neither trace agency nor do I take a predetermined notion of a phenomenologically "normal" experience of time, transposing it onto cases and theories. Instead, I unfold the time-forms of chronic, protracted illness and disability: each of the three following chapters probes the temporal cues that emerge from unexplained illnesses themselves. This project is in dialogue with philosopher of disability Joshua St. Pierre's work (2015) on temporality and dysfluent communication, through stuttering. St. Pierre does not articulate a sense of "normal" time and rhythms, but *normalized* times and rhythms against which stutterers are held. In what St Pierre calls "straight and masculine time," disabled speakers are placed within and asked to assimilate to both an ideal of time and timeliness, and objective clock-time. Though St. Pierre is not considering chronic illness per se, his articulation of temporality is more open and critical (in the sense invoked by critical phenomenology) than those above.[38] If there is a "normal" time it is not normal but normalized and naturalized. As such, my probing of time-forms and the chronic throughout this dissertation do not rest upon any conception of proper time, normal time, or abled time. I trace, for example, how habit as a time-form is read and concealed in volitional training; how the time of debilitation is obscured under the temporal social authorings of colonialism; how the timing of chronic ulcer while "doing time" shows the restriction of what temporalities *can be done* in incarceration.

Overview

Chapter 2, *Throats,* frames the question of agency and psychosomatism through the encounter of hysteria, new materialist feminism, and crip theory. Analyzing the roles of the biological unconscious and somatic compliance in Elizabeth Wilson's work, I show that reading hysteric symptomatology as an embodied will presents problems of volition, control, and

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[38] Stuttering could be seen as chronic due to its repetition, but that is another project. Note that St. Pierre *does* consider chronic pain explicitly in his recent work (2020).

temporality, where, as Anna Mollow highlights, the body can only be compliant and not indifferent. Establishing how self-transformation and will training engage a kind of plasticity to both body and volition, I demonstrate that appeals to plasticity in new materialism need to account for plasticization, considering plasticity not only as quality but as racializing technique. Dora's throat is assumed to align with her unconscious will as a function of her whiteness. I argue that ignoring both the social authoring of volition and the racialized understanding of plasticity result in heightened stakes for those with unexplained, chronic, or psychosomatic illnesses. Specifically, I draw lines between psychosomatic medicine's *duty to be well* and the neoliberal intensification of healthism, both of which individualize and responsibilize symptoms. Juxtaposing Wilson's accounts with Sianne Ngai's writing on animatedness, Anna Mollow's discussions of hysteria as disability, and the literature on plasticity, I attune to the hysterical throat, showing the entanglement of anatomy and meaning.

In Chapter 3, *Muscles,* I turn toward the question of mass sociogenic muscular disorder under settler colonialism, demonstrating how colonization both creates bodily states (in this case, rigidity and agitation) *and* socially authors such states to its advantage. I focus upon debilitation, using queer theorist Jasbir Puar's articulation of the processes of biopolitics in *The Right to Maim* (2017). Debilitation as a concept shifts thinking about disability and injury, highlighting how maiming separates those who are "objects of care" from "discarded objects," the disabled from the merely debilitated. I bring debilitation to bear on Frantz Fanon's psychiatric and philosophical studies, paying particular attention to the recently published collection *Alienation and Freedom* (2018). Engaging with the scholarship on Fanon's clinical and theoretical work, I argue that the case studies Fanon encountered in his psychiatric studies in Algeria and Tunisia, through his attention to muscular spasms and dystonia, shows debilitation as present and useful in the long occupation of Algeria (and nearby regions) by France. Chapter 3 serves to foreground these twitches and tensions, which are often neglected by Fanon scholars in favour of the body schema, in probing both his medical papers and "The 'North African Syndrome' " (1952). I read Fanon's descriptions of muscular dystonia alongside Mel Chen's work on agitation to demonstrate how social authoring works along lines of what they call racial 'ability' tuning, tracing both time-forms engendered by colonialism (velocities, checkpoints, interruptions) and the temporal structures of maiming.

In Chapter 4, *The Flesh,* using the case of C.L.R. James' ulcer during his detention on Ellis Island, I propose understanding illness through the distinction of body and flesh. Prompted in part by Alexander Weheliye's brief analysis of James and "deformations of freedom" in *Habeas viscus*, I probe his mentions of both Hortense Spillers and Maurice Merleau-Ponty's conceptions of the flesh. Though I will trace it in detail later, briefly, I start from Spillers' understanding of body/flesh, where body refers to embodiment of the free, with the granting of legal, formal rights and habeas viscus. In contrast, captive bodies (including the enslaved, and we might think with James, the imprisoned) are reduced to flesh through violence, made vulnerable, and subject to others' wills. The flesh is marked by inherited hieroglyphics which are reinscribed and read back to justify the denial of body. By centering James' lived experience and Spillers' body/flesh distinction, I read back into Merleau-Ponty, showing that his concept of flesh grows out of his investigations into reversibility and passivity. Emphasizing James' own proclaimed unwillingness in relation to his ulcer and the conditions that made it possible, namely carceration as alien, I argue that we can see the emergence of his symptoms as instances of *recherche,* actualizations that foreground the potential of thinking chronopolitically.

Chapter Two: Throats

Introduction

This chapter opens my analysis of psychosomatic disorders and the attributions of agency through the overworked example of the turn-of-the-20th-century hysteric and the issue of will. In a broad sense, the question that concerns me is expressed by Siri Hustvedt (2009) in her memoir about having a diagnostically slippery nervous condition: "how do we *read* a symptom or an illness? How do we frame what we observe? What is inside the frame and what falls outside it?" (70). In this chapter, I argue that persistent psychosomatic readings of the hysterical body risk attributing a volitional structure, based on willfulness and animatedness, that is ultimately harmful for sick, ill, and disabled subjects. The reading of a symptom, I will show, happens both through a temporal relationship between distanced matter and unconscious. As central example, I take up new materialist feminist Elizabeth Wilson's proposal of a "biological unconscious" in her attempt to return the body to thinking, *Gut Feminism* (2014) which requires revisiting her earlier monograph, *Psychosomatic* (2004), and the notion of somatic compliance.

I emphasize how the imposition of volitional structure on the body has social implications for how we conceive of agency and in relation to the myth of control of medicine. I argue that they implicitly endorse the idea that we can control our health and symptoms, by also bringing the cells of the body within the realm of what the subject wills. Thinking about mechanisms of illness is an important venue for rethinking our ideas of agency, selfhood, and the logics of the body. In general, thinking about psychosomatic illness still bears many of the traces of hysteria's cultural dominance more than a century ago.

Hysteria is important to my project for several reasons. The amount of attention on the hystericization of women, and the return of feminist theory in different forms to the figure of the hysteric, make her a figure already laden with ascriptions of agency, and in particular, *will,* that are fruitful for examination.[39] This chapter requires revisiting a classical case of hysteria, Freud's treatment of Dora. It is in the context of Dora that Freud formulates the idea of somatic compliance: that the body tends to follow the direction of the psyche. The existing literature on Dora is vast and differentiated; I bring Dora in here not as a way to settle an interpretation of this case, but to think through the ideas of biological unconscious, the will, and disability. Dora comes to Freud at the behest of her father as a late teenager, presenting with what he calls mundane and common symptoms: "dyspnoea [breathlessness], *tussis nervosa*, aphonia, and possibly migraines, together with depression, hysterical unsociability, and a *taedium vitae* which was probably not entirely genuine" (Freud 1905, 17). After 11 weeks of analysis, during which Freud focused upon two of her dreams, Dora cut off treatment and left the city. Dora herself indeed has relation to willfulness.

As Jacqueline Dalziell (2021) notes, the Dora case in particular has a privileged place in Freud's oeuvre, considered by feminist theorists and those in other disciplines alike "*the* classical analysis of the structure and the genesis of hysteria" (Ramas 1980, 473 qtd in Dalziell, 2). If Dora is the site of elaboration of the structure of hysteria this partly explains her dominance in hysterical scholarship.[40] Her case is also where Freud says the most about somatic compliance, which is meant to explain the path of hysterical materialization. However, the case itself does not provide one clear interpretation on my question of psychosomatism and bodily agency, as my main interlocutors (Wilson and disability studies theorist Anna Mollow) present divergent readings of Dora's case.

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[39] As Foucault (1976) notes, women were hyster*icized*: put through a process where the hysteric became a kind of character and a set of symptoms.

[40] See Cixous & Clément (1975), David-Ménard (1989), Ramas (1980).

The will is important to hysteria because the condition has been seen as either a weakness of the will or an excessive willfulness by therapists, counsellors, doctors, and psychiatrists over time. In his *The Cult of the Will: Nervousness and German Modernity* (2008)*,* Michael J. Cowan notes that what neurasthenia and hysteria seemed to share, along with other nervous illnesses, "was a pathological inversion of the normative functioning of autonomous subjectivity" parsed as "an inability to resist the nervous forces emanating from the external world or from the depths of the material body": these bodies are too impressible (8). Whereas Cowan shows how in 19th century Germany and France the lack of will was seen as the issue with hysterics, American psychiatrist Leslie Farber in 1966 argued for hysteria as a form of willfulness: "hysteria is a particular disorder of will whose principal expression is willfulness" (117). Instead of being too impressible, too porous to the world around her, Farber portrays the hysteric as too hard, wanting too much.

Hysteria also bears an almost-unexplored relation to disability, and in particular to non-apparent disabilities and medically unexplained illnesses.[41] Hysteria in its heyday was often seen as a lack of psychic inhibitions: if the will is a faculty, hysteria is an incapacity. Hysteria thus forms part of a wider discourse about will and disability, including the so-called disorders of volition. There is as of yet no work in philosophy of disability or feminist philosophy of disability that takes the hysteria/disability assemblage as its topic, though disability studies, performance studies, and theater studies have made some first stabs. [42]

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[41] I follow Schalk (2018) and Mollow (2015) in using the term non-apparent rather than invisible disability, as it highlights the inadequacy of visual metaphor.

[42] See Mollow (2011, 2014), Diedrich (2015), Kuppers (2005), Dowart (2019), Springer-Sullivan (2005).

To ask about the agentive capacities of the hysteric, and to ask about her relation to psychosomatic illness as a whole, I work closely, generously, and critically with the work of Elizabeth A. Wilson. Wilson is working within the heterogenous field of new materialist feminisms, which has emerged over the past decades as an intervention into feminist theory. While the "new" label remains contentious, the core of this movement is its attention to matter: materialism, rather than a question of labour, is a question of matter. Most new materialists aim to decenter the human (posthumanism), many draw on process philosophy, and they engage regularly with feminist Science & Technology Studies (STS). Several aspects of new materialist feminism resonates with my own theoretical approach:

First, new materialist feminists often center attention on ordinary, everyday micropractices and microprocesses (Coole & Frost 2010, 33). In some sense new materialism is a question of scale, shifting attention from the broader structural effects and causes of an occurrence towards the intensities, flows, and forces within it. New materialist feminism uses such analyses to displace the human subject as a unit of focus. Though social constructionism is often the target of their critique, Coole and Frost note that this attention to the molecular is present in much of Foucault's work:

> Foucault describes the kind of micro practices that are at stake in pacifying and reproducing social resumes in order to demonstrate how thoroughly are ordinary, material existence is affected by, and saturated with, power and how protean yet banal many of its tactics remain . . . The matter whose materialization Foucault describes is malleable, socially produced, and inscribed with its histories; paradoxically, it is obliged to acquire (additional, redirected) agent to capacities as an aspect of its subjection. (32 -33)

Second, I am attracted by new materialist feminism's frequent direct challenges to canonical ideas of agency. Though I have articulated my reasons for being hesitant with the language of agency in Chapter 1, I recognize that "conceiving matter as possessing its own modes of self-transformation, self-organization, and directedness, and thus no longer as simply passive or inert, disturbs the conventional sense that agents are exclusively humans [or a subset of humans]" (Coole & Frost 2010, 10). The situating of human action within other continuous systems of inter- and intra-action dampens the illusion of the sovereign subject being in charge, being the operative cause.[43]

Third, and perhaps most importantly for my work here, I appreciate the new materialist attention to the "role played by the body as a visceral protagonist within political encounters" (Coole & Frost, 19). In fact, this dissertation also turns around such experiences, and the notion of viscerality runs through each chapter (See Khanna 2020). There is great explanatory and strategic gain possible for feminist theorizations that delve into the involuntary, reflexive, and abject parts of our bodily experience. A part of my work here is broadening the notion of political encounters and considering viscerality, not as an interruption to "normal" experience but as an integral and affective part of the lived experience of illness.

Simultaneously, some of the arguments and habits of new materialist feminism are untenable to me. I take issue with the common charge that social constructionism, widely, is biophobic, as well as the charge that feminist theory has ignored the body.[44] This is a charge made under the moniker of the return to matter, which often reductively glosses much of social constructionism as a foil (for example, insisting Foucault is only part of the discursive-linguistic turn and does not pay attention to the physical body). Sara Ahmed (2008) points out how it has become "routine to point to feminism as being routinely anti-biological, or habitually 'social constructionist'. . . this gesture has itself been taken for granted, and . . . offers a false and

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[43] 43. See for example the accounts given by Jane Bennett (2010) and Karen Barad (2007).

[44] 44. I deal with these arguments lower down in this chapter.

reductive history of feminist engagement with biology, science and materialism" (24). More recently, Angela Willey (2016) argues that new materialism's claims of feminist theory being anti-material or anti-scientific ignores the long history of Postcolonial Feminist Science Studies. The question of the field's newness is caught up with the question of its founding charge (gesture, in Ahmed's words). These debates, over what is new in new materialism, and whether the charge of anti-materialism in feminist theory is correct, are still being held (Tompkins 2016).

I ask, then, how does Wilson's new materialist, psychoanalytic reading frame psychosomatic symptoms and organic action, and what does it leave out? I engage with and challenge Wilson's appeals to somatic compliance and the biological unconscious in her work on biology and embodiment. I suggest the two concepts are intertwined: in order for the biological unconscious to "make sense," we must already see the soma and bodily temporality as compliant with the psyche. And this requires that matter is suffused with will or intention. I argue that such revaluation of biology need not and *ought not* depend upon a notion of will or volition, whether conscious or unconscious.

In the first section of this chapter, I explain why Wilson's project is a good site of exploration for the psychosomatic and the materialization of symptoms. I reconstruct her argument about the biological unconscious in *Gut Feminism* (2015) through its predecessors in both her own work and those of Freud and Ferenczi. I argue that Wilson's attempt to distance the biological unconscious from the psyche is not successful and reinstalls another volitional structure into hysterical symptoms. I show that somatic compliance is entangled with the idea of the biological unconscious; Ferenczi's Freudian inheritance indeed removes the gap between mind and body, but only by making the body always-already subject to the psyche. I highlight the understanding of time present in Ferenczi’s latent evolutionary possibilities and in the metaphor of a clock gone awry.

In the second section, taking up crip theorist Anna Mollow’s analysis of Dora and somatic compliance in “Criphystemologies: What Disability Theory Needs to Know about Hysteria” (2014), I argue that assumptions of both volition (will) and control through malleability are present in Wilson’s vision of the biological unconscious. Mollow shows that the possibility of a body being noncompliant is foreclosed in Freud’s reading (and subsequent readings) of Dora, since the body itself is triggered by a wish or a will. I perform a brief explanation of some of the relationships between the will, willfulness, and hysteria. In particular, I highlight how hysteria has been alternatively understood as either a weakness of will or as too much willfulness, and itself subject to modes of “will training.”

In the third section, I argue that making hysterical bodies plastic and subject to our wills does not afford the kind of dynamic potential that new materialist feminists want to invoke. In particular, it makes symptoms and experiences subject to a fantasy of agentive control. Using the throat as a case study, I argue that the transformational plasticity new materialists attribute to anatomy is only possible because of (i) the elision of whiteness in the case studies and (ii) the assumption that our bodies operate with universal capacities. By contrasting differently racialized throats, we can see that an organ or part of anatomy often stands in as a phantom agent, willing or animating the subject.

Somatic Compliance

I am drawn to Wilson in particular because within new materialist feminisms, her work stands out as one that decenters the human while attending to the human organic body.[45] This is important for me *not* because I laud the human, but because my project's scope focuses on the psychosomatic among humans. Wilson's work also stands out in that she encourages her readers not to naively accept biological data, as do the "neuro-enthusiasts" (2015, 171), but to think with her in uncomfortable modes that use biomedical data "seriously but not literally" (13). *Gut Feminism* fits into her wider project of bringing scientific data to feminist theorizing. She frames the book with two goals: (i) "feminist theoretical gain" in using biological data in relation to "minded and bodily states" and (ii) feminist theoretical gain in relation to hostility, conflict, and destruction (1). It continues her project from *Psychosomatic*, in which she probes the nervous system in Freud and Darwin, to "slow down the speed with which renunciations of the biological can happen in feminist writing on the body" (8). Her own particular explanation of the anti-materialism in social constructionism centers on this occlusion of the actual body, which she also glosses as "antibiologism" or "biophobia."[46] Wilson often oscillates between biology itself and biological data, or the body and biology.[47] Out of her project, this chapter focuses on Wilson's concepts of somatic compliance (modified from Freud) and the biological unconscious (modified from Ferenczi), both of which Wilson uses to explain the materialization of hysterical symptoms.

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[45] Many other new materialist analyses remain in the realms of physics, nonhuman bodies, or weather patterns.

[46] See Chapter 2 of *Gut Feminism* (2015), "Underbelly," especially p. 23-36, where Wilson articulates her view of feminist theory's biophobia through Rubin.

[47] The introduction of *Gut Feminism* has many examples of this. Take the statement on p. 2-3: "This book is less interested in what feminist theory might be able to say about biology than in what biology might be able to do for – do to – feminist theory. How do biological data arrest, transform, or tax the theoretical foundations of feminist theory?" Here, Wilson slides from biology broadly to biological data.

I want to be clear that I take on this project with significant sympathies and resonances for Wilson's work. I place myself among those who work closely *with* new materialist feminism, but not *through* it. This chapter will show that her articulation of the biological unconscious has significant disadvantages when viewed in concert with insights from feminist philosophy of disability and crip theory. It is interesting and startling that Wilson does not engage disability or disability studies directly in her work; though she commonly works with examples of mood disorders or eating disorders, she does not consider these in their relationship to capacity. Though some scholars who take up other parts of *Gut Feminism* have shown the book's usefulness for thinking through nocebo, placebo, and gut-bacterial-relationships in relation to disability, there have been no engagements that probe the biological unconscious' implications (Berkhout & Jaarsma 2018, Dryden 2016). Further, Wilson can be held among those new materialist feminists who ignore, displace, or minimize race in the attempt to reach the material body.[48] Generally, I hold that new materialist feminist will need to not only center biological data, but to question its assumptions of universal and generalizable biological *functions* in order to engage with disability.

In this section, I begin with a problematization of the notion of somatic compliance, bringing the lens of will and willfulness to bear on somatic compliance's utility in "re-valuing biology." I question whether Wilson's usage truly provides feminist theory with a desirable account of matter: do we attain "more vibrant, biologically attuned accounts of the body" through somatic compliance or its descendant, the biological unconscious? (14). I argue that the two concepts are complementary, and work within a similar logic and temporality, a frame that

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[48] The word "race" only appears once in *Gut Feminism,* when Wilson is describing social constructionism (3). See Tompkins (2016), López (2018), and Karera (2019) for some articulations of the worries around new materialism adequately approaching race and racialization.

makes will co-extensive with the body and effaces or elides the possibility of stubborn, inflexible, or indifferent matter.

In *Psychosomatic: Feminism and the Neurological Body* (2004), Wilson questions dominant interpretations of conversion hysteria: mainstream feminist philosophy has either taken the hysterics up as romantic rebels or cast them as overdetermined and mere vehicles of oppression. She notes that both of these readings share a common exclusion: the "foreclosure on the biology of conversion hysteria in most feminist expositions; the particularities of the muscles, nerves and organs in their hysterical state have remained underexamined" (4). The question of *materialization* — the transference of psychic forces into material symptoms — is characterized by a missing link or gap space in Freud, a "leap" that Wilson sees as "unfilled" through currently existing accounts. Wilson maintains that Freud's oeuvre provides an answer through somatic compliance: "in cases of conversion hysteria, a pre-existing organic condition facilitates the production of symptoms (that is, hysterical symptoms are not biologically arbitrary)" (11). To understand his formulation, I take up here two case studies that Wilson highlights — Dora and Elisabeth von R, both of whom came to Freud and were diagnosed as conversion hysterics.

As noted in the introduction, Dora has come to act as a foil and source for many clinical discussions of hysteria. Freud coins the phrase somatic compliance, while treating Dora, as a way to explain why hysterics convert distress into physical symptoms, while non-hysterics convert it into neuroses.[49] Freud argues that "every hysterical symptom involves the participation of *both* sides. It cannot occur without the presence of a certain degree of *somatic compliance* offered by some normal or pathological process in or connected with one of the bodily organs.

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[49] Freud notes that non-hysterics will develop purely psychological neuroses, rather than have physical conversion symptoms.

And it cannot occur more than once . . . unless it has a psychical significance, a *meaning"* (40). Usually, a pre-existing condition or prior physiological injury is made use of, or repeated; and in fact, "an impulsion towards the discharge of an unconscious excitation will so far as possible make use of any channel for discharge which may already be in existence" (53). Someone who has previously had gastrointestinal issues, for example, is likely to have hysteria seize upon their stomach or intestines. In Dora's case, her symptoms of coughing and fever recalled former illnesses; which can be understood as having been primed to hold the neuroses.

First, Freud argues that the coughing and throat irritation were not accidental: "a real and organically determined irritation of the throat—which . . . was susceptible to fixation, because it concerned a part of the body which in Dora had to a high degree retained its significance as an erotogenic zone" (83). If the throat were not so eroticized, Freud suggests that the psyche would have found another way, another place to hystericize which was a place of strong emotion and pain in the past. So, too, with a fever she developed later in treatment: "the fever may have been organically determined—perhaps by one of those very frequent attacks of influenza . . . the neurosis had *seized upon this chance event* and made use of it for an utterance of its own" (102, emphasis added). Jacqueline Dalziell (2021) observes keenly that the symptom itself is presumed to be empty of meaning at first, and simply *chosen* (seized) by the "psychical message" in order to send the tension into physical expression (5). Bodies become passive containers. Wilson suggests that we rehabilitate the notion of somatic compliance, focusing on compliance as a relationship and the importance of biological anatomy in hysterical states (2004, 11-12).

Wilson is attracted to somatic compliance in part because it makes the literal matter of the body crucial to the possibility of hysterical conversion. However, Wilson spends too brief a time with the text, and to my mind does not tread carefully enough. As Dalziell notes, both Freud and his commentators (even feminists) have "struggled to understand and theorize the agency of the body" (5). In "Between the Psychical and the Material: Body Language in Freud's *Dora,*" she asserts that most often feminist theory takes up or mentions somatic compliance in psychoanalysis without evacuating its implications.[50] Instead, scholars tend to accept Freud's emphasis on intentions. On most feminist accounts, then, "the physiological locations, movements, and characteristics of hysterical symptoms are reasoned and intentional rather than simply driven by chance or psychical caprice" (3). Dalziell and Wilson both attempt to escape this pattern.

Wilson also highlights somatic compliance in analysis of Elisabeth von R., treated by Freud in 1892, who arrived to him complaining of mysterious pains in any position of moving or stillness. Whereas Freud spends abundant time analysing the psychological causes of Elisabeth von R's pain, Wilson asks about "the physiological mechanisms that allow the thigh muscles to function differently" in different instances (9). Freud himself notes that Elizabeth's leg starts to become a participant in the conversations, with pains becoming more present or less present in dialogue with both analyst and analysand. (Freud & Breuer 1895, 217). Wilson links this to Freud's brief invocation of "organ speech," noting that, "If the pains are indeed all in her head, this entails a number of reciprocal ontological contortions: that her thigh is her head, that her mind is muscular, and that Freud's words are in the nature of her nervous system" (Wilson 2004, 11).[51] On Wilson's reading, Elisabeth von R's leg pain comes to be an intersubjective interlocuter of its own, speaking with and back to social relationships. It is "just one particular configuration of complicity (muscles-memories) in a field that is nothing but such

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[50] When I first drafted this chapter, Dalziell's analysis was not available.

[51] For Freud's description of organ speech, see Freud (1915).

intersubjective, biologically attuned complicities (… muscles-skin-legs-father-sister-hands-words-pain-analyst)" (10).[52] She takes this as a demonstration of somatic compliance because of this exchange of functions between the different body parts, despite Freud abandoning this concept for ever-more-psychological explanations in his life.

Wilson is unsatisfied with somatic compliance, however: she notes that it leaves a "leap" or a "gap" between the wish and the symptom (2015, 47). She draws this from both Freud and Ferenczi, noticing that in the "Rat Man" case, Freud points to somatic compliance and hysteria as involving a "leap from a mental process to a somatic innervation," a leap that "can never be fully comprehensible to us" (Freud 1909, 157). Freud says little about the leap, since he is using it to contrast with the case of Rat Man, who is not a hysteric. However, Wilson notes it as both marking a problem for Freud's understanding of somatic compliance and exposing how far apart mind and body are in his thinking. Wilson parses this leap as also a gap: a movement forward but also a spatial openness. For Wilson, "the notion of a leap invokes a gap of some sort between the mental and the somatic (a spatial divide between a psychic event and a bodily one that a conversion hysteria somehow, enigmatically, bridges) and, contrariwise, how Ferenczi's use of regression folds psychic events (from the present, the individual's past, and prehistory) into the heart of organic substrate" (2015, 56). In "The Phenomenon of Hysterical Materialization" (1919)*,* Sándor Ferenczi reaffirms the importance of this problem. In the next section, I will explain how Wilson thinks that Ferenczi's regressive explanation avoids this gap, though still retaining some of the inscriptions that differentiate body and mind.

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[52] The ellipses here is Wilson's original.

In brief, somatic compliance brings the body back into focus in hysterical conversion by insisting that there are some latent possibilities in past injuries, which are triggered by distressing psychological events. However, these capacities are not present in *all* individuals for Freud. In *Gut Feminism,* Wilson instead pursues a notion without a gap between mind and body, and one that applies to all subjects. Wilson uses the concept of the biological unconscious, among others, to "show how some biological and pharmacological data about depression help us think about minded states as enacted not just by the brain but also by the distributed network of nerves that innervates the periphery (especially the gut)" (2015, 5).

The Biological Unconscious

The biological unconscious is a notion from Hungarian psychoanalyst Sándor Ferenczi, Freud's student and friend. He suggests that we each have a biological unconscious, distinct from the psychological unconscious, which manages and motivates all our activity between organs, nerves, muscles, connective tissues, cells, etc. In normal functioning, this biological unconscious recedes from experience, but "in certain (usually pathological) circumstances the phylogenetic and ontogenetic capacities that compose the biological unconscious come to 'dominate the vital activities with their archaic impulses' " (Wilson 2015, 58). This, like somatic compliance, is a concept that Wilson means to use to restore dynamicity to the body. The biological unconscious, however, names a psychic ability that permeates *all* tissues, making them "substrate[s] that are able to act organically and psychologically at the same moment" rather than the selection of one or multiple sites by the psyche (40). It is thus wider both in its organ selection and wider in applying to non-hysterics.

Ferenczi explains the biological unconscious' existence through human evolutionary history. His regressive explanation considers cases of hysterical materialization to be calling back pre-psychical organic states, a phylogenetic memory of previous evolutionary states (Wilson 2015, 56). Instead of a gap between a psychic state and a physiological reaction, Ferenczi "folds psychic events (from the present, the individual's past, and prehistory) into the heart of organic substrate" (56). It provides an explanation for the mysterious communication of somatic compliance, by embedding psychic powers in general human evolution and tissue. This is true in pathological cases as in non-pathological.

For Ferenczi, the biological matter of the body is differently disposed in hysterics than in "healthy persons," which enables real material to change because it has a kind of flexibility:

> we know of hysterical symptoms the production of which demands a decided increase of innervation, *which the normal neuropsychic apparatus is incapable of manifesting*. The unconscious will of the hysteric brings about motor manifestations, changes in the circulation of the blood, in glandular function and in the nourishment of the tissues, such as the conscious will of the non-hysteric cannot achieve. The smooth musculature of the alimentary canal, of the bronchi, the tear and sweat glands, the nasal erectile tissue, etc., are at the disposition of the hysteric. (Ferenczi 1919, 91, emphasis added)

Ferenczi also mentions cases of materialization outside of hysteria that can be evoked by hypnotism, suggestion, or even some bodily states (92).[4] The hysteric has not developed a new ability to materialize symptoms but awakened an old, shared ability from times past. In certain cases, the body and subject come into the conditions that facilitate a return to the protopsychic function of the body. These capacities are latent but unused until a triggering event: "primordial psychic powers emerge after normal psychic structures have been violently destroyed by trauma ('the organism begins to think')" (Wilson 2015, 55). In regressing to a proto-psychic state, Ferenczi holds that a subject relives the evolutionary moment when organ functions were not as separate and delineated as now, when motor discharge had a kind of randomness rather than a systematic processing of distress (1938, 99). Hysteria is phylogenetic regression.

We can understand the emergence of the materialization symptoms through one of Ferenczi's analogies, where he compares the body and mind of a hysteric to a modified clock:

> Looking at it as a whole we can conceive the psychic apparatus of the hysteric as a clockwork with its mechanism reversed. Normally, the function of the clock-hands that conscientiously register the processes going on in the inner wheel-work is performed by thought. In hysteria the clock-hands are taken possession of by a masterful apprentice and compelled to forcible movements otherwise foreign to them; the movements of the hands then set the inner mechanism going.
> (1919, 100)

No scholarship on Ferenczi takes up this particular explanation of hysteria. Given that for Ferenczi a part of hysteria is the regression to *protoplastic* forces, this regression in time by eras can be connected to clockwork. If the clockwork directed by thought results in normal functioning and "normal" evolutionary time, the clockwork that is not directed by thought but by the apprentice results in a time-keeping that is out of sync, Ferenczi might say, with our psyche. Recall from Chapter 1 that many conceptions of pathological temporality conceive of the problem as a misalignment between subjective time and world/clock time. The hysteric is compelled, regardless of her will, towards a modified temporality. Notice further that this reversal of clockwork does not come from the hands themselves but from a "masterful apprentice": something external to thought, other than thought. This lends itself toward the idea that the biological unconscious, while working on our anatomies, is nevertheless propelled by a separate, external force: a will that compels a body that complies. Wilson, however, elides the difference between the body itself performing psychic action, and "the capacity to be impelled" that Ferenczi observes (1988, 5).

Wilson's own articulation of the biological unconscious is entangled with her discussion of Ferenczi. I reproduce here her full description of Ferenczi's biological unconscious:

> behind what he calls the facade of conventional biological description there is a biological unconscious. This biological unconscious motivates all organic activity; in certain (usually pathological) circumstances the phylogenetic and ontogenetic capacities that compose the biological unconscious come to "dominate the vital activities with their archaic impulses in the same way as the normal consciousness is inundated by psychological archaisms in the neuroses and psychoses." (Wilson 2015, 58, citing Ferenczi 1924, 83)[53]

Wilson unpacks this in her own definition, which attributes "a nascent kind of psychic action (motivation, deliberation) [as] nonetheless native to biological substance" (58). She unpacks this psychic action as both thinking and writing, and generally as *expression.* With the biological unconscious, she attempts to formulate the psychic action of the body as *simultaneous* with physiological action. Wilson insists "conversion is an immediate and intimate psychosomatic event. It is not an ideational conflict transported into the bodily realm; it is not the body expressing, representing, or symbolizing a psychic conflict that originates elsewhere" (59). She does hold that the body expresses, represents, and symbolizes, but places this origin in matter itself. Biology thinks.

To explain this Wilson gestures to Vicky Kirby's (1997) notion of body writing, noting that psychosomatic action happens all at once, not from outside. Kirby reads the body as a site of writing and potentially as writing-itself: matter as writing, materiality as writing. She writes "if materiality is a type of 'writing' wherein difference is this defining force, then we would have to concede that objects are highly permeable to what we describe as culture, and that the trans-

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[53] I provided fragments of this quote in the introduction to the chapter, but it is important to attend to it in full.

formational plasticity that identifies the latter must also inhabit the former" (2015, 56). The first part of Kirby's conjunction (that objects are permeable to culture) is one easily accepted by many, including canonical Freudians. But Wilson presses on the second, on the point of "transformational plasticity." Her own articulation of the biological unconscious suffuses the body, meaning that both symptoms (like those of the hysteric) and willful choices (like the bulimic) are both thinking states and un-think-able.

I argue that the biological unconscious is in an entangled relationship with somatic compliance. Appeals to a biological unconscious end up meeting the same pitfalls as somatic compliance; namely, the underlying assumption of will or volition as the driving force of materialization means that Wilson's articulation of the biological unconscious takes on a certain relationship to disability and responsibility. Why do I argue this, despite Wilson's optimism about refashioning the biological unconscious, and her assertion that it provides a more matter-oriented account than somatic compliance? First, Ferenczi's formulation of the biological unconscious rests upon wish or will just as somatic compliance does for Freud. Ferenczi states that the essence of a materialization phenomenon "consists in the realization of a wish, as though by magic, out of the material in the body at its disposal and—even if in primitive fashion —by a plastic representation, just as an artist moulds the material of his conception or as the occultists imagine the 'apport' or the 'materialization' of objects at the mere wish of a medium" (1919, 96). A magic wish takes no time or labour on this account, happening instantaneously. The body's fluidity and plasticity make a symptom possible, but materialization is still driven by "a wish" which emerges from the psyche, and somehow awakens amphimixic potentials in the flesh, nerves, and organs. The metaphor itself suggests the artist is separate from the material; the two do not have an intimate relationship but rather one of *conjuring*. In combination with the clockwork metaphor cited above, which referenced an externalized apprentice, we also get the sense of possession by alien forces.

These metaphorical descriptions figure organs in a way Wilson does *not* desire, making matter a “passive substrate awaiting the animating influence of the unconscious” (2015, 53). Recall that Freud describes somatic compliance as the psyche seizing upon whatsoever medium is available; Ferenczi speaks of magic and molding, or a “masterful apprentice” taking over the body’s cells and flesh. These two accounts are similar in their causal and temporal structure: in response, I say, even magic takes time. Both exclude the possibility that hysterical materialization may proceed more as labour and modulation than as an immediate and alien conjuring, activating clock-hands and moulding materials at their will.

Second, Wilson’s articulation of the biological unconscious revolves around thinking, deliberation, consideration, and choosing: the psychic action she attributes to matter has the same structure and capacities as the psychic actions we ordinarily attribute to the mind. Wilson’s insistence upon the organs thinking — specifically the gut — comes at least in part from Ferenczi’s influence. In his diaries, he wrote that in the process of regression, “the organism begins to think” (1988, 6). Multiple times Wilson states that in illness and physiological change, anatomy “can know,” “knows,” or enacts “organic thought.” Indeed, she frames the monograph with such concerns: “My argument is not that the gut *contributes* to minded states, but that the gut *is* an organ of mind: it ruminates, deliberates, comprehends” (5). We see here how broadly Wilson characterizes thinking: it consists in many functions. Some of this thinking might be called affective by others, but some of it is resoundingly physiological. She argues then, that:

> the bulimic capacities of the throat should draw our attention not just to behavioral intent (will) or cultural transformation or disorder in higher cortical centers or mechanisms of unconscious representation but also to the Ferenczian action of the digestive organs. The vicissitudes of ingestion and vomiting are *complex thinking* enacted organically: binging and purging are the substrata themselves attempting to question, solve, control, calculate, protect, and destroy. (63)

Likewise, she says that problems with eating during depression *are* themselves struggles to manage interpersonal relationships and one's relations to the world (2004*,* 45-6). Enterological or gastric distress is itself a working-through of the psyche, rather than a representation (2015, 46). This is to say that Wilson takes this thinking as different "in kind" from traditional notions of thought, though she does not clearly elaborate why and how. She insists:

> My ambition is not to take notions of "thought" and "motive" as we commonly understand them (narrowly cognitive) and simply apply them to the biological domain. Rather . . . the thinking that an organism enacts when its cognitive, rational, symbolizing structures have been destroyed should provide an opportunity to reconsider the nature of thinking in the usual sense. (56)

With this negative picture of what she does *not* want to say with thinking, we do not get a full understanding of what she does mean. Even the use of these verbs and terminology undermines her point as she makes it. Furthermore, the actions of the biological unconscious are *taken to align* with the subject's will or desires, taken to reflect an unconscious rather than provide resistance to it. The body's plasticity and compliance are cast as usually working in concert with a subject's non-physiological will, in Wilson's examples and case studies.

Although the biological unconscious solves the problem of the "gap" between mind and body and extends the possibility of materialization to all subjects (i.e. not only hysterics have this capacity) it does not differentiate itself from the paradigm of somatic compliance in terms of the subject's presumed wills and desires. The biological unconscious installs a very distinct will *in* the organic matter (rather than beyond it), but it is will nonetheless. Somatic compliance and the biological unconscious share this appeal to the psyche or to broadly thinking activity. Wilson's characterization of the will and of thinking does not adequately distinguish her proposal from Freud and Ferenczi's psyche-heavy cartography. This is significant both to her own proclaimed goal of finding dynamic, lively ways to engage with matter, and to my overall project of analysing the ascriptions of agency to the ill and sick.

In the next section, I explain why the biological unconscious *has critical ramifications.* I will show that although Wilson does conceive of the body's matter as plastic and transformable, her account is less dynamic in that it does not leave space nor time for the body to have actions and reactions that depart from the will. Assumptions about time and timing play into how the psychosomatic symptom is seen, and also into the purported treatments and solutions. I question the usefulness of such an account of symptom materialization for individuals who themselves are sick, ill, or disabled. I argue that the biological unconscious may reinstall the demands for the undiagnosed and non-apparently disabled to control their wills: no longer through mind, but through body.

Against Compliance

Although I agree with the impulse to bring closer attention to biology and physiology, I argue that the turns to somatic compliance or the biological unconscious cannot fulfill the goal of enlivening matter. This is in part because of Wilson's extension of volition to body. In this section, I utilize crip theorist Anna Mollow's proposal of somatic non-compliance to provide an alternate reading of Dora's throat symptoms. Within disability studies, Mollow aligns herself with crip theory, which was inaugurated by Robert McRuer and Carrie Sandahl as a field that has "a similar contestatory relationship to disability studies and identity that queer theory has to

LGBT studies and identity" (McRuer 2006, 35, Sandahl 2003). Whereas mainstream disability studies reifies one image of (white) disability, crip theory works at the intersections of disability and other forms of oppression. Further, crip theory may afford more investigations of undiagnosed or unexplained disabilities and illnesses, such as hysteria, since it departs more significantly from the impairment/disability model (Kafer 2013, 12-13).

Mollow (2015) provides a close reading of Freud's Dora case, to establish that what Freud calls the "death drive" is also a "disability drive": "The diagnostic category of hysteria, I contend, constitutes a projection of the disability drive onto people with what I call 'undocumented disabilities,' that is, nonapparent impairments for which mainstream western medicine cannot identify biological causes" (2). Although there are many fruitful parts of Mollow's explanation of the drive, here I will focus on her analysis of somatic compliance in the Dora case. Taking up Dora in light of the fact that "people with undocumented disabilities continue to be hystericized; that is, we are treated as if our impairments were 'hysterical' symptoms rather than legitimate diseases," Mollow's work makes connections not-yet-covered in the massive amounts of hysteria scholarship (2014, 186).

Mollow challenges straightforward interpretations both by Freud and *of Freud* that takes the hysteric's body to be somatically compliant with an inner desire or wish. As Mollow notes, both in the case of Dora and in the case of contemporary undocumented disabilities, an unconscious drive to remain or become ill is posited as the cause (2015, 39 - 40). Medical professionals and systems, as well as laypeople, "assume . . . that when no proof of physiological etiology can be proferred, our corporeal symptoms must have psychological meanings" (42). This results in regular disbelief from medical professionals and laypeople alike, stigmatizing and delaying medical care.

Mollow re-reads the Dora case as “involved in constructing an elaborate theory of disability, whose paradigmatic representative is not a physically disabled man or boy but is sexually aberrant ‘hysterical girl’ ” (2014, 193). As a way of understanding history’s relationship to disability, Mollow takes up somatic compliance, which we ought to remember is a capacity that Freud says hysterics have while non-hysterics do not. As noted earlier in this chapter, Freud does not dwell on the organic or somatic but spends most of his time discussing the mental causes of Dora’s distress, moving quickly to an analysis of her unconscious. Mollow highlights that the very interpretation of the body’s symptoms as somatic compliance depends upon prior assumptions: that no body could “successfully resist” psychic forces, and that the body works as volitionally as the mind. If “somatic compliance [connotes] a soma willing to sicken,” the possibility of an unwilling body is excluded (197). In contrast, then, she explores the proposal of somatic noncompliance:

> A reader who did not subscribe to Freud’s theory of hysteria might imagine that Dora would like to be able to speak but cannot do so because her larynx is inflamed; in this interpretation, the material condition of Dora’s body is seen as overriding her psychic desires. Freud’s theory of hysteria, however, denies this possible scenario; Dora’s vocal impairment, Freud assumes in advance, must be in accord with her unconscious psychological wishes. Thus, Freud’s theory annuls the possibility that a *non*compliant *soma* could be the source of so-called hysterical symptoms. (197)

On Mollow’s reading, Dora’s aphonia is not an expression of her desires, but the stubbornness of matter that does not yield to psychic forces. This stubbornness, however, cannot be conceived of as willed or oppositional: that would place symptoms once again in relation to volition. Rather, Mollow suggests the reader view somatic non-compliance more as a mode of indifference:

> willful corporeal disobedience cannot be the way that we envisage an antithesis to Freud's construction of somatic compliance because a metaphor of a sassy, back-talking body *would reinstall exactly those assumptions that underpin the idea of somatic compliance*. The trope would fail, that is, to account for the body as an entity that operates without reference to notions of language, motivation, and telos. Perhaps we should therefore conceive of somatic noncompliance not as the "opposite" of corporeal compliance but instead as its "beyond."
> (emphasis added, 2015, 50)

In other words, if we automatically read illness' symptoms as signs of protest, we may merely extend the volitional model on which we think of the mind to the unconscious that may lie within our tissues. Both ways of seeing the body — as subordinated to our inner wishes, or as stubbornly refusing to endorse them — install a volitional and cognitive logic within organic matter. Instead, Mollow encourages us to think of the noncompliant body as one which neither follows willingly nor rebels willingly against the psyche. Her idea *of somatic non-compliance* "images not a body that rebelliously *won't*, but instead a physical entity that inscrutably *doesn't*, do as it is told" (50). Instead of reinscribing sovereign agency of the same willing structure in the body, she considers that illness and disability are not a battle of wills between matter and psyche, but an encounter of different *kinds*. Mollow's somatic non-compliance seems to afford a volatility and randomness of the kind Wilson wants, as it goes beyond even motivation or goal. The muscles of Dora's throat are resoundedly *uninterested*, rather than "interested brokers" (Wilson 2015, 53). Somatic noncompliance interests me not only as an alternative to somatic compliance, but as an alternative that does not assume the body as a deterministic or mechanical structure or force. That is, *somatic non-compliance* as indifference allows for the idea of dynamic and flexible matter, without subsuming it to issues of volition and the will.

Mollow's analysis of Dora specifically, and of hysterical materialization in general, reveals to us that Wilson's biological unconscious retains the causal story and temporality underlying somatic compliance. Specifically, it helps me pinpoint that Wilson's account of biological plasticity is dependent on it being directed by the will. In the next section, I give a brief overview of theoretical articulations of will and willfulness as well as an engagement with the idea of plasticity. Notably, although Wilson does not use the word plastic, she nevertheless invokes it with her language of "malleable," "flexible," and "dynamic." I suggest that appeals to the plasticity of the hysterical throat reinforce the common-held assumption and belief that the undiagnosed and invisibly disabled have some control over our illnesses.

When referring to the will of the biological unconscious, Wilson argues that because it is not a minded will, it does not carry the dangers and pitfalls as we might think. However, will matters not only in its formulation but in its *ascriptions* and in what will *does.* Willing is a specific form of intentionality, a directedness towards something. Will sometimes lines up with voluntary action, yet we can also be surprised by our own wills. We are often conscious of feeling like we will something (say, the drive to finish a dissertation) while we can also be unaware of our wills (say, a will to prestige). Further, a subject is formed through being subjected to their own will and others' wills: the will *does something*. In this short section, I outline some of the theories of the will that have been written, with a particular attention to Michael J. Cowan's history of will training, psychiatrist Leslie Farber's analysis of the hysteric as willful, and Sara Ahmed's analysis of what will and willfulness do. I raise this to demonstrate that will analysis is of limited utility here, and more generally restrains the possible readings of psychosomatic illness. Indeed, interpreting symptoms through volitional lenses exercises a kind of social authoring, which I introduced in Chapter 1. I suggest that the hysteric is not only *represented* as willful or will-less, but authored as such so that volition comes to be part of the meaning of a spasm, aphonia, or a fit.

The correlations of will and health or illness are many, and I cannot capture them all here. Film and media studies scholar Michael J. Cowan (2008) explores the "culture of the will" that arose in both Germany and France around 1900 and the modes of "will training" that emerged. Cowan notes that controlling oneself by will departed from old models of using reason to rein in emotion:

> The turn of the 20th century practices advanced a new "motivational" paradigm a mental training specific to modern life — was designed to help modern people overcome a particularly modern fear and succeeded in an insecure world. The master metaphor employed by the variance of this new paradigm, and the faculty that was supposed to equip the subject for participation in the insecure world of modernity, was the will. (2)

Such a culture arose because of the pressures of the age, and a preoccupation with nervous disorders: notably, hysteria and neurasthenia. Both were seen as signs of being too impressible, of being unable to resist external and internal forces, and as passive and suggestible: in brief, weakness of the will. Cowan notes "it was this identification of nervousness with the pathological passivity that allowed for the characterization of nervous illness as so many 'diseases of the will' " (8). Théodule Ribot's *Les maladies de la volonte* (1884), for example, identifies hysterics as having a "malfunctioning of psychic inhibition" and therefore as unable to "impose order over the body's impulses": hysterics have only "inferior stages of action" (Cowan, 9; Ribot 121). A hysteric's fits, spasms, and other symptoms could thus be accorded to her lack of will as a lack of the ability to refuse influence from either her own mind or from external forces.

Although I do not have space to discuss it in-depth here, Cowan shows how a whole industry of the both mind-based and body-based will therapies grew in France and Germany. The idea was that certain kinds of training could strengthen the will — or, if it were too strong, that the will could be *aligned* with one's desires. The genres of will training varied, from focusing one's attentive perception to literally taking on gymnastics and new physical training: "All that was needed to in order to regain control, these theorists argued, was to transform hetero suggestion into autosuggestion, that is, learn to direct one's own bodily suggestions through the disciplining of attention" (15). Ribot, for example, conceded that will and agency were not always conscious, nor was our self-feeling of will consistent. Nevertheless, agency "could still be located within the complex psychophysiological mechanism itself" (Cowan 2008, 90). In an articulation startlingly close to Freud's description of somatic compliance, Ribot states: "The fundamental principle underlying psychology of the will as a driving force — the healthy or morbid — is that every state of consciousness has a tendency to express itself, to transform itself into a movement or an act" (Ribot 4, quoted in Cowan 90).

This conception of will training depends on the importance of, and the openness of habit. That is, it suggests both that the will has its own "bad habits"(ruts that it gets stuck in) and that reshaping and training the will requires the inculcation of new habits. However, the building of habits may itself be seen as dependent on the will, where new habit failure becomes weakness of the will. As Bennett et al (2013) note, in theory and philosophy habit is not mere repetition, but "has more typically constituted a point of leverage for regulatory practices that seek to effect some realignment of the relations between different components of personhood —will, character, memory and instinct, for example—in order to bring about a specific end" (5). This recognition of habit's intimacy with control and discipline often pairs with its possibility to "extend the body's potential for engaging the new, change and creativity" (Blackman 2013, 186).[54] Indeed,

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[54] There is much more to be said about habit than I have space for here. See also Weiss (2008), Ngo (2012), Sullivan (2006), Grosz (2013).

this is not a paradox insofar as it is a harnessing of bodily productivity towards given ends. Will training, a project with contemporary descendants, operates primarily through the inculcation of new habits in a gesture that binds the subject in affording new capacities.[55] On this view self-control requires a harnessing and taming of the time-forms we live, strengthening will through the inculcation of both "physical" and "psychological" habits.

Cowan details the differences between psychoanalysis and the culture of will training, noting that "will therapy is not so much the precursor to psychoanalysis as its ongoing *double,* born from the same experience of nervousness and modern insecurity" (264). Nevertheless the will itself is rarely discussed by analysts. One particularly interesting and enduring example of the association of hysteria and willfulness comes out of psychiatrist Leslie Farber's 1960s scholarship and analytic experience. Farber draws a framework of the will out of Freud's work in particular, and psychoanalysis in general. His account is important in this context because Farber is one of the few well-known twentieth century psychiatrists who continued to focus on— and pay attention to— will as a concept. Farber's account is built on two "realms" of the will which he defines: "The first realm of will moves in a direction rather than toward a particular object" (77), and is often unconscious. In the second realm, "will moves us toward a particular objective, all such movement being either conscious or potentially conscious" (78). He argues that in this "Age of the Disordered Will," we are increasingly trying to fit parts of life that "will not comply" into the realm of our will (79). Both weakness of will and willfulness are pathological and disabling on Farber's account. He notes how frustrated willing ("willing what cannot be willed") leads to anxiety that, faced with willfulness, begets further frustrated attempts at willing. Stuck in

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[55] See Forstmeier & Ruddel (2007) for example of contemporary usage.

a loop of anxiety, under “these reduced circumstances a man is, in a sense, all will. Or nothing but will. His disability is willfulness” (79).

Farber is one of few psychoanalysts who sees the figure of the hysteric as willful, not subject to a weak will. In *The Ways of the Will*, Farber begins his investigation with a quotation from Freud's writings upon the moment when Dora broke off her treatment. Freud describes her stopping analysis as “an unmistakable act of vengeance on her part,” related to her self injury and concludes at the end of the passage that analysis may be limited by the patient's own “will and understanding” (Freud 1905, 100-101; qtd in Farber, 114). Freud is only able to resolve this by turning to a subset of the will, motivations; but Farber thinks his first strong reaction held a kernel of truth (Farber 1966, 116-117). He argues “that hysteria is a particular disorder of will whose principal expression is willfulness” (117). Hysteria takes a place amongst other will disorders, as the demonstration of willfulness. The meaning embedded in hysterical symptoms is socially authored to reinforce the idea of this “acting out” as choice, even if unconscious. Materialization is willfulness.

Willfulness, for Farber, takes over other faculties of mind: “the life of the will becomes distended, overweening, and obtrusive at the same time that its movements become increasingly separate, sovereign, and distinct from other aspects of spirit” (117). For Farber, hysteria is indeed a matter of too much will, a will that runs errant and in many directions, separating a subject from her other capacities, recklessly trampling on imagination, humor, and judgement — capacities that cannot function properly in this way (119). Farber does not use the word disability explicitly regarding the hysteric- though he uses it earlier for the neurotic (79). However, the idea of disabling is present throughout the chapter. He mentions that wilfulness engenders “a diminution of ordinary capacities” (125), that it is a mode of addiction to one’s will; and that it "opposes acquisition of moral capacities and faculties" (126). Put in concert with his final paragraph, which claims that hysteria is "the sworn enemy of our capacity to be fully human" (132), this approach casts hysteria as a chosen disability, a malingering or fabrication, that can be willed out of with proper training of the will. Farber's work shows how will is used, what it *does in the analytic space,* and most of all how the hysteric is seen as having a will disorder that requires a will fix. If the hysteric has been seen as too willful and disabled because of her willfulness, this impacts analyses of agency such as Wilson's.

Indeed, Farber's text is a fruitful site to analyze how willfulness is used against certain subjects. Sara Ahmed's *Willful Subjects* (2014) is one of my guiding texts methodologically, as it focuses explicitly on the ascriptions of will. As Ahmed so often puts it, will(fulness) and willingness become *diagnoses* put upon certain subjects. That will itself is diagno*sable* — as reflected in the above mentions of disorders of the will — provides further reason to consider it in this investigation into the psychosomatic. Ahmed demonstrates that will and willfulness are not used as descriptive monikers but implicitly prescribe proper, normal, and moral action. In brief, the distinction "between will and willfulness [operates] as a grammar, as a way of distributing moral worth" (2). It is a grammar that subtends a diagnosis; being unwilling to follow authority or too willful about one's own desires marks one as disordered. Wilfulness also has links to noncompliance: "willfulness is a diagnosis of the failure to comply with those whose authority is given" (1). Willfulness is seen as unhealthy for the body; willfulness is pathological (81). These ascriptions of will — these diagnoses of will — are social authorings that shape the subject. In some ways, the subject is held hostage by their will once the will is established as the supposed universal faculty. The subject "is held to account by being given a will" (7); the will appears as that hidden power to be appealed to as a force of an individual's own determination. Just use your willpower!

The disabled are included in Ahmed's willful archive through her analysis of George Eliot's *Silas Marner* (1861), whose title character lives with both myopia and catalepsy (Ahmed, 124-6). Marner's catalepsy is framed as a kind of will disorder, where the sudden stiffening of muscles gets in the way of his projects. Catalepsy is an old symptomatic term that refers to the body's sudden rigidity and immobilization.[56] As Ahmed notes, Marner's catalepsy, his "will disorder" is framed as both cutting off present relations and providing openings for new ones. He is exiled from community upon having a cataleptic attack in prayer-meeting, from the social fears of his peers. Later, his arrestation in holding a door open—unwillingly—provides the opening for a new character, a companion, a child. Ahmed's analysis of Marner's pause at the door suggests that the disability of "will disorders" and the attacks of catalepsy are not only foreclosures, but productive moments. Hysterics are also a latent part of the willfulness archive. In fact, many hysterics in Freud's time had catalepsy among their presentations. The hysteric, too, can be seen as a willful figure, one who shifts relationality by making time.

Plasticity, Race, and the Throat

With this cursory exploration of the will at hand, we can now approach explicitly what the will is thought to do in the biological unconscious: awaken the new possibilities and plasticity of the organic body. I proceed in this section with i) a critical analysis of plasticity and the use of anatomy in new materialist projects and ii) a crip theory reading of Dora's case that

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[56] Note that catalepsy differs from cataplexy, which refers to a sudden weakness in muscles, linked to narcolepsy.

demonstrates the harm of somatic compliance and the possibilities found in resisting Freud’s reading at a broader level. I use plasticity as a question and analytic that demonstrates the potential ethical consequences of the inheritance of psychoanalytic and socio-hygienic notions of will outlined previously. I argue for an attention to plasticity and its risks, in accord with a crip understanding of the health imperative, as both are necessary for us to make sense of the contemporary constellation of responsibilization. Reading Wilson's picture of the biological unconscious for the notion of plasticity, I hold, reveals the need for accounts of non-compliance and animation.

A full review on plasticity in philosophy is outside the scope of this project; in this section, I want to show how recent readings of plasticity can show us the dangers of taking up volitional pictures of illness. Primarily, I focus on how plasticity is racialized and on what disability adds to considerations of plasticity. Almost no one has written about plasticity and disability explicitly, though the literature on prostheses, treatments and cures, and rehabilitation all contain echoes of the concept. It is crucial to think plasticity and self-transformation alongside narratives of cure and disability in order to grasp the stakes of the plastic in both animation and control.

Plasticity itself is defined differently across different literatures, but most of its definitions focus on the ability of a plastic body to change of its own accord and to “set” with a certain form.[57] Consider the following statements:

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57. At first hearing, continental philosophers and affect theorists alike might associate plasticity today with the work of French philosopher Catherine Malabou. Much of Malabou’s work focuses on brain plasticity through neuronal changes, and much of her work leans on and expands a Hegelian notion of the plastic. It is beyond my scope or aims to tackle neurons specifically or Hegel.

> In ordinary speech, it designates suppleness, a faculty for adaptation, the ability to evolve. According to its etymology—from the Greek *plassein*, to mold —the word *plasticity* has two basic senses: it means at once the capacity to *receive form* (clay is called "plastic," for example) and the capacity to *give form* (as in the plastic arts or in plastic surgery). (Malabou 2004, 5)
>
> Plasticity refers to the capacity of a given body or system to generate new form, whether internally or through external intervention.
> (Schuller & Gill-Peterson 2020, 1)
>
> A body whose integrity is plastic is definable by its thresholds.
> (Sparrow 2014,181)

Most accounts of plasticity across philosophy, feminist theory, and science and technology studies recognize and agree upon the capacity to receive and give form, the tendency to "set" in a received form, and the possession of a limit or boundary to malleability. We can begin, then, with this fairly intuitive sense of the plastic. Plasticity refers to the ability to be formed or molded, without fragmentation or loss of substance. I want to draw a distinction between two sets of dialogues about plasticity, or two ways of using plasticity to do theoretical work. On the one hand, consider plasticity as a quality that has been erased in matter, which theories argue we ought to revalue and embrace. On the other, consider plasticity as an angle through which to examine theories, arguments, and representations.

The first type of use points out plasticity as an argument against fixity. It is an attribution of both flexibility and form-holding to something otherwise cast as deterministic, inert, or static. This approach tends to cast plasticity as an unqualified good, or at the very least a quality with utopian potential that we ought to cultivate for liberatory purposes. Take for example this fragment from Malabou's *What Should We Do with Our Brains?* (2004): "plasticity designates generally the ability to change one's destiny, to inflect one's trajectory, to navigate differently, to reform one's form and not solely to constitute that form as in the 'closed' meaning" (16-17).

Plasticity is figured as open, whereas all else is closed; it is framed in terms of active verbs and leaving behind old, outdated, limited ideas. This *optimism* about plasticity stands out despite the clarifications Malabou makes about the limits of plasticity: "… the adjective 'plastic', while certainly in opposition to 'rigid', 'fixed' and 'ossified', is not to be confused with 'polymorphous'. Things that are plastic preserve their shape, as does the marble in a statue: once given a configuration, it is unable to recover its initial form" (1996, 8-9).

The images of organic plasticity we get from Wilson's *Gut Feminism*—specifically the references to amphimixis and semi-fluid bodies, and to malleability and generativity— also fall into this first type of invocation. Although she uses the term plastic only a handful of times, its near-synonyms are evoked throughout *Gut Feminism*. It seems that plasticity and malleability are important for Wilson's articulation of the biological unconscious. She argues that "Ferenczi uses an analysis of materialization to reveal the plastic nature of all organic substrate" (58), that Ferenczi shows us the *volatility* of anatomy (45), that Freud shows us how biology is *dynamic* (5, 48), and that depression is *mutable* (7,8). In summing up her goals for the chapter on the biological unconscious, she suggests "that anatomy enacts the kinds of *malleability, heterogeneity, friction, and unpredictability* that feminist theories can relish" (45, emphasis added). As Victoria Pitts-Taylor (2010) points out, Wilson's earlier work—and I would argue her later work too—operates on a model of sensitivity and nervousness that inherits plasticity.

This is in part a consequence of her new materialist attachments, and in part a consequence of her psychoanalytic inheritances. Ferenczi himself refers to plasticity several times in his discussion of hysterical materialization, citing the "plastic material" of the rectum (95) and the "plastic representation" that the hysteric produces by wish ends up in bowel alterations (96). Indeed, he ends "The Phenomenon of Materialization" (1919) by arguing that

"Hysterical *'materializations'*. . . show us the organism in its entire plasticity, indeed in its preparedness for art"(104). Both in that paper and elsewhere, Ferenczi indicates that conversion and regression to the biological unconscious are a kind of plastic molding of the self. Referencing Freud's distinction between autoplastic processes and alloplastic processes, he identifies "auto-plastic adaptation (adaptation by means of alteration in the organism itself), [in contrast to] an alteration in the environment (allo-plastic adaptation)" (1919, 126).[58] Hysterical materialization is autoplastic, making the body changeable when the "external" environment is not able (97). Wilson's malleability is thoroughly *autoplastic* in the biological unconscious: no longer impressible from the outside, the hysteric's body changes itself through will.

In his clinical diary (1988), Ferenczi even refers to the hysteric's body as semifluid: **"**if the psychically dormant substance is rigid, while the nervous and mental systems possess fluid adaptability, then the hysterically reacting body could be described as semifluid, that is to say, as a substance whose previous rigidity and uniformity have been partially redissolved again into a psychic state, capable of adapting" (7). For him, this is a lasting change in plasticity, disposing the hysteric to react autoplastically rather than alloplastically from now on. It is a case of self-preservation that becomes *stuck* in the autoplastic, a semi-fluid body that has already "decided" to undergo the regression.

I suggest that Wilson's appeals to somatic compliance and the biological unconscious enact a discourse of plasticity of the first type, a compliant plasticity. The "unpredictability" she seeks strangely never turns out to be that of a randomness, a block, or a sticking point. Wilson and other new materialist feminists object to the social constructionist viewpoint in part because

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[58] Freud only uses these terms once in a published paper: "The Loss of Reality in Neurosis and Psychosis" (1924).

they think that it makes the body — or biology — into mere matter, *mere putty* to be formed and shaped.[59] One might say that it is too plastic, but like air dry clay it holds a shape. Just a substrate, but also a substrate that has been invested with oppressive constructs and so is inappropriate for feminist theorizing. This is not entirely fair to social constructionism. Wilson thus constructs a binary between feminists who see biology as "stuck and intransigent," rigid, torpid, or mere "raw material" animated by culture versus new materialists who see it as dynamic and adaptable in its own right (31). Indeed, the "nonconsilience" she seeks often arises in the lives of the non-apparently disabled not as a "sovereign," but as a truly unpredictable force (27).

The second kind of use of plasticity, which I take up here, wonders what the first claim is *doing*, asking about the attribution of malleability and flexibility. This is exemplified in the works of Schuller, Jackson, Brown, Gill-Peterson, and Pitts-Taylor.[60] These scholars do not argue we should abandon discourses of plasticity but emphasize their usefulness in projects of eugenics, normalization, racialization, and control. Plasticity becomes not a property to affirm, but a quality to read and decipher *through*. In particular, plasticity is broadly becoming recognizable as both a racialized and racializing concept.

Jayna Brown (2015) demonstrates the importance and stakes of this second questioning. Although Malabou attempts to distance plasticity from mere flexibility (as seen above), Brown argues that her framework leaves too much open. Malabou treats brain plasticity as universal, on a flat field of materiality. She encourages us to form ourselves otherwise, to explode, through the gap between neuronal synapses. In contrast, Brown asks, "What kinds of scientific questions can

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[59] Take for example Karen Barad's response to discourse shaping matter: "Matter is not little bits of nature, or a blank slate, surface, or site passively awaiting signification" (2003, 821) or the ways in which Vicky Kirby (1997) summarizes Judith Butler's project as displaying the body as a surface to be written upon and to receive meanings from discourse (105-6).

[60] Thank you to Corinne Lajoie for pointing me towards Jackson's work in particular.

be asked of the brain when the inequality of healthcare, nutrition, and other factors affecting brain chemistry and function are actually taken into account? What of plasticity?" (327). As many have pointed out, a plastic brain is still situated (Clark 1998). Brown also shows that many of the proponents of plasticity in the early 20th century actually saw this capacity as fully entwined with a eugenic impulse. Plasticity enables us to optimize and "improve" humans.

Indeed, recent interdisciplinary work demonstrates how plasticity is used as a racializing mechanism. Kyla Schuller's *Biopolitics of Feeling Race, Sex, and Science in the Nineteenth Century* (2018) takes up the pre-plastic notion of impressibility. A body's impressibility relates to its plasticity; we cannot make an impression in a surface that has no "give," no capacity to receive, no plasticity. Schuller argues that the binary between plasticity and determinism is itself a product of and useful for biopolitics: "a pervasive animacy hierarchy . . . unevenly apportions the capacities of plasticity and determinism among a population" (11, see also 24). Plasticity has already been in use to govern bodies and affects and is not just a neutral capacity within matter. Specifically, she traces how the intersections of race and gender were reinforced and constructed in the nineteenth century through a distinction of white, sensitive womanhood from Black, unimpressible, womanhood. This point, in combination with the consideration of hysteria in this chapter, recalls Laura Briggs' "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology" (2000), which delineates the portioning out of nervousness along racial lines: weak nerves, infertility, and uselessness given to the white female hysteric, and strong nerves, hardiness, reproductive health and virility, authored to enslaved and free Black women. Assumptions about sensitivity and impressibility have lingering effects, such as the continued denial of Black women's pain in medical contexts (262).

Jules Gill-Peterson's work also demonstrates the centrality of plasticity to governing bodies; in *Histories of the Transgender Child* (2018), she illustrates how the child was used as a metaphor in understandings of endocrinological plasticity in nineteenth and early-twentieth century procedures and practices that sought to modify sexual development. Gill-Peterson traces how early intersex surgeries and treatments — although focused on gonads, emerging understandings of hormones, and natural bisexuality— functioned to shore up and reinforce notions of racial plasticity. The developing child *became* a "stabilizing metaphor" of extreme plasticity, with its implicit relations to gender, ability, and race (35).

In their introduction to a special issue of *Social Context* (2020) focused on malleability, Schuller and Gill-Peterson highlight the racializing roles of plasticity:

> Plasticity functions as a key logic underpinning the modern notion of racial difference. Generally, organic plasticity is equated with potential self and assigned to whiteness. Whiteness, in the specific case of plasticity, is equated with growing potential and is protected and nurtured by the state. While the distribution of this capacity of plasticity need not be restricted to group socially or politically recognized as white, it is routinely denied to the racialized, whose bodies are seen as rigid, inflexible, overly reactive, and insufficiently absorptive, contagious to the potential growth of the population. (2)

These texts, among others, show that an appeal to the changeability of characteristics, properties, and capacities, is not automatically a liberatory move: stronger than that, plasticity is already caught up in the management of populations and individuals (Rees 2011; Ahuja 2020; Hantel 2020).

One particular recent exploration of the racializing functions of plasticity comes in *Becoming Human: Matter and Meaning in an Antiblack World* (2020). Zakkiyah Iman Jackson shows how African diasporic literature and culture from the twentieth century "generate[s] unruly conceptions of being and materiality that creatively disrupt the human-animal distinction and its persistent raciality" (2). Within this, she argues that Enlightenment modes and inheritances of racism circle not around dehumanization, but plasticization and the demand for flexibility. Jackson's intervention is significant for my ends because she conceptualizes plasticity as a process of transformation. In her terms:

> Plasticity is a mode of transmogrification whereby the fleshy being of blackness is experimented with as if it were infinitely malleable lexical and biological matter, such that blackness is produced as sub/super/human at once, a form where form shall not hold: potentially "everything and nothing" at the register of ontology. (3)

Jackson looks at plasticity not as a quality or property, but as a "transmogrification," a beastly kind of magic that extends through the time. Plasticity is a demand made unevenly. What is plasticized is *not allowed to set* in a form but asked to keep transforming. She calls this "ontological plasticity" (to distinguish it from a biological plasticity) and finds its epitome in the treatment of the enslaved. Jackson notes that the enslaved person must "contend with the demand for seemingly infinite malleability, a demand whose limits are set merely by the purities of will and imagination. What is at stake is the definitive character of form, its determinacy or resistance, which is potentially fluidified by a willed excess of polymorphism and the violent wresting of form from matter" (72).

Indeed, if plasticity is a process that encodes racialization, it also operates in distinctive ways in correlation with the cure/rehabilitation discourses around disability. Rehabilitation falls into the radius of what Eli Clare calls the ideology of cure, which "aims to eliminate the trouble from either a single body-mind or the world at large" (2017, 70). Rehabilitation does not often achieve cure or "full restoration"; but nevertheless, it aims in the same direction. Disabled people face all kinds of attempts at rehabilitation: physical therapies, neuro-linguistic programming, intensive group Dialectical Behaviour Therapy, and more. Many disabled people indeed pursue rehabilitation as modes of keeping pain at bay, with mixed feelings. Many rehabilitative goals are attached to ideals of independence and human individualism. Disabled phenomenologist Thomas Abrams and rehabilitation practitioner Barbara Gibson (2017) argue that rehabilitation requires and forms a certain image of the human. Notably, not all bodies are seen as plastic enough for rehabilitation: be that muscular, neural, or otherwise.[61]

Let's consider an explicit example of how plasticity is utilized in the realms of disabilities, as both potential and regulation. Sociologist and STS scholar Laura Mauldin (2014) provides an ethnography of infant cochlear implants (CIs) for those who are D/deaf, focusing on the implant's "success" being dependent on plasticity. She notes that the emergence of CI devices shifted the definition of deafness "from a sensory (hearing) loss to a neurological (processing) 'problem' " (131). The device, once implanted, must be accompanied by the labour of re-writing the wearer's brain, mining its plasticity for benefit. Wearing the device, or giving the device to your child, thus produces "an ensuing responsibility to 'train the brain,' subsequently displacing 'failure' from the device onto the individual's ability to train his or her brain" (130).

This is both a demonstration of how a child, in particular the D/deaf child, is plasticized and how responsibility for that plasticity is placed on the individual (here, the parent as proxy) in virtue of plasticity as a property. An urgency in time: we must seize the child's plasticity and direct it in the proper orientation before it sets in form. In this case, Mauldin highlights how mothers are tasked with the cure/rehabilitation of their child. Notably, in the process of auditory training and rewiring, using sign languages is taken to be an interference by medical professionals: the wrong kind of thing to be impressed upon the plastic. This is a new task of

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[61] See also Abrams (2014b) on physiotherapy and rehabilitation.

discipline for both children and parents: “While biological factors affect how neurons behave, the training of neurons’ decisions is purposeful and social. Through highly orchestrated and structured exercises, parents are taught to undertake the task” (139).

I want to clarify that of course we can and do gain new habits, practices, and we can and do modify parts of our autonomic functioning through study and repetition. Nevertheless, endorsing a biological unconscious, while tempting, leaves undesirable moral consequences: transpose the mother and the child for one individual, transpose brain plasticity with the biological unconscious, and encourage the patient with an undetectable disorder to work on her self. In the remainder of this chapter, I will emphasize the harms that come with the spectre of healthism and a pressure to be well.

In brief, plasticity is not a neutral capacity found in matter and bodies, but a mode of governing and making pliable and malleable those very bodies. If we are able to see Dora’s or Maya Hornbacher’s anatomies as plastic, and this plasticity as liberatory, this confirms rather than denies a fantasy of control and malleability: “Plasticity, in other words, does not offer an escape from technologies of control but, rather, provides its very substance” (Gill-Peterson & Schuller 2020, 10). As Willey (2016) argues in her critique of new materialism through postcolonial feminist science studies, “in our excitement about nondeterminist conceptions of matter, rather than challenging our sense of nature as predictably law-governed, *agency — or plasticity* — runs the risk of becoming another natural law” (1000, emphasis added). This means, nevertheless, that plasticity becomes a particularly concentrated point of analysis, and indeed *must be.* As Schuller and Gill-Peterson point out, plasticity’s historical and present baggage indicate that “the concept is for the same reason essential to thinking corporeal change across a range of scales” (2020, 11).

To demonstrate the promise and perils of plasticity, let us look at the anatomy of the throat (in its various functions) in Dora's and Hornbacher's experiences to see what is elided**.** What is elided, I will argue, is precisely the situatedness and complex character of their anatomies that are always-already non-racialized (whitened). In contrast, I bring in Sianne Ngai's (2005) analysis of John Yau's poetry to show how the implantation of the will in a "lump in the throat" forecloses possibilities for the racialized subject. I examine the work that the anatomy of the throat *does* in these examples: the cough and aphonia for Freud, the fauces for Wilson, the vocal folds for Dalziell, and the lump for Ngai. Indeed, both Wilson and Dalziell explicitly state that such anatomical considerations must be centered in thinking about hysteria. I suggest that while these do indeed show the importance of the throat, we must take them together with the ways of the throat is metaphorized as both speech and agency. Sianne Ngai's analysis of animatedness shows that the throat in these three texts is imagined as a universal, assumed-white throat. Whereas meaning is made of Dora's throat by authoring her will, meaning is made of Genghis Chan's through lump as phantom agent.

It is hardly coincidental that Wilson's chapter on the biological unconscious revolves around the example of the bulimic throat, that Dora's main physiological symptoms were also throat-centered —coughing, aphonia, breathlessness — and thus that what materializes in the throat can be so easily parsed as not only speaking but thinking. *Globus hystericus*, or the hysterical lump in the throat, was also a model for conversion/materialization for Ferenczi. As phenomenologist Havi Carel (2016) has noted, breathlessness is a symptom that crosses diagnoses. So too does aphonia. *Both* the breath and the voice are overdetermined: used as metaphors for life, liveliness, agency, personhood, political subjectivity. This means that any attempt to separate the throat entirely from metaphor will fall short, as will a universalizable biological unconscious.

First, a revisitation of Dora's (willful? will-less?) throat is in order. Dora's throat does not play a large part in Freud's analysis in terms of its various symptoms nor its anatomy. However, it is worth briefly reviewing his own interpretation of the throat in discussion with both the anatomy of that bodily region, and in connection with the ways that breath, speech, and coughs are all broadly read metaphorically in this case. Dora's cough and her aphonia seem to be chronic, or at least intermittent:

> When she was about twelve she began to suffer from hemicranial headaches in the nature of a migraine, and from attacks of nervous coughing. . . The migraine grew rarer, and by the time she was sixteen she had quite got over it. But attacks of *tussis nervosa*, which had no doubt been started by a common catarrh, continued to occur over the whole period. When, at the age of eighteen, she came to me for treatment, she was again coughing in a characteristic manner. The number of these attacks could not be determined; but they lasted from three to five weeks, and on one occasion for several months. The most troublesome symptom during the first half of an attack of this kind, at all events in the last few years, used to be a complete loss of voice. (Freud 1905, 15)

Freud attributes this cluster of throat symptoms to two different fantastical causes. Regarding aphonia, he interprets it as largely a response to her attachment to her neighbour Herr K., arriving when he leaves town and parting when he returns. In regard to the cough, Freud connects it to Dora's father through both his own lung issues, her thumb sucking during infancy, and her own knowledge of oral sex. At the same time, he acknowledges that there may be multiple meanings to a symptom at once. Clearly this is insufficient for scholars such as Wilson, who want to bring back anatomy and organic understanding first and foremost.

Wilson herself does not dive into Dora's throat capacities in either book, but Dalziell (2021) does, with a specific focus on aphonia. Dalziell traces speaking through the voice box (the vocal folds), which unfold and refold according to the actions of the glottis, modifying air pressure and so phonation. She notes that aphonia might be due to vocal fold malfunction, respiration or ventilation (11). She praises the "inherent elasticity of the vocal folds," highlighting that the throat system is already "incredibly intricate," complex, and "exquisite" (12). The "physiology of mutism" is positioned as containing the truth that Dora's dreams did not, which is that "in a way, for Dora, her family is folded into her vocal folds" (12). But Dalziell ends this exploration of the vocal folds by noting that examining anatomy leaves us "no closer" to an understanding of the mechanisms of somatic compliance. She states that this anatomical investigation needs to be supplemented with a new understanding of the interaction of mind and body, at the same time as she re-inscribes both of those terms.

Rather than examine Dora's throat, in *Gut Feminism* Wilson takes up the throats of bulimics through Marya Hornbacher's memoir of disordered eating, *Wasted* (1998). The fauces— the back of the throat—of bulimics, on Wilson's account, is primed and prepared as volitional even if by the end this becomes a physiological habit. The will is needed to initiate training the will. Recall that bulimia, for Wilson, is meant to be a case study that demonstrates to the reader how the biological unconscious thinks for itself over time. Wilson traces the gag reflex in bulimia, noting how over time and habituation the tissues become more relaxed. The fauces plays a particular role here:

> The back of throat is a local switch point between different organic capacities (congestion, reading, vocalizing, hearing, smelling) and different ontogenetic and phylogenetic impulses. Much more than the front of the mouth or even a little lower down into the esophagus itself, the fauces is a site where the communication between organs may readily become manifest. (61)

The reflexive action of this region of the throat is able to change through, for example, repeated habituation to both binging and purging. In a way it has been trained, or as Wilson puts it, "has become alive to a number of different ontogenetic and phylogenetic possibilities (i.e., to what Ferenczi calls the biological conscious)" (61). It is stranger that Wilson chooses an example which is so willful, even voluntary at the start. Indeed, she uses the phrase "willing the food back up" several times, even asking, "what might be the Ferenczian character of this "willful" practice?" (60). She references "the mental determination of people with eating disorders" (59), even as she insists that this habit of purging cannot be only due to "mental will" (60). Though she intends for this to be an unorthodox reading of bulimia, these references to the will reinforce the association of responsibility with the eating disordered individual. What began as will has become habit and is now interpreted time and time again as a volitional choice. Indeed, psychologists have started to name this attitude *volitional stigm*a. Easter (2012) distinguishes two kinds of stigma that those with eating disorders experience: stigma that is associated with mental illness differs from stigma that results from eating disorders "being interpreted as an ongoing voluntary behavioral choice" (1408). Whereas the first form of stigma is based in the labels and stereotypes of medicalized mental illness, volitional stigma is based in moral judgement of personal responsibility: "People with eating disorders are often perceived as choosing to behave as they do, because they are morally bad (vain, conformist, greedy for attention), and/or because eating disorders must not be so bad" (1409). Volitional stigma, I hold, can be extended to understand the judgements we make of will and habit in other disorders, illnesses, diagnoses, and disabilities.

My greatest concern with these analyses of the throat, however, is that they lean only on a disembodied anatomy, falling prey to one of the repeated mistakes of new materialist feminism: making universal claims, with a universal (read: white and able) body.[62] The whiteness of both Dora and Hornbacher (Wilson's main source regarding bulimia) is foreclosed and elided in these descriptions. In contrast, we might look at the capacities and incapacities of the throat with an eye towards how race and racialization contribute to our understanding of the throat’s complexity.

Affect theorist Sianne Ngai’s reading of materialization in the throat — through a lump - takes places in *Ugly Feelings* (2005), under the question of the animation (or lack thereof) attributed to racialized subjects. Starting with examples of stop-motion animation, Ngai argues that “the seemingly neutral state of ‘being moved’ becomes twisted into the image of the overemotional racialized subject, abetting his or her construction as unusually receptive to external control” (91). The possibility to animate requires a certain plasticity. Ngai holds that cultural representations and understandings of animation fall differently upon subjects; Some become racialized as inanimate (notably, Asians), some are too animate (notably, Black subjects), and others can only be animated from the outside.

Analyzing John Yau’s serial poem “Genghis Chan: Private Eye,” (1989), Ngai makes a point about racialization and animation. “Genghis Chan” — an irreverent combination of both Genghis Khan and film actor Charlie Chan — proceeds in a series, tracing the narrator’s time spent with an unknown feminine subject. Ngai holds that this poem “shows the extent to which animation remains central to the production of the racially marked subject, *even* when his or her difference is signaled by the pathos of emotional suppression rather than by emotional excess”

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[62] An anatomy without a body, organs without a body?

(2005, 95). The last line of the first poem in the series — in a pause, gazing at the moon with an interlocuter — reads “A foul lump started making promises in my voice” (Yau 1989, 189). Yau’s use upends the common idiomatic use of “lump in the throat” to mean blocked speech. Ngai notes that

> in “Genghis Chan” an increasingly vocal lump appears to take *possession* of the person, as if it were the first lump’s evil twin. We thus move from a human character who is “all choked up,” rendered inarticulate by some undischarged feeling, to a situation in which the “lump” responsible for this rhetorical disempowerment suddenly individuates into an agent capable of speaking *for* the human character—and, more dangerously, in a manner contractually binding him to others without his volition. (92)

In an example we might relate to Dora’s aphonia, the uncertain narrator of “Genghis Chan” cannot speak. Yet speech *happens*: the lump speaks on behalf of this almost invisible subject. We do not learn the cause of the lump, or whether the lump has an unconscious, but it indeed has intentions. To make a promise, one must have a direction of future action. The lump is seen as active and agential while the narrator, being subjected to “silence and contractually obligate[d]” as a racialized Asian-American, is not. The lump not only speaks but it *makes promises,* binding the narrator to future actions. The lump is also foul: does it taste bad? Does it curse?

In the case of “Genghis Chan,” “we have a nonhuman object that becomes animated by usurping the human speakers voice from a position inside the human body”; this, I argue, is an example of how social authoring produces phantom agents (123). Ngai also notes that as the poem series continues the narrator's potential identity is constantly destabilized so that we cannot be sure who or what is speaking. *There is speech*, so we cannot easily parse this as an instance of aphonia. The lump acts on its own, without regard for what the presumed narrator might wish or will. The lump either makes the speaker plastic or seizes on the plasticity in a parody of the silent, unmoving Asian-American racial stereotype of the collective imaginary. In brief, the throat alone cannot hold an answer for us because the *throat alone* does not exist. Indeed, construing it as able to be separated from the meanings of the body makes the throat "reproduced/produced as [a] universal natural fact . . . whose materiality is best accessed by Scientific disciplinary ways of knowing" (Willey 2016, 1004).[63] Paying attention to —attuning to — the attributions of agency in social authoring along lines of racialization, and what becomes a phantom agent (the unconscious will, the lump) reveals the complex ways in which plasticity is assumed or demanded. In particular, I argue that appeals to the plasticity of our organs under the framework of a biological unconscious present an opportunity for increasingly individualized notions of personal responsibility and control.

Personal Responsibility, Control, and Illness

Drawing upon this articulation of why both will(fullness) and plasticity appear as spectres for the hysterical body**,** I argue in this last section that the return to biology in the form of somatic compliance or the biological unconscious risks an intensified notion of personal responsibility upon sick and ill individuals, demanding they present self-mastery and control. Turning to plasticity and volition facilitates what Susan Wendell calls "the myth of control": the idea that if only medicine and society progress enough, we will find ways in which to control the body, and particularly to control symptoms of disease or illness. I argue that a feminist theoretical account of so-called psychosomatic disorder or illness must take up both plasticity as

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[63] Willey uses the capital "S" in science to emphasize that "the science that is privileged and often conflated with matter in new materialist storytelling, rather than marking a shift to thinking in terms of a multiplicity of sciences, is the same capital 'S' Science, unqualified, critiqued by postcolonial feminist science studies" (994).

a question and a crip understanding of the health/responsibility/disability triad. As Mollow, Wendell, and numerous empirical studies have shown, many chronically ill patients are reprimanded or blamed for their own ill health, or their health is projected based upon their racialization (Hoffman et al. 2016; McManimen et al. 2019; Newton et. al 2013).

In this section, I show the stakes: an account like Wilson's of the biological unconscious leaves the sick and disabled open to new forms of management, training, surveillance, and judgement. These consequences are disproportionately hard on racialized, gender-non-conforming and trans disabled and mad folks, who are already demanded to perform or pass according to many social conventions. If the body contains plasticity as a neutral property, it becomes one more activity to attempt to modulate: part of the good health imperative, the duty to be well, and the push towards optimization. This separates responsibility into individualized and personal modes, obscuring relational responsibilities.

Feminist philosophers of disability, phenomenologists of illness, and disability studies scholars have long pointed out that becoming sick or ill draws us out of a sense of control over our lives (Toombs 1992; Carel 2016; Leder 1990; Harbin 2016; Lajoie 2019a). As a lived experience, from a first-person standpoint this may be crushing, not only because of pain but because social forces constantly reinforce the importance of keeping control of the body. In *The Rejected Body* (1999), Susan Wendell theorizes what she calls the myth of control: "The essence of the myth of control is the belief that it is possible, by means of human actions, to have the bodies we want and to prevent illness, disability, and death" (93-4). Wendell argues that this myth holds up modern medicine, through the idea that science can tackle and treat anything. It also leaks over into a picture of individual responsibility; if I am sick or unhealthy, it is now my responsibility to treat it or at least "work on it." This has been used to discipline subjects and to deny them medical treatment and access. The myth of control is particularly salient for questions of psychogenic, sociogenic, or psychosomatic illness. Wendell notes that the diagnosis of psychosomatic illness “transfers responsibility for controlling their bodies to the minds of those patients who cannot be cured; the problem is not that medicine cannot control their bodies, it is that their minds are working against them” (100). This myth of control shows up today in the requirement for the disabled to be healthy, for the sick to become well, and for all of us to demonstrate our self-mastery through health and ability optimization.[64]

First, the inclusion of chronic and unexplained illnesses within conceptions of disability has often been contentious. Indeed, for good reason: much of disability rights activism and theoretical work around disability has stressed that disability does not connote sickness or ill health, or moral failing, in light of its history of pathologization (Garland-Thomson 1997, see also Wendell 1996). Wendell, in “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities” (2001), notes that a privileged form of disability can be identified as the “healthy disabled” (in the language of Cheryl Wade, the “able-disabled”): those with static, predictable limits and conditions to their futures (Wade 1994, Wendell 2001 22). Wendell notes that who is included in this category is unstable and dynamic. With disability rights movements often focusing on such figures, “the paradigmatic person with a disability is healthy disabled and permanently and predictably impaired” (21).[65] In contrast, the chronically ill (again, a highly diverse group), who have fluctuating, unpredictable, or sporadic changes in function or ability are treated as “unhealthy disabled.” The need to separate disability from ill health remains important, due to their persistent conflation. However, since many who are ill are also disabled, a

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[64] See Bordo (2003) for analysis of mastery and contemporary body practices more widely.

[65] See Aas (2016) for a conceptual ethics analysis of the meaning of “healthy disabled.”

nuanced understanding of the ways in which unhealth is ascribed and authored to chronic and unexplained illnesses is necessary to see how sickness feeds into the relationship of health to responsibility.

Much more than the healthy disabled, the unhealthy disabled, who often “pass” due to nonapparent disability, are faced with suspicion (28-9). Wendell notes that blame “sticks” to the chronically ill in a way that it does not stick to many who have acute disabling events.[66] For example, those with lasting and permanent effects of accidents they may have caused or risked (such as driving drunk, not wearing a helmet) are frequently subject to social blame or judgement that fades away over time. In contrast, people with chronic illnesses “are likely to be blamed or held responsible not only during the process of seeking a diagnosis, but also during every relapse or deterioration of their condition, which they are expected (by doctors, loved ones, employers, and the general public) to control” (29). When this coincides with the myth of control — that our bodies and minds are infinitely subject to our modulation and transformation — the ill and sick are overresponsibilized for prolonging their suffering, in ways that the healthy disabled are not.

Second, I want to think about the growth of neoliberal healthism through one of its precursors: a duty for those who are psychosomatically sick to become well. Sociologist Monica Greco’s investigations into the psychosomatic project helps explain the responsibilization of all through the expansion of hysteric possibilities. Greco argues “that a moral vision of disease represents a side effect of the historical conditions of emergence and functioning of the project to found a psychosomatic pathology” (1993, 357). In a genealogy of psychosomatic medicine as a clinical field, Greco shows that it both diverges from and twins with the biomedical model. She

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[66] This also resonates interestingly with Ahmed’s (2004) sense of sticky.

points out the temporal assumptions of psychosomatics, which as in Ferenczi, harken always to *a before state*:

> The novel issue does not concern the conceptualizing of aetiology but the positing of *a personal susceptibility which is logically prior to cause*. In general, the psychosomatic explanation of a morbid phenomenon calls for an attention to the individual "prior to" his or her symptom and implies an evaluation in terms of disease potential of each situation of individual "health." (359)

What could be becomes what is, and what is becomes lined up with what has been. Put otherwise, the status of illness or disorder has a temporal shift within psychosomatic medicine. "What from a biomedical perspective is only a risk or a *pre*-– morbid condition, is already an *actual* problem from a psychosomatic viewpoint" (361).

This novel temporal form combines with an assumption of coherence within a patient's life. That is, early psychosomatic medicine figures an illness event not as a disruption, but a "natural consequence": "within psychosomatics disease is understood to be logically continuous with the 'normal life' of an individual and with his or her personal attributes" (Greco 1993, 359). It complies with a narrative of a unitary self. It also means that clinicians can assume the compliance between psyche and soma, rather than their divergence or tension. This allowed psychosomatic medicine to "render morally conspicuous the event of physical illness, to insert it meaningfully within the horizon of personal agency" (364-5). When the event of illness becomes moral, threads of responsibilization are generated towards the ill individual.

These threads have a long history. Greco emphasizes that the project of psychosomatic medicine was in part prompted by the hysteric, prompted by worry about her capacities and the potential of other physiological conditions also being "false." There was a new threat: that other diagnoses could be also simulations, "falsely" physical, and that patients could be duping or fooling doctors "in the context of a purely personal motivational economy" (364). The emerging insurance practices of the 1920s arose not only as safety measures, but primarily to draw the lines of responsibility between an individual and their employee, family members, etc. for injury and illness. We can see already the link with risk and "pre-existing conditions" that follows health insurance claims and policies around many locations. The pre-existing condition of the hysteric, though, is a condition of feeling and volition.

Specifically, Greco argues that a "duty to be well" emerges around psychosomatism, which is correlated with the will of the "patient": one can prevent risk and illness by dealing with prior feelings and wishes, or changing one's volition. On this framework, someone can be offered every treatment, and if they fail, there is always the option of *the will* to fall back on. *Maybe you don't want to be well, or don't want it enough.* A duty to be well means a duty to take care of oneself with certain habits and actions, not only in terms of rehabilitation but of *prevention,* and to manage one's will in an ongoing manner. A duty to be well is a duty to stay well. We each have "a preventative capacity structed around the possibility of self-transformation and, before that, of self-knowledge . . . the mastery of self is thus a prerequisite for health" (361). Lack of self-mastery itself is the *first disease*.

In the present day, this takes on a particularly neoliberal form: the moral responsibility of prevention is generalized. As Greco notes, the psychosomatic project is an important precursor to *healthism*. Sociologist Robert Crawford (1980) theorizes healthism, as "the preoccupation with personal health as a primary — often *the* primary — focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles, with or without therapeutic help" (368). Healthism has been a resource for philosophers. For example, feminist philosopher Talia Welsh (2011, 2020) explains how healthism is operative, specifically targeting mothers, in the construction of the war against obesity and the Health At Every Size movement, and generally broadened as part of self-care. The scope of healthism is wide, containing many aspects or dimensions of what is seen as health and wellness: eating (Dean 2018), obesity (Rodier 2018, Welsh 2011), smoking (L. Wiley 2017), and increasingly minute parts of our lives are conceptualized in terms of wellness.

Welsh argues that one mode of healthism is exercised through neoliberalism's focus on individual hard work, good choices, and behaviour management. There is, as she puts it, a *good health imperative* which links health and moral goodness (29). She notes that "the labor involved in healthy selfcare as a primary target of neoliberal intervention: poor health is permitted, but only if unhealthy individuals are working on the project of taking better care of themselves" (2020, 28). Poor health, only if you are *working on* your own health. If you are deemed unhealthy, you should be working on that unhealth.[67]

A *good health imperative* is promoted by many agencies, bodies, and departments, and recirculates amongst individuals. Recently, a good friend of mine was hired for a lecturing position at a prominent U.S. school and was presented with a range of available health care plans, including one in which loss of weight, inches to the waist, or lowering of vital statistics such as blood pressure, is monitored throughout the year by Fitbit® and rewarded with money-back at the end of the year. Such practices are neither new nor surprising. Welsh offers the example of employer "wellness programs" becoming cemented within the Affordable Care Act, where both fines and rewards are used to provide "cost savings" for employers (2020, 33).

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[67] The question of self-transformation more broadly is fraught; as Cressida Heyes (2007) has shown, it can further entrench or work against modes of discipline that we have been habituated into. There is no inherent problem with working on oneself, or caring for oneself — the problem arises related to the goal of mastery and control, and responsibility/blame. Welsh (2020) suggests that even a desire to maintain health could be a hobby, rather than a felt imposition and requirement for selfhood.

As Welsh notes, this imperative is "affirmed" for all but not *available* to all: those with the most time, money, and energy to put into the project of good health are those already the most privileged (36). The good health imperative folds us all in — even the "most" healthy and able, who must maintain their status — and is also applied more stringently to those in precarious or oppressive positions. In *The Right to Maim*, Puar describes an imperative towards capacitation which pairs nicely with the affirmative culture of the good health imperative, both particular neoliberal intensifications of previous discourses and practices: "Neoliberal regimes of biopolitics produce the body as never healthy enough, and thus always in a debilitated state in relation to what one's bodily capacity is imagined to be" (2017, 82). The imperative to be "better than well" extends past those with MUIs (medically unexplained illnesses), or even explained and diagnosed illness and disability, to include the abled and "well." We can always be healthier, and we can always be more able. As Kim Q. Hall (2014) shows, the impetus for self-improvement and cultures of food purity, for example, promote "food (the right kind, of course) as protection against disability" and results in individualizing judgements of disabled people who use, e.g., drive-thrus and processed foods (183, 189).

The good health imperative reproduces, in a particularly neoliberal formation, the requirement of self-mastery that also showed up in Cowan's history of will training and in the myth of control. Rather than ill health being cast as a population or biopolitical problem, it becomes deeply entrenched in our own senses of self. Further, it implicates how others treat us, seeing us on (or not on) our health journeys. The affirmative culture of the good health imperative, then, works on the chronically ill and unhealthy disabled (as well as the non-disabled, "well," or "normate") by displacing their self-transformations from sick individuals to those "living with" or "struggling against" something with a whole toolbox of surveillance, discipline, measuring, and norms. The development of new technologies to track our bodies, new concerns about environmental impacts and epigenetics, means that such solutions are now widespread. Here we see the culmination of the duty to be well:

> That health *cannot be imposed*, that it is contingent on the *will* of individuals, on their readiness towards modifying their lives and looking at them differently, all this follows from a psychosomatic perspective and has been well understood, it seems, by the designers of stress prevention schemes. A "health" that can be chosen, however, represents a somewhat different value than a health one simply enjoys or misses. It testifies to more than just a physical capacity; it is the visible sign of initiative, adaptability, balance and strength of will. In this sense, physical health has come to represent, for the neoliberal individual who has chosen it, an objective witness to his or her suitability to function as a free and rational agent. (Greco 1993, 369-370)

This shift towards the will of the patient is also, Greco points out, an artificial unification of the subject: the "metamorphosis of a split and conflict-laden subject into the bearer of a single will, a will to health, 'a tool actively working at reducing its own recalcitrance, resistance, unpredictability, and at obtaining its own docility' " (Greco, 370, quoting Pizzorno 1992, 207). This completely unified will, which is part of the self-directed individual rational agent, is of course a fiction and a myth. This ties then to the liberal image of agency which this dissertation undercuts. Recall that will disorders focus on *too much will or not enough will*: another possibility might be *too many wills*.

I hold that healthism and self-mastery are part of the outgrowth of the myth of control, in combination with the psychosomatic temporality of prevention and risk. As such, any frameworks proposing alternative understandings of psychosomatism must attend to the entanglement of undiagnosed and unexplained illnesses within an atmosphere of responsibility and will today. The notion of the biological unconscious is still permeable to the myth of control; although on this viewpoint, a person's illness may not be "all in their head," it is still seen as in some sense under their possible influence, and so can still be held as a responsibility for intervention. For example, if I believe my friend has willed herself into maintaining the function of her fauces in bulimia, I may be tempted to either straightforwardly rebuke her for prolonging and desiring illness, or to deny her knowledge/agency, in the form of casting this physiological transformation as simply part of a coping mechanism. Again, even if the biological unconscious is seen as fully enfleshed and not in terms of "thinking" (avoiding my first critique), this ontology returns a burden of responsibility to the sick subject.

Transferring the psychic and cognitive action from only *psyche* to *soma* imposes an implied structure upon the body. Take, for example, Dalziell's argument that "if we seriously entertain the psychical capacity of corporeality, then the psychosomatic becomes generalizable as the state of biology, always/already" (2021, 13). If biology is always already constantly converting and complying, always already invested with psychical capacities, this means that the hysteric is not an exception but an exemplar of different shifts and capacities that we have over time. If all flesh is psychosomatic flesh and all bodies are already hysterical bodies — because we all have a biological unconscious or the propensity for somatic compliance — we risk reading bodies' actions and inactions as sites for control and discipline.

We may then be able to judge the working of the body, in its production of distress, pain, or symptoms, according to new normative standards of how one's biological unconscious "ought to" act; this still provides room to discipline and manipulate the body and hold individuals responsible for their own suffering and/or "healing." Consider for example the will training projects that Cowan analyzes, which do not require the will to be minded. An image of expansive plasticity and always-already psychosomatic bodies betrays the fact that "for many disabled people, the impossibility of compelling the body to comply with the wishes of the mind is the essence of impairment" and will give the ableist imaginary more fodder with which to enforce self-responsibility for illness (Mollow 2015, 49). This has consequences not only in terms of stigma and attitude, but actual access and material concerns. In brief, as Mollow states:

> the truisms that "everything is partly physical and partly psychological" or that "the mind and the body are indistinguishable" will serve us no better than Freud's dualistic assertion of the primacy of the "mental side" over the "somatic side" of disease production. Each of these pat responses to undocumented disability erases the complexities of disabled people's various lived experiences and access needs (48)

Considering somatic *noncompliance* as well as compliance impacts not only how we think about ill or sick bodies, or those who are called ill and sick, but also so-called healthy individuals. Our bodies, even when they are not sick, can evince a kind of *irrelevance* (and irreverence) towards our wishes. This brings new considerations to discussions of disability in feminist philosophy. What would it mean to center a reckoning with the body that does not or cannot comply, and furthermore a body that may override our decisions, and our desires, be they consciously or unconsciously willed, a body that is not a "sovereign bully" (as Wilson accuses social constructionists of making it) but does not operate in terms of will (2015, 27)?

Recall the broad new materialist feminist push to encounter matter as having its own modes of dynamicity and value, outside of being a manipulable object or substance. If we are to make this argument, it is imperative that we not lodge this movement in any sort of volitional action because it inscribes a particular temporal cognitive structure within the body. Similarly, while I do not deny the ways in which social forces can bring about real physical changes in the body, including illness and disability**,** it is philosophically and politically risky if we attribute these changes either to the psyche as (traditional psychoanalysts often did) or to a psychic ability underlying cells, bones, and nerves of the body. All of this reinstates the idea that at some level, the sick person can take control, and therefore responsibility, over her own illness. The notion of the biological unconscious does not release us from the myth of control, but simply displaces it: we would now require a more in-depth bioanalysis (Ferenczi's preferred term) in addition to psychoanalysis.

Conclusion: In/di/gestion and Rumination

Rather than extending the capacities of thinking, will, and volition to bodily tissues, I argue that we would do better with another kind of processual model for hysterical materialization: one that foregrounds our shared relational capacities. While I admire Wilson's reactivation of biology, it is unclear to me why this takes the form of thinking rather than another form of processing. What if we were to take up a model Wilson skirts past (strangely enough, for a book focused on the gut) — ingestion and digestion, rather than thinking?

Ingestion and digestion have a blurry border: we start to digest in the mouth, before food even enters the throat, turning from the physical act of maceration to the chemical breaking down of food by saliva (Brandão, Soares, Mateus, and de Freitas 2014). And though we can start ingestion, our digestive tracts often proceed without regard for our desires and projects. If the biological unconscious is not a process of thinking nor willing, but instead one of in/digestion, its actions become both more distributed (like the enteric nervous system) and nonconsilient. This would allow for a more flexible, aleatory, and material consideration of illness and distress, and avoid implanting the body with the model of the mind under latent psychic action. Rather than risk reinscribing cognitive and volitional models, such characterization (as a preliminary venture) might be helpful.

Although she pays little attention to in/digestion, Wilson does visit *rumination* briefly in both *Gut Feminism* and *Psychosomatic*, under the DSM diagnosis of mercyism, so-called "rumination disorder" (2015, 78).[68] Mercyism, primarily diagnosed in infants (but also present in adults) is the site of Wilson's argument that bitterness, sadism, and hostility underly both our interpersonal relations and feminist politics. She claims it as a kind of "organ speech," but her analysis focuses more upon what is expressed by mercyism than its mechanisms. Mercyism is a DSM diagnosis: a psychosocial disability, a "feeding and eating disorder." Whereas ruminant non-human animals, including cows and sheep, have multi-chamber stomachs and diets that require excess processing, in humans rumination refers to the regurgitation of undigested or partially digested food, often tasty and pleasurable, which is often re-chewed and swallowed. Mercyism's etiology is traced back, commonly, to a concern with proper mothering and relationality—and this is Wilson's interpretation as well. While mercyism is indeed relational, I question the distance Wilson takes from the process of ruminating and re-digesting.

In adults, mercyism is usually both *unintentional and chronic*, occurring after most meals — something Wilson does not note (Talley 2011). Further, "traditionally, rumination was perceived as an atavistic analogy to the cud-chewing of herbivores and carried the stigma of a degenerative behaviour" (Parry-Jones 1994, 304). This helps to explain why at first, it was primarily thought to be only a disorder of infants and the developmentally disabled, i.e., those already infantilized and animalized (305). If the biological unconscious could *literally* ruminate instead of think — use a process that is already outside of our baggage with cognition, and appears to be unrelated to the will — then instead of deciding, brokering, and choosing, Dora's throat may be repeating, re-processing, and making something *digestible for her.* Wilson uses

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68. For some *general* remarks on digestion, see also Wilson (2004), 37-45.

mercyism to make her point about negativity; but, I hold, the digestive processes are also a resource to challenge psychoanalytic and volitional investments in the body.

Digestion and ingestion, even rumination in its human form, might be places to look for the limits of capacitation and compliance. In Drew Leder's *The Absent Body* (1990), he draws upon Maurice Merleau-Ponty's *Phenomenology of Perception* to provide phenomenologies of those parts of our bodies, or experiences, that recede rather than presenting themselves.[69] Merleau-Ponty, drawing on prior discoveries of Husserl, articulates the body as a sense of "I can" (movement and motricity) before consciousness' "I think" (1945, 139). Despite the many "pathological" cases he takes up, he does not consider the feelings of "I cannot." Leder argues that the viscera as part of the body are felts not as an "I can" but as an "it can" followed by "I must" and "I cannot." Symptoms of illness, like indigestion, "are not experienced as the 'I can' of personal mastery" (46). In the face of this, I cannot choose all of my actions and must somehow tailor my life to accommodating certain embodied experiences. Though this sense of a limit to "I can" is already present in both Merleau-Ponty and Husserl, Leder's articulation focuses first on the moment of stopping.

I suggest that Mollow's account of somatic non-compliance would dovetail nicely with an account of in/di/gestion rather than one of will or thought. Furthermore, the lived experiences of illness and disability are often ones which reinforce Leder's schematic account of feelings: it can, I must, I cannot. The requirements to appease and follow its rhythm are then not only part of visceral action, such as the occasional stomach-ache, but *can* become a habitual way of living in the world. This is an adjustment that many with chronic illnesses and disabilities feel in their lived experiences. Even though they might now be required to make more interventions to

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[69] We will meet Merleau-Ponty again, later in his life and in more consideration, in Chapter 3.

control their body, a real listening to the body that does not assume it is only expressing social meanings can come to be part of habitual action. Wilson might want to insist we can reach this by listening to the biological unconscious, but I would hold that even if this is true, her own articulation endangers sick subjects because it still holds the possibility for extending blame.

There is one more resonance of in/digestion that is helpful for my project here, understanding it as a situated and relational process of consumption. Kyla Wazana Tompkins (2012) claims that "the mouth is understood as a site to which and within which various political values unevenly adhere and through which food as mediated experience imperfectly bonds with the political to form the fictions that are too often understood within everyday life as racial truths" (5). She evokes a "messy" idea of materialization (7). Tompkins urges that even a turn towards eating, digestion, and indigestion must be accompanied by an awareness of how the edible and the consumer are unevenly distributed, and how digestion itself works racially. On a population scale, "black bodies and subjects stick in the throat of the (white) body politic, refusing to be consumed as part of the capitalist logic of racism and slavery as well as the cultural and literary matter that they produced" (8). Viewing in/di/gestion as always a matter of social scales prompts a turn towards social relationality.

This chapter started with my sympathies and affinities with new materialist feminisms, challenging appeals to the agency of the body under the rubric of the "biological unconscious" in particular. Taking up Wilson's *Gut Feminism* and *Psychosomatic,* I demonstrated that both texts are haunted by their reliance upon Freud and Ferenczi. Wilson's goals for feminist theory — reapproaching the body and biological data — are not themselves met under the restraints of somatic compliance and will. Indeed, the biological unconscious and somatic compliance both depend upon a notion of prior will or volition that assumes internal individual self-control at some level (whether conscious or not).

I argued that somatic compliance and the biological unconscious, rather than giving a dynamic and volatile nature to the body, in fact reinscribe the biological unconscious as, in a sense, within our control. Wilson's use of these concepts displaces the center of willing from the mind to the whole body but does not remove the notion that a subject sickens herself. I linked the volition implicit in the biological unconscious with the commonly invoked new materialist call for plasticity, suggesting that such calls can only be made when the lived body itself, as always racialized and situated, is elided. Further, I argue that this model of individual plasticity has grave consequences, particularly for those whose animatedness (in Ngai's term) is perceived to conflict with self-control. In the context of non-apparent or undiagnosed disabilities, in particular, these social authorings have immediate and practical stakes.

Although I share many of new materialist feminism's investments, as a feminist philosopher with a particular eye towards illness, sickness, and disability, I have suggested that such discussions of the plastic and will must be accompanied by crip thinking around cure, rehabilitation, and the imperative to good health. Indeed, holding the myth of control and other aspects of healthism close to our hearts while constructing a theory may allow us to create more robust and politically desirable schematizations of illness, and provide a reshaping to depictions of sick or ill subjectivity.

My point in this chapter is *not* that the idea of the biological unconscious is thoroughly unhelpful. Rather**,** I have cautioned against taking up this concept with regards to psychosomatic and so-called hysterical illnesses, for two reasons: first, the inheritance of a volitional framework, and the extension of matter to the realm of the psyche; second, the pragmatic and political ramifications. If the hysterical body is semi-fluid, this is because it *fluctuates* between rigid and plastic. Whereas this chapter probed plasticity, the following pursues the question of rigidity.

Chapter Three: Muscles

Introduction

In this chapter, I place my investigation of illness, disability, and psychosomatism within the biopolitics of debilitation foregrounded by Jasbir Puar, using case examples and studies from Fanon's medical encounters with North Africans in France, Tunisia, and Algeria. I argue two main points: (i) that debilitation is useful to track the production of muscular tensions among Fanon's colonized "patients," suggesting that maiming has a longer history than neoliberalism and is a crucial technique of settler colonialism and (ii) that critical phenomenologies of debility need to be developed that center temporality, speed, and capacitation. Here phenomenology serves not as a mere "corrective" to the biopolitical framework but as its necessary complement in reading pathologies sideways to the will. This chapter contributes to an exploration of the time and timing of chronicity, specifically as it is lived through illness and disability, and the racialized schemas of animation in states of structural oppression. Debility provides another site in which the common questions and assumptions about agency break down.

In *The Right to Maim: Debility, Capacity, Disability* (2017), Puar argues that "debilitation and the production of disability are in fact biopolitical ends unto themselves" which massify and maim a population in order to maintain control, international respect, and to make all bodies profitable (xviii). Using examples of psychiatric and psychosomatic disorders in *The Wretched of the Earth* (1963), as well as Fanon's descriptions of racialized-colonized embodiment in the psychiatric writings produced throughout his career, this chapter provides a phenomenological intervention within Puar's analysis of debilitation. Through Fanon, we have glimpses into lived debilities from the Algerian Revolutionary war. While the examples in *The*

Wretched of the Earth do not map onto the techniques which Puar outlines in *The Right to Maim*, they provide an understanding of the emergence of debilitation as a technique of colonial control. In the first part of the chapter, I elucidate Puar's main arguments about debility and the right to maim and I unpack the state of psychosomatic medicine in Fanon's time and his psychiatric concerns. In the second part, I employ the concept of debilitation in a close reading of the muscular tensions present in Fanon's psychiatric writings, in order to bring us to a better understanding of mass capacitation, the injuries of debilitation, and their effects on lived experience.

Although Fanon showed the disabilities and psychiatric disturbances that come with being a European *colonizer* in this environment in *The Wretched of the Earth,* I will not address this here as it lays outside the purview of debility per se. If white residents of North Africa developed distinctly colonial pathologies, it nevertheless was *not a debilitation and/or maiming in the same sense.* Rather, many of the psychopathologies Fanon treats in white people are related to torture and the exercise of violence by themselves or family members. Debilitation is a widely shared condition, and yet its mechanisms are specifically dispersed. There is a burgeoning literature on the pathologies of whiteness which could be used, for example, to understand the distress of the torturers Fanon treats in *The Wretched of the Earth;* distress coming from a foreseen "natural result" of the work of torture.[70] As a matter of scope, and in order to broach the question of the resistance of the colonized, this chapter focuses upon the maiming of racialized North Africans in his medical studies (themselves made up of diverse ethnic, religious, and social groups).[71]

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70. See Sullivan (2015), Ahmed (2007), Stoler (2011), and Chebili (2018) on this point.

71. See my discussion on p. 140-142 on use of the term "North African."

Fanon's work has been particularly useful in elaborating the effects of colonization and racism upon embodiment. Indeed, Fanon's project pointedly disrupts of falsely universalized phenomenological analyses, such as those by Sartre and Merleau-Ponty.[72] Many philosophers, including George Yancy, Alia Al-Saji, and Helen Ngo, have used phenomenology to show how the lived experience of racialization is endemic and every day, and significantly impacts the body. Drawing strongly upon Fanon, particularly his discussion of the body schema in *Black Skin White Masks*, Ngo, Yancy, Al Saji, and others connect the material stresses on the body to racializing atmospheres. As Ngo puts it, "a [racialized] body is laden with the work of managing others' racialized anxieties" (2012, 58). This work is a physical and physiological one as well as affective.

These analyses of racialized injury also confront one of the problems of studying pathologized subjects. Ngo makes a methodological point about critical phenomenological analyses of embodiment: "does this mean that racialized people thus experience their bodies in an impoverished or debilitated way? . . . Otherwise put, does not the insistence on such fragmentation risk pathologizing racialized people and their bodies?" (72). Indeed, in this chapter, by asserting that we can draw a phenomenology of debility out of Fanon's work, I emphasize that this examination of lived experience also has within it invisible manifestations and moments of resilience. My first methodological move, then, is to reject the assumed negativity of disability and illness, instead acknowledging many bodily states as ambivalent.

A second gesture I make, in using Puar's work on debilitation, targets variations on the claim that disability or debility are *inherent* demonstrations of uncapturable resistance

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[72] See Salamon (2006), Belle (2003), Bernasconi (2020), Whitney (2018, 2019) for some explorations of the relationships between Fanon's thought and those of Merleau-Ponty and Sartre.

(consciously or non-consciously) due to their *physical* challenges to neoliberal modes of productivity. Readings that anchor political potential in bodily states tend to erase the material suffering and injury present in debilitation by overgeneralizing the ‘interruptions’ made by disability into non-labouring. In this chapter, I begin both from the argument against the assumed negativity of pathologies, disabilities, and racialized movement, and with an ambivalence towards readings that take bodily states of injury or illness as a kind of sovereign resistance. Bringing the work of these two thinkers together provides a problematization of simplistic interpretations of Fanon on the muscular. Bringing them together emphasizes the materiality. Bringing them together emphasizes the fact that that debilitation has been a colonial strategy in many contexts. Debilitation — as a notion that hinges together capacity, ability, and disability — interrupts our commonplace notions of agency and resistance.[73]

This chapter is both a complement to the growing field of phenomenologies of disability, and a departure from the existing literature. Rather than systematizing a theory of debility or mapping elements exactly through Fanon’s writings, I find contributions towards a critical phenomenology of debility in these texts. Such a critical phenomenology would not be universalizing, nor would it flatten the differing experiences of debility he encounters (which have many different presentations and symptoms). As a meeting of biopolitical and phenomenological projects, this elaboration must pay significant attention to the roles of massification and capacitation over the individual.

Several scholars frame Fanon’s use of images of disability and injury as exposing an ableist imaginary: for example, in “Disability Rights: Do We Really Mean it?” (2010), Ron Amundson argues that Fanon’s famous refusal to be amputated is “an attempt to bargain for

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[73] In her talk at Concordia University (2020), Puar referred to concepts as *hinges* in this way.

racial dignity at the expense of the dignity of people with physical impairments," displacing the dehumanization from the racialized to the disabled (171). Rosemarie Garland-Thomson (1997) reads Fanon as recruiting the physically disabled to displace the marginalization of Blackness: "while Fanon avows 'the Negro is not' deserving of subordination, he suggests that 'the cripple' is" (42). More recently, scholars have begun to work with Fanon's uses of disability not a metaphor for loss but a material description of the conditions of racialized lives.[74]

I am drawing upon and through a lineage of works already thinking with Fanon about racialized embodiment. Much of this work has been at the level of the body schema, tracing and elaborating his analysis of the historico-racial schema and the racial-epidermal schema. Famously, in *Black Skin White Masks* (1952)*,* Fanon mounts a critique of Merleau-Ponty's and L'hermitte's related concepts of the body schema. He argues that the very concept of the body schema tacitly assumes a white subject, and falsely universalizes our relations to our bodies and their motilities (83-5). Instead, Fanon feels fixed by racialization in his body, which he names the historical-racial and racial epidermal schemas. There are different interpretations of Fanon's response, either considering that the generalized universal body schema is *deeply changed* by the historico-racial and racial epidermal schemas, or that in fact the Black subject's body schema was never a universalized embodied experience, but always already fragmented (Al-Saji 2020).

The lessons of the body schema are rich, and many accounts of pathologized experience in Fanon's work center around this kind of structural mapping (Whitney 2019, Ataria & Tanaka 2020, Zeiler 2013). However, focusing *only* on the body schema as a nexus of embodied philosophy restricts analysis, because there are numerous bodily transformations that do not occur at the scale of the body schema alone. If the lived body is not elaborated beyond the body

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74. See for example Aubrecht (2010), Dhavantri (2020), Eromosele (2020), Diedrich (2016).

schema, we miss out on the modulations and variations of anatomy and physiology. As Shannon Sullivan notes in her study of physiology and oppression (2015):

> the body surely is phenomenological, and understanding the embodied phenomenology of racism and sexism is important to feminist and racial justice struggles. But the body also is biological, neurochemical, and physiological, and social justice movements also need to critically understand those aspects of human embodiment. Leaving out the biological dimension of bodily habits misunderstands them and thus impedes attempts to change them. (2) [75]

Few works in contemporary phenomenology broach the questions of the muscular, skeletal, and pathology. Iris Marion Young's classic *Throwing Like a Girl* (1980) approaches this but does not discuss the muscles, Gayle Salamon's (2012) analysis of rheumatism attends to grip, while others have paid more phenomenological attention to the muscles but not in a critical form (Sheets-Johnstone 2011). My aim is not to *determine* the structures of muscular experience but to support this as a site of investigation. In line with the empirical studies which have shown health disparities along lines of oppression (with concepts such as repetitive strain, stress, weathering), this chapter contributes to a philosophical foregrounding of the material body.

There are seeds of this material analysis of embodiment in Fanonian and critical race scholarship. Ngo explores the labour and fatigue of bodies of colour in white-supremacist societies:

> Turning first to the question of work: think of how a body loaded as it is with the work of anticipation and adjustment ceases to resemble a body at ease with itself, or a body focused and fluid in the execution of its projects, however banal or mundane. Instead, such a body is laden with the work of managing others' racialized anxieties and expectations, a burden that is both one-sided and counterproductive. (2012, 58)

Weight, work, fluidity, and the "loading" of the body all show up in quotidian manners in the lived experience of debility, injury, and oppression. In this chapter, I utilize the notions of

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[75] You may recognize this quote, as I referred to it and Sullivan's work in Chapter 1.

debilitation and capacitation to analyze Fanon's encounters with colonial psychosomatic (or, as we will see below, more properly corticovisceral) disorders and diseases in North Africans. First, I argue that there are parts of Fanon's writings that resonate with Puar's framework, lengthening the history of maiming as a biopolitical technique to before neoliberal dominance. Indeed, his case studies show that colonial sociogenic disorders involve a complex, responsive body rather than one which only resists or capitulates. Second, I develop a provisional phenomenology of debilitation around muscular tension, rigidity, and agitation, which highlights how traditional philosophical and political notions of agency elide both the violence *and* vitalities involved. Indeed, the right to maim is productive in the sense that it produces certain kinds of subjects, with debilities and capacities that can be modulated and used strategically.

In the first section, I outline the critical interventions made around debility and capacity, notably through Puar's *The Right to Maim,* preceded by concerns within disability studies around the chronic, endemic, and unrecognized disabled. Debility as a heuristic concept, taken in Puar's sense, changes the foundational concepts of disability studies in exposing the differential distribution of accidental and intentional pain and suffering. This brings into the fray the targeted production and maintenance of disability, something not only elided but incompatible with liberal human rights frameworks.[76] Although debility is a new keyword for disability studies and philosophy of disability, it marks out a longstanding concern in feminist of colour and queer of colour critiques, which often remain unacknowledged as present in disability studies and are relegated to discussions of social determinants of health.[77] Fanon's case studies, examples, and writing overall help us to understand debility because they consider relatively widespread

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76. Livingston (2005), Berlant (2007), Fritsch (2015), Baril (2015), Shildrick (2015).

77. See Bailey & Mobley (2019) for a discussion of this point.

phenomena, and because he avoids overgeneralizing, talking at the population level rather than highlighting exceptional individuals. Throughout the first section, I argue that debility interrupts our liberal notions of agency (more than disability alone does) and that debility is helpful to make sense of some of Fanon's under-theorized medical writings.

A note on method and diverging frameworks. I bring together Puar's biopolitical framework with Fanon's critical phenomenology. Nevertheless, I want to heed Puar's assertion that "the difference between disability and debility that [she] schematize[s] is not derived from expounding upon and contrasting phenomenological experiences of corporeality, but from evaluating the violences of biopolitical risk and metrics of health, fertility, longevity, education, and geography" (xix). That is, the disability-debility distinction is not made from the subject's lived experience. We will not have on the one hand, phenomenologies of disability, and on the other, phenomenologies of debility. A phenomenological rejoinder to Puar's work is necessary, I argue, in order to facilitate the solidarities between different relations to debility and disability (Puar 2021); in order to distinguish the experience of being targeted for maiming vs. maiming as a by-product; in order to distinguish the ways in which we are "all" in the time of debility (Shildrick 2015; Fritsch 2015) while it weighs heavier in the lives of some than others; in order to capture both the individual and sub-individual aspects of force, tension, and speed. Margrit Shildrick (2015) insists that examining the broader and structural issues of debility must be accompanied by "an acute sensibility towards *how* debility is phenomenologically experienced" (20). Such sensibility allows us to not only make categorical divisions between the debilitation of a warehouse-worker in Canada and a resident of Palestine but to examine how maiming plays out, is justified, and is in turn capacitated. Phenomenology sheds light not only upon the structural mechanisms that incur slow death and slow life, but upon the textural quality of being in a "constant state of uncertainty" (Puar 2021, 406).

As stated above, a phenomenology of debility is not of a separate order from phenomenologies of disability — as the two are not identity categories or states- but contributes to the broadening of philosophical examinations of disability. Phenomenologies of disability are not necessarily critical, and often rely upon impairment as a "brute" medicalized fact, individualized rather than structural. Though some do, they have not traditionally engaged with crip theory. Kim Q. Hall's recent "Limping Along: Toward a Crip Phenomenology. A queer crip embodied experience of walking" (2021) stands out as an exception which not only explicitly brings disability to phenomenology but does so with a crip theory focus. We must proceed with caution, as we risk losing relations of power in too-tight focus on an individual. Indeed, a phenomenology of debility cannot be one that is restrained to a single first-person perspective. In the following section, I extend some of Puar's theorization of debility to clarify how and why it modifies taken-for-granted assumptions of analyses of disability, before turning to Fanon with an eye toward debilitation.

Debilitation, Biopolitics, and Maiming

Some of the significant differences between disability and debility can be elucidated through an example. Take the circulation and lauding of Terry Fox as a white male Canadian disability icon and enduring hero. A prominent athlete at his Port Coquitlam, BC high school, Fox was diagnosed with osteosarcoma in 1977 and received an amputation of his right leg. In 1980, Fox began a highly-publicized run across Canada to support funding for cancer research — the Marathon of Hope — wearing a specially designed prosthetic for running. Fox is a figure who affords several interpretations: as having lived through the exceptional (despite cancer's everywhereness, it is still seen as an event, as is his amputation); as an icon of crip nationalism; as overcoming and inspiring; as having managed daily pain and "pushed through." Later that year he was forced to end the Marathon early due to his illness, and in 1981 died from complications of cancer. Fox reaffirms yet also disrupts several of our categories of thinking about disability: in a sense "able-disabled," an athlete and a supercrip, he is also in a state of progressive cancer, durational illness, that is always covered over by the visual symbol of his amputation.

The Terry Fox Foundation (founded shortly before his death) focuses on fundraising for cancer research. Every September, Canadian elementary, middle, and high schools hold memorial "Terry Fox Runs," often incorporated into the physical education curriculum, raising funds for the foundation. In 2021, Terry Fox Runs took place in more than 650 communities across Canada, operating on a sponsor-and-pledge framework (*Terryfox.org*). The School Run website implores "Be courageous like Terry," "Be humble like Terry," "Be determined like Terry." In 2019, 9,508 school runs were held in Canada, involving over 3.3 million children and educators (*Impact Report,* 6). There is a complementary, public run held in many major cities, garnering 87,500 participants across hundreds of locations across Canada in 2019, as well as additional participants from internationally-organized runs (*Impact Report,* 9).

The ongoing legacy of the runs matters because my analysis here is about the role Fox plays and the space that he is given in Canadian minds/bodies, rather than an analysis of his first-person experience. Interpretations of Fox's life, death, and run often have multiple and contradictory meanings around national unity, masculinity, and health/disability (Ellison 2015). There has been longstanding criticism not of Fox himself but of his representation in media

(Harrison 1985). These representations tend to elide the pain he endured, indeed the material worsening of the condition on the run, but also seize upon his positioning as an individual. In 2019, a likeness of Terry Fox was utilized (without approval) on posters for "yellow vest" protests organized by the Canadian conservative "United We Roll" caravan, implicitly linking the Marathon to cure cancer to anti-immigration sentiments (Labbé 2019). Though this use was denounced by the Fox Foundation, it demonstrates the mass appeal of Terry Fox as a national unity figure, a white figure, and an acceptable mode of disability, to be positioned against non-whites, immigrants, and other forms of capacity and disability.

Reading through a biopolitics of disability, we can discern which impairments and injuries are recognized as disabled and given socioeconomic aid, as well as symbolic meaning. Contrast the place of Fox in Canadian collective imagination with the chronic health issues faced by Indigenous Canadians. While there is a general awareness of health problems in Indigenous communities, these issues are not often discussed as disability, and even when they are, there is no realization of the sources. The lack of provision of clean water to numerous indigenous communities, the generational trauma experienced through welfare systems and medical systems, and the increased rates of certain chronic diseases are excluded from many Canadians' image of disability (Hahmann, Badets, and Hughes 2019; Jacklin et. al 2017; Greenwood et. al 2015; Ineese-Nash. 2020). While Fox is recognized not only as disabled but as a hero, disabled Indigenous Canadians are relegated to the "shadows," not only in terms of recognition but also material supports that enable survival. Canada uses debilitation for colonial, nation-building purposes, and has done so for the length of its national existence.

Colonization has relied upon debilitating processes in numerous locations and times. Strategies of harming infrastructures and care are widespread, from the lack of medical care made available to rural indigenous groups in Australia (Hollinsworth 2013); the explosion of "Old-world" contagious diseases (in particular tuberculosis) into plains peoples in Western Canada under broken treaty promises from the Canadian government; the creation of famine and hunger through both managing supply flows and prohibiting farming (Daschuk 2013, Carter 1993). While Fox looms large in Canada's collective imaginary of disabled individuals, the long-standing chronic health effects and debilitation of our indigenous peoples are cast as mere consequences of the past, rather than ongoing impairments following political violence. Fox is given a surplus of agency in cultural representations, while the varied health struggles of indigenous nations across Canada are frequently naturalized and used to deny agency or degraded as having faulty coping mechanisms/ having made bad "choices" (Goodman et. al 2017). As Millar (2016) emphasizes, the figure of Terry Fox is also central to elaborating and maintaining notions of proper Canadian citizenship, particularly through the collective annual participation in Terry Fox Runs that fold both the disabled and the non-disabled into the project of biomedical cure. Overall, this example shows that what we think of as disability is neither value-neutral, clearly defined in terms of subjects/positions, nor separated from the geopolitics of racialization and the targeted violence of settler colonialism as ongoing occupation. This helps us to understand Puar's explication of debility, below — and in particularly the centrality she sees to its exercise and presence in settler colonies. The maimed, but not dead, population is capacitated for settlement.

I use the term debility to refer broadly to debilitation, as processes of intentional injury and maiming. This "intention" does not lie in the minds of any individual subjects, but is reflected in the use of injury and maiming as strategic and chosen. Alongside Puar, I recognize that debility is useful and even productive in myriad ways through its capacitation.[78] Anthropologist Julie Livingston, while by no means the first researcher to consider what we call debility, made the concept a central part of her field studies in Botswana in the late 1990s. Livingston defines debility as "the impairment, lack, or loss of certain bodily abilities," using the term to bring together the disabled, the chronically ill, and the aging (2005, 2). She defines disability as referring to "the social challenges stem from particular forms of bodily configuration," (7) implicitly agreeing with some of the social models of disability, including the grounding in a physical impairment (not assumed to itself be constructed).[79] While Livingston notes that debility may overlap with disability, she insists that these labels and processes play different social roles: "debility serves to partially isolate experience in a single body while at the same time accentuating the human need for care and assistance . . . Instances of debility generates social and personal crises that must be made sense of" (19). Livingston is concerned with what individuals and communities do with debility, and how the management of it has changed over time. In contrast, Puar concerns herself with what debility — or more precisely, debilitation — *does*.

Puar links debility explicitly to maiming: intended injuring without death. To understand some instances of disability as maiming is not to say that being disabled is always being maimed; rather it highlights the different and graduated modes of becoming disabled. Expanding our notions and understanding of disability, Puar places the concept in a triangulation with two others: capacity and debility. Both disability and debility carry connotations of impairment, yet

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[78] Productive and useful are here meant as descriptors, not value endorsements. See Methodologies in Chapter 1.

[79] In laying out Livingston's view, I am not subscribing to her definitions but tracing the genealogy of thought about debility.

debility points to intentional injury rather than disability, often thought of as accidental or congenital. Further, debility puts into question the very binary of accidental and intentional injury, insofar as many modes of debilitation are excused as unintentional: debilitation "as a normal consequence of laboring, as an 'expected impairment'" (2017, xvi). As she puts it later, riffing off Gilles Deleuze and Félix Guattari, "the accident functions as an alibi for the constitutive relations of force necessary to bring about something, an event that is in retrospect deemed an accident" (68). When debility is called accidental, all of its slow endurances and pains are erased. In sum, Puar argues that the contemporary Western neoliberal construction of disability, as a special case, as an accident, and something that can be overcome, depends upon a shadow notion of debility (xvii, 89).

By using the language of "shadow notion" or debility being "in the shadows," Puar indicates that the usage of the disabled/abled binary (and mainstream recognition-based disability rights) is bolstered by obfuscating and eliding debilitation as an endemic, durational, quotidian process. Debility as she defines it is the unnamed "connective tissue" that holds together notions of wearing out, normal consequences, and capacities and disability (xvi).[80] In naming and recognizing some subjects as disabled, others are excluded; more precisely, they are excluded because the process of debilitation is both profitable and illegible in disability rights frameworks. In brief, "the normalization of disability as an empowered status purportedly recognized by the state is not contradicted by, but rather is produced through, the creation and sustaining of debilitation on a mass scale" (xvii). Frequently, the recognition of disability rights in whitened and Western(ized) states relies upon governments "here" debilitating and exploiting the "elsewhere" (Puar 2017, 69, see also Meekosha 2011). Bodily injury and impairment are

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[80] This is a ripe metaphor I will return to below.

filtered into differentially named, and differently treated, masses. Maiming is not always or only performed by states or governments; this "right" to maim is also distributed unevenly among subjects. Who can "expect" to be disabled or to have their body violated, and who does not have to think about this? How is the right to maim exercised in situations of imprisonment, solitary confinement, "expected" workplace injuries? In which cases are these capacitated financially, socially, and politically — and how? Who can maim in the name of public good without consequence? Maiming, as consisting of in seemingly discrete events whose ramifications and effects are spread out over time, is crucial to the time of debilitation.

Debilitation is difficult to define; Puar emphasizes that it is a process or movement rather than a state of being (2017, 35). Debilitation and disablement differ in their process, not as identity categories. Hence, debilitation "foregrounds slow wearing down of populations instead of the event of becoming disabled," highlighting the endemic instead of the exceptional (xiv, xvi). Reflecting the lack of clear changes in state that can be mapped onto "before" the event and "after," debilitation as protracted and durational forecloses "the social, cultural, and political translation to disability" (xiv). This means that the debilitated are excluded from disability rights discourse not accidentally, but constitutively. Further, any move to "include" debilitation cannot proceed through categorizational shift, but require a shift in our conceptions of temporality and space (xvi). That is, the task is not to classify individuals into the debilitated vs. the disabled, to create a taxonomy (xviii). Rather, debility refers to how structures and regimes of power create masses (massification), that are injured and therefore available for extraction. Disabled bodies are not only "maintained in difference and hierarchy but also solicited and manufactured" for specific ends (67). Take for example, the context of Israeli Defence Forces' (IDF) violence in Gaza. Puar shows that the use of "dumdum bullets" (which are high velocity and fragmenting) ensures ongoing pain and suffering without an increase in numerical death count, intentionally creating both enduring physical pain and plausible discursive deniability. The IDF can boast about their minimal kill count while still maiming Palestinians in life-long ways (108-110). This example highlights how "the right to maim, justified as moral because it doesn't kill, is a mode of producing value from disposable bodies while all but ensuring a slow death" (Puar 2021, 396).

Debilitation, then, is primarily a temporal and processual heuristic, rather than a place where subjects can be located with debility as an identity. Conversely, there is not necessarily a single discrete agent or group who we can say performs debilitation: while some cases of debilitation can be traced to specific and exacting actors, others are dispersed among the workings of various institutions, techniques, and even nations and thus seem to have a free-floating or anonymous quality.[81] Whereas disability is exceptionalized, debility can be thought through the endemic, the everyday, and so-called normal consequences. Debility is a methodical, strategic entry to study disability:

> Disability and debility are not at odds with each other. Rather, they are necessary supplements in an economy of injury that claims and promotes disability empowerment at the same time that it maintains the precarity of certain bodies and populations precisely through making them available for maiming.
> (2017, xvii)

Debility does not put things (bodies and affects) *out of play,* excluding the debilitated as excess or waste, but makes them *available* for engagements and capture. *T*his brings us towards capacitation. Capacitation is also a process, an inclusive move that enables bodies and energies to become human resources, through the endowing or seizing of certain possibilities. For example, crip theorist Kelly Fritsch (2015) draws attention to the capacitation of disabled

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[81] Recall here the Foucauldian understanding of power as not 'possessed' by subjects but as present in the relations between them, in Chapter 1.

workers in media and publicity. While including disabled people in the workforce is not in and of itself concerning, they are often used in order to resonate with public affects. In footage and coverage of *Walgreens*, Fritsch notes a distribution center in Windsor, CT uses the framing of "feel good" appeals to the "right thing to do"- hire those living with disabilities. The capacitation of disabled workers into the labour force becomes a "neoliberal success story," where "disability" itself does labour (30).

Like maiming, capacitations are investments in embodiment spread across various individuals, groups, and relations of power. Transnational disability studies reveal a difference between the disabled individuals who are seen as "objects of care" and those who are seen as "degraded objects" (Puar 2017, 77). Both are made *useful* to biopolitical power, and as such both debilitation and capacitation are often processes instigated by state or non-state actors for deliberate gain. This usefulness comes from their capacitation. In the fragile binary above — objects of care or degraded objects— dominant social groups and governments often capacitate objects of care into sources of income and profits for care workers in industries, consumers of expensive pharmaceutical interventions, and indeed even as inspiring figures to boost social morale. The second group, so-called degraded objects, are capacitated through indirect strategies. The debilitated, "social pariahs," those who are not able to be incorporated into the direct flow of capital "are sites of profit precisely for their availability for injury, their inability to labor, their exclusion from adequate health care, and their ideological production as lazy, criminal, and burdensome" (78). Take for example the demonization of those on disability welfare programs, which bolsters feelings of resentment from working-class poor and factors dependency itself as a form of disability (Kim 2020). As Ahmed (2004) has shown, affects and emotions circulate among bodies, sticking to some and free-floating past others, and these affects produce certain habits and ways of living.

Capacitation does not apply evenly to all bodies, nor does capacitation mean an increase in physical ability or power (Puar 2017, 19). Rather, "the capacitation of the body as it's gearing up for a passage towards a diminished or augmented state is completely bound up with the lived past of the body" (Massumi 2008, 2). Our particular lived experiences — at all levels of embodiment and (non)-consciousness — mean that particular bodies carry specific tendencies that can be invoked, activated, and manipulated towards any number of ends (3). Maiming enables a certain relationship of privileged subjects to the masses. Note that both becoming an object of care and becoming a degraded object are capacitations, though in different directions; the objects of care capacitate caring labour relations, medical and wellness devices and prostheses, and the myth of the supercrip or the exception. The degraded objects, in turn, are capacitated through being kept alive but out of play of these economies.

Puar clarifies that capacitation can be invoked towards obtaining a norm but also an anti-norm; it is not inherently oppressive nor bound to our binaries. Instead, it works with degrees, which means that all bodies are placed on a gradation of ability and all bodies have the potential to be capacitated in multiple directions. Further, the strategies involved with debilitation, capacitation, and maiming are not limited to the body itself in a raw, material, unmediated way. Rather, biopolitical security regimes work with "an array of diverse switchpoints of the activation of the body, where bodies are positioned through openings and closings in order to ground practices of exploitation, extraction, dispossession, and expulsion commencing with flexible modes of work and sociality" (2017, 22). This often happens at the smallest increment, moving from individuals to dividuals, from creating a subject to working with pieces or discrete parts of each subject.[82] Capacitation can work in multiple different dimensions, and be instigated by different subjects or institutions.

Some kinds of capacitation include: i) making the disabled fit for work through legislation and the measurement of work ability [83] ii) capacitation as a site of labour : disabled bodies ("objects of care") which are legible in rights discourses become a place where more work is needed, such as personal care workers, health aides, the manufacturing of certain prosthetics (both physical and medications) and iii) capacitation as sick, keeping medical-settler infrastructure strong (Puar 2017, 2, 57). The capacitations that Puar identifies rely on the status of violence as maiming rather than death. 'Capacitation as sick,' a phrase I coin and use, involves both the wearing-down of a population simultaneous with their pathologization *not only* in collective representation and imagination. The colonized being capacitated as sick involves a social authoring of the meaning of symptoms, themselves triggered as part of the political atmospheres that use pathology to justify intervention.

Understanding Puar's concept of *the right to* maim is necessary for this chapter because it exposes the usefulness of debilitation to colonial regimes and because this maiming is an existential condition of life, or life-death, which permeates lived experience. The right to maim takes its place alongside yet in juxtaposition with the right to take life (make die), let live, to make live, and to let die: the rights that Foucault mapped onto sovereign power and biopower.

Biopower — a form of control over life that came to prominence in the 18th century — has two poles of strategies: anatamopolitics (also known as *disciplinary power*), which works

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[82] The concept of dividual is one Puar takes from Gilles Deleuze, as a kind of pre-personal fragmentation that he theorizes as central to control. For more see Deleuze (1992), Colwell (1996).

[83] See Fritsch (2015) for a discussion of the legal definitions of who can work and a discussion of prosthetic in the broad sense.

directly on controlling the body and correcting towards a norm, and *biopolitics*, which works at the level of the population using regulatory mechanisms and along gradations of normality. Under biopower, instead of the sovereign right to make certain individuals die or let them live, Foucault says the emphasis shifts to let die/make live, or to the promotion and fostering of certain kinds of life and the neglect of others. The *disciplinary* mode focuses on distinguishing the normal from the abnormal, and integrating correction and training in order for individuals to approximate the norm.[84]

The *regulatory* complement to this use of power, working at population scale rather than the individual, considers subjects on scales of normality, where no one is a perfect fit to any norm. Disciplinary power has not gone away, but rather persists entangled within biopolitical regulatory mechanisms. Sovereign power and the right to kill endures, filling gaps in the biopolitical and disciplinary, as numerous scholars working on necropolitics, specifically Achille Mbembe, emphasize.[85] Mbembe's intervention complicates Foucault's diagram by demonstrating the centrality of necropower — the power to kill — as a sovereign residue that persists. In brief, Mbembe (2019) shows that a simplistic view of biopolitics cannot account for "the contemporary ways in which the political takes as its primary and absolute objective the enemy's murder, doing so under the guise of war, resistance, or the war on terror" (66).[86] These forms of power are exercised differentially upon different populations, and certain subjects

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[84] For further discussion of this, see Foucault (2003), 239-263.

[85] See also Haritaworn, Kuntsman, and Posocco (2014).

[86] I do not have space here for a lengthy treatment of Mbembe's notion of necropolitics, which makes several important contributions not reducible to a critique of Foucault.

(particularly the racialized and disabled) are habitually targeted by more sovereign uses of force than others.[87]

Puar is also pointing out the insufficiency of a simplistic biopolitical framework. She is, however, unique in arguing that there is a new right to maim which modulates these relations. The right to maim is a power to *not let die and not kill*. Beyond the binarization of life and death, this changes the quadrants: maiming works with "will not let die" and "will not make die" (2017, 139). Maiming "does not proceed through making live, making die, letting live, or letting die . . . debilitation is not merely another version of slow death or of death-in-life or of a modulation on the spectrum of life to death. Rather, it is a status unto itself" (137). Maiming is a form of capacitation: "Maiming is a source of value extraction from populations that would otherwise be disposable" (xviii). Their disposal in this case is less valuable than their injury. Whereas necropolitics kills, maiming withholds death to keep bodies, in some ways, suspended.

Within this map of forms of power, Puar emphasizes Deleuze's notion of control society. Control society is a way in which biopower and regulation work along more subtle variations and gradations. Indeed, Puar seems to view control as synonymous with regulatory power, or at least as having emerged out of regulatory power, when she considers "Foucault's expounding of apparatuses of security [as] later recapitulated and torqued in Deleuze's theorization of control societies" (55). What is important for me is not *when* we decide control started, but *how* it functions: that control mechanisms both create and manage disability, debility, and capacity. Control works by treating us not as individuals, but dividuals, with separable functions, parts, and capacitations: "controls are a modulation, like a self-deforming cast that will continuously

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[87] We can consider, for example, the repeated killing of unarmed Black subjects and Indigenous subjects by law enforcement and "vigilantes" alike to be demonstrations of necropower.

change from one moment to the other, or like a sieve whose mesh will transmute from point to point" (Deleuze 1990, 4).[88] Deleuze says that whereas discipline and regulatory power are like minted money, control society operates more like floating rates of exchange, with a rhythm and a logic of its own that we are all modulated by (5). Control is continuous, instant, rapid, and seeks to codify and manage all communication by attenuating connections. Control as a security mechanism also works through modulating our affects, redirecting intensities and flows (21-22). While this atomization or diffusion increases (control), other modes of biopower persists. In fact, "Biopolitical control societies work insidiously by using disciplinary power to keep or deflect our attention around the subjection of the subject, thus allowing control to manifest unhindered" (Puar 2017, 51). This modulation of attention conceals the ways these forms of power are interdependent. In brief, we contend with mechanisms and structures that often mutually reinforce and support each other, not despite but because of their different scalar focuses.

Maiming, capacitation, and debilitation fundamentally shift several of the assumptions of disability studies and philosophy of disability. Specifically, this framework challenges the social model of disability, which casts disability as a matter of interaction between bodies and environments. On a typical reading of the social model, a "proper" universally designed environment would ensure the arising of no functional disability: for example, the replacement of stairs with ramps makes buildings accessible to those using motorized transportation devices. However, recall that the social model has two risks associated with impairment: either impairments are viewed as properties of the individual and thus the "problem" is shifted; on a strong version of the view, impairments are not real and thus can be eradicated as a concept, which runs the risk of undermining lived experiences of pain and suffering. Bringing in debility

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[88] Deformation comes back as a theme in Chapter 4.

challenges both: it highlights how disability is produced and how certain disablements contain a bodily, material suffering that is not dependent on an interaction with an environment's design. Although the political/relational model advocated by Kafer (2013) does not capture or exhaust debility, it allows space for impairment to be material, produced, and constructed. Indeed, in her "Spatial Debilities" (2021), Puar gestures towards lines of solidarity between those with "mobility impairments" and those whose mobility is disabled as a result of infrastructure. She emphasizes how "the varied modalities through which many [Palestinians] have the logic of containing mobility literalized on their bodies in the form of impairment" (400).

Most relevant to my work, maiming transforms the capacitation of illness and injury. In regimes of control, Puar insists "illness is no longer a hindrance to, but rather is implicated in, 'make live' " (2017, 139). Whereas Foucault noted early welfare states developed profit through minimizing unproductive lives, Puar emphasizes that in this neoliberal turn profit is made through bodies' subjectivation and abuse, even through illness and inaction themselves. Take for example stunting, a physiological condition that occurs from undernourishment (reduced calories and certain nutritional deficiencies), and which affects both the overall abilities of the child's body, their psychological wellbeing, and their foreseen lifespan (Puar, 150). Puar shows how this targeted maiming is generational: this long-term strategy of starvation and undernourishment by Israeli forces results in debilitated and weakened forms of resistance over decades. I will return to this question of the capacitations of illness throughout the reading of Fanon's case studies.

Reading Fanon in Algeria

Puar highlights the use of maiming specifically in settler colonialism. Palestine is her main example, where Israeli fighters often use the ration of injuries to casualties to maintain a "humane" reputation. However, I want to emphasize that maiming's history is longer than the strictly neoliberal period. Drawing upon Fanon's writings about Algeria in particular (and more generally about colonialism) I hold that during the revolutionary war in Algeria in specific and in French colonization of North Africa in general, a kind of proto-right to maim was being exerted, with the debilitation of the population of colonized Algerians as the mode of regulation. This is significant because it predates the neoliberal uses of the right to maim and shows that this technology is crucial to settlement and occupation.

I will accomplish this first, by elaborating Fanon's general approach to psychopathologies; second, by tracing the literal transformation of muscles through tension to rigidity, and; third, by linking maiming as modulated life and slow death to the feeling of dead life in colonization. I do not mean to say that the situation in the Algerian Revolution resembles Palestine today; instead, I draw out specific resonances in the processes of debilitation. I will follow traces of specific case studies in Fanon's writing as an illumination of the capacitations and uses of proto-maiming, foregrounding musculoskeletal disability.

We must not take for granted Fanon's viewpoints of North Africa and Islam. Ziad Bentahar (2009) argues that despite Fanon's sympathies and resonances with Algerians, in his position as psychiatrist, he remained "an outsider" (127). Fanon does not make comparisons among Martinician Blacks and Algerians, but works along the vector of oppression and domination, and was aware of his position as an outsider, not speaking Arabic, Berber, or other languages of the region. This does not mean we ought to discard Fanon's work from Algeria, but keep in mind his liminal position. As Bentahar emphasizes, he often employs colonial notions of Algeria rather than drawing cultural ideas from Algerians themselves.[89] I want to note these disagreements and read Fanon's work alongside them, neither justifying nor dismissing his role as a French doctor, and a Martinician in North Africa. This investigation is not a loyal Fanonian one — like Darieck Scott (who I read later), I will be creatively unfaithful with Fanon, taking up most surely his reports of patient symptoms and discourses.

On this topic, a note on language is in order. Throughout this chapter, in my discussion of Fanon's work I will mostly use the term North African, specifying identity groups when possible according to his notes.[90] I do this, in realization that there is no term that accurately collects Fanon's racialized patients across the North of Africa, geographically without artificially homogenizing them. Of course, Fanon's notation of "North African" in the "North African Syndrome" is not neutral but designates a homogenous and constructed racial identity in the French imaginary. The French image of the "North African" and his attendant qualities (criminality, rigidity, violence) has a long history, even before Antoine Porot's "Algiers school" and his declaration of the syndrome (Porot and Sutter 1939). Naming Algerians is also a problem, since for many years *Algerien* as a word was used for citizens of French descent, while *musulman/indigene* was reserved for the native population.[91] Historian Nina Studer (2016) refers to these linguistic slides as part of a "psychiatric unity of the Maghreb" constructed through

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[89] 89. See also challenges to Fanon's perspectives and portrayal of Algeria in Fuss (1999) and McCulloch (1983).

[90] 90. I follow Fanon scholars like David Marriott (2018, 74), Lewis Gordon (2015, 76) and Andrea Pitts (2021).

[91] 91. See Clancy-Smith (1998), p. 155.

Orientalism. Under the so-called civilizing mission of France, even North African sanity was too close to insanity and the people needed saving (Studer, 18).[92]

Fanon himself is sometimes slippery on the language of North African identity. He uses North African without quotations (1976b), at certain times focuses on Muslims, at others Arabs; at times in his writing, he explicitly draws lines between Tunisians, Moroccans, and Algerians, while at others they are lumped together. Notably, at the time Fanon was working in the region, Algeria was distinctive in being a French department, making its residents French subjects, ruled directly by the French, whereas Morocco and Tunisia were protectorates under indirect rule (Liebesny 1943). Albert Memmi (1975) notes Fanon's own shifting identifications over his lifetime, tracing the moments when he moved from addressing North Africans as "you/they" to "we," then later to a broader "we" of Pan-Africanism. This shift is also supported by the testimony of Stuart Hall, Francoise Verges, and others in *Frantz Fanon: Black Skins, White Masks* (1995).[93] All this to say in brief, my utilization of the term North African is not meant to echo or reproduce the homogenization of either colonial psychiatry nor (some of) Fanon's work

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[92] Even today, Duroy (2011) notes: "while individuals of "North African" heritage may have multiple overlapping identities as they perceive themselves culturally as Berber, Kabyle, Tuareg, Tunisian, Algerian, Moroccan, and/ or spiritually as Muslim, Christian, atheist, etc., most individuals with a North African or Arabic-sounding name and/or facial features will tend to be categorized by the larger society (i.e. through discursive and historical hegemony) as Maghrebi/North African (with its attendant misrepresentations)" (317-318). The word Maghreb, itself also inconsistently deployed, is also one that washes many peoples with one brush, including the so-called Berbers: "Some modern-day Amazigh militants take great umbrage not only with the term 'Berber,' but with 'Maghrib' as well, viewing them, not wholly unreasonably, as one more indication that their status is politically, socially, culturally, and historically subordinate. Their reaction is even more forceful when 'Maghrib' is joined together with 'Arab,' a term given institutional expression in 1989 with the establishment of the five-member 'Arab Maghrib Union'" (Maddy-Weitzman 2011, 3). The Pan-Arab assumption present in the institutional title reflects not only the importance of Arabs in this region, but simultaneously reflects the colonial imaginations that see the region as overwhelmingly Arab in nature.

[93] See Zack (2002), 84 for a discussion of Fanon's political identity and how he conceived of Algerian identity.

itself; it recalls each of these but functions as a stand-in both when Fanon is making generalized claims and when the subject of illness/disability is not properly identified.

Now, a few words on Fanon's viewpoints of psychology and politics in general. Fanon is well-known for his work in and modifications of social therapy (a development out of institutional therapy), and for emphasizing context in psychiatric treatment.[94] His extortions towards situational diagnosis indicate that social and political forces have psycho/physical results. This theme arises in his writings in France as well, and his attention to context is particularly salient in " The 'North African Syndrome' " (1952). There, Fanon urges readers to consider the whole situation of the person, and not only a very narrow meant biomedical view of symptomatology (10, 13). Fundamentally, the colonial situation remakes the medical encounter, and the context (intersubjective, political, and communal) is crucial. While "The 'North African Syndrome' " refers to North Africans in France, the patients considered display many of the characteristics and comportments shared by people in the departments and colonies themselves.

By affirming the social causes and configurations that lead individuals to be diagnosed as sick, Fanon establishes a critical point of view on so-called psychosomatic illnesses. Fanon's studies of psychosomatic disorders in Algeria and Tunisia build upon his previous encounters with North Africans who had emigrated to France, classified as having a "North African syndrome," during his time working in Paris and Lyon. The symptoms of this syndrome, Fanon shows, are in fact products of the juxtaposed colonial contexts and of the prejudices of medical practitioners. François Tosquelles, Catalan psychiatrist who worked with Fanon, notes that the

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[94] Literature often refers to Fanon as involved in social therapy, institutional therapy, or occupational therapy. These names derive from Tosquelles' *psychothérapie institutionnelle*, and his *Groupe de travail de psychothérapie et de sociothérapie institutionnelles*, and the practice of "occupying the time" of residents, but they are translated inconsistently.

Lyon medical school was "a caricature, if we must, of analytic Cartesianism, jewel of efficacy dealing with the anatomo-physiopathologic object which is the basis for medicine in general and fragments into countless specializations" (my translation, Tosquelles 1975, 10). Working in Lyon and Paris, very few of the doctors spoke Arabic or Berber languages.

As Fanon describes the encounter (a medical examination), medical dogma about the existence of a lesion under all disorders meets with racist assumptions about North Africans and Arabs. The attachment to finding an organic lesion associated with symptoms harkens back to Charcot's attempt to find an anchoring for hysteria, and the rise of the medical model in which disease has a specific physical location which directs treatment. The issues of patient will and of etiology are foregrounded, but both come with a pre-existing framework: "Doctors continue to be taught that every symptom requires its lesion" (8), as an "inflexible" rule. In this way, medical professionals have brought a static, assumed true Eurocentric framework to bear. He maintains that on the whole, medicine as Western colonial medicine presupposes that there must exist a physical lesion in the body which explains, acting as cause or etiology, all the symptoms seen (1959, 8). This keys into the medical, individualized model of disability, framing the problem as something to be "fixed" within a single body, isolatable.[95] Rather than modifying traditional medical thinking, it is much easier for the doctor to find a patient at faults (8). Hence in his analysis of the text, David Macey (2000) writes that the "North African syndrome" affected French doctors, not North Africans (469). This means that descriptions of pain (likely only partially translated), such as those vague, generalized, and whole-body symptoms mentioned, without temporal or spatial delimitation, are filtered through a medical mode of apprehension.[96]

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[95] See Foucault, *The Birth of the Clinic* (1963) on the medical gaze.

[96] As scholars working in epistemic injustice have noted, the psychiatric or medical encounter often results in epistemic harms for patients. For more see Carel & Kidd (2017).

Distrust, mistrust, and the requirement for objective measurable criteria all result in reinforcing racial hierarchizations:

> In the face of this pain without lesion, this illness distributed in and over the whole body, this continuous suffering, the easiest attitude, to which one comes more or less rapidly, is the negation of any morbidity. When you come down to it, the North African is a simulator, a liar, a malingerer, sluggard, a thief. (7)

The patient is a metonym, a stand-in for a mass rather than a subject with particularities: all his contours are shared and generalized, either the site of pity (if he is primitive and ignorant) or fear (if he is dangerous) — or both, hence "bears the dead weight of all his compatriots" (8).[97] An individual patient's symptoms are made meaningful in conjunction with stereotypes about North Africans, under the guise of medical objectivity. In this encounter there is both a conflict over truth — see the reference to lies and malingering above — as well as a disavowal of the qualitative pain that patients may feel. Thus, interpretations which insist a patient "says he is suffering when we know there are no *reasons* for suffering" (10).

Even strategies for paying attention to context, such as integrating situational diagnosis, do not lead to reliable or helpful verdict on the patient's health when trying to apply universal and objective medicine. Psychiatrist Erich Stern's questions to investigate social context in psychosomatism (1949) claimed to help with discerning the patient's situation. Stern suggests we ask not about the will but about the affective and instinctive lives of the sick, in a "diagnostic de situation" that focuses on the sick person's relations, occupations and preoccupations, in/security, and life history (128). Fanon (1952) shows that they are in fact the *wrong questions* when considering the sick North African in France. "Are there relations?" "There are no [contacts]. There are only bumps" (11) and "a multisegmented insecurity" (12).[98] The particular

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[97] In the original French, dead weight is literally "poids mort."

[98] I have substituted contacts in translation, as it is more faithful to the original French text.

question of tension stands out for my analysis. Fanon retorts, the patient's "inner tension. Utterly unrealistic! You might as well speak of the inner tension of a stone. Inner tension indeed! What a joke!" (12). Thus, the tools for assessing situation and context provided by Stern fail to approach the lived experience of a North African in France. The patients ascribed this syndrome are separated from "the very substance of [their] affectivity. Cut off from [their] origins and cut off from [their] ends" (15). Affect, movements, and symptoms cannot be straightforwardly read in a context of such sharp cuts.

Through the diagnosis and presenting symptoms of the "North African Syndrome," we can see the debilitation wrought on colonized North Africans and modulated by their presence in France as émigrés. To note their generalized, vague pains is also to note that their bodies have been worked over and worn down.[99] As Fanon notes, "they have had France squeezed into them wherever, in their bodies and in their souls, there was room" (15).[100] All this forcing "into" the body of values and customs results in tension.[101] This is a debilitation that is not recognized as disability or illness, but as madness, malingering, hysteria, or hypochondria. The symptoms are then useful in bolstering the same racist cultural myths about North Africans that incited medical skepticism in the first place.

Debilitation and disorder arise not only in North African émigrés to France, but also in the colonized countries under French medical management. In the settler-colonial situation, Fanon notes several characteristics of medical and social relations. First, all the relationships of a patient, be they kin or otherwise, are strained and changed: "in the colonial situation the personal

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[99] Recall again Ngo's (2012) account of wearing down.

[100] In the original French, "On leur a introduit la France partout."

[101] "The North African combines all the conditions that make a sick man" (13) In the original French, "qui font un homme malade."

approach, the ability to be oneself, of establish and maintaining a 'contact,' are not observable" (1959, 126). Here, too, there is a confrontation between the doctor and patient. During the 1940s and 50s, Fanon observes that European medical professionals in Algeria had denied or hid signs of torture, frequently used a "truth serum," and cooperated regularly with colonial police (136-138). Further, "even when the doctor belongs to the dominated people . . . the native doctor is a Europeanized, Westernized doctor, and in certain circumstances he is considered as no longer being a part of the dominated society" (132). Doctors were landowners and elites, maintaining economic interest in the ongoing structures of colonialism (133-134). There were legal requirements that doctors record names of "suspiciously wounded" Algerians during the revolt (135). In short, the atmosphere in Algeria, while not subject to all the *cut ties* of the immigrant to France, still lends a medical appointment distrust, linguistic incompleteness: and the ties, though not cut, are strained. The differences in communication, context, and values are crucial for the diagnostic process, and present a particular nexus of challenges regarding "mental disorders":

> The doctor rather quickly gave up the hope of obtaining information from the colonized patient and fell back on the clinical examination, thinking that the body would be more eloquent. But the body proved to be equally rigid. The muscles were contracted. There was no relaxing. (126-127)

This casting of the body as *itself* an actor, but a refusing one, recalls my discussion of somatic compliance in Chapter 2. It also previews the issue of rigidity and muscle contraction, which I will center in my analysis. Without a lesion or the body speaking, the doctor is at his wit's end.

Macey (2000) notes that if there were a dominant psychiatric viewpoint during Fanon's training, it would be Henri Ey's "organo-dynamism" which suggested the etiology of psychosis lay in organic causes (469). Fanon was already engaged with questions of psychosomatism and the lesion long before writing *The Wretched of the Earth*, as these questions underly his medical dissertation as well.[102] Notably, by the end of his life Fanon favours the vocabulary of the corticovisceral, rather than the psychosomatic (1963, 216-217, see n35). Whereas psychosomatic medicine was thoroughly Freudian in its genealogy, corticovisceral theories took their cues from the theories of Ivan Pavlov and Soviet scientists.[103] This framework places emphasis on the *materiality* of disturbances without lesions. We can make a preliminary distinction between the psychosomatic's relationship to notions of a psychical unconscious, while the corticovisceral indicates a relationship to the brain and cortex. Some of the disorders centered in corticovisceral research were peptic ulcer, gastric ulcer, asthma, and the relationship of specific diagnoses to the workings of the amygdala, and in general, the nervous system.[104]

However, little has been written on the corticovisceral model since the 1950s and 1960s; the term itself is rarely referenced today. There was a heated debate during these years about to what extent these models are different and why — not only in theory but also in practice. For example, psychoanalyst and psychiatrist E. Wittkower framed it as a difference in focus at an International Symposium in 1964: "the main focus of psychosomatic research is on the why, and that of corticovisceral investigation is on the how" (quoted in Chertok 1969, 511). Psychiatrist Léon Chertok (1969) argues that this is an oversimplification, and there is a grand heterogeneity of views within the corticovisceral tradition. While none were tightly bound to a Freudian unconscious, some corticovisceral researchers *did* use the unconscious more broadly construed and were friendly towards psychoanalysis. Likewise, while the Western psychosomatic trend tended towards clinical work and the corticovisceral towards laboratory experiments, both came

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[102] See Fanon (1951).

[103] Chertok notes that in 1950 the language in the USSR changed from psychosomatic to corticovisceral, in line with Soviet experts who proclaimed psychology not a science.

[104] See Fleshler (1967), Brozek (1968), Bykov & Kurstin (1952). There is also a wide literature in Russian and related languages that has not been translated into English.

to appreciate each other's methods. What then to make of Fanon's usage of both psychosomatic and corticovisceral? As Jean Khalfa notes, Fanon did not *reduce* functional disorders to the brain alone; to the contrary, even in the face of illness without lesion he did not find a new lesion in the brain, but looked for other explanations (Khalfa 2018, 174). Fanon is working *between and with* these two models. However, we can take the usage of corticovisceral as also emphasizing the very visceral nature of illnesses, and as a distancing from a Freudian personal unconscious towards a broader idea of the unconscious. Recall the term *sociogeny*, which I introduced in Chapter 1 as an explanatory, not purely medical term. Fanon's sociogeny works with an unconscious, but not clearly a Freudian or classical psychoanalytic version.

In his published texts, Fanon rarely speaks at a meta-level about his approaches to the psychosomatic. However, in the theoretical discussion of cases of mental disorders in *The Wretched of the Earth* (to which I turn shortly), he states that:

> This pathology is considered a way the organism can respond, in other words how it adapts to the conflict, the disorder being both a symptom and a cure . . . the organism (here again it is the former psychosomatic, cortico-visceral body) outwits the conflict using the wrong, but nevertheless economic, channels. The organism chooses the lesser evil in order to avoid a complete breakdown. (1963, 217)

To state that these disorders are both *symptoms and cure* is to reject already the view of illness that sees it as overdetermined (only a symptom of the political atmosphere) as well as the view of illness that forgets pain and suffering and celebrates the sick (a kind of romanticism). Further, it is not the psyche but the organism, the cortico-visceral body, which executes this protective redirection of energy. There are echoes of Freud or Ferenczi here too: in the organism's *choice*. My project in this chapter is not, however, to draw out Fanon's viewpoint on the psychosomatic/corticovisceral, nor to establish the best methodology for dealing with such illnesses. With this orientation towards the psychosomatic and the corticovisceral in hand, I now turn to specific examples from Fanon. I begin by tracing existing discussions of Fanon's writing on muscles and the body and offer an analysis which focuses upon muscle tension as debilitation.[105] Following this, I suggest some elements for a phenomenology of debilitation, through considering the lived experience of torsion spasm and the treatment of agitation.

Muscular Tensions and Connective Tissues

Colonization and colonial war, as both structures and events, trigger bodily transformations among the occupied population. In *The Wretched of the Earth*, though not explicitly thematized nor given its own chapter, muscular tension abounds in Fanon's descriptions of both colonized individuals and the masses. In this section I elaborate fragments of a phenomenology of colonial debilitation, through agitation, muscular tension, and the interplay of motion and rigidity. While describing the process of a nation's decolonization, Fanon notes that in the early stages the population confronts and strains against Western Values, "the colonized grow tense and muscles seize up . . . [Eventually,] the colonized masses thumb their noses at these very values, shower them with insults and vomit them up" (8). Still after this expulsion of values, Fanon's colonized person is haunted by his muscles. He has muscular dreams, there is an "aggressiveness sedimented in his muscles" that can find temporary release in either dancing or self-destruction (1963, 15, 19-20). His muscles remain tensed, always in a state of apprehension, waiting in anticipation for a change to occur (16). Any petrification is only a pseudo-petrification, never complete, and it always ends in an explosion, a convulsion, or the spasms of hysteria (17, 19). These muscular moments are scattered throughout the text, but Chapters 1, 2, and 5 are the most saturated: indicating that muscular work is a part of many of

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[105] For an account of the physiological and affective metaphors in *Black Skin, White Masks*, and especially affective ankylosis, see Al-Saji (2021).

the stages of decolonization, not a momentary place for a snap, but a long-laboured site. There are many disparate readings of the muscular tension and spasms in *The Wretched of the Earth*, as well as disagreements over to what degree Fanon is endorsing refusal as a mode of resistance.

Fanon describes muscular dreams, aggression sedimented in muscles, the release of this tension through dance or ritual, and the seizing of muscles in the face of colonial values. The everyday repetition of an atmosphere that creates tense muscles is itself a wearing down. I have suggested in some of my earlier work that we can make sense of this over-activity and simultaneous immobility through tetanization, a word Fanon uses in *Black Skin, White Masks.*[106] According to Stedman's medical dictionary (2006), tetanization is when a muscle is petrified because of its constant over-stimulation, as a result of too much input from the environment or an input that cannot be incorporated (n.p.). Although he uses the term in discussing tetanization of *affect* in *Black Skin, White Masks*, tetanization is a model of how excess spasms and contractions can present as immobility. I do not read tetanization through tetanus infection, which is transmitted by a bacteria which causes muscle contractions, though this is reading pursued by other scholars (Al-Saji 2021). Reading tetanization this way is not a simplification of Fanon's metaphor, but an acknowledgement that tetanus infection is only *one* of the myriad causes of tetanization, which is a more generalized phenomenon. I hold that tetanization embodies and demonstrates debilitation of Algerian patients in *The Wretched of the Earth*'s chapter "Colonial War and Mental Disorders."[107]

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106. See Fanon (1952), 110; note that Markmann removes this word in his English translation (1986).

107. I have defended this view of tetanization in presentations at both the summer school "Philosophie et décolonisation," Université de Toulouse Jean-Jaurès (2016) and *Philosophy, Disability and Social Change* (2020).

Regarding symptoms of rigidity, for example, Fanon notes that they are unique to Algerian situation, forming a whole group of his patients:

> There are male patients who slowly have difficulty making certain movements such as climbing stairs, walking quickly, or running . . . walking becomes contracted and turns into a shuffle. Passive bending of the lower limbs is practically impossible. No relaxation can be achieved. Immediately rigid and incapable of relaxing of his own free will, the patient seems to be made in one piece. . . The patient does not seem to be able to "demobilize his nerves." He is constantly tense, on hold, between life and death. As one of them told us: "you see, I'm as stiff as a corpse." (218–219)

These symptoms are implicated within the colonial context and take on a role in medical treatment. Rigidity is not only a product of the atmosphere but carries its own force. What is rigid may be too willful or unwilling to change. Fanon tells us, "The doctor rather quickly gave up the hope of obtaining information from the colonized patient and fell back on the clinical examination, thinking that the body would be more eloquent. But the body proved to be equally rigid. The muscles were contracted. There was no relaxing" (1959, 127).

In this section, I analyze debilitation as the connective tissue which weaves together muscle tension, agitation, speed and stasis, and capacitation through pathologization. Foregrounding debilitation when examining papers from Fanon's medical career will guide my analysis through several points: i) the affective and visceral dimensions of descriptions and sensations ii) a sensitivity to racial 'ability' tuning, or the ways in which agency is authored or unauthored iii) a distinctive attention to the physiological and material (over the merely metaphorical). Attention both to the non/reactions in these cases and to the dangers of pathologization (as well as its entanglements with objectification) are necessary for this project. Both due to the archives I am drawing upon and due to a critical phenomenological attempt to describe without interiority, I do not focus here upon the questions of will, intention, or consciousness. Instead, my analysis questions what such questions *do*.

I have argued through this chapter that debility, hinging disability and capacity, has been a shadow strategy of colonization not only in the most recent past, but also in early 20th century occupations. The muscular disorders in Algeria are then results not only of the literal muscular chemical processes of the North Africans' bodies, but also the *connective tissues* that enable colonialism, pathologization, and maiming. Debilitation together with agitation enables us to ask about the tension that affords this illness, capacitates it, and yet cannot completely capture the body's forces.

I propose a fascial encounter as a way of thinking through methodology and metaphors. In *The Right to Maim*, Puar uses the language of connective tissue to explain the role and uses of debility. Connective tissue is a general term which applies to several substances that provide mechanical support and interaction with other tissues. It is formed from fibres (often collagen), cells, and supporting materials. This mapping of apparatuses onto anatomy evokes several things: a web-like, banded or stretched shape; a constitutive and necessary role in the dynamics of disability and capacity. Paying attention to muscular and visceral interactions may elucidate not only an individual subject's lived experience, but also provide tools for explaining and analyzing apparatuses and systems of power. This work can be done in part through taking seriously *fascia*.

Fascia is one type of connective tissue, formed in bands around the muscles, receiving interest from scholars between the humanities and physiology (Adstrum et al. 2017). Social anthropologist Doerte Weig (2020) summarizes fascia in this way:

> Said simply, fascia is the tissue or white stuff in between layers of meats or the segments of citrus fruits. Fascia is vital to a person's sensing and movement capacities. Fascia absorbs, somatises, memorises everything that happens to us, and responds to the way a person lives and moves by becoming more permeable or solid. It is an organic and very alive tissue, but if it dehydrates, it becomes inert and stiff. (212)

On this analogy, muscles themselves are like the flesh of the orange, pressed up against each other with a layer of fascia to facilitate the transfer or load and tension, as well as sliding in movement. Thus, the two forms of tissue work together in movement and stasis. For example, if I tense and extend my arm in a "stop" motion, the palmar fascia (sparse in order to enable grip) causes a sensation of tightness along the fingers, while the fascia connecting the forearm to the wrist allows it to bend. The antebrachial fascia (deep fascia of the forearm) lies between the radius and ulna bones and attaches them to the extensor muscles and the radiobrachialis (Schliep et.al 2012a, 26). Meanwhile, other fascial planes would be activating in my shoulder and shoulder blade, as well as the upper back, to form the posture.

Some researchers distinguish fascia simpliciter from the fascial system. Fascia itself gathers together several different types of connective tissue. What unites them is their function: "a sheath, a sheet, or any other dissectible aggregations of connective tissue that forms beneath the skin to attach, enclose, and separates muscles and other internal organs" (Bordoni et al. 2021, n.p.). This facilitates movement, interoception, and many organ functions. Together, these tissues form a system that runs through the body and facilitates communication.

Fascia is particularly interesting to me in its relation to muscles. In particular, it allows for transfers of load and strain between muscles:

> Fascia in the form of loose, areolar connective tissue surrounds skeletal muscle fibres (forming the endo- and epimysium) and creates thin films of tissue between adjacent muscles . . . such fasciae are important in promoting movement — by allowing one muscle or fibre to move independently of its neighbour.
> (Benjamin 2009, 3)

> The attachment of seemingly diverse muscles to a common fascia means that fascia is in a strategic position to co-ordinate muscle activity. (Benjamin, 9)

In some parts of the body fascia not only holds the muscles, but allows them to attach to bones, tendons, or other tissues. Fascia is well innervated — it transmits nervous information and feels pain (Benjamin 2009, Bordoni 2019, Langevin 2021). Fascia seems to underly both interoception and parts of proprioception. Fascial tissue also changes; the Foundation of Osteopathic Research and Clinical Endorsement notes that "the fascia is any tissue that contains features capable of responding to mechanical stimuli" (Bordoni, Simonelli, & Morabito 2019). This flexibility or plasticity is nevertheless attenuated by the potential hardening and stiffening of fascia.

The fascia's relationship to muscles makes it a helpful way to approach the hypertonias and hypotonias of muscle tone. Dr. Helene Langevin, director of the National Center for Complementary and Integrative Health (NCCIH) (part of the National Institute of Health) notes that both hypermobility and hypomobility of the connective tissues affect mobility of muscles:

> If interfascial connective tissue is loose and hypermobile, force may not be transmitted to the fascia if the stress-strain curve is still in the toe region. If interfascial connective tissue is stiff and hypomobile, the adjacent tissues will become mechanically coupled sooner, and the muscles will lose independent range of movement. (Langevin 2021, 7)

For example, fascial mobility shows promising links with "the frequent occurrence of chronic musculoskeletal pain" in those with hypermobile conditions such as Ehlers-Danlos Syndromes (EDS) and Hypermobility Spectrum Disorders (6-7).

The fascia, and not only the muscles themselves, seem to play an important role in muscle tension. This approaches both a possible etiology of hypertonias (over-tension) and a route for management or healing. Weig emphasizes that the tensional qualities of fascia are not *only* restrictive; and indeed, that their restriction enables the subject towards certain motilities:

"It is adaptive and its viscosity allows for ' tensional responsiveness', providing both tension and support in the body and elasticity in movement" (213). Of course, muscular tension is not all bad — some is necessary in order to keep us postured and/or moving.[108] A therapeutics of muscle tension might involve rethinking motility itself: "tension need not relate to dichotomous poles of stasis — mobility, but can be 'tensional responsiveness', being in touch with a movement in responding to shifts in weight, pressure and other qualities" (215).

In the following sections, I read with a fascial method. Rather than foregrounding faithful or correct readings of Fanon, or establishing a best interpretation, I look at the threads and tissues between the case studies and debilitating processes. Rather than beginning with a preconceived notion of resistance or agency that then appears or does not appear in individual cases, I place aside both the questions of authorial truth and the fantasy of a clear etiology for these psychosomatic and corticovisceral experiences. This fascial reading of muscular disorder as debilitation builds on a foundation of work done regarding Fanon by scholars across philosophy, postcolonial studies, Black Studies, and sexuality studies; all of which broach both the material-physiological and issues of symbol, representation, and metaphor.

First, a tracing of the ways Fanon's references to muscles have been taken up in these literatures. In "The Case of Blackness" (2008), Fred Moten closely reads Fanon's oeuvre through lines of pathology and thingness, exposing the work of objectification and thingification in anti-Black oppression. I cannot capture the entirety of "The Case of Blackness" here, with its deep engagement across Heidegger, Fanon, Mondrian, social life, fugitivity, and Black radicalism — but I want to look briefly at how Moten treats the case studies of muscularity. Moten takes up Fanon's work on "mental disorder and/as anticolonial refusal" (205), specifically in *The*

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[108] Subjects with *hypo*tonia, or overly-relaxed muscles, also endure pain and injury.

Wretched of the Earth. As noted above, in that volume, Fanon's muscular descriptions occur at all levels of society, from the colonized worker to the intellectual.

Moten reads Fanon against and through himself, noting "Fanon's pathological insistence on the pathological" (208). In particular, he challenges Fanon's statements about the necessity of political consciousness and the duty of the colonized to "wake up." On Moten's reading, Fanon thinks "that the colonized subject is born into a kind of preconscious duty to resist, that the absence of the capacity to perform or to recognize this duty is a kind of birth defect that retards the development of political consciousness" (213). Figuring non-consciousness or states of somnolence as "birth defects" that can be cured both engages in disability as metaphor and in the imaginaries of cure. A lack of political consciousness itself becomes pathology and disorder. If this duty to resist can only be realized and carried out with political consciousness, it also implies a rehabilitation is in order for the colonized to properly resist. Indeed, Moten notes that in many passages, Fanon casts non-consciousness or political pre-consciousness as *pathology itself*: he states, "the duty of the colonized subject, who has not yet arrived at a political consciousness or a decision to reject the oppressor, is to have the slightest effort literally dragged out of him" (Fanon 1963 220, qtd in Moten 2008, 211). How to resist in this heavy way, without the political consciousness requirement? How to "rehabilitate" political consciousness without falling into reinforcement of racist colonial pathologization? The project of reclaiming muscular spasms and rigidity "insofar as they are a mobilization against colonial stasis" must contend with the utilization of these same symptoms and their symbolic corollaries by colonial states, apparatuses, and forces (Moten, 213). Foregrounding this double-bind makes salient the costs and risks of claiming symptom as political expression.

By focusing on political consciousness explicitly, Moten says that Fanon elides the "vast range of nonreactive disruptions," the "conscious mode of sabotage carried out every day — in and as what had been relegated, by the conscious-minded, to the status of impossible, pathological sociality — by the ones who are not, or are not yet, conscious" that are woven through his own texts, including internal conflicts and muscular contractions (211, 210). A "fugitive cant" of refusal, avoidance, and escape runs through Fanon that, Moten implies, does not need — perhaps cannot operate with — a full "political consciousness."

My reading further attends to the affective forces at hand, which are not disembodied but very material. To say that the muscular tensions, spasms, and rigidity are affective ties links psychological and physical sufferings through the circulations of feelings. Literary scholar Neetu Khanna (2020) uses Fanon's writing (both from *Black Skin, White Masks* and *The Wretched of the Earth*) to motivate and link together a concept of viscerality, noting that "the affective energy of [Fanon's] theorizing makes inextricable the bounds of the sensate body from the time of history" (133). She reads Fanon's explosions as key examples of the visceral, which she articulates as [an] "embodied interface [which] confounds distinctions between thought and feeling, habits of mind and the habituated reflexes of the body, the ideological and the intuitive, the involuntary and the desired [which] visceral traffics between the materiality and metaphor of bodily life" (2, see also 3). Rather than viewing political feeling and material embodiment as two *separate* phenomena to be connected through a causal link, her account of the visceral begins first with what is found, experienced, and expressed.

Khanna, although shying away from a duty to resist, presents the muscle spasms in "Concerning Violence" as:

> muscular manifestation of *the subject's revolutionary consciousness*, housed within a critical emotive condition, for the stiffness of the muscles, Fanon tells us, is simply a somatic manifestation of the "impulse to take the settler's place" articulated through the envy of the native. The immanent temporality of affective release is now the horizon of national liberation. (142-3, emphasis added)

In contrast to Moten's reading of Fanon, Khanna is not arguing that the political consciousness is a further stage than somatic awareness; rather, the two are simultaneous on her account. Khanna read the tension in *The Wretched of the Earth* as a result of the anticipative explosions in *Black Skin, White Masks*, leading to the potential of historical catharsis through oppositional consciousness (146). While Khanna's articulation of the visceral and affective is generative, I hesitate around the requirement of political or oppositional consciousness, in part because of my concerns with the will being smuggled in.

Rather than consciousness, we benefit from reading through the muscles themselves. Darieck Scott (2010), theorist of African-American queer literature, analyses Fanon's discussions of muscles in dialogue with traditions of Black Power/Black Arts. Scott finds Black Power in Fanon's work as an undercurrent, "almost purely as metaphor: as the metaphor of muscular tension" (53). What interests me in Scott's chapter is not only that he takes up Fanon's discussions of muscles, but *how* he does so. Scott is deliberately unfaithful in his reading, invoking "an attitude of willful — though, I hope, scrupulous — misreading that one brings to bodies of work occupying biblical status" (37).

Scott's attention to the mixities and contradictions in *The Wretched of the Earth* are useful for showing the ways in which our conceptions of agency, activity, and resistance are messy: he describes "mirages and muscles as profoundly limited (i.e., erroneous, hallucinatory, illusionary) but nevertheless active (or material, embodied) resources of resistance and rebellion" (57). Scott notices the small possibilities and movements: not as romanticized oppression, but a way of tracing those small moments, evoking Saidiya Hartman's discussion of “stealing away.” In *Scenes of Subjection* (1997), Hartman traces modes of “unlicensed movement, collective assembly, and an abrogation of the terms of subjection in acts as simple as sneaking off to laugh and talk with friends or making nocturnal visits to loved ones” (17). While Hartman is primarily considering those actions taken by enslaved people out of choice, rather than medical symptoms, and pleasureful experiences rather than illness, her observation that “the conditions of domination and subjugation determine what kinds of action are possible or effective, though these acts can be said to exceed the conditions of domination and are not reducible to them” can be juxtaposed productively with situations of colonial oppression, while not erasing the specificity of violence under transatlantic slavery (55). Maintaining focus on the ambivalence of living under such oppression, rather than appealing to notions of the will, enables a more critical reading of muscular tension and spasms.

Many of the colonial pathologies of North Africans in *The Wretched of the Earth* appear physiologically, but certainly have symbolic and metaphorical resonances. Scott seizes upon this in pairing muscles with mirages

> Mirages and muscles are Fanon's metaphors for ways of life that become significant anticolonial resources because they are rendered distinct from the ways of life of the colonizers, bylaws and daily social practices that create races in order to segregate them. Together the metaphor speaks both to ephemerality, the “error” of what is in truth only an imagined fundamental difference, and to materializations, the apparent embodiment of this difference in lived experience. (57)

For Scott, it is because of the mirages (hallucinations, imaginings) that the muscular tension can materialized (58). Mirage, for him, highlights Fanon’s supposition that the period of muscular manifestations will be temporary and overcome once political and/or national consciousness is reached. The temporality of a mirage signals ephemerality, a play of truth and falsehoods (a mistake and a correction). Scott points out that Hortense Spillers and Fanon were both concerned with "how best to interarticulate the varied temporalities that arrive on the space of the 'now' " (Spillers 2003a, 36 quoted in Scott 44). At times Scott likens mirage to both hallucination and imagination. A mirage, however, isn't quite a hallucination — it happens due to the refraction of light, rather than the human eye or mind. The figure of the mirage itself also functions as a rhetorical device for Western and colonial forces — it becomes metaphorized. As Pinney (2018) notes:

> in deserts (what Kipling memorably condemned as the "sand-bordered hell" of West Asia and North Africa), mirages signify something more ambivalent. Islamic West Asia and North Africa emerge as the natural home of mirages as much because of European anxieties about Islam as because of the particular heat gradients to be found in desert environments. Here mirages seem to mediate fundamental contests of vision, and questions of transparency and occlusion, that European travellers systematically saw as intensified by Islam. (22-23)

The frequency of the desert mirage (due to heat fluctuations) and this cultural anxiety about Islam in particular, mean that the desert mirage is a potent metaphor.[109] Though Scott does not prioritize consciousness in the way others might, he does see mirage as tied to and providing the conditions of possibility for muscular tension in *The Wretched of the Earth.*

Throughout his text, Scott wavers on the degree to which the muscles are metaphorical; although he admits at some moments that it has literal and material effects, he overall treats muscular tension as metaphorical (69). Examining metaphor requires, as Amber Musser (2014) notes, contending with "blackness as a mode of inhabiting the biological that ignores black subjectivity in favor of the signifying power of the black body in pain" (114). We can make

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[109] In the Bugs Bunny short "Sahara Hare" (1955), we see Bugs – the stand in for the "universalizable" white subject – exhausted, walking through the desert, taken in by the mirage of an oasis. Later in the short we learn he is in Morocco. Oasis mirages are thus an extra danger or risk that the white settler/colonial/tourist figure is tricked by, revealing the "harshness" of the environment.

room for Black subjectivity and Black experience without subscribing to an essentialized stable self; otherwise, the risks of simply making the Black body once again a sign or a referent and not a living being is at stake. To make the Black body *only* a metaphor or *only* a body in pain are both reductive and harmful, as both may verge upon Blackness' already-objectified-and-thingified racialization.

For these reasons, as well as a general hesitancy with metaphorical use of disability, I am cautious in metaphorizing any symptoms directly. This includes the direct interpretation of the symptoms as resistance. To apply the label of resistance outright to any of the cases of disability, illness, or disorder in this chapter runs several risks. First, it risks reinforcing inspirational "disability porn" where the overcoming of a disability is invoked in concert with successful action. The view of muscular tension as only a phase preceding political consciousness, for example, sees the cure of physical agitation as the potential opening for decolonization. Second, we risk reinvoking a naive kind of somatic compliance, whereby the materiality of the body simply follows what is thought or felt in the conscious or unconscious, projecting and authoring intentions when we cannot.

Instead of searching for resistance or political consciousness, I focus on coexisting capacities and incapacities, modulated through colonial debilitation. Although Scott does not cite any particular work on the topic of debilitation, his text circles around the notion frequently, as he states that "the black body's muscular tension and what it represents in the latter texts encompasses the conditions of racialized identity the former text [*Black Skin, White Masks*] describes, while also suggesting other dimensions: *powers in the midst of debility*" (64, emphasis added). What are the ways in which illness and debility are solicited, manufactured, and capacitated? How are these movements *felt* or not felt by subjects? These "powers in the midst of debility," are not only heroic powers: instead, the colonized are "resistant and terrified" and — I would add — debilitated and capacitated (64, 65). Colonial forces (including states, institutions, and racial capitalism) read this embodiment in such a way as to place within, in this case native Algerians, a particular form of pathology and thus social hygienic threat.

Colonialism, Velocities, and Slow Death

With these starting points, alongside queer theorist Mel Chen (2018), I challenge Scott's reading of muscular tension as primarily metaphorical. I ask the questions that Scott places aside, including asking about "the link between tension and agitation, one as the condition for the other, or where tension is the condition shared between a sedimented rigidity and the movement that is then dubbed insurgency" (Chen, 561). What happens if we view the muscular tension at hand as a debilitation, as primarily material as well as metaphorical? What arises from *Wretched of the Earth* and Fanon's numerous other writings, when we take embodied suffering seriously and literally? Debilitation offers a helpful juxtaposition to the pathologies Fanon observed, encountered, and lived alongside. Cases from his time spent in North Africa — primarily Tunisia and Algeria — give us the foundation on which to outline a phenomenology of debilitation. To further this line of inquiry, I explore some of the structures and tools that this investigation lends us for further investigation into illness. I argue that these psychosomatic or corticovisceral reactions are not of another order from, but relationally tied to, debility. Closely attending to the muscular tension in *The Wretched Of The Earth* and the stiffness and rigidity which moves through Fanon's clinical texts illuminates the entanglements of agitation, sickness, illness, and colonial capacitation.

I examine debilitation through disorders of muscular tension: as Fanon notes, many of the patients he treated in both Algeria and Tunisia had dystonias and hypertonia, sometimes called "spastic." Contemporary works in physiology and anatomy define hypertonia simply as an "abnormal increase in muscle tone" (Evans et al. 2017, 161). The NIH Task Force on Childhood Motor Disorders defines spasticity as "velocity dependent hypertonia"; dystonia as "a movement disorder in which involuntary sustained or intermittent muscle contractions cause twisting and repetitive movements, abnormal postures, or both"; and rigidity as "hypertonia present at all rates of passive and active movement" (Sanger et al. 2003, n.p., Evans et al. 2017, 161). However, clinicians disagree upon and therefore use a plethora of tests to assess muscle tone. Shortland (2018) asserts that methodologically, the idea of muscle tone itself is not well-defined: sometimes passive resistance to stretch is measured, sometimes palpation, and sometimes passive range of motion are used to determine the tone. While empirical studies have not found any consistent interracial differences in muscle mass or muscle tone, stillness and rigidity were and are capacitated to facilitate colonial occupation. Whereas sub-Saharan African Blacks and members of the Black diaspora have often been likened to non-human animals in justifications for invasion or colonization, Fanon notes that North Africans and Arabs were subject to a different set of tropes: that of being "part of the landscape," "Vegetating existence" (1963, 7), "primitive being[s with an] essentially vegetative and instinctive life" (quoting Porot, 225). Rural populations were seen as "mired in inertia and stability" (65). And these opinions were not mere side-effects of the colonization but a necessary part of making the land and state "ready" for occupation:

> Under the German occupation the French remained human beings. Under the French occupation the Germans remained human beings. In Algeria there is not simply domination but the decision, literally, to occupy nothing else but a territory. The Algerians, the women dressed in haiks, the palm groves, and the camels form a landscape, the *natural* backdrop for the French presence. (1963, 182)

This is not just a dehumanization, but a deanimalization (Guenther 2012), a thingification (Moten 2008). Recall Fanon's retort to Stern's diagnostic question about tension, that one might as well ask about the tension of a rock (1952, 12). Cultural representations and stereotypes framed North Africans as unchanging, repetitive, and non-living at the same time as ready for capacitation, a natural resource, and a maiming that can be denied (how can you maim a rock?). This petrification dangerously aligns with French stereotypes of the North African in the 1950s, who could be charged with either stubbornly "giv*[ing] himself* the 'type of existence of the rock'" or with expressing a brute essentialism (Ficek 2011, quoting Sartre, 79). If the "North African" (already a false homogenization, as I noted above) is too rigid and stonelike, this characterization interacts with discourses of plasticity and impressibility such as those I traced in Ch. 2. If the North African is mineral rather than vegetable or animal, and lacks the ability (or much ability) for *autoplastic* transformation, this is used to justify the necessity of France's civilizational mission: to "civilize" the colonized subject is to plasticize it from the exterior.

I argue that part of the capacitation that comes in concert with debilitation is this projection of inherent (natural, biological or cultural) disorder within colonized subjects, making them suitable for both occupation and cure. This is in part what I mean by capacitation as sick: a pathologization that debilitates, and uses those results to justify social domination through social authoring of disorder. At first glance these modulations and restrictions might seem too subtle: it may seem more obvious how the right to maim was exerted in and through torture, frequently used by French forces during the Algerian War, than in the corticovisceral cases I highlighted above. Fanon (1963) describes torture in this way: “Subjectivity is no longer taken as the starting points for modifying the individual attitudes. On the contrary, emphasis is on the body, which is broken in the hope that the national consciousness will disintegrates” (216). Although subjectivity is not the target, this process results in a certain subjectivation and capacitation; likewise, we can say that debilitation forms specific physiological states as well as internalized notions of self-regard. That is, torture is not exceptional but part of the colonial logic that pervades all bodies, including the aforementioned less-spectacular instances of violence, every-day and distributed injury. In the corticovisceral cases, too, breaking the body serves to foreclose resistance. Both the explicit torture and the modulations of affect and bodily changes are debilitations that come from and have the effect of controlling resistance. Next, I will outline some of the concrete debilitating, maiming harms that proliferated in specifically Algerian colonial context, though much may be applicable to other colonized parts of the Maghreb. Then, I will discuss the specific capacitations of the colonized population. Following this analysis *en masse*, I elaborate the fragments of phenomenologies of debilitation that we can trace through one of Fanon’s case studies that centers on muscular tension.

First, colonialism itself is detrimental to public health. As noted in “Medicine and Colonialism,” (1959) the context is not amenable to managing disease, particularly contagions. Further, the health care infrastructure of a community that is replaced with a colonial infrastructure will cause literal barriers. In the late 1950s, for example, Algerians were barred from obtaining tetanus medication and vaccines by the French-controlled pharmacies (Khiati 2000, 140). We can see this as related to Puar’s discussion of the closing of hospitals and the debilitation of systems of transportation in Palestine. These “various modes of obstruction of medical care” refer not only to the loss of tangible material goods (as in ambulance attacks or water treatment in Gaza in 2014) but also include questions of access. The dispossession, exclusion from schooling (including medical school), and loss of land over 180 years of colonization resulted in rapid deterioration of living conditions and foreclosure of certain futures, impoverishment, poor hygiene, and susceptibility to infectious diseases (Khiati, 179). During the War of Independence, a major tactic of the FLN and ALN was the provision of health infrastructure and services to ordinary Algerians deprived of regular medical care, exposing that medical care was an urgent issue.[110]

The second harm of debilitation that I find in Fanon's texts comes to us through objectification, thingification, and rigidity. Recall the discussion of petrification and landscape earlier, a longstanding trope of racist discourses and practices. French military doctor Maurice Boigey (1908) reports that **"**whereas Europeans are of the 'active' type, North Africans are of the 'inactive' type to be found in 'exceptionally fertile and hot regions where only minimal labour is required for subsistence" (Boigey 1908, 5, quoted in Macey 2000, 478). As noted above, this stereotype of North Africans as lazy, inert, and stone-like was claimed as evidence of their natural inferiority. In truth, the transformation of the muscular bodies of the colonized is result of the a "pathology of the entire atmosphere" and also a way of capturing physical effort (Fanon 1959, 216). These illnesses and disorders, themselves results of maiming, were capacitated.

First and foremost, these debilitations serve to facilitate the ongoing occupation of Algeria, as a way of capturing the force of those not in line with the colonist agenda. Regarding this stone-like nature, colonialism follows with its extractive attitude not only towards non-living resources but also towards human beings: "*[t]he notion of the unemployed*: in the colonies, these

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[110] For more on how the FLN (Front de libération nationale) & ALN (Armée de libération nationale) utilized health infrastructure and healthcare to their advantage in the Algerian War, see Onyedum (2012).

are not workers without work; they are natives whose energy has not yet been claimed by the colonial society" (Fanon 1960, 530). Medicine was used as a political tool from the beginning of French occupation of Algeria, as a mode of propaganda in the 19th century: the motto "guérir, pour conquérir" (heal, to conquer) circulated throughout publications. Doctors were promoted as a force of moral change, helping the native population (Khiati 2000, 142-144). The colonization of not only territory, but the medical *profession* itself in concert with worsening socioeconomic conditions afforded a class of ill and sick individuals. Indeed, the lumpenproletariat (the non-class-conscious underclasses) become a key and crucial mass that is made to serve occupation through their debilitation: "a human mass whose commitment is constantly threatened by the addictive cycle of physiological poverty, humiliation, and irresponsibility [will be used by] the force of the bayonet or exemplary punishment" (Fanon 1963, 87-88). The cost of this *using* leaves life intact, but maimed.

For an example of how maiming becomes useful in managing the affects and flows of a colonized population, we can turn back to Puar. She notes that in Palestine trauma, disability, and illness are not only denied to be the effects of war: rather, there exists "an assemblage of laws, policies, narratives, symbols, and practices that re-named trauma and suffering of the dispossessed with colonial terminology" (Puar 2017, 150, quoting from Shalhoub-Kevorkian 2014). Palestinians are labelled security threats or demographic threats. We can directly see the link between psychiatric disability in North Africa and demonization of the colonized through "Colonial War and Mental Disorders," which states plainly stereotypes of Algerian criminality, and of course through the diagnosis of 'North African Syndrome'. In sum, "the population available for injury is capacitated for settler colonial occupation through its explicit debilitation. [Settler colonialism] moves the argumentation about debilitation from the production of populations *available for injury* to the targeting of populations *to be injured*" (Puar 2017, 128-9). Maiming is justified in reference to "criminal traits" or "necessary security," which in turn are symbolic products of the capacitation of illness and disability by colonizers.

The second major capacitation that comes with this maiming is the colonizer's attempt to quash resistance. Puar emphasizes that the right to maim has a particular function in foreclosing future resistance from occupied and colonized populations. Recall her earlier example of stunting in Palestine, which occurs because the conditions imposed upon Palestinians by Israeli occupation lead to undernourishment. Such experiences have long-range, traumatic effects that debilitate any resistant capacities of future generations. Indeed, debilitation serves as a way in which colonial forces target insurgents not for death, not for a complete elimination, but for ongoing injury and distress. Capacitation is particularly useful in settler colonialism because the state or non-state actors use it to target resistance and insurgency directly. This targeting of resistance occurs via slow death, infrastructural debilitation and the management of flow of food and supplies (checkpoints-chokepoints).[111] As Al-Saji (2021) points out, more broadly in Fanon's work, colonization turns "the bodies of the colonized into instruments against them and into material resources to be exploited — kept barely alive while being digested" (210). Note that this quashing is not complete, that maiming keeps subjects "barely alive". As capacitation and debilitation are mobilized, I highlight Puar's statement that there are "productive, resistant, indeed creative effects of such attempts to squash Palestinian vitality, fortitude, and revolt" (2017, 136).

Disruptions of resistance, and the creative effects of this disruption, also arise in the North African cases. Fanon notes that the repeated effects of trauma create regular flashbacks

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[111] Puar (2017) refers to these checkpoints as moments of "choking" and asphyxiation (135).

and interruptions to a flow of life, so that “in all evidence the future of these patients is compromised” (1963, 184). Debilitation restructures one’s immediate lived experience and sense of bodily space and integrity, but also the horizon of temporality. One of the challenges posed by debilitation and biopolitical management is the difference between resistance and survival. Given that one of the main capacitations I am highlighting is the management of resistance, what emerges? Indeed, Puar, asks, “What are the productive, resistant, indeed creative, effects of such attempts to squash Palestinian vitality, fortitude, and revolt? How does one conceptualize resistance in a context of what Nadera Shalhoub-Kevorkian calls the Palestine ‘death zone’? Does living itself become a technology of anticolonial resistance?” (6).

Descriptions given both by Fanon and by his patients liken their lives to death, and reflect a transformed sense of temporality and futurity. Maiming has a peculiar relationship to death: the debilitated are within a proximity to death, but death is withheld. These relationships to death and time are made clearer under the name of *slow death*. Puar borrows and extends this concept from affect theorist Lauren Berlant (2007), who opens their essay on slow death by defining it as “the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence” (754). Slow death is endemic, everyday, and durational. Slow death is something we can see not only in the Algerian war of independence, but in the colonial state before the official conflict too.[112] A slow death changes one’s temporality and changes one’s relationship to one’s own potential death. While several theorists have noted the living-dead characterization of racial oppression in Fanon’s writing, Puar’s introduction of maiming shows that this in-between state of life is

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[112] 112. Although I appreciate the concept of slow death, I disagree with the analysis that Berlant brings regarding obesity. For a substantive discussion of crisis phenomenology and obesity, see Rodier (2018).

biopolitically useful. It facilitates continued colonization not only at the level of the individual but at the level of the masses.

However, Puar's (2017) analysis of maiming adds something that slow death itself cannot explain. She writes "If slow death is conceptualized as primarily through the vector of 'let die' or 'make die', maiming functions as 'will not let die' and, its supposed humanitarian complement, 'will not make die'" (139). Maiming withholds and suspends (in a jagged manner) while slow death can in principle keep marching on, continuously (slowly). Further, not all slow death comes about as a result of maiming; maiming itself brings a population under simultaneous conditions of slow death and slow life (Puar 2021).

In contrast, in Berlant's original articulation of working under neoliberalism, slow death applies to many whom we could call *debilitated* but not in all cases *maimed*. Berlant tracks "the destruction of bodies by capitalism in spaces of production and in the rest of life," their wearing down, and the "catastrophic" consequences through the rising obesity rates in the U.S.A. and the rhetoric surrounding the "obesity crisis" (764, 774). We know workers who live an everydayness and a decay: postural pain from sitting in desks at cubicles, a lack of time to eat well. Working in capitalism is often debilitating, living in the time of the excessively ordinary crisis (see also Fritsch 2015, Shildrick 2016). Berlant, however, assumes obesity has a straightforward relation to disability, debility, and decline, and they take at face value a number of studies and statistics about the so-called obesity crisis, emphasizing the living-on character but also the march towards (actual) death and doom:

> The bodies of U.S. waged workers will be more fatigued, in more pain, less capable of ordinary breathing and working, and die earlier than the average for higher-income workers, who are also getting fatter, but at a slower rate and with relatively more opportunity for exercise. . . these overweight and obese poor will find it harder to get and keep jobs, remain healthy meanwhile, and afford health care for the ensuing diseases. They will become progressively more sedentary not

> just from the increasing passivity of the more sedentary kinds of service-sector work, not just from working more jobs more unevenly, not just because of television, and not just because there are fewer and fewer public spaces in which it is safe and pleasurable to walk, but because it is harder to move, period. They will live the decay of their organs and bodies more explicitly, painfully, and overwhelmingly than ever before; and it has become statistically clear that between stress and comorbidity they will die at ages younger than their grandparents and parents. (775-6)

The right to maim — as a form to think through and read for — foregrounds the interrelation of disability, debility, and *capacitation*. In Berlant's original articulation of slow death, it is a state of living engendered by neoliberal capitalism and exacerbated to the detriment of the population, but not clearly a state that is capacitated. We might say that the "obesity crisis" is both produced and capacitated by government regulations, programs, and policies around fitness, nutrition, and spilling into other areas: new programs are justified as the "crisis" worsens. But if the "obesity crisis" is produced this is not through the fattening of bodies, (as Berlant suggests) as much as it is an affective reorientation and a taxonomic reclassification of existing fat bodies (see Muller et. al 2016, B. Hoffman 2016). In sum, the *state* of fatness itself is not slow death, though numerous fat bodies (especially racialized fat bodies) are subject to debilitation. Many fat bodies are subject to slow death alone and *not maiming* because the axis of "will not let die" is not involved; rather, slow death is assumed and meant to end in death.

With these clarifications in order about slow death and maiming, I hold that a latent notion of slow death is present in the case studies of Fanon's medical writings, that can be *framed within maiming***.** He notes that:

> the colonized person . . . perceives life not as a flowering or a development of an essential productiveness, but as a permanent struggle against an omnipresent death. This ever-menacing death is experienced as endemic famine, unemployment, a high death rate, an inferiority complex and the absence of any hope for the future. All this gnawing at the existence of the colonized tends to make of life something resembling an incomplete death. (1959, 128)

There are as well, several direct quotations from patients that draw upon this notion of death in life. Think again of the patient who struggled with rigidity and said: “you see, I'm as stiff as a corpse” (1963, 219). Rather than viewing discourses on pain and injury as mere differences of description, Fanon argues that the lived experience of embodiment and its pathologies are fundamentally modified in a colonial context. The pain is different, the suffering is different, the symptoms are different. Even Algerians who had recently moved to France carried this new relationship to life and death “a bodily struggle with death, a death on this side of death, a death in life” (1952, 13). This proximity to death creates a new rhythm to daily life and wears out the body. It also results in new strategies like petty crime, which are then read as expressing an inner racial essence rather than a state of deprivation: “for the colonized, living does not mean embodying a set of values, does not mean integrating oneself into the coherent, constructive development of a world. To live simply means not to die. To exist means staying alive” (1963 232).

The relationship to death in Fanon’s patients’ testimonies has been noted and analyzed in terms of vampirism, necropolitics, and zombies (Lauro 2015, Kawash 1999, Mbembe 2019). A further source that Puar does not engage, but is silently invoked by her work, is Orlando Patterson’s *Slavery and Social Death* (1982). Patterson, taking up the anthropological concept of social death, argues that this is part of what makes transatlantic slavery distinct from other forms of oppression (5). Patterson emphasizes the liminal nature of permissible social relationships, where the enslaved person’s social life was only recognized through their relationship with a master (though of course, enslaved people held all kinds of interpersonal relationships outside of this). More recently, analyses of genocide (Card 2003), contemporary Blackness (Sexton 2011), and incarceration (Guenther 2013) have all engaged with social death. Lisa Guenther (2013) describes social death as

> the effect of a (social) practice in which a person or group of people is excluded, dominated, or humiliated to the point of becoming dead to the rest of society. Although such people are physically alive, their lives no longer bear a social meaning; they no longer count as lives that *matter*. The social dead may speak, act, compose symphonies, or find a cure for cancer, but their words and deeds remain of no account. (xx)

I bring this up not to make an equation between slow death and social death, but to emphasize that the slow death of some is also a social death, while others can be said to be living/dead in various permutations of these states. While a feeling of being-near-to-death or slow death may arise in social death, the two are not coextensive. Furthermore, neither is identical to debilitation, nor is debilitation itself reducible to these states (Puar 2017, 127). Maiming produces several temporal relations to death. Maimed subjects are the outcome of processes that produce "permanent disability via the infliction of harm and the attrition of the life support systems that might allow populations to heal from this harm" (143). Maiming both humans and infrastructure is beneficial for settler colonization: it ensures that the individuals who are impaired cannot receive adequate treatment and care, while also slowly debilitating 'able-bodied' subjects over time through the infrastructure.

Debilitation thus acts upon and modifies the temporalities lived by the debilitated: living in a state of slow death with muscles that tense too "fast." An analysis of debilitation that provides a critical phenomenological viewpoint must attend to how futures are withheld and tempo or pace is distorted and essentialized.[113] Living slow death with agitation and muscular tension is a particular clashing of both speed and stasis, slowness and repetitive quivering. This temporal analysis of colonial debilitation, read fascially, would not focus on the assignation of

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[113] On the "untimeliness" of the Black see also Keeling (2003), Marriott (2013), Al-Saji (2013). Note that these theorists do not assume, nor do I, a non-distorted or naturalized temporality.

racialized individuals to imaginary scales of time. I read these examples through velocity (speed, direction, and force) rather than particular constructions of past, present, or future.[114] Checkpoints that are "chokepoints" dilate and contract the time of waiting, being held, or of medical treatments (Puar 2017, 135). When life is implicated in these structures "muscle tension has to do with physicality, but importantly it is also the mark of a particular embodiment of temporality" (Musser 2014, 109).

In "Spatial Debilities: Slow Life and Carceral Capitalism in Palestine" (2021), Puar highlights how slow death can incur slow life. Indeed, this living-on without things getting better, this wearing down is central to biopolitics. Hence, "as a foregone capacity of able bodies, speed, "ranges of motion," and their calibration, that is, the creation of different kinds and types of speeds and motion, are all forms of social control" (402). This modulation of speed and slowness happens on multiple scales: not only the body schema, not only the material, but also affect and labour. Palestinians, Puar emphasizes, for example are "always at work" not in the sense of work/home balance but of the labour and time required to pass various stations, checkpoints, and regions. She refers to this as settler colonialism "titrating control over temporality" (404), which is accomplished in unpredictable and uncertain rhythms. In the next section, I investigate this particular embodiment through the notion of agitation, itself temporally differentiated. If the temporality of mobility as travel is altered in colonial situations of maiming, so too are the speeds and slowness with which the muscles themselves contract, extend, and labour.

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114. This resonates with Chen's (2016) articulation of the slowness in development, pace, and scale that is attributed to both those racialized as Asian and to Down syndrome, itself racialized as "Mongoloid."

Agitation, Rigidity, and Spasms

In this section, I sketch a phenomenological investigation into muscle tension and agitation. How do we think debility and potential resistance or agency through muscle spasms? Few scholars have written about "The phenomenon of agitation in the psychiatric milieu: General considerations, psychopathological meaning" (1957) or "On a case of torsion spasm" (1958). Nevertheless, I hold that these two lesser-known psychiatric papers of Fanon (written with intern colleagues) reveal further nuances of his understanding of the debilitations at hand. The question of agitation broaches both the agitation of muscles and the agitation of a populous. First, I engage Fanon and Sliman Asselah's paper (1957) in conversation with Mel Chen's (2018) investigation into the links between forms of agitation and the mechanisms of power that have formed around agitation as a concept.

Agitation is not an incidental symptom among those in the psychiatric hospital. Historically, patients who present with agitation might be having several different kinds of lived experience, across affect and movement. In the mid-twentieth century, agitation was routinely dealt with through physical restraint, forced chemical treatment (primarily of antipsychotics) and/or isolation from patients and medical staff (Fabris 2011). Agitation has often been (and still is today) treated as in-itself a problem and met with punishment coded as treatments.[115] However, rather than viewing agitation as an external influence or outburst, Fanon and Asselah describe it as the "pourriture d'asile"; the rot that occurs from within the asylum, produced by confinement (444).[116] The usual manner of dealing with agitated patients — restraint,

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[115] For further information on the histories of physical and chemical restraint, which were common in both British and French psychiatry and their colonial extensions see Negroni (2017), Allison and Moncrieff (2014).

[116] See also Guillant & Bonnafé (1952).

internment, isolation — all further to create more agitation and to worsen the patient's state. Notably, this regularly resulted in hallucinations (441-2). They state that "Agitation is not merely an excrescence, a 'psycho-motor' cancer. It is also and above all a modality of existence, a type of actualization, an expressive style . . . the agitated individual at once does and does not know what he is doing. Or if you will, he does not know what is doing but he is trying to find out" (447). The agitated patient is in a project of making sense of his world and agitation itself is a part of that negotiation.

Fanon and Asselah disagree with the typology of "reactive and non-reactive agitation" as well as the contrast between an expressive agitation and one that is 'merely' percepto-motor (437). Aside from a very few purely neurological cases, they assert that psychiatric agitation is expressive and perceptive-reactive (438). This challenges viewing agitation as either wholly active or wholly reactive, making agitated patients a site of lived experience where active/reactive binaries break down. Furthermore, though not politicized in terms of racial or colonial contexts, the paper on agitation is a meeting-place for the question of muscular (non-) agency. That is, the question of psychiatric residents' agitation brings with it questions of volition, resistance, and the relations between physical and motor agitation and political change. Mel Chen (2018) thus takes up a project which bridges Fanonian agitation, disability studies, and gesture studies. They trace the desire to control agitation and its directedness towards the "too animate" bodies of colour, bringing responses to agitation to the forefront.

Chen takes up explicitly the agitated movements of many human bodies in their analysis of the imbrications of race and disability "in an 'economy of movement and stillness,' which is already laden with interpretations of race, form, ability, agitation — a kind of stilted or stifled movement — acts as a salient case" (563). Chen deliberately eschews the language of resistance in favour of agitation, rewriting Foucault's famous statement to read "where there is power, there is agitation" (556).[117] What happens in the foregrounding of agitation before and beyond its interpretation, decipherment, or legibility? How is agitation socially authored? We can hold onto the political valences of agitation without having to frame it in terms of resistance or agency: "If excessive motor activity associated with inner tension does not immediately correlate to the incitement to revolutionary action, there is nevertheless within both a sense of a relationship between action and actional potential" (554). What this action or actional potential might be, what their relationship might be, are in the background of my concerns. Again, I focus here upon describing networks of relations rather than diagnosing an underlying truth.

In their discussion of Scott's analysis of Fanon, Chen intervenes, "I do wonder about the link between tension and agitation, one as the condition for the other, or where tension is the condition shared between a sedimented rigidity and the movement that is then dubbed insurgency" (561). This signals the intersection of my concerns with Chen's. Minor embodied agitations are not only read but authored as politically significant, and apprehended as threats in regulative control and security: "A Fanonian resistive muscular tension, agitation as its release or intensification, the muscle tensions of disabled movement, the trembling of intoxication . . . their role in the theater of security is inchoate and somehow distinctly kin" (564). Agitation is thus a way to think across diagnoses and non-diagnoses, the edges of disability identification and categorization, and political and state violence.

For example, Chen traces several incidents of police violence whose impetus focused upon a disabled person's visible "agitation." Agitation is interpreted as volitional gesture. A

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[117] The original quotation: "Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power" (Foucault 1976, 95).

certain movement and/or stillness as gesture becomes threat in the eyes of states. Chen calls these processes racial 'ability' tuning, though we could also speak of it as social authoring in Bierra's terms. Racial 'ability' tuning raises the question of attunement. As performance theorist Ben Spatz (2020) notes, tuning and attunement, used in the context of embodiment, brings to mind how "voices tune, both to themselves across time (melody) and to each other across space (harmony)"; the visceral feelings of discord or jarring that come with an instrument being out of tune; a teacher or psychotherapist attuning in gesture and affect with their student or patient (78). Tuning an instrument implies making tiny modulations to fit the notes we like to hear, while there is a wider range of possible ways of being in-tune and out-of-tune with the voice, breath, or rhythm. As in music, what is "out of tune" in the gestural "wrongs" that Chen raises has to do with the habits of security, what is pleasing to the abstracted ear or eye, and perceptions of a "correct" score.

To have Chen's insightful analysis collide with debilitation in Fanon's work, we can look at "On a case of torsion spasm" (1958), co-written by Fanon with Lucien Lévy. The two trace the case of Antoine, a young man with torsion spasm, now typically known as torsion dystonia.[118] The Neuropsychiatry Day Centre, Hôpital Charles-Nicolle, Tunis, had a diverse population of residents, but the reader receives no demographic details about Antoine beyond his age and medical history.[119] Notably, Fanon's singled-out case studies often concerned Europeans in North Africa, and the use of a French first name gives decent reason to suspect Antoine may be

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[118] Lucien Lévy has no relation to Lucien Lévy-Bruhl, who Fanon critiqued.

[119] In "Day hospitalization in psychiatry: values and limits" (1959), Fanon states that "The three hundred and forty-five hospitalized patients at the CNPJ during the first six months of 1958 included: twelve Jews (six men, six women), nine Europeans (eight men, one woman), twenty-eight Algerian refugees (twenty men, eight women) and two hundred and ninety-six Tunisians" (479).

part of a settler family.[120] Nevertheless, I find Antoine's case helpful because in it, Fanon and Levy engage directly with the details of types of muscular rigidity in their relationship to agitated movement.

Antoine F. was admitted to Hôpital Charles-Nicolle in October 1958, having had several seizures in the last year and muscular dystonias increasing since his premature birth; we know that he has "some mental retardation" and no schooling (1958, 454, 456). At first this case seems far from the cases of psychosomatic rigidity in *The Wretched of the Earth*, despite the importance of muscular tension and contraction to dystonia. By reading torsion dystonia in relation to the broader analyses of muscular spasms scattered across Fanon's work, I want to displace focus from the etiology and diagnosis towards the phenomenology of muscular tension.

During Fanon's medical career, torsion spasm, dystonias, and hypertonias were the subject of debates about organic and psychic etiologies. With this study, as from Fanon's earlier studies, he examines the relationship between the organic, the pyramidal, and motor function. Torsion spasm today goes under the name torsion dystonia. Dystonia is "a syndrome of involuntary movement that manifests as excessive muscle contractions that frequently cause twisting and repetitive movements or abnormal postures" (Cloud & Jinnah 2010, n.p.). Dystonia, hypertonia, and hypotonia all arise within discussions of general "muscle tone." Contrary to dominant fitness understandings of "toning," muscle tone is instead a way of characterizing a muscle's responsiveness to stress, its contractions and elongations, but itself a contentious measure. I want to draw out some particularities of Antoine's case, not in order to generalize

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[120] Thank you to Dr. Alia Al-Saji for pointing this out to me, raising the trends in who Fanon writes about clinically and how.

them to the masses, but of tracing a motility that can be read as agitated or out-of-tune, and thus contributes to the capacitation of disability.

Antoine's *motility* is perhaps the most distinctive aspect of the report. Fanon and Lévy observed "a permanent hypertonia of the extensor muscles of the thigh and leg" as well as "a constant hypertonia at the level of the antigravity muscles" (1958, 454). Yet his muscular strength was intact and these hypertonias would sometimes release (456). The spasms and hypertonicity of muscle tended to affect Antoine more when standing than sitting (459). Fanon and Lévy emphasize the rhythm and action of the spasms at hand: how they follow in a chain one by another, spreading like an avalanche (455). Antoine's gait is like a "macabre clown" or "a dislocated puppet" (454-5); he leans against walls to balance cephalic spasms. They observed "anarchic, intempestive spasms, involving the head, the trunk and the right arm determine a twisted, undulating, mannered, jolting walk in the manner of a dislocated puppet" (455).

The macabre clown description comes from Danish psychiatrist August Wimmer; I invoke it not only because Fanon and Lévy do (twice), but because it presents the disability as primarily about movement, and as such engages with the notions of racialized motility, immobility, and rigidity that I have traced all through this chapter. In his paper on torsion spasm (1929), Wimmer invokes a macabre clown as well as the Greek myth of Laocoon, a figure who is depicted in sculpture with a jagged, jarring posture and a look of torture upon his face, dealing with movements that are involuntary, uncoordinated, shapeless, irregular, disharmonious, exaggerated, and worm-like (905-6). A macabre clown or Laocoon connotes the subject of torsion spasm as humorous, in pain, grotesque, and associated with death. These are not merely descriptive statements: much of the normative image of the human has focused on a model of uprightness and clear movement.[121]

We receive startlingly few facts that align with a situational diagnosis of Antoine: Stern's (1949) questions do not come up, nor Fanon's variations. The reader of "On a case of torsion spasm" is reminded repeatedly that torsion spasm symptoms are not fixed, but dynamic and responsive to context. Yet the emphasis on the expressive facet of torsion dystonia is tempered here, kept to discussions of variations in stress, emotion, or posture. Fanon and Lévy emphasize that "there seems to be an inverse relation between the amount of muscular effort required and the uncoordinated movements. This how the torsion spasm properly speaking diminishes considerably in intensity whenever the organism in its totality finds itself engaged in an important task" (455). Further, they observe that torsion spasm is "extrapyramidal": stress, emotion, and fatigue all can influence flares (459). Spasms do not occur during sleep or when using narcotics (456). Regarding mood and affect, Antoine is said to still be funny and gay, but had an underlying sense of "sub-anxiety" when left alone within the hospital space, waiting for his family (456). We can juxtapose Antoine's case with other discussions of disabled motility-mobility.

One of the figures Chen invokes to highlight agitation's relation with disability is the hunchback from Henri Bergson's *Laughter* (1911). At first this may seem an odd choice to link to political agitation; Bergson is explicitly broaching the subject of physical deformity and laughter, but there is no explicit discussion of colonialism or race in this section. However,

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[121] Thomas Abrams (2014a) critiques phenomenologist Erwin Straus' account of the centrality of upright posture to human existence: indeed, this is a trope we see in cultural images, right down to the evolutionary images which shows monkeys evolving into homo sapiens through homo erectus. In his analysis, Abrams asks about the preconditions: whose bodies are able or fit or deemed right to perform phenomenology?

focusing on the jagged movements of the non-upright entertainer, Chen emphasizes the gestural discourse latent in Bergson's discussion. Bergson's description runs from at first ascribing will and volition to the body itself, transforming it into the hunchback's psychologized intentions. Chen notes that with the hunchback's strange movement arise a series of questions or assumptions about *the will* as well as a certain temporality of disability: with Bergson's extortion to refrain from cognition:

> the agency of the back and its habitual contraction has become the ugly willfulness of the man . . . the attribution of disability, understood templatically as an accreted condition of *nonagency*, becomes inchoate . . . The stooped man alone, the comic, is responsible for making a mockery of the nonagency of the disabled, the fall, and sympathy runs between the comic and the audience, but not the hunchback. (558)

Responding to Bergson's claim that comedy results from perceiving rigidity in the place of expected elasticity — which would then simplify it to a matter of movement alone — Sianne Ngai (2005) shows how alternating versions of depicting bodies as rigid or pliable are crucial to contemporary understanding of racialized animatedness. Recall Ngai's argument that a body's perceived and actual animation are racialized. Indeed, rather than an excess of animation or agitation being the cause for humour, it is justified as cause for further control. With Chen, I read these agitations as both symptoms of debility and in fact a capacitation for the mad, disabled, and interned. Debility because the muscle spasms, tensions, and agitation were widespread, lived slowly under conditions of weakened infrastructures, and on a massive scale of maiming. Capacitation because these agitations are incited by the oppressive colonial context of late 1950s Maghreb, and then in turn used to propagate myths of North African criminality, violence, and instability, as well as to hospitalize individuals living with material suffering.

However, I want to caution against making any specific interpretation of Antoine's lived experience. Antoine is capacitated in the clinic, as part of *a mass* of disabled residents who have become ready-at-hand patients for colonial psychiatry. Antoine, likely white, was capacitated as an object of care rather than an object of derision (Puar 2017, 82). I am not appealing to the descriptions of Antoine's movement or his testimonies as pure or unmediated experiences. We can say whether he experienced muscular tension or not, how he reported it to others, and how certain measurements changed over time. We do not have evidence on resistance or volition, nor could these come down to an inner feeling. Instead of taking what the body says as "true" (overly vitalist) or "false," looking further at muscles and motility can form a ground for displacing the question of verisimilitude. I thus mirror dance theorist Carrie Noland's (2009) approach to gesture and kinesthesia, where she states, "the category of kinesthesia is worth our attention not because kinesthetic sensation is more truthful than any other modality of experience (it "cannot lie") but because it has as much epistemological weight as any other (it might not lie)" (12).

Additionally, to read Antoine, or any of the cases I highlight here, as heroic resistance is to succumb to some of the traps of metaphor and interpretation that I outlined in my discussions of Moten, Khanna, and Scott. Further to the risk of making some sick individuals into prescient supercrips, pulling out Antoine's case individually may make him seem like an exceptional individual in contrast to the others suffering around him. The risk of exceptionalization is particularly salient in this discussion of debilitation and widespread maiming. While Antoine is singled out, *no* single individual dominates in the class g in Series D of psychiatric disorders in *The Wretched of the Earth*. These are examples of types, but types that form a mass insofar as they are biopolitically apprehended, debilitated, and maimed. Antoine is one example among many that can be analyzed as providing fragments of a phenomenology of debility. Indeed, traditional questions of agency fail to make sense in this context. Instead tracing agitation leads us to the subtle tunings to temporality, in terms of both individualized and collective timing.

That is, debility and agitation enable a deeper critique of agency than is mounted by pre-existing discussions in philosophy or disability studies alone, as well as new articulations and meanings of resistance. First, invoking debility as a framework exposes that mainstream disability rights and legal frameworks do not hold the key to disability justice, since gaining recognition in these modes is dependent upon an individual overcoming (in the model of the supercrip), their having access to monetary and infrastructural resources, and other social axes of privilege. If gaining energy is dependent upon being the super-crip or being a privileged disabled individual, then among the debilitated agency is withheld, "low-level" (Mitchell & Snyder 2018) "impaired" (Abbas 2010) or "obstructed" (Ngai 2005).

Next, debilitation as a broad process and agitation as a cross-category symptom broadens disability to include chronic illness and psychological, including those mis- or un-diagnosed. Debilitation broaches the crip. Since debilitation operates as the shadow process to disability rights recognition, it requires attention to the nonapparent, the "sick but not disabled," and the myriad of medically unknown health conditions. Agitation itself does not have a single valence. Keeping this in mind affects my method: focusing on agitation as a kinaesthetic phenomenon keeps us away from a single diagnosis as it crosses many different etiologies. The assignation of a symptom to either illness or resistance — instead of, as Fanon urges, both symptom and cure — converts it into a question of truth rather than a question of how.

Finally, the articulation of debilitation and maiming pose a challenge to any assertion that the material disabled body is in-itself resistant to capture or capacitation: that disabled individuals as different modes of labourers or non-labourers, consumers or non-consumers, possess "resistance as a form of automatic capacitation" (Puar 2017, 79). Most recently elaborated by Mitchell and Snyder (2015, 221), this view casts non-normate bodies and habits as *inherently resistant* work to further occlude the violence and suffering occurrent in debilitation. While many disabled people do present challenges to being incorporated into profit, the capacitations are farther-reaching and more inventive than needing a body that labours directly:

> There are surely individuals with disabilities who perhaps neither labor nor consume "properly," but any resistance this may signal is not an a priori feature of being disabled . . . while these populations may well enact various forms of resistance to capitalism, they do not escape the violent processes of primitive accumulation that extract profit from the disposability that threatens these exact populations. (Puar 2017, 78)

Such claims efface the ways in which disability is often manufactured and not an accidental impairment, as well as those who are subject to this disposability in being denied "verifiable" disability. Further, the medicalized treatment of agitation I have raised throughout this chapter demonstrates how, even if the physical process itself is not made useful, a symptom can be capacitated into cultural representations, myths, and social life.

These considerations must inform how we use agency and time in the context of debility. Notably, Puar shies away from this language, despite drawing upon several strands of new materialism who do. She argues that we ought to give up on the word and concept, that an "otherwise instructive theorization of the vitality of matter is undercut by the use of 'agency' as something that can be accorded to certain forms of matter. Agency as it has historically been deployed refers to the capacities of the liberal humanist subject, an anthropocentric conceptualization of movement" (Puar 2017, 172n67). One way of replacing or rethinking agency would be to reconceptualize movement outside of terms of the human, normal, correct, or volitional.

Conclusion

Agitation, just like muscle tension, may or may not arise in processes of debilitation; indeed, exploring agitation further challenges the ascriptions of will involved in racialized 'ability' tuning, presenting an opportunity to probe social authoring. Racialized motility and agitation come to the fore in Anna Rose Holmer's film *The Fits* (2015), the story of Toni, a young Black girl in Cincinnati who joins a step dance team that is gradually traversed by mysterious fits of jerky movements. Notably, the viewer does not experience the film from Toni's internal point of view: "she has no voice-over or subjective fantasy sequences to clue the viewer in to her desires, fears, and worldview. Instead, she is observed" (White 2017, 23). This shifts us from questions of volition and interiority, deliberately obstructing the viewer. The film's structure displaces (brackets) not assumptions about the world but the realm of "self-talk." Although we eavesdrop on conversations about the relationship of this mysterious illness to the water supply in the community center, *The Fits* does not center the search for a cure or a cause. Instead, the viewer is carried along the line of multiple affects that the fits inspire among the dance team: fear in the face of loss of control and potential illness and disability coexists with an excitement and a desire to go through this "limit experience."[122] The girls are sick but not impaired, living through a dynamic and transient disability.

The Fits exploits and interrogates the line between generalized movements, "disordered" movements, and dance. As film scholar Rizvana Bradley notes, "the episodes appear less than epileptic, less like physical seizures—more trance-like. It is as if the girls are being carried off, transported away. In this rapturous state, they fall to the ground, their gazes transfixed on

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[122] Limit experience is a technical term within Foucauldian thought. See Heyes (2020), especially "Foucault's Limits: Experience at the Edge" and "Child, Birth: An Aesthetic."

something other than their immediate surroundings" (2018, 17). The fits themselves blur into step dance choreography in the final scenes of the film when Toni herself has an episode. Unsettling the racialized 'ability' tuning that interpellates the frequency of Black adolescent agitation as dangerous to (white) others, *The Fits* models alternative significations, understanding, and experiences of agitation.

In this chapter, I established the importance of Puar's theorization of debility, not just for future theories but as a way to read backwards. I made several significant contributions. First, bringing debilitation to bear on the muscular tensions of the colonized allows a specific understanding of their status as both *maimed* and capacitated through that injury via racist pathologization. Second, critical phenomenology can take up phenomenologies of debility as a project forming as a necessary complement to the massifying scale of biopolitical analysis. Thirdly, this chapter opens up the temporal experience of settler colonialism to expose the time-forms that interrupt and prolong chronic life. Maiming's particular temporalities of both speed and slowing are accomplished in concert with the pathologization of abnormal motility.

Looking at Fanon's medical writings through debilitation, I have shown, affords coalitional thinking among and across un/documented disabilities; demonstrates the manufacturing of disability through colonial environments and atmospheres; and shifts us from questions of volition or political consciousness to questions of symptoms, 'ability' tuning, and capacitation. I employed what I call a fascial methodology, searching for the connective tissues that enable and support our notions of ability, disability, injury, and racialized pathologies. To this end, I provided a phenomenological interrogation of debility, through the case of 1950s North Africa through the common experiences of muscular tension and rigidity. The quick/slow temporality and repetitive occurrence of muscle tensions lead us into agitation, animacy, and racial ‘ability’ tuning. As the examples of Antoine and the hunchback show, rigid and jagged movements themselves are authored and understood through racial ‘ability’ tuning, a set of gestural norms that are used to make claims about agency and will.

Muscle contractions, spasms, and rigidity demonstrate how our movements and intentions are socially authored, based upon racial ‘ability’ tuning and reading will into the body. The work done in this chapter provides a foundation for other modes of thinking about debilitation phenomenologically (with the methodical injunction to always foreground the masses). It further sets ground for work on debilitation in colonialism and occupation across geographical and temporal registers, suggesting that this is not an accidental or new strategy but one that has been key to colonial projects on a longer duration. In the next chapter, I continue to work in the *longue durée* of racialization and disability through another chronic condition: ulcer under political detention.

Chapter Four: The Flesh

Introduction

In this chapter, I probe the concept of flesh alongside Alexander Weheliye's notion of deformations of freedom in *Habeas Viscus: Racializing Assemblages, Biopolitics, and Black Feminist Theories of the Human* (2014). I bring a crip bracketing of agency to bear on C.L.R. James' ulcer in detention, arguing that emergence of symptoms can be seen as an interplay of the illegibility of the hieroglyphics of the flesh, the improvisation of deformations of freedom and actualizations of generative passivity. James' case gives us further reasons to consider gestural tuning and time-forms of illness as central to the social authoring of agency or activity.

Mariners, Renegades, and Castaways: The Story of Herman Melville and the World We Live In (1953) is a literary analysis of Herman Melville's work (mainly, but not exclusively *Moby Dick*), written while James was detained as an alien at Ellis Island at the age of 51. Although there has been much treatment of the main text of *Mariners*, very few scholars have taken up a close reading of his last chapter, "A Natural But Necessary Conclusion," which was excluded from publication for many years. It is there we learn details of James' ulcer crisis, or what Weheliye calls his "hunger strike," a condition that straddles disability and illness (113). While Weheliye takes this case as important for rethinking the flesh, I read it to model an approach based in attuning to both temporality and relation. I suggest that the social authoring of James' ulcer — as a stubbornness of his body, as a state linked to his alien status and his Blackness — played directly not only into his legal treatment, but his medical treatment.

This requires a path through two of Weheliye's sources on fleshiness. Hortense Spillers' foundational text "Mama's Baby, Papa's Maybe: An American Grammar Book" (1987) and

Merleau-Ponty's notion of the flesh in *The Visible and the Invisible* (1964) both stand out in Weheliye's arguments. I argue that the flesh is a conceptual and ethical resource for rethinking illness and disability, insofar as it orients me towards temporality and relation. Specifically, I argue that the temporality of meaning-attribution to the flesh (which Spillers and Weheliye refer to as its inscription with hieroglyphics) and the temporality of the ulcer's emergence (which I argue, drawing on Merleau-Ponty and Deleuze is a case of passivity actualized) both complicate and nuance the understanding of ulcer as "hunger strike."

Weheliye provides a helpful contrast and challenge to the other theorists highlighted in this dissertation, in that he both centers Black feminist theories and responds to works across biopolitics. Broadly speaking, in *Habeas Viscus* Weheliye introduces the flesh as a rejoinder to Giorgio Agamben's articulation of biopolitics, a critique of the notion of biopolitics itself, and specifically Agamben's theory of bare or mere life. Agamben argues that in states of exception, such as extreme political violence, subjects are reduced to no sociality, to "bare life."[123] In contrast, Weheliye insists that when nothing else is left,

> in the absence of kin, family, gender, belonging, language, personhood, property, and official records, among many other facts, what remains is the flesh, the living speaking, thinking, feeling, and imagining flesh: the ether that holds together the world of Man while at the same time forming the condition of possibility for this world's demise. (40)

Weheliye argues for examining experiences of the oppressed through the flesh, rather than the body. Yoking investigation to the body and its (mis)recognition will only come up with a modified version of our current genre of the human, for him, because the body/flesh distinction itself operates as a demarcation or a cut that separates human, less-than-human, and nonhuman

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[123] Agamben's articulation of bare life (la vie nue) can be found in *Homo Sacer: Sovereign Power and Bare Life* (1995).

(quote him on this). Attempts to recuperate the body for Black or otherwise racialized subjects that do not foreground the flesh risk reducing those subjects to wounded victims bidding for recognition (10).

Tapping into the flesh affords an awareness and exposure of its creation and political utilization. For Weheliye, the flesh has been relegated to its damaged forms and not recognized as a space of sometimes-liberation, “a vestibular gash in the armor of Man, simultaneously a tool of dehumanization and a relational vestibule to alternate ways of being that do not possess the luxury of eliding phenomenology with biology” (44). The flesh as vestibule draws on Spillers’ articulation of Black women and Blackness as “vestibular to culture,” suggesting that rather than Blackness being the passage between human and non-human, the flesh itself is a vestibule towards undermining biologized conceptions of race (2003b, 155).

Further, Weheliye takes care and pays attention to both suffering/pain and alternative modes of action under oppression that do not reduce to binary simplifications of agency or resistance. Weheliye is working from and with a lineage of race theorists who question traditional notions of agency and their applicability to states of domination and oppression. Indeed, he notes that, “I am bracketing questions of agency and resistance, since they obfuscate—and not in a productive way—the textures of enfleshment, that is, the modes of being which outlive the dusk of the law and the dawn of political violence” (2017, 91). This bracketing — a methodological hinge of phenomenology — is part of our shared methodology. In this chapter, I follow Weheliye’s suspicions about the possibility of lines of flight and deformations of freedom without displacing the violent dehumanizations at hand in oppression and illness.[124]

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[124] *Line of flight* is a Deleuzo-Guattarian concept that refers to the newly actualized paths of a previously virtual trace. For more on the virtual, see later in this chapter. For more on lines of flight, see Deleuze & Guattari (1980).

This chapter is both explicative of Weheliye's work and generative of new ways of considering illness under political oppression through the flesh. In the first part, I trace Hortense Spillers' important articulation of the flesh, and its relationship to disability and embodiment. I then examine Weheliye's transformation of this concept, and its relationship to deformations of freedom. I place this investigation into Black feminist genealogies of the flesh alongside an investigation into Merleau-Ponty's conception of the flesh. There are significant differences between these sources: while Merleau-Ponty's flesh seems to be always before the body, and not created through political violence, Spillers' flesh is both before the body and created. In this chapter, I probe but also resist any equation of the notions of flesh between Spillers and Merleau-Ponty. Although both use the vocabulary of flesh, I critically examine what features afford differing conceptions of bodily or fleshy agency, arguing that they are non-equivalent, and that both bring us to a more nuanced understanding of passivity, resistance, and politicized illness in the case of C.L.R. James. Beyond Weheliye's collisions of the two, I read both in juxtaposition for temporality and relation.

Methodologically, the work which I'm doing in this chapter is unusual. The traditions of Black feminist thoughts and phenomenology which I take up, following Weheliye's invocation of both, are not often read together. There are very justified reasons for taking up a figure like Spillers apart from Western canonical theory, as too often racially marginalized authors are portrayed as an extension of the thoughts of well-known white authors. Further, Merleau-Ponty's work has both been criticized for its assuming universality and appropriated usefully to illuminate instances of oppression and violence. In this chapter, my method is to engage the sense of the flesh which Merleau-Ponty uses without allowing that to limit the general project. In this deliberately perverse use, perhaps this deformation of uses of phenomenology, I attempt in this chapter to engage with what Weheliye finds enriching and useful in these texts. It must be acknowledged that this is risky — it is not often that we read at the intersection of these two traditions, though other intersections are thought supplementary.

Black Studies offers a rich example and history of critical work on illness, disability, and health. I consider these works alongside Black Studies scholars, to inform how we might deform canonical texts. Indeed, the analysis of this text (James's testimony of his ulcer) would be radically incomplete and insufficient were I to perform this without the work of Spillers. Merleau-Ponty's phenomenological ontology, in its universality, cannot make sense of the differential timing of the hieroglyphics of the flesh. Spillers also provides an attention to debilitation and the wending of the literal body — something that can be put into dialogue with, but does not itself lie in, discussions of the phenomenological flesh.

The greatest contribution of this chapter comes through my reading of James's account from *Mariners* as a fertile ground for unfolding the play of temporality and relationality, reframing philosophical of the subjected and the sick. James' hunger strike, of all Weheliye's examples, resonates with my questions. The "hunger strike" itself was an interaction of James' duodenal ulcer with the prison food under conditions of political detention. I evaluate the ways in which Weheliye treats his example, informed as well by James' firsthand account. I take up this example with an eye to all three versions of the flesh (Spillers', Merleau-Ponty's, and Weheliye's).

Taking seriously all three theorists, I suggest, affords an examination of James' flesh that resonates with and complicates the processes of social authoring. Engaging the hieroglyphics of the flesh as a place of legibility (reading, recognition) and also of decipherment provides a bridge towards the time-forms of passivity, virtuality, and the future anterior. These further excavate the temporal dimensions of ascriptions of agency as well as the emergence of symptoms under political detention. I argue not *for* or *against* reading James' ulcer as a "hunger strike," but for an *attention* to the conditions that both enable and capacitate pain and bare life.

In reading across such different texts, I draw attention to *relation* in two key ways. First, I show the textures of relation as a constitutive part of James' experience as an individual alien isolated from, yet in proximity and communication with, the fellow prisoners on Ellis Island. This relationality is present in the triangulation of ulcer-stomach-prison-food but also in the prisoner-guard-immigration-official. Relation is also a methodological core here. As Weheliye notes, comparativity and exception tend towards calculability and hierarchy; on the contrary, the example and comparativity as tools unearth "differential variants of humanity" that do not depend on the particular and calculable (11-13). He draws relationality as a term from Creole philosopher Édouard Glissant (1990), who argues that

> Relation neither relays nor links afferents that can be assimilated or allied only in their principle, for the simple reason that it always differentiates among them concretely and diverts them from the totalitarian — because its work always changes all the elements composing it and, consequently, the resulting relationship, which then changes them all over again. (172)

I take this is as an anti-comparative, anti-quantitative method of reading together and alongside. The shift to relation calls back to Hooker's (2017) method of juxtaposition in Chapter 1. To read with Spillers and Merleau-Ponty in juxtaposition is also to read things backwards, sideways, time travel. To read C.L.R. James alongside the *Muselmanner* is to ask what we learn from reading them nearby. With these methodological considerations at hand, I turn now to Hortense Spillers' influential analysis of the flesh, Weheliye's use and transformation of it, and its role in how we understand the potential agency of C.L.R. James in detention.

The flesh according to Hortense Spillers

Spillers introduces the flesh in “Mama’s Baby, Papa’s Maybe: An American Grammar Book” (1987), a text centered around the (non-) place of Black women in the symbolic order of the post-slavery West. Centering Black women throughout her work, Spillers notes that the Black woman became “the principal point of passage between the human and the non-human world. Her issue became the focus of a cunning difference — visually, psychologically, ontologically — as the route by which the dominant modes decided the distinction between humanity and ‘other’” (2003b, 155). This question of passage, which she also calls *vestibularity*, comes out in the reduction of Black women to flesh as opposed to body (2003b, 155).

In “Mama’s Baby,” she posits a distinction between the body and flesh as a distinction between captive and liberated subject-positions. Ordinarily, the flesh is invisible among the privileged; some people therefore *seem* to have body, but no flesh. Spillers associates the body “proper” with being a legible and speaking subject, while flesh is prior to the body, a “zero degree of social conceptualization” that is itself concealed (67). The flesh seems to be before the body both temporally and ontologically, as body comes with a performative action that grants habeas corpus and legal subjectivity.

In the process of becoming-enslaved, and particularly the ripping and searing that come with it, there is a “theft of the body,” and a reduction of the enslaved person to flesh alone. This process excludes the humanity of the slave, and “sever[s] the captive body from its motive will, its active desire” (67). Violence of all sorts is necessary to convert the body into mere flesh while concealing this movement; body is made into mere flesh in part through “the calculated work of iron, whips, chains, knives, the canine patrol, the bullet” (67). Perversely, the flesh itself is socially authored as receptiveness to violence and is also constructed through such violence. That is, once the flesh has been violated this state is *naturalized* as deficient and impaired, and therefore further abuse is justified. This atomization of the body proceeds by "total objectification" in that the severing of people from kin, as well as the severing (literal or metaphorical) of people from their limbs, capacities, incapacities and even diseases "lose any hint or suggestion of a dimension of ethics, of relatedness" (68).

Spillers outlines the oppressive dominant *uses* of the flesh; the captive body becomes, all at once, the center of sensuality, powerlessness, a mere thing, and a supposedly biological expression of the other (67). These are not all the possible uses of the flesh, but the ones that persist and hold up the myths of "an altered human factor" (70). Spillers lists the prominent *uses* of the flesh:

> 1) the captive body becomes the source of an irresistible, destructive sensuality; 2) at the same time-in stunning contradiction-the captive body reduces to a thing, becoming being for the captor; 3) in this absence from a subject position, the captured sexualities provide a physical and biological expression of "otherness"; 4) as a category of "otherness," the captive body translates into a potential for pornotroping and embodies sheer physical powerlessness that slides into a more general "powerlessness," resonating through various centers of human and social meaning. (67) [125]

No longer seen as desiring, as having kin, or having history, the captive body has characteristics as abilities and defects (even the defects are exploitable). Furthermore, this total objectification *ungenders.* Spillers cites regulations for slave ships that gave precise measurements in height, width, and length for the transport of slaves of different ages and genders. This spatial quantification is a way of ungendering the very persons being stored; rather than Black slaves being subjectified as male or female, they were classified and treated as differently quantified cargo (72). This ungendering in the process of objectification also bestows the flesh with the

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[125] The powerlessness of the flesh is tempting and sensual, but also drifts from the individual into forms of life and social structures, on this view, in a kind of contagion.

ability to be raided by anyone. The flesh becomes an intensely *fetishized* object, a source of sensuality found in powerlessness; the "enfleshed" are those who cannot rebuke another's touch (Spillers 2018). The "liberated" subject "attempts to inculcate his or her will into the vulnerable, supine body" (1987, 77).[126] The agency of this subject is then cast in terms of the potential and actual violation of the enfleshed.

These uses of the flesh inscribe hieroglyphics in Spillers' language; the traces and remains of the violence involved in the creation of flesh, "undecipherable markings" that are "hidden to the cultural seeing by skin color," they are transmitted through generations (67). As the name suggests, the hieroglyphics of the flesh are inscribed and enduring. However, Spillers would argue that overwhelmingly they are not perceived, but covered over by the fictions of visual and biological race. As such, the hieroglyphics are read, but usually only perceived as confirmation of otherness and difference, "as unadulterated physiology" (Weheliye 2014, 44). Spillers encourages the reader to find the remains of the marks and wounds, finding literal violation's "various symbolic substitutions in an efficacy of meanings that repeat the initiating moments" (67). In Weheliye's account, "racializing assemblages translate the lacerations [the hierogylphics] left on the captive body by apparatuses of political violence to a domain rooted in the visual truth-value accorded to quasi-biological distinctions between different human groupings"; translation here marks a move between languages and the possibility for other translations and other meanings (2014, 40). Spillers' project both traces of the denial of liberation to the enslaved Black woman and hopes for other ways to read the currently-

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[126] 126. See also: "Under these conditions, one is neither female, nor male, as both subjects are taken into "account" as quantities. The female in "Middle Passage," as the apparently smaller physical mass, occupies "less room" in a directly translatable money economy. But she is, nevertheless, quantifiable by the same rules of accounting as her male counterpart" (72).

illegible.[127] It is not just that we have to look more closely in order to perceive the hieroglyphics for what they are; we need methods of decipherment.

In her discussion of Black femininity, noting the risks of overemphasizing woundedness and suffering, Amber Musser argues that Spillers' theorization of flesh has a specificity; it

> is different from the becoming-flesh that Beauvoir discusses because the terms of objectification do not veer into narcissism. It is also different from the becoming-flesh that Fanon describes because this formulation of becoming-flesh is linked to the particular historical moment of slavery rather than the sticky temporality of animality and becoming-biological. Nor is this mode of the flesh equivalent to the pain produced by illness or the dominating gaze of patriarchy or colonialism. While it shares some things with these forms of embodiment, this fleshiness is marked by a particular conglomeration of sexuality, violence, and objectification. This is flesh that has been caught in the perpetual wound of slavery, so that agency cannot even be illusory: it has already been foreclosed. (2014, 159) [128]

While this mode of the flesh is not *identical* to the pain produced by illness or oppression, as Musser notes above, it still bears significant relation to disability. Materialist disability theorist Nirmala Erevelles (2011) notes that although Spillers does not use the word disability, the idea permeates "Mama's Baby." Erevelles argues that "Spillers' essay is as much about disability as it is about race," and we might see it as a corrective to much disability theorization which places disability always in the position of the useless, the non-productive, or the non-labouring (38). In contrast, it is precisely the disabling (Puar would say the debilitating) of Black enslaved subjects that ensures their profitability. That is, "the 'scene[s] of *actual* mutilation, dismemberment, and exile' that Spillers describes in her essay produce disabled bodies—black disabled bodies—who in an ironic turn are transformed into commodities" (38). The mutilation of bodies, their wending

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[127] Okello and Duran (2021) connect the hieroglyphics, in both Spillers and Weheliye, to other Black feminist methods that use the palimpsest.

[128] I am not sure, as Musser states, that Fanon's becoming-flesh is entirely separate from the particular moment of slavery. Musser uses this intervention as part of a charge towards intersectionality for reifying "the woman of color as a situation who is thought most insistently as wounded flesh" (158).

by various methods, and their cramping in small places are part and parcel with the denial of a proper body to enslaved subjects. In this way, Spillers (and in turn, Erevelles) is not only discussing becoming-Black, but the becoming of disability within, and motivated by, processes of expropriation and extraction. Bodily impairment and bodily disability provide both a justification for and a transposition for impaired subjectivity. The assault on the body is itself an assault on subjectivity, the "severing of the captive body from its motive will, its active desire" (1987, 67). Erevelles states:

> the conceptualization of black subjectivity as impaired subjectivity is neither accidental nor should it be conceived of as merely metaphorical. Rather, it is precisely at the historical moment when one class of human beings was transformed into cargo to be transported to the New World that black bodies become disabled and disabled bodies become black. (2011, 40)

Erevelles is not comparing or analogizing disability and race. Rather, she argues "that within the specific transnational conditions of colonialism/neocolonialism, the becoming of black disabled bodies is indeed an intercorporeal phenomenon that foregrounds a violent hierarchical context" (39). I agree with Erevelles that Blackness and disability cannot be compared nor analogized; rather, they sediment into their contemporary forms through this very entangled process of violence, the becoming of Black disabled bodies. Puar notes that "to call these bodies disabled would be to exceptionalize what was an endemic state by rehearsing a redundancy: in the context of slavery in the Americas, the black body was the disabled body" (Puar 2017, 195). Visperas (2019) notes the strangeness of even trying to apply ability and disability to the enslaved; just as Spillers argues conditions of enslavement undo gender, they also elude both the categories of abled and disabled.

This challenges much of mainstream disability studies in two ways. First, this genealogy of Blackness and disability sheds light upon disability not as unproductive but as productive, useful — Puar would say that it is capacitated. Second, we must consider disability created through violence and the valences that it carries as distinct from congenital or accidental impairments. This second point ties into the question of the endemic: whereas disability is conceived of in broadly Western and white disability studies as exceptional and rare, Erevelles, Spillers, and Puar bring awareness of the ordinary and everyday disability and debility faced by many racialized oppressed populations. This makes a straightforward revaluing of disability, illness, and impairment more difficult and politically fraught: not least because the exceptional can only be exceptional among the ordinary, and the ordinary requires an exception. Further, we might draw attention to "the transformation of the epidemic into the endemic," the shifts between an outbreak that happens *to* someone and a characteristic or feature that is naturalized as belonging (Puar 2017, 11).[129]

Indeed, there are specific difficulties with reading through Spillers' flesh in search of agency, resistance, or liberation. As Musser notes, "flesh connotes objectification, woundedness, and a lack of agency. Yet dismissing it is also problematic. . . flesh occupies a fraught position within studies of difference. It oscillates between being a symptom of abjection and objectification and a territory ripe for reclamation" (2014, 20). There are scant notes of optimism in "Mama's Baby," never mind a call for reclamation. However, Spillers does argue that "I must strip down through layers of attenuated meanings, made an excess in time, over time, assigned by a particular historical order, and there await whatever marvels of my own inventiveness" (1987, 65). There may yet be marvels.

I hazard that the durational work Spillers points us towards in the above quotation does not consist in removing the hieroglyphs but making room and making time for other senses to

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[129] See Merriam-Webster, "Usage Notes."

arise.[130] This does not seem to me mean returning to a bare slate of the flesh; such a move to return to unadulterated substrate would be impossible. Spillers does not elaborate on this, but the language of stripping *through* is suggestive, pointing to the depth and texture of the flesh. That also suggests that this process will be one that takes time, a duration, to take on; not a switch. Already here, we can notice that the flesh has a specific relationship to time, and that the work of living through the flesh differently will involve a rearticulation of temporality. The flesh has become pregnant with thin, reductive meaning, sedimented into layers that must be deformed. The work of shedding those layers, to get to flesh is also work of anticipation, apprehension, a moment of waiting. The flesh as a vestibule (a waiting room?) affords a time of waiting that is not a time of coming too late. As we will see below, Weheliye's conception of *habeas viscus* arises from and plays with this uneasy relationship to temporality.

Flesh, bare life, and deformations

Weheliye's intervention on the flesh does not marry itself to binary categorization, nor does he attempt to restore the body to enfleshed subjects, as a politics of recognition would. Nor does he attempt to reach a purified and unmarked flesh. Weheliye instead seeks alternate instantiations of human existence, informed by the flesh in instances of "bare life," challenging Agamben's fundamental understandings of biopolitics. Two of Weheliye's motivating questions are "Why are formations of the oppressed deemed liberatory only if they resist hegemony and/or exhibit the full agency of the oppressed?," and "What deformations of freedom become possible in the absence of resistance and agency?" (2). Deformations of freedom — which I return to

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[130] Both *room* and *time* are helpful here since they can be used to think through the spatial and temporal confinements of racialized individuals.

below in more detail — twist and bend the limited space available to subjects in states of violent oppression. In bare life, Weheliye asserts, through absence of kinship, legal markers of subjectivity: “what remains is the flesh, the living, speaking, thinking, feeling, and imagining flesh” (40). I read him as saying, in part, that the flesh is simply illegible through the body alone, making bare life seem “bare.”[131] That is, the hieroglyphics of the flesh are read as only inscriptions of suffering, “undecipherable” within notions of liberal personhood. Doing a cryptography of the flesh, rather than reading it, reveals the limitations of bare life. Before looking at the specificity of C.L.R. James’s ulcer, we must look at the modifications that Weheliye makes to the concept of flesh. Importantly, Weheliye extends the provenance of the flesh to cases of non-Black racialization and racialized violent oppression, beyond trans-Atlantic slavery.

Bare life as Agamben (1995) formulates it is a state in which one can be killed without being murdered, a state in which one loses all qualities and properties, all political identity. While I will not here delve into the details of Agamben, Weheliye offers his analyses of the flesh as a counter to the claim that in states of bare life, there is no remaining differentiation of bodies or life-action. Weheliye argues that bare life is an implicitly racialized category that is used to distinguish and emerges from modes of distinguishing the human from the less-than-human. It gets anchored in the flesh as hieroglyphics through “grounding in the biological sphere” — a false grounding but a functional one (43). In fact, “bare life is transmitted historically so as to become affixed to certain bodies” (38). In bare life, Weheliye asserts, the flesh persists: “In the absence of kin, family, gender, belonging, language, personhood, property, and official records,

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[131] This echoes Hedva’s concern with “what modes of protest are afforded to sick people” in “Sick Woman Theory” (2016), discussed in Chapter 1.

among many other factors, what remains is the flesh, the living, speaking, thinking, feeling, and imagining flesh: the ether that holds together the world of Man while at the same time forming the conditions of possibility for this world's demise" (40).[132] Bare life is not completely bare, but because it does not have all the hallmarks of traditional political action, it remains illegible.

The second factor which Weheliye brings to the flesh is the relationship of the flesh to the law, and how that impacts the ways in which we might seek refuge in the flesh. Bare life is not an exclusively legal category, though it relegates subjects to the outside of the law. In biopolitical landscapes, our notions of subjectivity are largely conditioned by the legal and conceptual versions of them, or maybe it is better to say that the laws reflect one version of subjectivity alone. Thus, Weheliye's work is not about an unqualified ontological substance, but about our modes of becoming subjects: "In sum, instead of emerging as an ontological condition, flesh comes into view as a series of desubjectivations, which are always already subjectivations, that hail the slave and the spectator in order to engrave upon him or her the hypervisible yet also illegible hieroglyphics of the flesh" (110). The deformations of freedom here are desubjectivations, the undoing of subjectivity and human status that simultaneously subjectivate the captive flesh into the kind-of-being-who-can-be-owned, marking the slave with ciphers. Both the desubjectivation involved in oppression and the durational differentiation of the flesh are made apparent here.

In place of an ethics that restores the legal body (one remedy that might be sought), Weheliye proposes *habeas viscus*, his name for a new configuration of life which "translates the hieroglyphics of the flesh into a potentiality in any and all things, an originating leap in the amassing of future anterior freedoms and new genres of humanity" (136-7). Weheliye

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[132] I referenced this quote earlier in the introduction to this Chapter, but it bears repeating here.

approaches and centers the flesh as a way to develop ways of being that are not restricted to the norms of our current notion of being a subject, a contingent temporal formation itself. Attention to the flesh also reveals the workings of the flesh, that are always there, the flesh as a *persistent and dynamic* dimension of life. As such, the flesh is one of the conditions of possibility for these new forms of humanity (43).

However, Weheliye's aim is *not* to teach the reader how to inhabit our flesh more fully; such technique could not be one of volition. What we *can* learn is how to recognize the activity of the flesh, the inscriptions upon it, and the function of discourses of bare life. In "808s and Heartbreak" (2017), Weheliye, in dialogue with Katherine McKittrick, states: " 'the flesh' moves us away from debates about 'dehumanization' and all that insufferable body blah-blah-blah in academic discourse. The flesh is not merely inert violated matter but praxis incarnate," not a substance but a process (30). Praxis incarnate, here, points towards the possibility of practices and applications that operate "outside of the biocentric codes that render [the flesh] so richly meaningful" (Weheliye & McKittrick 2017, 30). Such a praxis has to be *developed*, not read off like instructions. As such there is no true or originary state to the flesh, no "proper" function that we could ascribe to it nor a "proper" usage. This means that although Weheliye plays with the dynamic of revelation and concealment in his language, there is no original underlying the attenuated layers of hieroglyphic meaning.

We should refrain from interpreting Weheliye's flesh as only about a certain kind of visibility or invisibility. While the visible and the invisible are at play here, the modality of vision both has been a privileged metaphor in theoretical thinking and does not adequately describe the hieroglyphics of the flesh.[133] These hieroglyphics can be read visually, but they are also *inscribed* and their inscriptions are read and felt within the flesh. If the flesh is indeed looked past in our everyday experience, the remedy to this is not simply to pull back the curtain and find the original, pure phenomenon underlying an appearance — indeed, the violent ruptures that create the hieroglyphics suggest there is no recovery. Rather, the work will be a work of digging, a work of destroying these built layers, a work of feeling the worn-away hieroglyphics to attend to their direction and sense. Recall Spillers' language of stripping, and also her reference to the hieroglyphics as ciphers. We need to brush the dust off of the hieroglyphics to access them, but that in itself is not enough to decipher the message(s).

This also suggests that Weheliye seeks out not transparencies as opposed to opacities — not a clearly legible state below and before the markings — but reads what we might call opacity otherwise, in another nod to Glissant (1990).[134] Glissant's articulation of opacity is a way of thinking alterity in contrast to the demand for intersubjective transparency. We face opacity in texts, linguistics, and other subjects. Opacity is also a strategy that he argues for a right to, encouraging the reader to "agree not mere1y to the right to difference but, carrying this further, agree also to the right to opacity that is not enclosure within an impenetrable autarchy but subsistence within an irreducible singularity" (190).[135] Opacity is not enclosure itself but "exposes the limits of schemas of visibility, representation, and identity" as well as the interplay of concealment and freedom (Blas 2016, 149). Musser (2019) frames opacity as a "minoritarian

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[133] See the literature on ocularcentrism in philosophy and theory. See Janus (2011) for a comparison of vision-centric and hearing-centric philosophy metaphors.

[134] See also Blas (2016), Davis (2019), and Li (2019) for recent explorations of opacity.

[135] Strikingly, further down the same page Glissant writes "The right to opacity would not establish autism; it would be the real foundation of Relation, in freedoms" (90). This opposition of autism and Relation has yet to be unpacked in the Glissant literature.

strategy" which "disrupts the assumption that visuality is equivalent to transparency by alluding to something else, a different set of norms or even an interiority inaccessible to others" (10). Opacity becomes an ethics in intersubjectivity, but also in methods of reading. Opacity on my reading is linked to inaccess and the hierogylphics, foregrounding the "*possibility*, however momentary, of *illegibility* rather than a stabilized notion of resistance" (11, emphasis added).

Instead of searching a solid ground underneath the layers, Weheliye reads for *deformations of freedom* a phrase unique to his work, and he reads for these instances relationally. To clarify this phrase and start considering how we might see James' ulcer as a deformation of freedom, we can visit three aspects of deformations of freedom: its meaning as theoretical and cultural method; its relation and valence to disability and illness; and deformation as a gradual unfolding. These resonate with Weheliye's discussions of pornotroping as "unconceal[ing…] how political domination frequently produces a sexual dimension that cannot be controlled" (90). A trope itself, he notes, is a twisting or deviation of meaning that is repeated time and time again. The process of pornotroping is an objectification that simultaneously eroticizes violence, naturalizes both libidinous energy and violability: Black subjects frequently become "highly charged affective objects," that can be violated at any moment, a status that "adheres" and "binds" (Musser 2019, 9, Weheliye 2014, 93, 97). A deformation of freedom can be an unfolding or reorienting of this already-twisted state of affective stickiness.

What does it mean to deform freedom? Weheliye is quite clear that there is a narrow vision of freedom that has been formed, and which, following Spillers, sticks and forms to those who are given the body and not reduced to mere flesh. A deformation of this type of freedom, then (freedom-body) would potentiate other kinds of freedom (freedom-flesh?). Weheliye is unmooring freedom from liberal recognition and the constraints of the thinkable as suffering. He states:

> Overall, I am asking whether there exists freedom (not necessarily as a commonsensically positive category, but as a way to think what it makes possible) in this pain that most definitely cannot be reduced to mere recognition based on the alleviation of injury or redressed by the laws of the liberal state, and if said freedom might lead to other forms of emancipation, which can be imagined but not (yet) described. (14-15)

Deformation is not a transformation, not focused on the other side, not teleological. Weheliye does not want us to find a true form, nor to build a true form: it is not our bodies that need a new form, but another form of theoretical understanding that need to become a paradigm. Recalling Weheliye's use of Glissant's relation, we could say here that what needs to be deformed are the modes of relation we have with one another.

Deformation also rings to the sense of deformation as not only un-forming, but the "deformation" of bodies deemed sick and/or disabled. To be deformed in this valence is to be badly formed, to not meet the "normate," a term which disability theorist Rosemarie Garland-Thomson uses to signify "the social figure through which people can represent themselves as definitive human beings" (1997, 8). Weheliye's examples of the flesh as deformations of freedom are not *failing* to live up to a certain ideal; rather, the kind of freedom offered to James and others in "bare life" is a freedom that is already deformed in its limitations compared to those who possess the body. James' condition, as detained for four months following years of legal immigration battles, situates him in the time of the endemic.

Weheliye, in his provocations towards deformations, notes that the flesh is the "monstrous" site of both violence and freedom that is rarely recognized as freedom (125). However, this is not a call to improve dominant notions of freedom and legal Man, to "upgrade" to humanity (127). In brief, certain modes of freedom *have to be* deformed in the universe of

Man because the clinginess and sticking of hieroglyphics to flesh “disenabl[es] the actualization of a different sort of freedom, and therefore liberty’s true potentiality” (131). Accessing deformations of freedom that already exist demonstrates the possibility of other ways to “disfigure the centrality of Man,” making perceptible these “loopholes of retreat” and encouraging their dispersion (137, 135). Deformations of freedom are productive for both myself and Weheliye, in the sense that they are exercises of living in states of violence that make space (room) and make time for glimpses of life outside the measuring-stick of Man.

Deformations of freedom are also deformations of time. As I have mentioned in the discussion above of Spillers, forming and deforming take time, not only make time. The flesh is a conduit for the condensation of the past, of the accumulated attenuated markings. In this co-existence of the past, a layering of discourse and language that is naturalized to the body, dominant conceptions of time forms are unsettled by both Spillers’ and Weheliye’s analyses. Weheliye’s appeal to future anterior freedoms here is telling: the future anterior is the verb tense of “will have had been” or “will have happened.” Philosopher of music Robin James reads “habeas viscus [as] exhibit[ing] the temporality Kodwo Eshun calls the ‘futurepast,’ a reversal of the polarities of archaic and the future” (2014, n.p.). Deformations of freedom are also then deformations of the order and seriality and linearity of lived time forms. Taking time and making time, as queer of colour critique has emphasized, transforms both the archive and past and the future.[136] Weheliye nudges the reader towards the *future anterior* (which I elaborate on below in connection to Afrofuturism). The future anterior (also called future perfect) operates not by prediction: placing one event in the future, but by relation: placing two events in different future

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[136] See for example Gumbs & Wallace (2016), Lakhani (2020) for engagements with the archives through queer-of-color-critique.

positions. Living in a relation of "what-will-have-happened" is not just a time of anticipation or hesitation, neither is it a determined prefigured future prediction. As literary theorist Mark Currie (2013) notes, across philosophy and theory, the future anterior "has functioned as an account of the structure of the existential moment, the specific temporality of postmodernity, as the link of this temporality to the question of writing, as the emblem of the event in general, the grammar of change, the structure of ideology, and the tense of temporal becoming," among other uses (77). James scholar Donald Pease (2001) argues that the future anterior is "the temporality that James' writing might be understood to enact," insofar as he challenges the retroactive application of the McCarran-Walter act to his case and instead envisions a future where its repealing affords collective revolt (xviii). I return to the future anterior later in this chapter; for now, keep it in mind as a possible temporal deformation of freedom.

C.L.R. James, Imprisonment, and Ulcers

As one central example of the deformations of freedom, Weheliye considers C.L.R. James' narrative of experiencing duodenal ulcer during political imprisonment on Ellis Island. Weheliye investigates the forces of craving and hunger that traverse James's detention, as a Black Marxist Trinidadian immigrant. In this section, I elaborate Weheliye's discussion and extend it with my own, drawing further from James' description of his detention in *Mariners*. What might it mean to think through James' hunger and ulcer from the point of view of the flesh rather than the body?

First, some details about James' imprisonment and the writing of *Mariners.* In 1952, he was detained officially as a moral threat to Americans at Ellis Island, and his duodenal ulcer soon reactivated. He had lived in the USA since 1938, married an American woman, and had a daughter; however, his visa had lapsed for more than 10 years. He was kept as an "patient alien" for four months on Ellis Island under the Internal Security Act of 1952 (also known as the McCarran-Walter Act), which was applied retroactively to his case, as a potential communist sympathizer — despite the fact that his case had been in the works for 5 years before the Act's passing. Both the prior Internal Security Act (1950) and its 1952 concretization set up requirements for lawful and acceptable immigration or residency, including notions of "good moral character," and regulating the exclusion of "mental defects," those with insanity, addictions, or contagious disease (Office of the Federal Register 1952, 172, 182). Notably the 1952 Act modified earlier quotas of national origin and claimed to be removing barriers due to race, gender, and skill. However, the government still had the power to override and deport or deny entry to certain "aliens": in particular those who might have Communist or anarchist ties (184). His right to habeas corpus was revoked as an alien, which meant he had no right to produce an account and explanation of his actions: he was subject to American laws without any rights within them.[137] *Mariners,* a book Melville which he had already planned out in prior years, was written in part as a testimony towards citizenship. In Weheliye's terms, revoked of *habeas corpus,* James is relegated only to *habeas viscus*. As Pease notes, "the testifying phrases of an alien subversive were defined by the state as void of truth-value" (2001, xxv).

James' choices were limited: remain detained indefinitely, and perhaps risk eventual forced deportation, or accept "voluntary" deportation back to Trinidad, where he had not lived for decades, and far from his wife and child. Some at Ellis were "security patients" like him, but others had more liberty, such as "the Communist M, who is active in improving the prisoners'

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[137] I have not been able to track down a federal document stating this, but it is reiterated in many texts about James. See Weheliye (2014, 115); Pease (2001, xxv, xxvii); Pease (2004, 211).

conditions, because the communist as US citizen does not question his national belonging and does not have to be afraid of deportation" (Yoshida 2021, 11). As disability theorist Jay Dolmage (2005) notes, Ellis Island was for decades prior to James' detention already a place of regulation and expulsion of the inappropriately disabled or racialized. Considering Ellis Island's long history as a liminal space of subjectivation, we might follow Yukata Yoshida's (2021) analysis of *Mariners* as prison writing. He uses the continuum between forms of imprisonment and detention to explain the "contradictory claims [by James] on questions such as labour and race, literary analysis, and communism come from the insecurity of his physical and legal status" (2).[138] *Mariners* was written during this detention and presented as part of his bid for citizenship. As such we must tread carefully upon both James' strategic goals and appreciate what he wrote about Melville's connection to Cold War politics without flattening the two.

Labour broaches James' isolation within Ellis Island and also his relation to other detainees / prisoners and guards. Within a "continuum [that] forces its inmates to individualize their own experiences," due to both physical isolation and the lengthy juridical processes at hand, James was additionally limited contact as a "security patient," divided from other detainees (Yoshida 2021, 6, 13). One of the problems of the prison-detention continuum, then, is collectivity in isolation: how can a crew be formed? The potential can be read through his analysis of Melville. As Yoshida notes, "according to James, labour turns the crew into economic beings independent of any national belonging and engenders relationality that transcends a narrow individualism" (8). On the *Pequod*, "labour is undertaken within a racialized hierarchy, but is also the tie that binds the shipmates" (9). Even Melville's ship is always already

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[138] James' writing also expresses solidarity with prisoners of the US on Koje island. As Yoshida notes, in June 1951 prisoners of war rioted "in protest against the miserable diet" (11). After POWs held a prominent Brigadier General hostage in 1952, the UN massacred 85 POWs (Yoshida 2021, 12).

racially organized. Indeed, we can see James' "A Natural But Necessary Conclusion" as highlighting the relationalities between prisoners as well as the relationalities between prisoners, guards, and other employees.

First, relationality on Ellis can be seen even between the prisoner types who were isolated from one another. The political prisoners were separated from general prisoners, and the "mental prisoners" had a specific room (James 1953, 128). Each could mix only at specific times of day. Nevertheless, connections formed. Although James had serious disagreements with the Communists imprisoned there, he notes that one in particular, M., acted "with the deepest conviction as the defender and champion of the people on Ellis Island against the cruelties and inhumanity of the administration. These Communists came militantly to my defense when I was lying ill in bed, and unable to move a finger to protect myself" (128).[139] This was particularly important because Ellis Island's infirmary lacked medical infrastructure and was mostly used as a place to hold and sedate the agitated. M., an "American social type" of Russian Jewish origin, often intervened to help or protect other prisoners, taking them aside for walks or conversations when they were upset (130). James notes that the prisoners — of all types — and the guards had some sense of respect for M. Writing about one Canadian soldier, a "mental case" who had thrown his plate of dinner on the ground, James notes that the man apologized: "he felt some sense of responsibility to [M]. I doubt if he felt any to anyone else in the building" (129). M. was also respected in some degree by the guards, and so was able to negotiate and advocate for other prisoners' conditions. All this busyness was *work.*

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[139] It should be noted that James' bad feelings towards Communists were not the anti-Communist sentiment under which he was detained; rather, he critiqued Stalinist Communism from within a Marxist framework. See Pease (2001) for more details.

Labour, Yoshida suggests, even in a detention/prison, forms relations: “thinking about labour and its relation to revolt enables [James] to envision experience within a communal terrain rather than confined to a personal dimension, but without renouncing the autonomy of an individual being” (10). James is alone in the labour of his ulcer but not in the labour of sickness (due to Communist aid and advocacy) nor the labour of detention (interrogation, examination processes, board hearings, appeals, bureaucracy). Yoshida argues that James “recognizes [labour] as something relational that creates and recreates fossilized and stratified relations that undergird subjectivity” (9). James notes that the wardens and guards are surrounded by racist nationalist propaganda, set with watching prisoners but few other duties, with no clear justifications of their work (James 1953, 147). This empty labour of employees stands against the labour of the prisoners, necessary to keep Ellis functioning: labour is “absent from docile bodies that are nonresistant to, and accordingly cooperative with, the criminalization of the un-American ‘aliens’,” making relations and unmaking relations (Yoshida 2021, 10).

I want us to keep in mind this specific collectivity-in-isolation that James has access to, even in the most individualizing moments of his imprisonment, as I probe James’ sickness. I pay specific *attention to the ulcer*, which Weheliye does not. The ulcer, a chronic and often invisible condition, forms an appropriate example for my project. An ulcer is a kind of sore, “a lesion through the skin or a mucous membrane resulting from loss of tissue, usually with inflammation” (Stedman 2006, s.v. “Ulcer”). Ulcers arise as a stress reaction, extremely common in humans but not in other species. The causes of ulcers remain debated. While many scientists now attribute it to a bacterial infection by *Helicobacter pylori*, others have noted that many patients develop duodenal ulcers in absence of this bacterium, and that very few of those with *H. pylori* develop an ulcer (Hobsley, Tovey, & Holton 2008).

A single ulcer can occur once and be treated without being considered a disability, but many individuals have chronic ulcers that require specific care and cause repeated need for medical treatment, as James' did. As such, the chronic ulcer straddles any lines we might wish to draw between illness and disability: in terms of chronic temporality, the effects on so-called ordinary functioning, and more. James' ulcer, while a pre-existing condition to his detention, revived *within the circumstances* of his imprisonment. As Weheliye notes, this is one effect of "starvation that is wielded as a political weapon to produce and maintain caesuras" (2014, 116).

James suffered from ulcers since at least the age of seven, if not earlier, and he had to keep to a very precise diet in order not to cause flares (1953, 134). During his time on Ellis, he desperately wanted not to be sick, and "knew from long experience that if I wanted to be well, and to do my work, I had to avoid two things: worrying about my situation and getting a food complex. I ate with a will" (1953, 135). Rather than experiencing his ulcer as the expression of a secret or unconscious wish, or even a revolt, James emphasizes the felt sense of a body that works against one's wishes.[140] Over time, his symptoms worsened, despite his best efforts: "sometimes I could not eat at all. I struggled with it for a week, hating to get ill, hating to get into any contract with the authorities beyond the usual" (1953, 135). James' attempts to secure alternative food were denied. For a period of time, he could not eat at all; food was repellant, but so was the idea of eating itself. "I've had a few fits of retching on an empty stomach or stomach which was empty after I had puked once . . . It was not only the sight and scent of the food which by now revolted me. It was this retching that I was cheaply afraid of" (1953, 138).

This ulcerative crisis happened at the intersection of an already-weakened body, his political imprisonment for communist ties, and pithy carceral food offerings. Immigration and

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[140] Recall the discussion of somatic non-compliance in Chapter 2.

naturalization suggested he return to Trinidad, and drink papaya juice; this proposed solution lay in a movement of relinquishing any claims to "the body" and accepting exclusion from humanity. James received better treatment after he was transferred to a hospital, where he writes that he was "treated as a sick man. But at Ellis Island I was an alien, and as such entitled to no consideration whatever . . . There was not a single person on the island . . . who could not see how ill I was" (1953, 140-1). It was only with recognition, endowed with the body, that James became *legible as sick*. This legibility or perceptiveness recalls the hieroglyphics of the flesh: James is simultaneously seen as ill and not ill because of his alien status and his Blackness, because of the translations of the hieroglyphics that naturalize his suffering and pain *and* deny his experience of that pain. As a Black alien, James is socially authored by the courts, immigration officials, and guards, in his actions and inactions. For example, the statement of Mr. Shaughnessy that James could leave any time and "drink [his] papaya juice" marks the ulcer not as a health concern, but a tie between digestibility and nationality (141). It also marks a denial of his imprisonment, a distorted reading of his captivity.

Weheliye does not take an explicitly biological nor an explicitly discursive political viewpoint on James' symptoms. He states that "James' . . . retching manifests both a visceral response to the food and a political stance that exorcizes the powers that be from his body" (2014, 116). James' retching and symptoms are at once for Weheliye a "hunger strike," an exorcism, and a way of inhabiting the flesh. He uncovers a relationship between James' hunger and that of the Muselmann, a state of suffering of concentration camp inmates characterized by starvation and inaction. As noted above, the concentration camp is one of Agamben's privileged examples of bare life.[141] Weheliye notes that the Muselmanner, severed from all social ties and meaning, came to exist in a kind of passivity or listlessness that infuriated guards at the camp. Like James, some Muselmanner "developed an acute repulsion toward the food provided in concentration camps, and some were still disgusted by certain camp staples many years after" (2014, 116). Weheliye emphasizes that the Muselmann was quotidian, a stage that many inmates moved in and out of, a gradual process. This is both like and unlike James' case because while both were held in forms of detention, the intensities of hunger that pass James's body during the ulcer are indeed gradual, but James is not part of an ulcerative collectivity; his relations persist, even as interrupted and cut, fragmented and separated between groups of prisoners, guards, and other employees. These two figures — James and the Muselmanner — are not parallels but two instances of deformations of freedom that triangulate with hunger and craving.

Weheliye links the two cases through hunger.[142] One of the few things that stimulated many Muselmann was nourishment and dreams of food (Sofsky 1997, Levi 1947). As Weheliye puts it, "the imaginary relation to all that is edible and drinkable becomes the defining feature of their being" (2014, 121). Even in states of bare life, there is a relation to hunger. Still, relationships to the edible differ; both figures have a longing kind of hunger, but James also demonstrates his retching in the face of current food. For James, food is both longed for and impossible to digest. I would argue that Weheliye thinks it is in these attitudes and affects, not in

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[141] Note that the nomenclature of Muselmann/er itself is racialized, referencing Muslim dress and/or posture. See Weheliye's notes 6 and 7 in *Habeas Viscus,* 158.

[142] The third figure Weheliye introduces along the vector of hunger is the enslaved Harriet Jacobs, in considering the garret that served as both confinement and protection, prison and retreat, in which she lived for seven years. Interestingly for my account, Weheliye notes that "the enfleshed incapacity produced by her cell haunted her body as disability even in the aftermath of [escaping slavery], thus ensuring that the hieroglyphics of the flesh remained affixed to her physical being-in-the-world in more ways than one" (117). Weheliye pays attention to what is "curtailed" and what is "capacitated" in these spaces of supposed bare life.

the distinct actions of a subject, that deformations of freedom and dwelling in the flesh take place. Recall again the role of affect in the relations on Ellis Island; the solidarity, confusion, disgruntlement, divisions, and alienation create a collective otherwise.[143]

The specific challenge and deformation of freedom that we see in the Muselmanner is not one of volitional agency. In fact, Weheliye emphasizes that their almost totally uncaring state infuriated guards: “Their apathy was provocative; it started the rage of their tormentors … Orders accomplished nothing. Even violence fell flat; it was ineffective. The passivity of the Muselmann was an insult to power” (Sofsky 1997, 202-204). That is, Weheliye does not see either of these examples of hunger as merely symptomatic of oppression. Even though both C.L.R. James’ inability to digest and the Muselmann’s passivity were in some sense imposed upon them. Weheliye thinks that paying attention to the flesh in these situations (of “bare life”) can give us a clue about developing new modalities of relation, new modes of humanity that can operate outside of contexts of extreme depri/a/vation.[144] Indeed, this arising of a stark and stubborn passivity by Muselmanner caused ripples in the bodies and fleshes around them, distressing and deforming camp governance.

Weheliye is ambiguous on whether we are to understand the moments of freedom and liberation as occurring in the illness or rather in the written accounts, in discourse and speech. He states that “despite the fact that James has no access to habeas corpus, his testimony in book form produces a habeas viscus, an extra juridical law of motion that marshals the relationality of the flesh beyond the law of comparison” (2014, 124). Indeed, Weheliye says that James writing *Mariners* is a way of narrating and dwelling in the flesh (2014, 116). This suggests that the

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[143] Thank you to Dr. Alanna Thain for pushing me to think on this point.

[144] Weheliye discusses both depr*i*vation and depr*a*vation as modes of violence against the flesh.

writing, and not only inflammation of the ulcer itself, can lead us to these new humanities. Bearing witness to and testimony to the flesh, and even reading James' account, may lead us into the future anterior.

What does this fleshy reading lead us to in James's case? It is clear from the outset that we cannot interpret his ulcer, his involuntary "hunger strike," straightforwardly as resistance. Weheliye argues, "resistance and agency assume full, self-present, and coherent subjects working against something or someone. . . we might come to a more layered and improvisatory understanding of extreme subjection if we do not decide in advance what forms its disfigurations should take on" (2014, 2). Instead, a flesh-centered investigation of James' ulcerative crisis directs us towards seeing the ulcer as not an inflammation or degradation of tissue, but a *novel* (if painful) surfacing of the hieroglyphics of the flesh, an improvisation.[145] Improvisation here stands out in contrast to the prefigurative, planned, and teleological. We can't quite plan it. It has to be done with what is at hand, which within extreme violence will afford limited and "disfiguring" projects. James' ulcer cannot be cashed out in a discourse of his body heroically rebelling, nor in a discourse of racism as having simplified and fatalistic outcomes. With Weheliye, I resist stating that the lesson of this episode is the concretization of habeas corpus and the body for all subjects. Reading illness and disability through the flesh emerges as a method that takes seriously the violences which enflesh racialized individuals, while also always recognizing the creative excess of such violence.

In drawing this first section to an end, I would also like to press on the temporal aspects of the flesh in this tradition and the modes of relationality engendered by its invasion. Weheliye emphasizes the persistence of the flesh and its hieroglyphics across generations. However, he

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[145] The deformations of dominant time-forms are new and also painful.

does not tend to view the past as a whole as an enclosure, not holding tightly on to any sort of teleology, but instead envisions the new humanities along the lines of Afro-futurism. As Weheliye quotes from Sun Ra's *Space is the Place* (1974): "It's after the end of the world. . . Don't you know that yet?" (2014, 135). The hieroglyphics have been engraved and require a technique of decipherment, in contrast with reading: to develop ciphers and codes is necessary to decipher. The ciphers have not been created yet, but live in the time of the future anterior, what will have been.[146] In this way the hieroglyphics point not only backwards but forwards, where deformations of freedom are "prophetic traces of the hieroglyphics of the flesh" (2014, 125). Weheliye's project, "while conjuring anterior futures also lay[s] claim to and make[s] demands in the here-and-NOW" (16). Throughout *Habeas Viscus*, Weheliye stylizes the word NOW in this way, highlighting the urgency of the relation of future to present. In contrast to Afropessimist theories, which often draw upon Spillers' work but use it to emphasize social death and the ontological exclusion of Blackness, Weheliye finds his place among the Afrofuturist influenced critical theories, drawing on the models of science fiction futurity.[147]

The term *Afrofuturism* is usually sourced to Mark Dery's (1993) interview text with Black speculative fiction writers. However, the word traces a trend in Black arts and cyberculture that has been active throughout the twentieth century. As Anderson and Jones (2016) and Nelson (2002) note, whereas futurism as a European movement was composed of avant-garde European intellectuals, Afrofuturism "has its contemporary beginnings in the North American Black Arts

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[146] For more on Weheliye's general view of Blackness and temporality, see Weheliye (2005).

[147] As Candace Jenkins (2021) points out, even Afrofuturism shares a kind of speculative pessimism about the world we live in. Both Afrofuturism and Afropessimism take up the founding moment of the trans-Atlantic slave trade as a rupture that cannot be recovered from. She notes, "There is a kind of fundamental lack of interest in traditional narratives of progress and (stated or assumed) hope for the future that happens in both" (129).

movement of the 1960s and 1970s" (Anderson & Jones, ix). In music, cinema, visual and plastic arts, and science fiction literature, Black artists rethink the encounters and afterlives of transatlantic slavery through the extraterrestrial, the alien/nation, abductions, space and time travel (making space, making time).

In the late 1990s and early 2000s, this came to the fore of theorizing with discussions of the "racial divide" in technology, which reiterate the "ostensible oppositionality of race (primitive past) and technology (modern future)" (Nelson 2002, 5). Afrofuturism directly contradicts this, as demonstrated by its flourishing within the Afrofuturism listserv and the emergence of the movement from within cyberculture and technoculture. In brief, "Afrofuturism . . . is concerned with the possibilities for intervention within the dimension of the predictive, the projected, the proleptic, the envisioned, the virtual, the anticipatory and the future conditional" (Eshun 2003, 293). Kodwo Eshun (1998, 2003), among others, highlights the role of Afrofuturism in constructing both counter-memories, revisions of the past, and counter-futures. Thus, Afrofuturism imagines possible futures while working retrospectively upon and with the past. He names this realm of political intervention *chronopolitics*, "a program for recovering the histories of counter-futures created in a century hostile to Afro-diasporic projection and as a space within which the critical work of manufacturing tools capable of intervention within the current political dispensation may be undertaken" (301).[148]

Media theorist tobias van Veen (2016), elaborating Afrofuturist politics, argues that:

> (i) Chronopolitics intervenes in the production of collective memory—institutional, pedagogical, epistemic and museological histories, oral traditions and myths—as well as in the schematic projections of the future. This collective memory is inscribed in texts, cultural practices, and technological objects.

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[148] Note that Eshun's use of chronopolitics nicely coincides with, and affords the rethinking of, Elizabeth Freeman's (2010) chrononormativity (see Chapter 1).

> (ii) Chronopolitics is the temporal production of countermemories and counterrealities to combat corporate, whitewashed, or technocapitalist futures of dystopia. It is also a historical recovery operation, in which erasures and evacuations of the unwanted, insurrectionary, or traumatic past are uncovered and put to use. (80)

The Afrofuturist invocation of the NOW mirrors and resignifies violence and oppression as doing a specific form of temporal harm or enclosure. The abuses of the flesh, as highlighted by Spillers, with the processes of deprivation, depravation, and pornotroping, have their own temporality, where "race, racialization, and racial identities [are] ongoing sets of political relations that require, through constant *perpetuation* . . . the barring of nonwhite subjects from the category of the human as it is performed in the modern west" (Weheliye 2014, 3). This perpetuation foreshadows a notion of sedimentation or institution (see below) and also commits the hieroglyphics of the flesh to repeated inscriptions, always possible to be inscribed differently but alongside the traces of the past.

While Weheliye argues that James' behaviour during the ulcerative crisis demonstrates a dwelling in the flesh — to which I agree — I argue *further* that it demonstrates the articulation and arrangements of the flesh's dimensions, namely the interplay of relationality, il/legibility, and temporality. We can also consider this a methodological turn in attending to disability and illness under oppression: whereas thinking through the body is often familiar and comfortable, what deformations emerge when philosophy works through the flesh first and foremost? What lessons — what deformations — are afforded to phenomenology through the flesh?

The flesh and Merleau-Ponty: Towards Passivity

I now move to examining the actual and potential place of Merleau-Ponty's thought, and particularly the role of the flesh, in *Habeas Viscus.* To do this means retracing parts of Maurice Merleau-Ponty's intellectual thought, including *the Phenomenology of Perception* (1945), notes from his lectures on *Institution and Passivity* (1954-1955), and the unfinished manuscript *The Visible and the Invisible* (1964). The places where Weheliye invokes Merleau-Ponty are disaparate within *Habeas Viscus,* but also in significant and evocative locations. First, Weheliye dedicates a page and a half to Merleau-Ponty's flesh at the end of his discussion of bare life and critique of Agamben (44-45). He takes as exemplary Merleau-Ponty's discussion of the flesh as an element, in the vein of ancient understandings of elements (1964, 147). Pointing out that the flesh is relational (with Merleau-Ponty and Elizabeth Grosz), Weheliye argues that the flesh is "a vestibular gash in the armor of Man, simultaneously a tool of dehumanization and a relational vestibule to alternate ways of being that do not possess the luxury of eliding phenomenology with biology" (44). If flesh is an element, Weheliye proposes that it might be *ether.* Citing rapper Nas (2001) and reading Spillers alongside Merleau-Ponty, Weheliye argues that the flesh as "nothing less than the ether of Man . . . provides a stepping stone toward new genres of human" (44-5). In Nas' lyrics, ether "fucks with your soul" and is "that shit that make your soul burn slow" (2001). Weheliye appeals to ether as both anaesthetic, pain relief, and lack of consciousness, connecting it to Merleau-Ponty's articulation of the flesh's *reversibility.*

The other major invocation of Merleau-Ponty returns as a refrain at the end of Weheliye's discussion of racializing assemblages. On the prior page, he notes that "the hieroglyphics of the flesh . . . are the ether that animates racializing assemblages, the ether that broadcasts slashes onto the scar tissue of succeeding generations" (51). Weheliye turns back to the Merleau-Ponty of *The Visible and the Invisible*, noting that the flesh does not exist in a colour or thing/object, but rather as the space between things (the interval). Hence, "between the alleged colours and visibles, we would find anew the tissue that lines them, sustains them, nourishes them, and which for its part is not a thing, but a possibility, a latency, and a flesh of things" (1964, 132, quoted in Weheliye 2014, 52). Here, the possibilities of the in-betweenness of the flesh are articulated as a potential exit route or line of flight. Throughout, Weheliye constructs his own version of the flesh that springs from Spillers and is informed by Merleau-Ponty. To be clear, I am in no way suggesting that Spillers was borrowing from or owes a debt to Merleau-Ponty in her own conception of the flesh: they have two different roots and growths. However, it interests me that Weheliye brings up both of these ideas, juxtapositionally, and finds that both resonate with his own transformation of the idea of flesh.

In this section, I make explicit some resonances and echoes between Merleau-Ponty's ontology and Weheliye's proposals around living in the flesh. Making this link more robust uncovers relations between reversibility and passivity that shine light upon Weheliye's transformations of freedom. These Merleau-Pontian echoes can help us to better understand the movements of the flesh in C.L.R. James' case. Although there has been considerable work in critical phenomenology that takes up Merleau-Ponty, including feminist, queer, critical race, and disability perspectives, much of this work focuses on a different level of his concepts: often, the body schema, perception, or intercorporeality.[149] While none of these are irrelevant to my work in this chapter, I have yet to find a critical analysis of the flesh that lends itself well to my questions about agency and illness. I do want to flag two possible interlocuters whose work is

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[149] See for example: Salamon (2006), Weiss (2015), Al-Saji (2009a), Alcoff (2006), Weiss, Murphy, and Salamon, eds. (2020).

adjacent to mine. First, new materialist feminist philosopher Diana Coole (2005), who suggests "breaking down the notion of agency into a series of contingent phenomena in order to describe their provisional emergence, as well as to reflect upon the agentic propensities of a variety of processes at different levels of (co-)existence" (128). Focusing upon emergence and differing processes, as Coole notes, affords an improvisatory method that moves between levels, categories, and forms. Second, critical phenomenologist Ann Murphy (2018) argues that "there are radical and pervasive distortions in the perception and understanding of both self and other that accompany the reality of being chronically deprived of food" (196). She highlights extreme hunger as dispossession and fragmentation of perception, but also an alteration of "sense and intentionality themselves" (201). However, because they pay specific attention to the flesh, in this section I probe explanatory work on Merleau-Ponty done by David Morris (2010) and Donald Beith (2018), neither of whom take critical phenomenology as their main focus. In the following, I trace the relationship of reversibility, institution, and generative passivity to the forefront of the Merleau-Pontian conception of the flesh and use them to provide another perspective onto James' ulcerative crisis.

Merleau-Ponty's early phenomenology, as seen in *The Phenomenology of Perception*, reveals to the reader the embodied aspects of gesture, proprioception, intercorporeity, and of course perception. In Merleau-Ponty's later work, the period that Weheliye draws upon, he turns from a more conventional phenomenology to develop the ontology which underpins and affords our perception and experience. [150] In this section, I trace the emergence of *flesh* through his work on reversibility; his lectures on *Institution and Passivity*, followed by *The Visible and the*

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[150] This moment in Merleau-Ponty's intellectual career is argued by some scholars to be a radical break from his early work, while others argue it is largely continuous. See Merleau-Ponty (1964, 183; 1969), H. Hall (1977) for discussions of continuity.

Invisible, the unfinished manuscript he was working on at the time of his death. As we will see in the remainder of this chapter, institution and passivity are themselves transitional moments for Merleau-Ponty that lie present but unnamed conceptually in his last work.

In the third chapter of *The Visible and the Invisible,* "The Chiasm: the Intertwining," Merleau-Ponty proposes a substrate of existence — the flesh — which explains our positions as both seer and seen, touching and tangible. This two-sided existence, being as a leaf, exists only because of a flesh of things, an element that gives being depth. Flesh is the "formative medium of object and subject," the condition of possibility that we need for subjectivity (as it is, differently, for Spillers), but it universally pre-exists (this does not seem to be the case for Spillers) (1964, 147). Merleau-Ponty's flesh is general and anonymous, and not racially or historically indexed or even apparent. I start with the relationship that our reversibility as sensing and sensate might bear to the alternate humanities that Weheliye seeks to instantiate.

For Merleau-Ponty, we experience the world because there is a world flesh which presses against my flesh; similarly, that is how we experience others (1964, 127). The visible is already pregnant with qualities and pressures — it makes itself felt upon me.

> my body is made of the same flesh as the world (it is a perceived), and moreover that this flesh of my body is shared by the world, the world reflects it, encroaches upon it and it encourages upon the world . . . This also means: my body is not only one perceived among others, it is the measurant of all . . . To touch oneself, to see oneself, accordingly, is not to apprehend oneself as an ob-ject, it is to be open to oneself, destined to oneself… (248-9)

The flesh is not a coating, or a phenomenon as mere appearance. Merleau-Ponty makes it clear that his elaboration of the flesh is not anthropological: "carnal being, as a being of depth, of several leaves or several faces, of being in latency, and a presentation of a certain absence, is a prototype of Being, of which our body, the sensible sentient, is a very remarkable variant, but is constitutive paradox already lies in every visible" (1964, 136). The flesh reflects and undergirds a basic reversibility of being. By reversibility, here I invoke Merleau-Ponty's emphasis on our constant status as both perceiver and perceived, as both seer and seen, the one who touches and the one who is touched, and the synesthetic relationship of our senses. However, as Morris notes, this reversibility goes beyond the perceptual: "Reversibility takes the perceptual fact just discussed as echoing and licensing a deeper claim about the ontology of being in General" (2010, 143). That is, at an ontological level, we have a two-sided being (two sides that never entirely coincide but overlap); and that, so do other subjects, and even material objects in the world. We can see this in Merleau-Ponty's note from *The Visible and the Invisible*:

> the flesh = this is my body is passive-active (visible – seeing), mass in itself *and* gesture . . . The flesh = the fact that the visible that I am is seer (look) or, what amounts to the same thing, has an *inside*, plus the fact that the exterior visible is also *seen*, i.e., has a prolongation, in the enclosure of my body, which is part of its being. (1964, 271) [151]

The flesh that I am receives pressure from other flesh, from the flesh of the world. I am affected, so that, for example, the painter feels as if the trees are seeing him.[152] This works through depth, rather than despite depth: "the thickness of flesh between the seer and the thing is constitutive for the thing of its visibility as for the seer of his corporeity; it is not an obstacle between them, it is their means of communication" (135).

One of Merleau-Ponty's most prominent examples for understanding the flesh and reversibility comes in the form of a glove, turned inside-out constantly. In a working note to *The Visible and the Invisible*, he writes, "Reversibility: the finger of the glove that is turned inside out ------There is no need of a spectator who would be on each side. It suffices that from one side I see the wrong side of the glove that is applied to the right side, that I touch the one through, the

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[151] The ellipses here is Merleau-Ponty's original.

[152] See Merleau-Ponty (1960).

other" (1953, 263). Considering a reversible glove, we have one single substance which nevertheless has two differentiated sides; yet these sides do not exist independently of one another, but we can touch one through the other. The two sides of being — between seer and seen, or active and passive — are in a chiasmic relationship. Merleau-Ponty also uses, but admits the inadequacy of, thinking of reversibility along the lines of leaves or layers; he articulates "our body is a being of two leaves, from one sides a thing among things and otherwise what sees them and touches them" yet later admits that we should not ascribe to this view, as "there are not in [the body] two leaves or two layers. . . to speak of leaves or layers is still to flatten and to juxtapose, under the reflective gaze, what coexists in the living and upright body" (137-8). While the flesh has two sides, it is not two substances — further, there is a space or depth between these two sides which enables their movements and constitutes us as both active and passive with regards to perception. This space is articulated by Merleau-Ponty as an *écart*, or a gap — there is an incompleteness, an overlap between fleshes but also a mismatch, never a perfect fit.

While these analogies have been widely reiterated and utilized, many philosophers have critiqued Merleau-Ponty's conception of the flesh in light of them. For example, Emmanuel Levinas (1969) holds that such an ontology flattens the difference in any intercorporeal encounter because it reduces two differences to sameness.[153] The flesh as that which is present and latent in bodies needs to account for our relationship to otherness and difference, alterity without subsuming it all under a single subject. This could at first glance be mitigated by making the two sides of the glove in the analogy irreversible — such that an inverted left glove would

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[153] See Reynolds (2002), Busch (1992), and Adamo (2002) for more of Levinas' critiques of Merleau-Ponty on alterity.

not fit onto a right hand — and made out of two differing materials, that can overlap, rub against each other, cause friction. However, Levinas argues that even this is not sufficient:

> Irreversibility does not only mean that the same goes unto the other differently than the other unto the same. That eventuality does not enter into account: the radical separation between the same and the other means precisely that it is impossible to place oneself outside of the correlation between the same and the other so as to record the correspondence or the non-correspondence of this going with this return. (1969, 35-6)

This critique is crucial for an account such as mine which takes up the flesh and reversibility in relation to oppression. The flesh marks out internal and transversal relations, but also our intersubjective ethical considerations with others: the flesh is both "of the world" and "of us." Cathryn Vasseleu (2002) rephrases Levinas' critique of Merleau-Ponty's related handshake example as a charge of "unaccountable affection": affection without accountability to the other (64). In Levinas' (1984) analysis he notes that Merleau-Ponty slides easily from touching one's own hand to touching another's, assuming an analogy of structured feeling (63). Further, he disagrees with a handshake's framing as about recognition, intentionality, and informational transfer, noting that the "lending of the self" Merleau-Ponty theorizes is restricted. Instead, Levinas asks: "Is it not then an 'attuning oneself' to the other— that is, a giving of oneself to him or her?" (64). My account here requires we take the encroachment of the other, and the chiasmic relationship of the flesh as a relation to otherness in alterity, but I fall short of advocating the "radical separation" that Levinas underlines.

Returning to the glove for a moment: even if Merleau-Ponty seems to know that the flesh of the world is a different quality than my own flesh, the glove example may make the reversible nature seem too simple a movement, a transition that flips and reverses without significant dehiscence. Taking up the generative passivity of the flesh in this context enriches the sense of "encroaching," "lending," and "borrowing" that Merleau-Ponty articulates, gives the flesh a texture and movement. While neither Levinas nor Merleau-Ponty are necessarily friendly to this close relation to each other, taking up Levinas' emphasis on ethical relation pushes us to articulate the flesh in more specificity.

This fundamental reversibility of the body and of its perceptions and sensations, a version of thinking about impressibility, constitutes our receptiveness to, yet non-determination by, so-called external forces. As such, the flesh's reversibility is undergirded by a certain re/conception of passivity. Within *The Visible and the Invisible* itself, Merleau-Ponty does not talk at length about passivity, though he does note that

> every attempt to fit a passivity upon an activity ends up either in extending the passivity to the whole— which amounts to detaching us from Being . . . or ends up by restoring the activity to the whole. . . It is a question of reconsidering the interdependent notions of the active and the passive in such a way that they no longer place us before the antinomy of a philosophy that accounts for being and the truth, but does not take the world into account, and a philosophy that takes the world into account, but uproots us from being and the truth. (42-3)

Passivity and activity litter the working notes to this volume.[154] However, once he articulates the flesh, the language of passivity drops out of *The Visible and the Invisible*. In what follows, I probe links between Merleau-Ponty's articulation of passivity (largely in his lectures on *Institution and Passivity*) and the flesh. I explicate this conception of passivity, tracing its phenomenological influences.

With this basic deconstruction of activity and passivity in hand, I can further explain why it relates to questions of agency and of the question of "becoming ill" or "falling ill."[155] Fully explaining this requires a brief discussion of institution, which Merleau-Ponty lectured on during the same semester as passivity. Institution as a concept is entangled with passivity's role in

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[154] See pages 173, 184, 221, 235, 261, 264-5, 269, 272.

[155] In French, as Jean-Luc Nancy exploits fruitfully, sleeping is something we 'fall' into (tomber),which is also a reference to the tomb. This also I would argue in illness. See Nancy (2009).

experience. Both terms *fall back* in *The Visible and the Invisible*, where Merleau-Ponty instead articulates the flesh. The flesh is as a dynamic reversibility that has within it powers of institution, because of generative passivity. However, the flesh is not only or merely the coincidence of institution and passivity.

Merleau-Ponty opposes institution to constitution, a word often used in classical phenomenology to connote the activity of the subject in creating the world she lives. Whereas constitution centers a subject and definitive events, institution "makes sense without me" and is a protracted process (2010, 8). Institution makes room for the traces and sediments that act through us, that form not only background for our actions but lend us tendencies. As Don Beith argues, "institution is a meaning-making that is prior to the constituting activity of subjectivity or even the vital body" (2018, 47). Institution is also a continual process, whereby I encounter sense that is in some way already made, that which presses up against my subjectivity. Institution re-occurs and is something I must constantly move and develop new senses with. Newer institutions take up and transform older ones; institution never happens upon a blank slate or a blank body. Instituted events "endow the experience with durable dimensions, in relation to which a whole series of other experiences will make sense, will form a thinkable sequel or a history" (Merleau-Ponty 2010, 77). As such institution is a process of constant reorganization and re-creating of sense and meaning. These durable dimensions modulate our present sense of self, our past, and continue to move and create different levels of experience.

Institution is a descriptive concept in Merleau-Ponty's text. For him, there is nothing that makes institution good or bad prima facie. However, I would argue in fact that much institution in the world is what Merleau-Ponty refers to as "pathological," and there is a latent normativity present within these lectures (2010, 9). A pathological or oppressive institution is "one that cuts off genuine communication and shared practice, hypostasizing the meanings of bodies and behaviours by operating according to a logic that prohibits expression and enforces fixed norms" (Beith 2018, 148). Pathological institution either rejects the past wholesale or takes it as determining and repeats it (Beith, 142). This inhibits possibilities and growth. In Beith's example of gaining interpersonal agency through puberty, he notes: "if puberty becomes constituted by others socially, or devolves into a merely psychological institution, or a solely bodily one, it is a form of pathological *institution*" (Beith, 142, fn 27). Institution is pathological in this case because it is overdetermined by others (socially), or by isolation and individualization: both versions of puberty fail to grapple with the past in its details.

Beith takes up bell hooks' (1988) example of straightening her hair as pathological institution that at first remained invisible, as part of white beauty standards that had become instituted even in entirely Black communities, an institution that does not name itself as such and asymmetrically distributes pressure to conform. However, even pathological institution can be *resumed* in multiple ways; hooks' later movement to grow her hair naturally both bore the traces of this pathological institution and was "a means of exposing the oppressive comportment and affect of the dominant community" (150). Indeed, the meaning of natural hair growth as resistance can only arise as a way of taking up the pathological institution. Beyond this example, I argue that widespread racism and anti-Blackness among non-Black subjects is also a process of pathological institution. Rather than institution having clear cases of non-pathological as opposed to pathological exception, many of the things we must resume due to their institution have limiting and pathological presences.

This brief foray through institution grounds and interacts with the notion of passivity. To understand this, consider another example. Beith examines institution in relation to interpersonal agency through the development from infant to child to adult. Through learning of others' body schemas, and through a syncretic sociality, the child develops a sense of themselves as well as a sense of other discrete subjects. This learning itself depends upon a passivity already existing; a "shared structure of prepersonal generative passivity that is the intercorporeal soil of our personhood and agency" (2018, 121). A structure and sense then remains under the surface of volitional activity, "even though it is continually at play underneath these activities, as their instituting ontological ground" (133). Generative passivity then expresses a prepersonal structure that interacts with institution. It is not a place where meaning is constituted, but rather where it sediments and remains active (5-6). It is important to note that passivity comes out of but also underlies institution: without passivity we would not be able to have events institute at all. Hence Merleau-Ponty states, even in his earlier work: "What is called passivity . . . is being encompassed, being in a situation — prior to which we do not exist — which we are perpetually resuming, and which is constitutive of us" (1945, 488).

Merleau-Ponty's ideas of passivity draw greatly upon Edmund Husserl's *Analyses Concerning Passive and Active Synthesis* (2001)*,* a lecture series given throughout the 1920s*;* in some ways this critique of activity/passivity has been present throughout the history of phenomenology.[156] While much of the canonical history of philosophy has taken activity as more valuable than passivity, and these two terms as mutually exclusive, Husserl, Merleau-Ponty, and several other phenomenologists rethink passivity along multiple dimensions. Passivity is crucial to the project of understanding our lived experience in the world, as many aspects of our perception and consciousness appear to *happen* to us. Husserl takes up passivity through the issue of passive synthesis, which occurs prior to "rational" constitution in the world.

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[156] The lectures were originally given between 1920-1926.

Passive synthesis is the primordial necessity for constitution, as such this synthesis includes associations, distinctions, habituation, etc.

In Husserl's texts we find two forms of passivity, which also are reflected in Merleau-Ponty's work. First, as a precursor to institution — sedimentation — "every accomplishment of activity itself in turn sinks in a regulated manner into passivity" (Husserl 2001, 312). But prior to this Husserl notes there is "an *original passivity*, an *originally passive constitution* of objects, whose activation is *sheer reception*" (312). Victor Biceaga (2010) argues that Husserl reconceives passivity using three strategies: i) making the activity/passivity difference one of degree rather than of kind, where "originary passivity is a lower energy type of activity" ii) the entanglement and interdependence of activity and passivity and iii) conceiving of passivity as an openness to otherness or alterity (xix-xxi). Although all three are relevant to my discussion here, we will see that the link of passivity and relationality is crucial. Anthony Steinbock (2001), scholar and translator of, also notes several important elements of Husserl's discussions of passivity: passivity is "a mode of sense-genesis" that designates "a sphere of experience in which the 'ego' is not active, i.e., does not creatively participate or actively orient itself in the constitution of sense" (xxxvii-xliii).[157] Husserl's passivity aligns with the pre-reflective and pre-linguistic realms; in passivity we perceive "pregivenness and objectlike formations" rather than givenness and objects. As such, passivity is the base and foundation for activity. I will not here go into details of interpretation of Husserl, but it is important to note the overlaps in interpretation and I take these seriously as marked themes in Husserl's rearticulation of

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[157] On page xl, Steinbock notes that this does not mean passivity is non-egoic, but that the ego is not engaged in active participation.

passivity.[158] As we will see below, the passivity of Merleau-Ponty's flesh maintains these generative, receptive, qualities as well as always being present with and alongside activity.

Calling this form of passivity *generative* also has its antecedents in Husserlian phenomenology. Husserl's conception of genetic phenomenology, as phenomenology concerned with the problem of genesis in general, influenced Steinbock's coining of generativity, where "generative phenomenology treats phenomena that are historical, cultural, intersubjective and normative" (Steinbock 1995, 59). Steinbock insists that generativity takes the historical and intersubjective spheres as integral to the process of becoming. He glosses the difference as "genetic and generative phenomena, on the other hand, both come under the rubric of dynamism and temporalization: genetic method is concerned with self-temporalization or facticity, and generative method with socio-historical temporalization or historicity" (68). Merleau-Ponty does not use this terminology, neither does Husserl, but Steinbock and Beith read it back into their concepts as a way to clarify the stakes of passivity.

Yet, I argue that none of these scholars adequately mine passivity and the flesh for their critical and political importance. In the remainder of this section, I aim to apply critical phenomenological method to the flesh and its qualities of passivity. I suggest that rather than this being an abstract question, the passivity of the flesh is crucial for understanding how the ulcerative crisis / "hunger strike" of James can be seen as a deformation of freedom. All this is difficult given the passivity and violable character of Spillers' flesh. If Weheliye is right in that our conceptions of freedom, human, and body have limited us — what happens when we rework passivity? This reworking of passivity is an aspect of the flesh that I find helpful because, in part,

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[158] There are not many critical readings of Husserl on passivity at this point. However, see Nethery (2018) for an incisive argument for how passive synthesis along with internal time-consciousness can provide a framework for thinking about racializing perception by white subjects.

of Weheliye's discussion of passivity and hunger with the Muselmanner and James. If passivity is part of what makes these deformations of freedom, it is not only the passivity that is being unmovable or an obstacle (as in the Muselmanner) but also passivity and passion as workings of the body.

One of the most helpful examples from the *Passivity* lectures and notes regards sleep. Sleep aids us in understanding the reversible chiasmic relationship of activity and passivity. Morris notes that sleep, for Merleau-Ponty, is not the lack of activity. Citing both the impossibility to will oneself to sleep and the possibility of waking upon a noise (suggesting consciousness has not receded or disappeared), Merleau-Ponty concludes that "There are both passivity and activity in waking, and passivity and activity in sleep" (2010, 144). Sleep is an act or mode of conduct, not a brute fact that is overdetermined from our bodies (2010, 143). Merleau-Ponty foregrounds the experience of falling asleep to highlight that ordinarily we must decide to sleep, but the falling itself is not a sovereign experience: something causal from outside of me or beyond me seems to arrive: "I call upon sleep, but it is sleep which comes. It has a motivation, it forms part of our life. [Thus it is not a matter of] frontal passivity . . . but [of a] passivity nevertheless: one abandons oneself" (2010, 142). In brief, activity and passivity themselves suffuse both states that we might think of as wholly active and wholly passive. Passivity cannot be non-activity but is rather another modality of being (Morris 2010, 150).

By *frontal passivity*, Merleau-Ponty is referring to something like our mainstream notion of passivity, whereby there is "a positive given before which consciousness or life is passive *simpliciter"* (Beith 2018, 5). In contrast, lateral passivity is a passivity of experiencing always *with and alongside* the world and other subjects. Al-Saji (2014) notes that hesitation marks the passivity in each moment. Hesitation thus opens duration from its cut-up measurement to an experience of flow, where passivity is “congenital to the I” and reorganizes and upsets levels and dimensions of experience and affect (Merleau-Ponty 2010, 191). Falling asleep is not caused by, but made possible and allowed by, the lateral passivity that moves between and reorganizes the body schema, that provides us with a sense of duration, interaction, and change. While causal explanations chop time up into measured quantities and moments, turning to duration helps us to think through gradual processes and their multiple conditions (Bergson 1896). Morris notes that the transitions from waking to sleeping and vice-versa are not by degree, but by an inversion, like the two sides of the glove (2010, 150). I want to flag here the example of falling asleep as something that takes over, without will, often despite will (the more we try to fall asleep the harder it can be).

I also want to put a pin in the question: how is falling asleep like and unlike hunger pains? Indeed, the transitions between and exchanges among activity, institution, and passivity place us squarely in the realm of temporality. Fiona Hughes (2013) notes that “the instituting being operates with the past as the unavoidable weight out of which everything present emerges and, as the rich resource without which nothing that is present could be” (427).[159] Passivity requires “perpetual resumption,” thus does not constrain us to one mode of action: rather than a deterministic picture of the subject being affected from the outside, this returns a responsibility and choice, over and over again (423).

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[159] 159. Although he does not read explicitly through the concept of institution, Joel Michael Reynolds (2017) has shown how Merleau-Pontian phenomenology has stakes in, and can transform our uptake of, disability. Reynolds traces the institution of the ‘ableist conflation’ of disability with pain, suffering, and disadvantage (420-1). Turning his critique to Merleau-Ponty’s example of the blind man incorporating a cane, Reynolds exposes an institution within Merleau-Ponty’s own work – a sedimentation of ableism — that remains unacknowledged as itself institution.

In light of this, I ask how pathological institution and generative passivity are at play in C.L.R. James' detention and ulcer, filling out some of the gestures that Weheliye traces but does not explain. As noted above, both the concepts of institution and passivity fall out of Merleau-Ponty's work by the last chapter of *The Visible and the Invisible,* yet I have argued that they are expressed by the flesh nonetheless. Institution and passivity are ways of naming particular tendencies of the flesh. I argue that the ulcer as a sore and inflammation only makes sense out of the institution and sedimentation of trans-Atlantic slavery, US-Trinidad relations. James' retching and hunger bear the traces of his treatment as alien and not sick, revealing the generative passivity of his flesh (both literal and ontological). Making sense of generative passivity would allow for the ontological persistence of, for example, transatlantic slavery with a particular meaning, instituted and so caught up in the senses of agency of Black subjects in the Americas. Slavery as an institution would then mean *not only* its large-scale, networking, entanglements with global capitalism and the integration of anti-blackness within other "formal" institutions (schools, policing, governments). Slavery as an institution would mean considering what has always already been instituted into the matrix of sense that Black and non-Black individuals are born into; this would call us to examine generative passivity under conditions of political violence. We can also ask what has been instituted in guards and officials, what their passivity enables as potency. How has the method of reading the hieroglyphics off of racialized bodies become a standardized method, one with mutable yet reliable structures?[160] This also connects to social authoring, in that the (mis)readings and translations of the hieroglyphics feed into the sedimentation of already-articulated racializing assemblages and forces.

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[160] See the large scholarship field on racial disparities in healthcare. See also Sullivan (2015).

Individuals classed as sick, ill, and disabled are often enclosed in an image of passivity, whether through objectification or pity.[161] If we take up the phenomenological-ontological critique of passivity and activity above, passivity is both no longer devalued and has its own unique functions. James himself found that his activity — his striving not to get sick — failed in the face of his illness. What was instituted in both James and his guards, and how passivity resumed each institution and sedimentation, may also be the imbrication of disability and Blackness, insofar as Blackness is often co-constituted with a notion of disability or impairment (as Spillers has shown).[162] The depth of the flesh allows for other dynamic processes and other institutions.

If the flesh, the "ether" of our bodies has a fundamental structure of generative passivity, this can shift ways of looking at illness.[163] In particular, generative passivity avoids both the positing of illness as a mere symptom of political oppression and yoking illness to some form of volitional agency (be it mental, biological, conscious or unconscious). We find here "resources to think not only against the tenets of idealism, but also against vitalism, or the attempt to defer the constituting activity of consciousness to the living activities of the organic body" (Beith 2018, 5-6) . While the impulse of vitalism holds much promise, this "deferring" of constitutive activity is one of the techniques in which organs are made *phantom agents*. Generative passivity, then, asks us to consider the embodied modes of life that are irreducible to conscious volition.

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[161] See Puar (2017) on "objects of care" vs. "social pariahs," which I reviewed in Chapter 3.

[162] See also the vast literature on racial discrimination in pain medicine (Hoffman et al. 2016).

[163] Merleau-Ponty (2010) describes flesh as an element rather than a substance (147). Weheliye (2014) riffs on the connections of ether to elements (44).

Temporality and the Virtual

One of the resources that the flesh provides is another way to think the nexus of social oppression and illness or disability. In contrast with some phenomenologies of illness that see chronic illness and disability as breakdowns of time itself, or of an exposure to another time-form, I do not believe there is a normal time-form. This itself elides important experience, as the time-forms lived by the sick, ill, and disabled are marginalized and measured in clock-time. [164]

As generative passivity and institution are both processes that birth temporality, or that give way to a lived duration for our bodies, the latency and depth of the flesh persists not only in space but in time. Al-Saji (2009) argues that the temporality latent in the flesh is a regressive one, whereby the present actions revise the past, which is itself not "dead" but dynamic and impacts the present. Al-Saji reads institution as an example of Bergson's "retrograde movement of the true," enacting the perception of duration that reads back what *is* into what *had to come about*.[165]

If the flesh is subject to institution — whether pathological or not- this gives another valence to the ulcerative crisis. I want to highlight this reworked notion of passivity. Recall the example of sleep that Merleau-Ponty and Morris both focus on. If falling asleep is like a stomach ulcer, or rather a stomach ulcer is like falling asleep, it is because neither are fully imposed on the subject nor entirely volitional. Just as sleep has to come over us, it may be difficult at least to generate an ulcer without the proper conditions; and just as we cannot will ourselves awake, so too inflammation of the digestive tract is irrelevant to James' wishing not to become ill.

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[164] 164. See among others: Samuels (2017), Kafer (2013), St. Pierre (2015).

[165] 165. See also Al-Saji (2004).

Yet there are differences as well as overlaps. Falling asleep may feel fully involuntary or impossible, as in insomnia — it may involve hypnogogic jerks that express a rhythm, it may be restful (ideally) but can also be a problem in itself with sleep disorders, the divisions between dream sleep and dreamless sleep. The connection between falling asleep and falling ill is a non-analogy but highlights something about the temporality of a "fall," a transition, a "falling prey to," a passion or suffering, a transformation.[166] To think sleep and ulcer in relation here would mean to see what emerges between the two as a structure of experience rather than to focus on separating the two into concrete and fixed categories. With all this, I now want to focus on not naming James' ulcer's development itself as a moment of generative passivity, but considering the generative passivity and institution that made it possible. How does this new configuration of passivity triangulate with terms like agency and resistance? This will require probing agency, resumption, and investigation (*recherche)*.[167]

First, I ought to address that Merleau-Ponty does not use the word agency in regard to the flesh. Yet some nevertheless draw a conception of agency out of his work. For example, Beith finds within Merleau-Ponty's work an "explicit sense of self-conscious agency . . . this sense of agency is never final or absolute because, as cases of pathological habits and social structures of oppression demonstrate, human personality and interpersonal relations tacitly depend on the intercorporeal structures that institute personal agency" (120).[168] Alternatively resourcing these texts, Diana Coole, new materialist feminist, argues that the Merleau-Pontian phenomenological standpoint can provide us with a theory of agentic capacities, which are contingent and

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[166] Recall the concept of relationality that Weheliye borrows from Glissant: how might we think things in their relation rather than trying to measure on equal scales?

[167] See below, page 253-4, for explanation.

[168] See also Merleau-Ponty (1945, 408).

haphazard, ambiguous and changing. Relating this to the flesh, Coole (2005) also articulates agency as arising from the fold or chiasm that facilitates reversibility.[169] However, none of these scholars have yet interrogated the relationship of passivity to agency sufficiently, particularly lacking attention to states of severe oppression and "bare life." Any account that moves too quickly from our passivities and institution to revaluing a certain kind of activity and agency risks losing the hinge of my question here: for the sociogenically ill, for the oppressed and/as sick, what do these vectors of discourse around agency do?

Like Weheliye himself, I'm hesitant to bring the language of agency in too quickly. What if this ability of the flesh to receive impressions, bridge new humanities, and exercise generative passivity could be described otherwise? Beith (2018) briefly mentions Merleau-Ponty's use of Kafka's short story "The Investigations of a Dog" (1931). Merleau-Ponty states "the past is able not only to orient the future or to furnish the terms of the problems of the adult person, but still give way to *research*, in Kafka's sense, or to an indefinite elaboration" (2010, 77). *Recherche*, (translated as either research or investigation in English) "means experimentation more than it connotes an intellectual survey or volitional control," instead drawing upon the passivity of institution (Beith 139).[170] If, as Beith argues, puberty is a time of research, so too is the prolonged, unpredictable time of chronic illness. We might say that James' ulcer is neither symptom nor resistance, but a site of his research and improvisation.[171]

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[169] See also Coole (2010) for an elaboration, and Bagg (2018) for further development of this with Foucault and political theory.

[170] Dr. Alia Al-Saji has suggested to me that Merleau-Ponty is also drawing on Bergson in his invocation of recherche, in relation to Bergson's understanding of intuition as method and hesitation. See Al-Saji (2012), on philosophy as prosthesis.

[171] I will suggest in the following passages that there is research, as virtual, persisting through the internment and digestive distress.

I want to make clear that Weheliye himself does not make these appeals to passivity or institution, and therefore my argument is not that this somehow undergirds *Habeas Viscus,* even unconsciously or implicitly. Rather, I have been taking seriously his invocations of Merleau-Ponty and pursuing *this* line of the flesh. These two different genealogies of the flesh, and Weheliye's use of both, bring to me a kind of dual heuristic for studying the intersections of illness and oppression. The flesh is also relegated to a place of passivity when we are denied body, to reach back to Spillers' distinction of body/flesh. In fact, it is that very passivity that creates the sensuality of pornotroping; the ungendering is a part of the passivity that comes with objectification. It is also this static fixing in time. Spillers cites the Moynihan report, noting that "Moynihan's 'families' are pure present and always tense. 'Ethnicity' in this case freezes in meaning, takes on constancy, assumes the look and the affects of the Eternal" (1987, 66). Again racialization happens in networks of animation linked to temporality. This fixing in time, this ascription of stillness, is packaged with the idea of Black individuals as passive, objects that can be externally affected (animated, sensually) but without their own movements. [172]

All of this brings me to reflect on passivity and activity more broadly, as they relate to agency and its ascriptions. Sara Ahmed (2010) by way of deconstructing "negative" and "positive" emotions, troubles the active/passive division. She points out how this division maintains caesura: "The distinction between active and passive accumulates force by being detached from bodies, such that it can be reattached to bodies in the form of different qualities or capacities" (209). Ahmed as usual is concerned with not only what passivity does, or activity does, but what these ascriptions of passivity and activity to bodies means, which bodies the

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[172] I am still working out how ungendering and pornotroping are at work in James' detention. See Chetty (2019) and W. Johnson (2011) for disparate accounts that take up questions of gender and sexuality in James' intellectual and intimate lives.

words stick to and their uses. Ascribing passivity comes with a denial of activity: "Passivities tend to be located in the bodies of those on whom we have given up. To give something up can be not to see the quality of an action" (210). In this way, Ahmed expresses passivity and activity as about framing, as about what we already carry (what is already instituted, what hieroglyphics of the flesh are present) than about the literal in/action of a body (213).To decipher the hieroglyphics is to not simply read them as denoting activity or passivity. This does not mean that we should dispense with talk of active and passive, but rather reconsider how we use these concepts.

With this in mind, I turn my attention towards the virtual, as it is articulated by Gilles Deleuze, drawing on the work of nineteenth-century philosopher Henri Bergson (1896, 1908, 1938). I suggest that we can read James' involuntary hunger strike as a working of passivity, as activation of the flesh, through the working of the virtual. The virtual is a knotted and difficult concept. To unpack this, I'll briefly trace its use by both Bergson and Deleuze. Following this, I'll look at what the virtual does in contexts of chronic illness. I want to be clear that I am bringing in a Deleuzian notion of the virtual; not everyone who reads Bergson interprets the virtual in the same way.[173] I do so in part because Deleuze develops a textured version of virtuality that diverges from Bergson, enabling us to ask questions such as, "How is time put out of joint and how does duration become pathological?" (Ansell-Pearson 2002, 168). I want to be clear going in that I am not arguing that the virtual is not *equivalent to* passivity: rather, it is a condition of possibility for such passivity. Both Bergson's and Deleuze's versions of virtuality are necessary to understand this.

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[173] See Guerlac (2006) for a discussion of the dominance of the Deleuzian interpretation of Bergson and some non-Deleuzian alternatives accounts of the virtual.

Bergson (1896) defines the virtual as part of what is real, but not contained within what is actual. The discussion of virtual and actual begins with memories but can be expanded to images, objects (including bodies), and subjects. In *Matter and Memory* he notes that "our body is not a mathematical point in space . . . its virtual actions are complicated by, and impregnated with, real actions" (58). Our perception of objects is a perception of the virtual (nascent) actions we might take, mixed with affection (57).

This notion can be clarified through Bergson's work over time. In "Memory of the Present and False Recognition," (1908), Bergson takes up the problem or puzzle of déjà vu (false recognition). There, he illustrates the virtual using the analogy of a mirror with an object in front of it.

> The object can be touched as well as seen; acts on us as well as we on it; is pregnant with possible actions; it is actual. The image is virtual, and though it resembles the object, it is incapable of doing what the object does. Our actual existence then, whilst it is unrolled in time, duplicates itself all along with a virtual existence, a mirror-image. Every moment of our life presents two aspects, it is actual and virtual, perception on the one side and memory on the other. Each moment of life . . . consists in this very splitting. (147)

Bergson elaborates the virtual in the context of pure memory, which he also refers to as "useless" (1896, 83, 153). We cannot fully access pure memory (it remains a hypothesis) and so we cannot encounter the virtual "on its own." Pure memory, as virtual, is actualized in specific memories or "scenes" in recollection. In each moment there is a splitting of time and objects in their duration into actual and virtual, the virtual making way for newness in its actualization-into-something-different. The whole of the past is also virtual, even those happenings which have not been and will never be actualized (Bergson 1896, 82, 161). If the virtual is often useless or excess, it still plays a crucial role in both passive synthesis and active synthesis. We can make actions only because they virtually exist already. To be clear, the virtual and the actual do not resemble each other as a design would a work of art; rather, Bergson stresses they are different in kind; there is a gap between them, an interval of existence (139).

In his later work, Bergson distinguishes between the virtual and the possible, two concepts frequently conflated (1938). While the virtual is real but actual, the possible is neither real nor actual until it is actualized. Referencing a colleague's assumptions about possibility, Bergson notes "he conceived the future work as being already stored up in some cupboard reserved for possibles": the possible as pre-existing in some way (229). Bergson insists that things become retroactively possible in their actualization. The possible is conceived of in the future anterior, as "what will have been possible," and thus the possibility of something emerging is simultaneous with its actual emergence (229*). If the possible has a time it is the future anterior.*

Keeping in mind the distinction between possibility and virtuality, Deleuze takes up the virtual throughout his work, most notably in *Bergsonism* (1966) and *Cinema 2: the Time-image* (1985). He emphasizes the process of differentiation: "the virtual, on the other hand, does not have to be realized, but rather actualized; and the rules of actualization are not those of resemblance and limitation, but those of difference or divergence and of creation" (Deleuze 1985, 97).[174] The virtual exists at every moment as the internal difference of the thing from itself; and exists for him as a kind of non-psychological unconscious (Deleuze 1966, Kerslake 2007). Deleuze's conception of the virtual, perhaps even more than Bergson's, emphasizes the reversibility at hand: "there is no virtual which does not become actual in relation to the actual,

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[174] Note that in *Difference & Repetition* (1968), Deleuze distinguishes between differentiation and *differenCiation.* See pages 207-221.

the latter becoming virtual through the same relation: it is a place and its obverse which are totally reversible" (1985, 69).

Deleuze also rearticulates the relation between virtual and actual, emphasizing that "every actual surrounds itself with a cloud of virtual images" (Deleuze & Parnet 2007, 148). Though the virtual and the actual differ in kind, the two are in constant exchange and can collide. The virtual is both active and passive: it actualizes itself, rather than being compelled by an external force Regarding its activity, the virtual is not causal, but it may attract us towards certain actions, promoting tendencies.[175] Thus, "the virtual possesses the reality of a task to be performed or a problem to be solved: it is the problem which orientates, conditions and engenders solutions, but these do not resemble the conditions of the problem" (1994, 212). Some refer to this as "quasi-causality" (Boundas 1996, 331). This invocation of the virtual also relates to the play of various time forms that I've traced throughout this chapter. in Deleuze's work, the virtual has an intimate relationship with the preservation of the past. Al-Saji (2004) interprets Deleuze's *Bergsonism* and theory of time and the virtual to suggest a coexistence of the past and present: "the virtual image ('memory of the present' or 'immediate past') represents such a bridge between present perception and the rest of the past. It acts, as Deleuze says, as a "genetic element," enabling on my reading generative passivity, allowing things to emerge and become (215). The virtual in its interaction with time forms thus gives us a sense of the rhythm and topology of the flesh.

If the virtual is a task or problem, what time-form does it have and engender? Deleuze states virtuality is duration (1966, 42-3, 81). [176] Boundas, noting that virtualities are projects

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[175] See Deleuze (1994, 211-12).

[176] "In other words, the subjective, or duration, is the *virtual.* To be more precise, it is the virtual insofar as it is actualized, in the course of being actualized" (42).

rather than models, argues that it *also* has as a time-form the future anterior, though under the form of "what will have been actualized" (337). A future anterior that is only one actualization among many possible planes, the virtual upon its actualization serves to orient and direct us. Hence, in *Cinema 2*, Deleuze notes: "The virtual image in the pure state is defined, not in accordance with a new present in relation to which it would be (relatively) past, but in accordance with the actual present of which it is the past, absolutely and simultaneously" (1985, 79).

This arrangement of virtual, actual, and the process of actualization provide insights into the passivity at hand in C.L.R. James' ulcer. Rather than saying that James' chronic illness made the ulcer *possible* at any moment, and that the political oppression caused it to become *real,* we can reframe. If James' chronic illness exists with a field of virtuality, and unfolds into the actual, this temporal process would be one that progresses and regresses, cyclically yet unpredictably. What would it mean to say that James' ulcer was the workings of the flesh insofar as the generative passivity of his body and the hieroglyphics of the flesh which he bears provide a place for the workings of the virtual, the actualization of an ulcerative crisis? What would it mean, to take seriously what Bergson says, that so-called possibilities are already present and real before their emergence, but virtual? And how does this relate to what Weheliye calls future anterior humanities?

Deleuze scholar Constantin Boundas (2010) notes, "without being or resembling the actual, the virtual nonetheless has the capacity to bring about actualisation and yet the virtual never coincides or can be identified with its actualisation" (300-2). This bears a relation to the complex knot of passivity and activity we approached earlier. I do not mean to map passivity onto the virtual and activity onto the actual; while both are relevant to the problem of becoming (here, the genesis of James' ulcer), it would be more apt to say that passivity and activity are both present within the virtual, since virtual images depend upon both active and passive synthesis (Ansell-Pearson 2002, 187). While the virtual grounds present experience, passivity is a necessary ground for activity.

Brian Massumi (2002) argues (in a retrograde echo of Weheliye) that the virtual can only be grasped in its deformations; in its actualization, the virtual undergoes numerous self-foldings and twistings: "The virtual can perhaps best be imaged by superposing these deformational moments of repetition rather than sampling differences in form and content. Think of each image receding into its deformation, as into a vanishing point of its own twisted versioning" (133). Superposition, on Massumi's reading, gives a way to read the decipher the layers and relations between the layers of the hieroglyphics. This twisting and deformation is constitutive to the virtual, and cannot be removed to access an original truth. The quote likewise suggests that James' ulcer itself cannot be *only* virtual — the virtual cannot be felt directly — but arises as an effect of the virtual, a gastrointestinal wearing away that is a deformation. With this exploration of the chronic flare-up as a work of generative passivity through virtuality, I turn back again — chronically — to James' case specifically.

Re-reading James' ulcers

I return to C.L.R. James' ulcerative crisis as a place to read for fleshy temporalities that might shed the layers and baggage of agency. Recall that James' detention was indefinite, one of postponed dates and new releases, one of pressure, one of waiting, and one of daily repetition. I think with the flesh and the ulcer through the future anterior temporality invoked by Weheliye, the sedimented hieroglyphics of Spillers, and the regressive, past-opening qualities of Merleau-

Ponty’s flesh. Time forms and temporality are not far from the question of agency, but intimately linked with it. Stephanie Clare (2009) argues that we can *read temporalities back* into feminist articulations of agency, citing for example Judith Butler’s repetition of performativity in contrast with both Mahmood and Deleuze on continuous becoming. Against the iterative performances of representation and signification which present a discontinuous, image-centered agency, Clare argues in favour of a concept of agency that considers the subject as continuous, dynamic, and a site of complicating the embodiment of norms. I do not take from Clare specific views on the agentic constructions of specific theorists; rather, I take this work to expose that our preconceptions of agency are always already governed by and structured by certain time forms. Thus, investigating temporality here sheds light on the deformations of freedom at play, and their relationship to notions of agency.

In this section, I unpack specificities of James’ ulcerative crisis and diagram them along the temporal lines already traced in this chapter. In James’ month-long involuntary “hunger strike,” there are aspects of the temporalities expressed by Weheliye, Spillers, and Merleau-Ponty. James’ ulcerative crisis, as already noted, has several relationships with temporality. First, the chronic, semi-predictable repetitions of symptoms; second, his becoming-ill as preceded by his declaration as alien, and also as justification for deportation; third, the hieroglyphics of the flesh as both traces of past and as a language that is interpreted in narrow ways; fourth, the relationship to the future anterior and what will have been.

Weheliye’s work orients the reader towards the future anterior (also called the future perfect) tense: this is the tense where one says, “something *will have happened*.” Weheliye’s titling of his last chapter, “Freedom: Soon” echoes the cravings he traces through Muselmanner, C.L.R. James, and Harriet Jacobs. But he does not invoke the future anterior as a far-off hope, rather it is the "imagination of liberation in the future anterior tense of the NOW" that Weheliye points towards (2014, 39).[177] James' deformations of freedom can be said to inhabit the future anterior in so far as he faces a protracted future (consider Puar on futurity in debilitation); insofar as he cannot imagine concretely or plan but must wait for and expect the next ulcerative flare-up. James also was living a foreclosed future or a narrow future in what was presented him from immigration. His options were to leave voluntarily for Trinidad or to remain in detention and risk gastrointestinal perforation, being treated like an alien and not a sick man. The future anterior is both relevant in its imaginings of new futures and in that the actualization of the virtual into ulcer symptoms does not arise according to a formula, a copy, or a pattern. James cannot know *what will have happened* from the ulcerative crisis until much later.

James' case also highlights the persistence of the flesh coming from *Habeas Viscus,* drawing upon Spiller's articulation of the hieroglyphics of the flesh. The attenuation, the thin layers, the masks and layers of hieroglyphics that she articulates, leave their traces and take time to probe. Along with this are the deformations of the flesh, the formations of the body, the violences and re-layering/un-layering/stripping of the flesh. Thus, James being treated like an alien: the hieroglyphics of his flesh read off by American officials and guards as a mere tracing of oppressions and inabilities. He writes, "I was an alien. I had no human rights. If I didn't like it, I could leave. How to characterize this otherwise than as inhuman and barbarous?" (148). A "malignant pest" rather than a human prisoner, James is at once essentialized, rejected, unrecognized, and a source of pleasure through officials' jokes that he "might as well go back to

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[177] Black feminist theorist Tina Campt (2017) suggests we read this not with the future perfect (future anterior) but as a "grammar of futurity realized in the present," as a "tense" that I would argue is also permeated with tension (17). I am still thinking through the relationship of Campt's politics of prefiguration, "living the future *now,*" and Weheliye's future anterior deformations.

Trinidad and eat papaya" (150). While James has other time forms he encounters, in the eyes of the state he has only this relationship to the past — and perhaps a relationship to the future only as national threat. Yes, the ulcer can be seen in the light of the generations of stress and debility on Blacks in formerly-enslaved nations and former colonies; but it is not a mere repetition. Instead, the flesh "represents racializing assemblages of subjection that *can never annihilate* the lines of flight, freedom dreams, practices of liberation, and possibilities of other worlds" (Weheliye 2014, 2, emphasis added). James' dreams do not come fully to fruition — his resistance itself is attenuated — but he is not fully foreclosed by the hieroglyphics themselves.

I have suggested that one of the tools for understanding James' ulcerative crisis as involuntary "hunger strike" involves plumbing the flesh in its phenomenological formulations. As explored briefly above, the time-form of Merleau-Ponty's flesh is not future anterior "what will have happened" but regressive. A regressive temporality has many risks: it harkens to the past through the present. Al-Saji argues that Merleau-Ponty has a "nonserial" theory of time (2007, 177). Time is not linear and progressive, not a measurable scale that leaves the world behind but a duration to be lived through that loops back upon itself and presents the whole of the past at once. If passivity as an aspect of the flesh has a regressive temporality, this is relevant to the involuntary in James' strike. A regressive temporality of the flesh affords this transformation of the hieroglyphics of the flesh, or their deciphering, rather — it involves drawing upon the latent and the instituted while always changing them into a new dynamic.

In sum, for C.L.R. James the time of political detention/carceration meets the time of chronic illness, but there is no formula by which we can easily reconcile the indefinite duration of detention with the chronic. The time-forms lived by James cannot be calculated but form a new lived experience. Indeed, they persist on after this critical period — he notes that even months later, his weakness and shakiness persist: “after any exertion I am immediately conscious of the fact that I am a badly shaken man. My hands have not been steady for some years. To this day there are times when I cannot lift food from the plate to my mouth” (145).[178]

Holding all of these time forms in mind, I propose that foregrounding the temporality of the flesh allows us to read the involuntary “hunger strike” through a non-psychoanalytic and non-personal unconscious. The voluntary hunger strike, a political strategy inhabited by detainees and prisoners, is figured as a self-conscious agency. As political philosopher Falguni Sheth (2016) notes, the strength of most contemporary hunger strikes hinges on their appeals to publicity, gaining solidarity with other prisoners, and the social value of the lives at hand. While Sheth considers voluntary hunger strikes, she notes that “rather than understanding the hunger strike as a form of ‘civil disobedience’, it is better understood as a practice whose ‘effectiveness’ lies in arresting the attention of sovereign power“ (129). The arrestation or opening made within the sovereign relations of detention comes with James’ hunger. Although James’ case is not a voluntary hunger strike— and it is part of my argument in this dissertation that this ought not to be our strategy in considering the agency of illness — it still has the resistant mechanisms of the latter in that it provides such a productive interruption.

It is worth delineating the plays of activity, passivity, agency, and the virtual in C.L.R. James’ detention and ulcer. Common-sense connotations of activity and passivity, as noted above, cast them as opposites, with the active novel and spontaneous while the passive is determined and inert. Once we challenge this and move to a view of passivity as sedimentation, institution, and hieroglyphics, agency would seem to be the result of the combination of activity

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178. See also Weheliye (2014) on Harriet Jacobs’ body being haunted by disability (116-118).

and passivity: the ability for new creation in light of what has been received.[179] It is *possible* then to argue that James' ulcer is a demonstration of his agency — indeed this seems to be close to what Weheliye implies with the involuntary "hunger strike."

Agency is often hierarchically aligned and with activity; recall Ahmed's point from above about the ascriptions of passivity. We can see the alignment of agency and activity with the body in Spillers' sense, while those deemed mere flesh are denied agency and seen as inert, violable objects. These ascriptions of passivity to racialized, colonized, and enslaved subjects also align them with a stuckness in the past.[180] There is a risk then of reading James' ulcers as simply a repetition of the hieroglyphics that have been engraved upon him, a result of these indelible markings, a fatalistic emergence that is anything but freedom.

Many philosophers and political theorists have critiqued the volitional, heroic forms of subjectivity that underlie the agency-body-legal subject triad, and formed alternative articulations of agency. Recall Asad's (2000) point from Chapter 1: "when anthropologists [and sometimes philosophers] talk of getting at the subject's experience of illness, they often refer not only to a patient's words but to her behavior as though it were a form of discourse" (51-2). This translation of pain into discourse, while pain carries meaning, threatens to elide the actions of the material body. The ulcer, not just the wish to be free, is at stake here. Agency, if it is a capacity for newness, is actually foreclosed by the current state of body-flesh politics. This relates to Weheliye's desire not for the freedom we have as recognition now, but for other kinds of

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[179] I invoke ability purposefully here, since many formulations of agency rely upon a concept of ability, capacity, and therefore this challenges from the start the debilitated and impaired, the disabled and sick.

[180] There is wide-ranging literature on the temporal ascription of racialized and colonized subjects to the past. See for example Fanon (1967); Al-Saji (2013, 2021); Ngo (2019); Bhaba (2012); Rivera (2020).

freedom. What if what matters is not immediate upsurges from the flesh, but the dynamic quality over time?

The “frightful ulcer pains” and weakness, I suggest, can be read more fruitfully through the virtual and through *recherche*. Why wed ourselves to agency as a word, as a concept that affords recognition, when it carries with it such baggage about subjectification? Instead of recuperating and reclaiming agency, I, like Weheliye and others, advocate leaving agency aside, in a kind of bracketing.[181] If we do not assume agency or even activity as pre-given qualities that can be found in James’ case, what arises? The ulcer is something new even as it is a repetition of something old. To read it as totally disconnected from James’ carceration would also be faulty. If we read the ulcer as an actualization of the virtual, this brings us away from the discourse-representation reading. Likewise, if we approach the recherche or investigation — though this is a concept in both Merleau-Ponty and Kafka — we find a way to think about the deformations of freedom outside the confines of agency. Here I will elaborate a bit more on what investigation could mean about James in the flesh and living habeas viscus.

In *Institution and Passivity,* Merleau-Ponty notes that “in the human the past is able not only to orient the future or to furnish the terms of the problems of the adult person, but also to give way to investigation, in Kafka’s sense, or to an indefinite elaboration. Conservation and surpassing are more profound, so that it becomes impossible to explain behaviour by means of its past, anymore than by means of its future” (77). This indefinite elaboration is not a teleological project, nor does it have a determinate method (18-19). Amy Foley (2019) argues that Merleau-Ponty’s conceptual frameworks and emphasis on gesture echo the investigations in Kafka, where

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[181] If we bracket agency, or put it on hold, in the style of the phenomenological *époché*, we may be able to discern more clearly the political stakes of this work.

“the investigatory attitude as a type of phenomenological reduction and the reconciliation made possible by the outsider’s perspective” emerge (207). Drawing from “Investigations of a Dog,” Foley presents investigation itself as a non-verbal, gestural technique “with the purpose of seeing human behaviour strangely” (208). Gesture, like linguistic communication, can fail to be understood.[182] In contrast to a typical scientific method, “Kafka suggests a phenomenal way of seeing communal relations through gestural display as a departure from scientific method” (215). Kafka’s dog also “investigates the human world which it rubs up against”; investigation that takes place through haptic contact rather than through searching for a specific element (Merleau-Ponty 2004, 89).[183] Investigation then gives us both a way to think about James’ ulcerative crisis, as ourselves outsiders, and to think through the actions of James’ digestive tract. If the ulcer itself is a part of the investigative process, it cannot be read like linguistic communication or hieroglyphics; it carries meaning but exists as gesture rather than transposed discourse. Such an articulation of James’ ulcerative crisis does not align with the formulations of agency that came out of Beith or Coole but carries with it the caution regarding agency from the critical traditions of Weheliye and Spillers.

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182. Think again of Chen’s (2018) racial ability tuning and the perception of “gestural wrongs.”

183. As we have seen in Chapter 3, bodily tension, especially that of muscles and organs, runs through my questions of agency and illness. Foley (2019) notes that Kafka’s diagrams of embodiment go from bodily tension to springing, and that bodily tension (tight muscles, bodies with organs that work against themselves” furnish the musical performance of the dogs (218-9). The investigation of the protagonist dog then has to do with listening and knowing the conditions that afford these songs.

Conclusion

Theorist C.R. Grimmer (2017) reads enfleshment and microbiopolitics through Detroit and Flint's water crises. The piece focuses upon a photograph of Detroit resident Carolyn Doshie showing the painful state of her hand after washing it repeatedly in her home tap water, which Grimmer calls a "self-portrait of the hand" (27). They see not only the literal marks on the body but also the photograph itself as affording legibility of the flesh:

> In both her body's position for the camera and her quotes for the interview, she insistently foregrounds the material reality of her enfleshment and its pain and suffering. She refuses recourse to humanistic reinstatements of holistic embodiment, facial recognizability, or appeals to innocence and reproductivity, reminding the viewer that the pain itself should matter. She presents the material hieroglyphics of her flesh and speaks to her lived experience in the pain of its rupture as what should matter enough. The image does not assuage an audience of complicity, nor does it reinstate a desire for white, propertied, patriarchal norms so much as for less pain. Such a request, as her hand insists, should not require recourse to the heteropatriarchal legibility of futurity, innocence, and reproduction. (28)

James' writing, like the photograph, bears traces of the material pains and ruptures he lived, bridging them to the present. Both the "Natural But Necessary Conclusion" and the "self-portrait of the hand" are attestations and testimonies to how the hieroglyphics as "lesions themselves are used to make hyper visible the historical 'materials' being used to racialize and expose certain people to precarity" (31). Another kind of legibility might be researched.[184]

This chapter instantiates my project of critiquing agency by displacing agency, instead following the thread of time-forms, passivity and animation through C.L.R. James' involuntary "hunger strike" (Weheliye 2014, 113). Tracing the coimbrication and places of unraveling between Blackness and disability and centering Hortense Spillers' flesh/body distinction, I

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[184] This also recalls Okello & Duran's (2021) notion of palimpsest methodology as a guide for study.

developed an understanding of the hieroglyphics of the flesh, their inscriptions, and legibility. In the second part, I took seriously and pursued Weheliye's use of Merleau-Ponty's work on flesh in *Habeas Viscus* and queried how this might lead to viewing James' case in terms of both institution and generative passivity. I do not mean to suggest that these two modalities of the flesh come together easily or smoothly; nor do I think Weheliye is making such a proposition. However, reading these two senses of the flesh against and with each other provides new pathways for viewing my questions. To name James' enfleshment as agential in either case elides the work of violence, hieroglyphics, and pathological institution. Instead of the question being, "was James' ulcer truly an involuntary 'hunger strike'? Was it a physiological response and resistance to racism and imprisonment?" this chapter drives us to ask instead what conditions and capacities enable an ulcerative crisis to be given sense in the first place.

In Weheliye's discussion of Merleau-Ponty's flesh, he names the flesh as:

> not an aberration, yet excluded, not at the center of being but nevertheless constitutive of it, the flesh is "that ether, that shit that make your soul burn slow" as well as a modality of relation. Though the meaning of ether, long thought to be one of the elements, has been redefined within the constellation of modern science, I want to keep in play both its ancient (medium/substance) and modern (anesthetic) significations to highlight how the flesh stands as both the cornerstone and potential ruin of the world of Man. . . the flesh represents nothing less than the ether of Man. For the flesh provides a stepping stone toward new genres of human. (44-5)

The flesh in itself is not inherently a liberatory substance; its reversibility, its impressibility with hieroglyphics, and its sedimentations of social institution can all be used perversely. The use of the flesh can numb and enliven (ether).

While Weheliye argues that James' behaviour during the ulcerative crisis demonstrates a dwelling in the flesh, I argue that further, these analyses provide philosophy with frames and framings to approach disability and illness through temporality and animation. Rather than questioning whether James' ulcer reflects a repressed unwillingness to be imprisoned, on my account an investigation of the flesh prompts uncommon investigations: What facets of the flesh are activated in illness in deprivation? What might it mean to approach chronic illnesses and their debilitation through the flesh, rather than the body? Starting with the flesh led me to consider chronic time-forms' relations to the future anterior, that projected future that looks back to a closer future. The ulcer, in actualization, is not an index of James' resistance or compliance, but a productive deformation of freedom. We can consider the enfleshment of James as an ambivalent state, that both resulted in him being denied proper treatment as an "alien" and allowed for moments of freedom. Certain cases of illness and disability both bear the traces of hieroglyphics of the flesh *and* make spaces and time-forms for relationality amidst violent separation.

Conclusion: Still Sick

This project began with a curiosity about the ways we discuss unexplained symptoms in contexts of political oppression, attributing "voice," "thought," or "unconscious" to the body as both a site of experience and a physiological assemblage. This curiosity clustered in worries about agency — its ascriptions and its denials. In a way *Sick of It* operates by placing aside, in abeyance, the concept of agency. In its place, I have begun a method, a way of reading, that pays attention to and looks towards the chronic, formations/deformations, authoring of illness, and control. Further, whereas much phenomenology of illness and disability focuses upon the ways that experience of breakdown illuminates "healthy" experience, I foreground lived experience of illness and disability that do not depend, for their value, on being recuperated into accounts of health and normality.

This dissertation moves in different speeds and in different directions. One of those directions is a crip phenomenology, which Kim Q. Hall (2021) articulates as follows: "crip phenomenology is a philosophical and political practice that calls into question, even as it describes, lived experiences of queerness and disability and proposes a cripping of phenomenology itself by drawing on experiences, texts, figures, and traditions that are all-too-often ignored in the field's mainstream" (n.p.). Cripping phenomenology requires a critical phenomenological method that attends to both lived experiences and subjugated knowledges, not taking disability for granted as ready-made object(s) of study. Just as disability is not an object for crip phenomenology, it is also not an object for feminist-of-color disability studies as articulated by Schalk and Kim (2020, 39). Feminist-of-color disability studies deeply informs this project, in particular by integrating race without addition and foregrounding "the ways in which race and class determine the legibility of" topics, conditions, and lived experiences that are repeatedly constitutively excluded from disability studies (38). I have contributed here a strengthening of alternative disability theory methodologies, helping us to shift from the unsatisfying binary of the medical and social models towards Kafer's political/relational model.

Of course, this research has edges that need continual and sustained probing. In particular, the account that I provide of the entanglements of meaning and individualized control/responsibility pushes us to think relationally. Kafer (2021) argues that "In refusing the ableist stance that people are to blame for their illnesses and impairments — eating too much, eating too little; failing to exercise, failing to stretch; holding on too tightly, letting go too easily; creating stress, imagining pain; in the wrong places at the wrong times, not trying to improve — are we too easily making claims to innocence?" (417). This dissertation does not claim innocence — there is no separating the justly disabled and the unjustly disabled. Kafer's question nevertheless acts as a warning to not stop at the individual once she is "empty" of will or blame, but to examine the relationships within which such meaning is authored. Anchoring the critiques of agency to our relational responsibilities to one another is crucial.

I have established three important contributions to feminist philosophy of disability in this dissertation: First, this dissertation offers new ways to understand the relationships of metaphor, illness, and disability. Drawing on Bierria (2014, 2018), I offer that in many cases, bodily organs or anatomy become 'phantom agents' which are themselves interpreted as symbolic or discursive. While there are significant risks in using disability *as* metaphor, the metaphors we use to talk *about* disability are crucial. Thus, I established that Dora's hysterical body is cast as "speaking" and "thinking" — by both Freud and Wilson — and that this figuration depends upon both somatic compliance and racialized understandings of plasticity. Reading the case studies of Fanon through Puar's understanding of debility supports my assertion that the muscular tensions scattered throughout his work are not mere metaphors or stand-ins for political consciousness. Throughout, the use of metaphors of disability and illness to explain states of racialized experience are shown to be not analogies or equations, but coimbricated and supporting forms of oppression. For example, an involuntary "hunger strike" occurs as an interruption of sovereign and carceral power in the case of C.L.R. James only because of his particular classification as an alien detainee, the networks of relationships around prison food and nourishment, and chronic gastric distress. As Schalk (2018) advises, metaphor is both dangerous and useful.

Second, within an intersectional feminist framework, this text raises an experiment by putting aside our naturalized assumptions and attitudes about agency. By writing around but not about agency, I have demonstrated that thinking philosophically about psychosomatic and sociogenic illness reveals the ways in which agency is commonly socially authored. Bierria's concept of *phantom agent* is instructive here because the will is often transported or displaced into symptom, appearance, or morphology (Dora's throat, for example). Latent notions of will and willful action sneak into our perceptions and affections. Chen's racial 'ability' tuning and discussions of animacy in Ngai suggest that social authoring often works along unwritten lines of "attunement" and mistuning. Social authoring of agency also helps us understand the usefulness of debilitation, which injures populations too useful to "let die." Finally, agency is frequently conflated with action and activity, while the cases that I focus upon center refusal, indifference, passivity, non-action, and stuckness.

Third, this study urges attention to time-forms and temporality that are embedded within our tunings to will and intention. Kafer (2021) notes that many disability/cure narratives "rely on the straightness of linear time, the belief that becoming disabled is a single moment, tangible, identifiable, turning life into a solid, singular, static before-and-after? Can we tell crip tales, crip time tales, with multiple befores and afters, proliferating befores and afters, all making more crip presents possible?" (417-8). These "crip time tales" as crip time travels punctuate this dissertation. Challenging assumptions of embodied compliance, against the pathologization of both the "willful" and the "will-less," *Sick of It* moves from cause-effect etiology to protracted durations. I confirmed the temporal assumptions underlying the potentially infinitely malleable hysterical throat, which can be usefully juxtaposed with the temporal assumptions that are socially authored onto the colonized, dystonic North African. Time shows up in Chapter 3 not only or primarily as past/present/future, but as speeds, velocities, rigidity, delays, motion, and interruptions. The scales of time in C.L.R. James' detention and ulceric crisis are multiple, enjoining the long history of Transatlantic slavery to the inscriptions of hieroglyphics in the flesh. James' crisis, read through the virtual and the future anterior, encourages the reader to think about both making space and making time. The chronic, as a gathering together of multiple temporalities that diverge from both dominant modes of time-management and typical ideas of linearity, is a time-form that I argue feminist philosophers, and feminist phenomenologists, ought to take seriously and examine without pathologization.

Although the case studies in this dissertation range temporally and geographically, the particular consequences and risks of being diagnosed with a psychosomatic illness — or being refused diagnosis — take on particular importance in the era of neoliberalism. This dissertation both demonstrates the long history of ideas about will, self-control, and agency and emphasizes their meeting in contemporary forms of healthism, health discrimination, and violence. Under a generalized duty to be well, more than ever, those with medically unexplained or undiagnosed illnesses are subject to surveillance and scrutiny. For example, a cultural touchpoint of disbelief recently made news: the BBC developed and aired a documentary titled *Sickness and Lies* about the subreddit r/illnessfakers, hosted on popular social media site *Reddit* (2021). The subreddit has been active since 2018, and frequently holds discussions that search for tiny clues and hints that “chronic illness influencers” are faking their pain and suffering, targeting both those diagnosed with conditions and those with medically contested diagnoses, such as chronic Lyme. Many disabled activists, organizers, and writers questioned the timing of the documentary, which primarily stokes public suspicion towards disability and chronic illness (Pring 2021). Contrast the subreddit with a crip use of social media. Chronically ill podcast host Brianne Benness’ show “No End in Sight” is accompanied by #NEISVoid — a Twitter hashtag that acts as a meeting-place and cipher for the ill, disabled, and in pain (2020). Users invoke the hashtag to ask questions, compare reactions to procedures and treatments, attempt to find resources or diagnosis. There is no end in sight, foregrounding a future that we cannot know, a “no end” that is both a source of frustration and signifies a messy temporality that many of the sick, ill, and disabled find ourselves living.

Writing during a pandemic, with its own twists, delays, and separations, further reinforces the importance of this work. COVID-19 has torn through racialized communities, especially those in crowded institutions, leading to higher deaths and lasting consequences (Denney & Garibaldo 2021, Hooijer & King 2021). Many disabled and chronically ill people have been intensely isolated due to ongoing risk and government regulations (Abraham et al. 2020). COVID-19 has further exposed the ongoing problems with public and private nursing homes and thus the ways in which our care for the disabled/or aging must be rethought (Faghanipour, Monteverde, & Peter 2020). Finally, many people are suffering from the effects of "long COVID," an informal diagnosis that is still discounted by many medical professionals and laypeople alike (Callard & Perego 2021, Mahase 2020).

In activist Mia Mingus' (2010) blog post, "Wherever You Are Is Where I Want To Be: Crip Solidarity," she highlights the improvisational and fluctuating time forms that such solidarity involves: "And when taxis won't take us because of one of us, or both of us. And I can't use mass transit, but you can. Then we will use our crip super community powers and do what we do best: make shit happen; make something out of nothing; and survive, one ride, one pill, one stop to rest at a time. Together." (n.p.). Crip solidarity does not require that we be the "same kind" of disabled or need the "same kind" of access. Crip solidarity requires that sometimes we deform the social event, we twist the access, we pivot and re-orient. To write a dissertation in crip solidarity is not the same as accompanying a friend to their medical appointment, challenging insufficient accessibility guidelines, or doing grassroots disability justice work (See Piepzna-Samarasinha 2018). To write in crip solidarity, here, is to attune to the juxtaposition of control, will, deformations, re-orientations, spasms, and painful hunger that escape my own experience. My writing traces threads of vastly different and varying ways to "fail in the embodied accomplishment of fluid motion through one's monstrous occupation of space" or time (K. Hall 2021). This dissertation lays theoretical foundations for challenging and negotiating both individual and societal assumptions and practices around care, therapy, and diagnosis. Attune to temporality and animation may be a vestibule to new ways, both individual and collective, to strategize and negotiate amidst restrictions.

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