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The Disability Drive

by

Anna Mollow

A dissertation submitted in partial satisfaction of the requirements for the degree of

Doctor of Philosophy

in

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of the

University of California, Berkeley

Committee in charge:

Professor Kent Puckett, Chair

Professor Celeste G. Langan

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The Disability Drive
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Abstract

The Disability Drive

by

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Doctor of Philosophy in English

University of California Berkeley

Professor Kent Puckett, Chair

This dissertation argues that the psychic force that Freud named “the death drive” would more precisely be termed “the disability drive.” Freud’s concept of the death drive emerged from his efforts to account for feelings, desires, and actions that seemed not to accord with rational self-interest or the desire for pleasure. Positing that human subjectivity was intrinsically divided against itself, Freud suggested that the ego’s instincts for pleasure and survival were undermined by a competing component of mental life, which he called the death drive. But the death drive does not primarily refer to biological death, and the term has consequently provoked confusion. By distancing Freud’s theory from physical death and highlighting its imbrication with disability, I revise this important psychoanalytic concept and reveal its utility to disability studies. While Freud envisaged a human subject that is drawn, despite itself, toward something like death, I propose that this “something” can productively be understood as disability. In addition, I contend that our culture’s repression of the disability drive, and its resultant projection of the drive onto stigmatized minorities, is a root cause of multiple forms of oppression.

“The Disability Drive” opens with a question: “What makes disability so sexy?” This is a counterintuitive query; after all, the dominant culture usually depicts disability as decidedly unsexy. But by performing a critical disability studies analysis of Freud’s writings about sexuality and the death drive, I theorize sex as an intrinsically disabling experience and suggest that fantasies of disability may have an unrecognized sexual appeal. These possibilities lead me to introduce a new interpretive framework, “the sexual model of disability,” which I posit as an alternative to disability studies’ prevailing analytic paradigm, the social model of disability. While the social model defines disability as a system of oppression that isolates and excludes disabled people, the sexual model of disability goes deeper than this, locating the impetus for these exclusions in our culture’s repression of the disability drive. Because disability may provoke an erotic excitement that the ego cannot bear to acknowledge, ableist culture is often torn between an urge to witness disability (e.g., by staring at disabled people) and an impulse to hide disability from view (e.g., by confining disabled people to institutions).

The sexual model of disability has the potential to make interventions not only in disability studies but also in a range of other disciplines. In Chapter 1, I bring my account of the disability drive to bear on signal texts in queer theory. In doing so, I proffer an answer to a question that has long troubled disability scholars: given the many similarities between ableism and homophobia, why have queer theorists often been reluctant to engage with disability studies? Observing that founding texts in queer theory repudiate “feminist identity politics” and liken this discourse to madness and to figurative states of blindness and paralysis, I argue that these texts

project the disability drive onto feminism, thus allowing queer theory to portray its own erotics as mobile, playful, and physically and mentally able. In Chapter 2, I show that the sexual model of disability can subvert a foundational concept in psychoanalysis: the disease category “hysteria.” Analyzing Freud’s case history *Dora*, which was published in 1905, in conjunction with *Beyond the Pleasure Principle*, which was published in 1920, I argue that Freud’s notion of hysteria adumbrates his later theorization of the 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. One effect of this projection is that people with undocumented disabilities are figured as epistemologically disabled; that is, we are seen as distinctively lacking in the capacity to know ourselves.

The social position of people with undocumented disabilities differs from that of the paradigmatic subject of disability studies: while people with undocumented impairments are often denied recognition of the disabling suffering that shapes our lives, people with disabilities that are visible and/or documented are frequently subjected to unwanted displays of pity. For this reason, “no pity” has long been a rallying cry of the disability rights movement. But is it possible to proscribe pity? In Chapter 3, I argue that instead of seeking to banish the affect of pity, disability scholars might do better to attend to the complex ways in which this affect can be incited and expressed. Toward this end, I propose a distinction between what I call “primary pity” and “secondary pity.” The term “secondary pity” accords with the everyday understanding of pity, in which a person who feels pity is assumed to occupy a position of superiority in relation to a person who is pitied. Primary pity refers to a very different affective process, which is profoundly destabilizing to the ego of the person who feels pity. Derived in part from Freud’s notion of “primary narcissism,” my concept of primary pity occupies a liminal position between the erasure of the ego that primary narcissism entails and the buttressing of the ego involved in secondary narcissism. Because primary pity involves a complex process of identification, in which the subject and the object of pity risk becoming fantasmatically indistinguishable, this emotion threatens the ego’s belief in its self-sufficiency and autonomy. I argue that primary pity’s threat to the ego can be understood as a manifestation of the disability drive, and I suggest that the “no pity” position taken up by disability activists and scholars may be invested in a fantasy of overcoming the disability drive.

This dissertation argues that rather than seeking to overcome the disability drive, cultural critics and activists should work to acknowledge the myriad ways in which the drive determines us. It is important to recognize and acknowledge one’s determination by the disability drive because denying or repressing the ways in which this psychic force governs us will inevitably lead to the drive’s being abjected onto groups of stigmatized others. In Chapter 4, I argue that in contemporary US American culture fat people constitute one such group. This chapter focuses on the drive to eat, a compulsion that I define as inseparable from the disability drive. Dependence, (on food), loss of mastery (over the intensities of the pleasures of eating), and failures of control (over what, and how much, one eats) combine to make hunger a fundamentally disabling drive. But instead of acknowledging that we are all disabled by the drive to eat, our culture abjects this drive onto fat people, whom it depicts as being driven, in ways that thin people are assumed not to be, by an out-of-control compulsion to eat. US American culture’s projection of the disability drive onto fat people is intensified by racially inflected assumptions about “primitive” versus

“civilized” forms of embodiment and by heteronormative constructions of “perversion.” Resisting fatphobia therefore necessitates an intersectional analysis of the disability drive, an approach that takes measure of the ways in which repressing the drive reinforces multiple forms of prejudice.

The central aim of this thesis is to show that the disability drive is a force that we must understand if we are to effectively challenge the many intersecting and overlapping modalities of oppression that define present-day cultural and social relations. “The Disability Drive” offers an invitation, to scholars and activists in a variety of cultural locations, to consider the ways in which our own beliefs and practices may be implicated in a hegemonic cultural endeavor whose goal is to overcome the disability drive. Because denying the drive results in the reentrenchment of oppressive social structures, I maintain that it is imperative to develop political strategies that resist the impulse to overcome the disability drive.

For Jane

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Chapter 1: The Sexual Model of Disability

What makes disability so sexy? If this question seems counterintuitive—if, indeed, the notion that disability is sexy appears so bizarre as to border on “crazy”—then consider this saying: “Crazy in the head, crazy in bed.” It’s a silly saw, but it makes one thing clear: dominant cultural conceptions of sexuality are inseparable from disability.¹ Linguistic convention figures disability and sex as close companions: we speak of being blinded by love, or of going mad with desire; we say that we suffer from lovesickness and succumb to fits of passion. Lust is reputed to render us dizzy and weak in the knees; and in the throes of desire, one claims to tremble, stammer, and forget one’s words.² Sexual attraction supposedly feels like a fever; and sex, experts warn, can become an “addiction.”³

Officially, conventional culture insists that disability is *not* sexy; it depicts disabled people as uninterested in sex and unlikely to elicit sexual desire in others. And when the dominant culture does allow that disabled people can be subjects and objects of desire, it frequently disparages such desires as “unhealthy.”⁴ Still, there’s no denying sexuality’s intimacy with disability. Spotted together all the time, disability and sex appear paired up in an array of cultural locations, ranging from the kinky to the quotidian. Perhaps the most obvious example of a sex-disability coupling is the category of desire known as disability “fetishism”: “pretenders,” “wannabes,” and “devotees” desire to become disabled or to have sex with disabled people.⁵ Then there is BDSM, a sexual practice that, although not usually linked explicitly to disability, involves the eroticization of bodily and mental experiences that evoke disability. BDSM scenes could be said to simulate mobility impairment (through bondage and restraints) and visual disability (through blindfolds and dark rooms) as well as pain, humiliation, helplessness, and other affective and social experiences that disability produces. On a more mundane level, “human interest” stories in the mainstream media detail the minutiae of disabled people’s medical conditions with a fascination that is frequently described as “sensational” and could also be termed titillating. Clearly, there’s *something* about disability: images of impairment may evoke fear and pity, but for some reason these images also turn people on.

What is it, then, that makes disability so sexy? As a means of exploring connections between sexuality and disability, this project theorizes a psychoanalytic concept to which I have given the name “the disability drive.”⁶ I define the disability drive as an eroticized compulsion toward disability, and I argue that this compulsion may be an intrinsic element of most subjects’ psychic lives. My term “the disability drive” is intended to inaugurate a renaming and a rethinking of Freud’s influential notion of a “death drive”—an idea that, as we shall see, has as much to do with disability as with death. Freud’s theory of the death drive emerged in part from his efforts to understand why humans act in ways that make us unhappy. Why do we murder, commit suicide, fight wars, fall in love with people who we know will disappoint us, and return in our dreams to traumatizing scenarios? The answers to these questions, Freud suggested, lie in the structure of the psyche. Freud posited a subjectivity intrinsically divided against itself, the ego’s instincts for pleasure and self-preservation competing with a puzzling component of mental life that continually pulls subjects away from what would seem to be rational self-interest and the desire for pleasure. To this aspect of the psychic structure, Freud gave the name “the death drive.”

But the death drive does not primarily refer to biological death. Instead, the drive entails the death of the subject’s ego, or socially legible self. Whereas the term “ego” stands for the parts of one’s self that one can recognize and represent, the phrase “the death drive” signifies those parts of the subject that cannot be represented.⁷ The destruction of the ego toward which

the death drive tends does not involve the death of the subject per se, since a corollary of Freud's theory of the drive is that the ego is only one part of the self. The desires that a subject is able to recognize as belonging to itself take shape within the realm of the ego, but subjects are also compelled in ways that may be felt as hostile or threatening to the ego. "The death drive" is Freud's name for that force that goes "beyond" the ego, undercutting its self-interest and interfering with its efforts to secure pleasure.

In undermining what our egos think they want, the death drive brings about not biological death but instead experiences that are closely related to disability. Frequently, Freud theorized the death drive in terms evocative of disability: as loss of control, lack of ability, and mental and corporeal insufficiency. Of course, disability scholars have strenuously contested associations between disability and loss, lack, and insufficiency. But rather than rejecting all such associations as ableist cultural constructions, this dissertation asks whether disability can in some instances productively be understood in these terms. In doing so, I argue that it is virtually impossible to talk about the drive without also talking, overtly or obliquely, about disability; conversely, I will seek to demonstrate that it is nearly impossible to talk about disability without simultaneously talking about the drive. Although many people think of the death drive as an abstract psychoanalytic concept removed from everyday life, I aim in this thesis to show that our culture is constantly discussing the drive, and that one of the most salient signs under which it does so is "disability." I will show that in a variety of cultural responses to bodily and mental difference—including the pervasive belief that people with psychiatric disabilities and chronic illnesses are responsible for producing our own impairments, the pleasure that is derived from treating visible physical disability as pity-producing spectacle, and the oft-heard assertion that fat people are "eating themselves to death"—the force that Freud called the death drive is centrally at stake. It is not that the drive leads directly to these cultural manifestations of ableism; rather, our culture's deeply-rooted unwillingness to acknowledge its determination by the drive leads to the drive's being displaced onto disabled people, who are treated as embodiments of the drive.

The drive is indissectable not only from disability but also from sexuality. Freud did not explicitly make this connection. Instead, he theorized the death drive and sexuality as opposing forces, postulating a dualism between "Eros" and the drive.⁸ But influential twentieth-century psychoanalytic critics, most notably Jacques Lacan and Jean Laplanche, have revised Freud's formulation, persuasively arguing that sexuality and the death drive can be understood as two names for the same self-rupturing compulsion.⁹ In his efforts to segregate the death drive from sexuality, Freud defined Eros as an instinct that holds things together; but this formulation itself does not hold, since in the bulk of the Freudian *oeuvre* sexuality, far from holding anyone or anything together, is depicted as a drive that fractures subjects and breaks down seemingly stable epistemologies.¹⁰ Lacanian and Laplanchean theorizations of sexuality and the drive have been taken up in important works in queer theory and sexuality studies, especially in the subdiscipline that is often referred to as "queer antisocial theory." For example, Leo Bersani has described sexuality as a "self-shattering" force indissociable from the drive, and Lee Edelman has posited queerness as an antisocial force akin to the death drive.¹¹ My project extends these queer reworkings of psychoanalytic theory by highlighting the relevance of the drive to disability politics. Since in Freud's schema sex induces a loss of mental mastery and bodily control, causes subjects to feel helpless and dependent, and occasions an influx of overwhelming sensory stimulus that makes the body and mind suffer,¹² sex as conceived in Freudian theory is inseparable from disability. This observation may lead to an understanding of that which makes

disability sexy: perhaps representations of disability turn people on because they call forth associations with the suffering that sexuality produces.

The line of thinking that I have been pursuing runs counter to a major argumentative thread in disability studies. For the past several decades, disability scholars have sought to detach social constructions of disability from the notion of suffering.¹³ Working within the paradigms of the “social model of disability” and the related “critique of the medical model,” these thinkers and cultural workers have argued that a widespread cultural equation of disability with suffering is a crucial contributor to ableism, the social process by which disabled people are oppressed. “The Disability Drive” is deeply indebted to the social model and to the disability rights movement that this model inspired. The groundbreaking ideas that disabled people constitute a politically oppressed group, and that this oppression can and should be remedied, are conditions of possibility for my project. However, as numerous disability scholars have observed, the social model may inadvertently reinforce the oppression of some disabled people, especially those who define suffering as important aspects of our lived experiences.¹⁴ For this reason, my efforts to repay my debts to the social model will proceed perversely: I will work from the premise that disability often *does* involve suffering, and I will put forth, as an alternative to the social model, a new interpretative frame, which I term “the sexual model of disability.”

Rather than distancing disability from physical and mental distress, as the social model often does, the sexual model foregrounds points of contact among disability, sexuality, and suffering, thus making room for the theorization of suffering as a central experiential aspect of disability. I suggest that the social model’s disclaiming of suffering is a shortcut, which leaves unanswered this pressing question: why is suffering so heavily stigmatized in our culture? The sexual model approaches this question by way of a set of related inquiries, all of which are closely connected to the concept of the disability drive. How and why are disability and suffering sexualized? When is this sexualization disavowed, punished, or attributed to “someone else”? Conversely, in what ways is sexuality rendered as disability and suffering? And when are renditions of sexuality as disabling suffering abjected onto stigmatized cultural minorities?

In posing these questions, I hope to facilitate a more in-depth understanding of disability oppression than the social model has enabled. Importantly, the social model defines disability as a system of oppression that isolates and excludes disabled people.¹⁵ The sexual model of disability builds upon this transformative intervention by undertaking an in-depth exploration of the *reasons* for disabled people’s isolation and exclusion. If, as many disability scholars have pointed out, ableist culture often seems torn between an urge to witness disability (for example, by staring at disabled people) and an impulse to hide disability (for example, by confining disabled people to institutions), this ambivalence may be attributable to the nature of the disability drive itself—specifically, to the intolerability of the erotic excitement that images of disability can generate.¹⁶

Getting excited about disability, in all the capacious ways that “excited” and “disability” can signify, is distressing. What does it mean to be turned on by disability, especially when disability is imaged as suffering? Such a possibility, could it be acknowledged, would pose a profound threat to the ego’s investments in security, pleasure, and health. If there is a disability drive, this implusion toward disability must endanger our senses of our selves as *able*: as coherent, rational, and capable subjects who know “what’s good for us” and know how to act on that knowledge. If witnessing disability provokes sexual pleasure, then, two things may happen at once: first, that pleasure (or the sexual component of that pleasure) is denied or repressed; and second, disabled people are blamed for eliciting these intolerable sensations.

Ambivalent encounters with disability point to a possibility that is at the heart of psychoanalytic theory: our psyches may be set up in ways that make us innately disabled. Freud's theory of the death drive suggests that we are driven by a force that threatens our socially recognizable selves, but are at the same time prevented from fully perceiving this drivenness in ourselves. Always, it will be easier to allow that "someone else" may be under the sway of a self-undoing compulsion toward disability than to imagine ourselves as similarly driven. Yet our unwillingness—indeed, perhaps, our structural inability—to see ourselves as governed by the disability drive presents a major problem. A central argument of this dissertation will be that when individuals and social movements imagine themselves as *not* subject to the disability drive, their projects almost invariably have the effect of stigmatizing other abjected subjects, who come to be read as emblems of this disavowed and disabling compulsion. This thesis attempts to upset the impulse to overcome the disability drive. Rather than "putting the 'ability' back in 'disability,'" the sexual model of disability underscores the *disability* that may inhere in subjectivity itself, regardless of whether a given individual or political movement identifies as "disabled" or "nondisabled."¹⁷

How, then, might we begin to acknowledge our own determination by the drive? Any knowing of the drive that we might hope to achieve must, on account of the structural barriers that render the drive unthinkable, be an effort characterized by failure and incompleteness—that is, we might say, by epistemological disablement. The term "epistemological disablement" will appear frequently in this dissertation, as I will argue that coming into close proximity with the disability drive produces states of cognitive and affective uncertainty, confusion, and incapacity that are akin to disability. In the works that I shall analyze, epistemological disablement will often be performed on a textual level, as theorists and narrators seem to lose control of what they want to say about disability. These moments of epistemological disablement are often disavowed by theorists and narrators and are instead projected onto disabled people. When this happens, disabled people's impairments are depicted as the result of an insufficiency of self-knowledge that is assumed not to determine nondisabled subjects. I will challenge these characterizations of disabled people not only by arguing for the value of "cripistemologies" (that is, ways of knowing that arise from disabled people's lived experiences) but also by using drive theory to undermine belief in the possibility of a transparent and wholly knowable self, whether disabled or nondisabled.¹⁸ My two-pronged approach to the issue of epistemological disablement may seem to present a paradox: on the one hand, I am asserting that disabled people's lived experiences generate important knowledge about disability; yet at the same time I am seeking to destabilize the very notion of self-knowledge. Let me be clear, then, that in undertaking this double endeavor I do not forward all-or-nothing claims either "for" or "against" the possibilities of self-knowledge. I will not assert that people cannot ever know anything reliable about themselves, but I will also not suggest that truth claims derived from personal knowledge about disability are infallible. Instead, this dissertation highlights the limits of complete self-knowledge for nondisabled and disabled subjects alike, while at the same time interrogating the social dynamics that give rise to imbalances in the distribution of epistemological authority to particular subjects on the basis of their perceived status as disabled or nondisabled.

Seeking to destabilize the disabled-nondisabled binary, this thesis employs the term "disability" in expansive and open-ended ways: the texts that we will examine thematize bodily suffering, emotional distress, and loss of physical and mental capability without always using "disability" as the sign for discrete diagnostic or identity categories. In this regard, my approach accords with the ways that the drive continually upsets stable conceptions of identities. However,

in figuring the drive as a force that shapes the lives of disabled and nondisabled subjects alike, I do not suggest that differences between disabled and nondisabled identities do not matter. As disability scholars such as Carol Gill, Simi Linton, and Robert McRuer have pointed out, the assertion that “we are all disabled in some way” erases profound differences between the social realities faced, respectively, by disabled and nondisabled people (Gill 46; Linton 12-13; McRuer, *Crip* 157). As McRuer puts it, the question “Aren’t we all queer/disabled?” is a strategy of political “containment”: “an able-bodied/heterosexual society doesn’t have to take seriously disabled/queer claims to rights and recognition if it can diffuse or universalize what activists and scholars are saying as really nothing new and as really about all of us” (157). Following McRuer, who affirms a wish to “resist that containment” but nevertheless argues that “there are *moments* when we are all queer/disabled,” I utilize the concept of the disability drive to bring those moments into view (157).

Although the disability drive may produce moments of disablement for almost everyone, the social repercussions of our culture’s unwillingness to acknowledge the disability drive are borne with particular intensity by disabled people. As previously noted, the drive exceeds representation because it produces impulses that run counter to the desires that socially-recognizable selves can name as their own. One result of the drive’s unrepresentability is that cultures select certain bodies and minds to serve as symbols for this ego-disturbing psychic force. I will argue that a crucial facet of disability oppression is the lived experience of serving as such a cultural symbol. And when it comes to this lived experience, disabled people may indeed have access to insights that are not afforded to individuals whose identities conform more closely to what Rosemarie Garland-Thomson defines as the “normate” subject position.¹⁹

Since the drive defies direct representation, we can hope to perceive only its traces, residues, and aftermaths. With an eye toward the obliquity with which the disability drive makes itself partially known, I advance my analyses of the drive through readings of literary and cultural artifacts. The objects of my study include narrative fiction, case histories, psychoanalytic treatises, scientific journalism, and contemporary cultural criticism. In keeping with psychoanalysis’ attention to linguistic subtleties, repetitions, and associations, I read both fiction and “nonfiction” texts as literary and cultural objects in which the disability drive is an important but unrecognized thematic concern. The textual material that I will discuss includes Freud’s early-twentieth-century case history, *Dora* (a text that predates the concept of the death drive by a decade but evinces thematic concerns anticipating later Freudian theorizations of the drive); Charles Dickens’s *A Christmas Carol* (the product of a Victorian literary culture that heavily influenced Freud); Lee Edelman’s *No Future: Queer Theory and the Death Drive* (a polemic that underscores the importance of the drive in contemporary conceptions of queerness); Freud’s *Three Essays on the Theory of Sexuality* and “On Narcissism,” Gina Kolata’s *Rethinking Thin*, and Jane Austen’s novels (all of which thematize the disability drive in their accounts of the urge to eat).

“The Disability Drive” takes shape at the intersections of psychoanalysis, disability studies, feminism, and queer theory. In addition to drawing upon the resources of these disciplines, I employ the sexual model of disability to make interventions in each field. Attending to instances in which psychoanalysis, disability studies, feminism, and queer theory may present themselves as projects that can potentially effect an overcoming of the disability drive, I ask how thinking these fields through the lens of the sexual model might alter some of their central suppositions. In the following three sections of this chapter I: situate my project in relation to psychoanalytic theory, making the case that “the disability drive” would be a better

name for the compulsion that Freud refers to as “the death drive”; demonstrate that the concept of the disability drive can facilitate interventions in queer theory; and employ the sexual model of disability to subvert disability studies’ foundational opposition between disability and suffering.

Why the Drive?

Upon encountering a project like this, feminist, queer, and disability scholars may be prompted to pose a question: why psychoanalysis? Freud’s pathologization of so-called sexual perversions; his infamous notion of “penis envy”; and his depiction of disabled people, women, and queers as “narcissistic” are among the reasons that some scholars working in queer, feminist, and disability studies have kept a distance from psychoanalysis.²⁰ Freud was a physician, and some of his theories have undoubtedly buttressed oppressive medical and psychiatric constructions of disability. This critique of psychoanalysis is especially germane in regard to “hysteria.” “The Disability Drive” forwards a sustained critique of hysteria; I argue that this diagnostic category furthers the stigmatization of individuals with chronic illnesses and psychiatric disabilities, fat people, and numerous other subjects who are blamed for supposedly making ourselves sick. However, my interrogation of what I will show to be ableist assumptions undergirding Freud’s construction of hysteria will take place *within* the field of psychoanalytic theory. Rather than citing hysteria as a reason not to engage with psychoanalysis, my readings of Freud’s texts will amplify his potent arguments about repression, projection, and the drive and will reveal their utility to disability studies. As we shall see, Freud’s writing, far from being exempt from the epistemological disablement that he compellingly describes in others, performatively enacts this disablement in ways that, when brought to the surface, can form the basis of an anti-ableist social critique.

In foregrounding Freud’s epistemological disablement, my approach to psychoanalysis is consonant with readings of Freud undertaken by the queer and psychoanalytic theorist Leo Bersani. In the introduction to his book *The Freudian Body*, Bersani makes an assertion that has intriguing implications for disability studies: the “most radical originality of psychoanalysis,” Bersani argues, “has to do with a *disabled* consciousness” (6). According to Bersani, this disabled consciousness is manifested in a “theoretical collapse,” or “a certain type of failure in Freud’s thought” (3). Instead of lamenting this epistemological “failure,” Bersani proposes to “celebrate” Freud’s disabled consciousness. For Bersani, passages in which Freud occludes or represses unsettling aspects of his arguments are the most textually rich moments in Freudian theory. As Bersani draws out those strains of argumentation that Freud seems to have resisted making explicit, he lauds not only the arguments themselves but also the resistance that accompanies them. This resistance, Bersani shows, illustrates the impossibility of complete self-knowledge, an impossibility that psychoanalytic theory posits as intrinsic to the structure of the psyche. Indeed, the failures that Bersani highlights in Freudian thought could be seen as manifestations of the disability drive. Like the drive, the epistemological failure that Bersani isolates in Freud is both sexual and disabled: Bersani writes that psychoanalytic theory enacts the “devastating pleasures” of a consciousness that is “eroticized” and “inherently dysfunctional” (6). Describing Freud’s “reflection on desire” as “paralyzed” and “madly excessive,” Bersani contends that a “beneficent discursive paralysis—or at the very least, a beneficent discursive stammering”—is “at the heart of Freudian discourse” (5, 31).

Although illuminating the thematic of a “disabled consciousness” in his readings of Freud, Bersani does not consider how this discursive Freudian disablement might inform

psychoanalysis' constructions of disability and disabled people. Such considerations are central to my project. In Chapter 2, I forward an analysis of Freud's case history *Dora*, in which I argue that performances of epistemological disablement in this text not only give shape to psychoanalysis' construction of hysteria but also contain the seeds of this diagnostic category's undoing. My reading of *Dora* shows Freud using "hysteria" to defend against the implications of his own suggestions that epistemological disablement may be intrinsic to the psychic structures of all people. Projecting this epistemological disablement onto people with what I call "undocumented disabilities"—that is, impairments to which the medical profession does not assign biological causes—Freud interprets these disabilities as indicators of deficiencies in self-knowledge. In this way, Freud shores up the ableist cultural assumption that individuals who do not have undocumented disabilities are not subject (or are perhaps less subject) to epistemological failure.

Yet as we shall see, *Dora* makes visible a set of irresolvable incoherences at the center of Freud's construction of hysteria. Through a close examination of Freud's articulation of his notion of "somatic compliance"—a crucial element of his theory of hysteria, according to which unexplained physical symptoms result from the body's "compliance" with psychological wishes—I show that the construct of hysteria founders on Freud's inability to conceive of the body outside of notions of purpose, motivation, and will. According to Freud, every hysterical symptom has a psychological meaning, the body serving as the material out of which the psyche makes its content manifest. In other words, hysterical symptoms are metaphors or, as Jane Gallop puts it, "ways of speaking" (208). For example, Freud contends that his patient Fräulein Elisabeth von R. experiences chronic pain in her legs as a way of expressing her sense of figuratively "having no support," and he concludes that the constipation suffered by the "Wolf Man" is caused by his "identification with women and his passive homosexual attitude to men" (*Studies* 178; "Wolf Man" 236). Reading bodily symptoms as metaphors effaces the possibility of a corporeality that intrudes upon and alters our lives without necessarily having discernible meanings. Moreover, to interpret "hysteria" as a means of metaphorizing psychological feelings is to uphold a model of mental functioning in which the ego—the part of our selves that is capable of meaning-making—has primacy. In this way, the theory of hysteria defends against the drive, that force which Freud theorized as a continual source of blockage to the ego's attempts to signify, understand, and represent.

But while I contest Freud's (and the dominant culture's) ascription of psychological meanings to bodily symptoms, I do not advocate a wholesale abandonment of metaphor. On the contrary, this dissertation takes up Freud's compelling arguments that latent meanings can be discerned in linguistic choices, dreams, behaviors, ideas, images, and social and cultural structures. My dispute with Freud's notion of hysteria is not that it uses metaphor; instead, I object specifically to the theory's occlusion of the drive as a somatic and psychic space in which metaphor and meaning do not obtain. It is one thing to suggest, as I will do in Chapter 2, that Freud's use of a metaphor of "limping" to reference epistemological uncertainty is symptomatic of a certain orientation toward disability; it is something very different to assert, as Freud does of his patient "Dora," that a literal limp is a decipherable sign of an unconscious wish to commit a sexual transgression. Similarly, the Wolf Man's constipation may indicate nothing about the gender of his unconscious sexual object choices or about his unconsciously desired sexual position(s), and Elisabeth's leg pain may not reveal anything about whether she feels supported in her life.

The assignment of psychological meaning to bodily distress marks a point of radical divergence between Freud's theory of hysteria and his concept of the drive. The two constructions are in some ways mirror images: both pertain to a liminal space between mind and matter, a topos in which somatic and psychic experience cannot be dichotomized. But whereas hysteria adheres to a Cartesian paradigm in which the psyche imposes its meanings upon a compliant *soma*, the notion of the death drive reverses this mind-over-matter hierarchy. The drive, Freud writes, is "a concept on the frontier between the mental and the somatic, as the psychical representation of the stimuli originating from within the organism [from the interior of the body, *aus dem Körperinnern*] and reaching the mind" ("Instincts" 121-22).²¹ Unlike hysteria, in which bodily symptoms allegedly begin in the mind, the drive starts in the body and makes its effects felt in what Teresa de Lauretis aptly terms "the uninhabited space between mind and matter" (*Freud's* 87).

In imaging hysteria as a desire for disability, *Dora* may adumbrate Freud's account of the death drive in *Beyond the Pleasure Principle*, a book that Freud published fifteen years after his case history. In contrast to hysteria, Freud's theory of the drive exists outside of—and, indeed, threatens to rupture—the confines of medicine, diagnosis, pathologization, and cure. I will read "hysteria" as a minoritizing precursor to Freud's account of the death drive. The label "hysteria" authorizes the claim that certain individual subjects (who are identified by the presence of undocumented impairments) are governed by an eroticized compulsion toward disability. By contrast, Freud's notion of the drive upsets this minoritizing model; in *Beyond the Pleasure Principle*, Freud postulates that a disabling drive toward self-undoing is a determining force in the psyches of all people, whether or not they happen to have undocumented impairments.

The theoretical trajectory that I will trace, which begins with *Dora's* account of hysteria as a disorder afflicting a minority of disabled subjects, and ends with *Beyond the Pleasure Principle's* universalizing account of the death drive, is not explicitly articulated by Freud. Throughout his career, Freud held fast to his construction of hysteria; therefore, the death drive cannot be seen as supplanting hysteria in Freudian thought. But my reading of hysteria as both a precursor to the theory of the drive and a way for Freud to avoid naming and confronting the drive demonstrates that a rearticulation of Freud's concept of hysteria can be a starting point for a more universalizing approach, grounded in the concept of the disability drive. Departing from Freud's tendency to pathologize individual disabled people, such a model may yield more nearly universal insights about psychic life.

Questions about universalism are among the most compelling and difficult aspects of psychoanalysis, a discipline that posits a set of psychic structures that are said to govern the lives of all subjects. Does psychoanalysis' universalizing model mistake the psychological determinants of middle-class members of western capitalist societies for universal norms? This question can in part be answered by way of a distinction: although Freud specifies that the *structure* of the psyche that he delineates is universal, his model leaves room for the theorization of a great diversity of particular *content* that might fill that structure. Factors such as gender, queerness, race, class, colonialism, disability, and historical context can radically alter the ways in which constructs such as "the ego," "the drive," and "sexuality" come to be figured. The potential fluidity of Freud's paradigm has been the basis of important interventions by social theorists who, working within and beyond the discipline of psychoanalysis, have rethought Freud's arguments from the vantage points of feminist, antiracist, postcolonial, and queer criticism.²² My project builds upon this work by bringing a critical disability studies perspective to bear upon Freud's concept of the death drive. In the chapters that follow, I will examine the

ways in which cultural projections of the disability drive shape intersections of multiple modalities of oppression, including ableism, misogyny, homophobia, fatphobia, white supremacy, classism, and colonialism.

I also wish to emphasize that although my argument about the disability drive unfolds within a psychoanalytic framework, in which the structuring components of the psyche are said to be universal, I am not suggesting that a psychoanalytic epistemology should be seen as trumping other ways of knowing human minds, bodies, and bodyminds. Nonwestern models of mind and body, for example, may differ significantly from the frame within which I situate my analysis. For this reason, I will neither assume nor attempt to establish that the psychoanalytic ways of thinking that I employ in this dissertation will be useful or meaningful to every subject and culture. However, I will also not assume in advance that my elucidation of the disability drive does *not* apply to specific groups or individuals, as I am wary of the danger of effecting harmful and unnecessary exclusions by prematurely designating an argument as inapplicable to particular subjects or experiences. It is for this reason that throughout this thesis I use the term “our culture” to reference the social world(s) in which I understand cultural manifestations of, and defenses against, the disability drive to take shape. I intend for the phrase “our culture” to signify expansively, issuing a deliberately open-ended and indeterminate invitation to any person to whom the language and concepts in this dissertation may be accessible and illuminating. The words “our culture” cannot, of course, reference every person in the world; but because the ableist social and psychic structures that I delineate in this project seem to me to potentially exceed the bounds of demarcations such as “US American culture,” “the West,” or “modern industrial societies,” I employ this “our” to leave open questions about the extent to which my analyses may or may not apply to particular geographies and cultural locations.

The problematic of universalism versus exclusions in this project can be illustrated by raising a set of questions regarding my arguments’ relation to asexual people’s experiences and identities. If this dissertation’s opening assertion of disability’s sexiness were taken to mean that sexiness is a quality that disabled people should aspire to embody—and conversely, that an absence of sexual desire is grounds for social discrediting—then this assertion would contribute to our culture’s stigmatization of asexual people. Such a reading, however, would run directly counter to my project’s central aim: the sexual model of disability is intended to complicate efforts to highlight sexualities as causes for pride or empowerment. In conceiving of sexuality as inextricable from failure, loss, and suffering, I hope to make visible sexuality’s incompatibility with proud identity claims.

Yet even this approach presents risks. As I will discuss in the next section of this chapter, some queer theorists’ citations of sexuality’s identity-disturbing effects have been articulated in ways that seem to imply that the more sex one has, or the more that one engages in particular sexual practices, the more effectively one can challenge heteronormative cultural imperatives. “The Disability Drive” will not forward such an argument. I emphasize the sexiness of disability to counter our culture’s widespread desexualization of disabled people; this emphasis, however, is not meant to suggest that disabled people have, or should have, “more” or “better” sex than nondisabled people (whatever those comparatives might mean), or that we should aim to secure social legitimacy by establishing our “attractiveness” to sexual partners. The sexiness of disability that I highlight refers less to attributes of individual subjects than to aspects of disability as it is envisioned and sometimes experienced.

Additionally, although Freud assumed that sexuality was universal, I will not make this assumption, since such a claim would contradict many asexual people’s lived experiences. This

does not mean, though, that the sexual model of disability must be irrelevant to asexual people. The Asexual Visibility and Education Network (AVEN) defines an asexual person as someone “who does not experience sexual attraction”; however, AVEN’s website notes that many (but not all) asexual people experience sexual arousal, have sexual fantasies, or masturbate.²³ Even non-libidoists, those asexuals who “have no sexual feelings at all,” may nonetheless have experiences that fall within the extremely broad rubric of what Freud designates as sexuality. According to Freud, intellectual work, strong emotion, illness, athletic activity, eating, swinging, warm baths, and train travel can all potentially be regarded as sexual.²⁴ On the other hand, just because such activities and feelings *can* be described as sexual does not mean that they *have* to be, and to force the application of the label “sexual” would effect a discursive violence upon subjects who have determined that this term does not apply to their lives. Thus, although I postulate the sexual model as one means of theorizing the disability drive, I do not suggest that it is the only such method.

But if we temporarily shift our thinking away from questions like “Do asexual people have a disability drive and, if so, should this drive be understood as sexual?” and instead use drive theory to think about why asexuality is unintelligible in our culture, we may see that the sexual model is paradoxically very useful for theorizing the processes that shape cultural responses to asexuality. Freud arrived at his theory of the death drive through a path that touched closely upon concepts that the notion of asexuality may evoke in the cultural imaginary. Arguing that all tension—and thus all sexual desire—contains elements of unpleasure, Freud proposed that the human organism is governed by what he called the “principle of constancy,” that is, an impetus to reduce levels of tension to as close to zero as possible (*Beyond* 6). It was this principle of constancy—which, if it were ever to be realized, would bring about an end to sexuality—that made Freud wonder if there might be a force that drives subjects toward a state resembling death (67). The impetus toward nothingness that, according to Freud, inheres in the structure of desire is of course profoundly threatening to the ideal of selfhood; the ego, after all, always wants to be striving toward something. Perhaps the threat posed by the possibility of an internal drive toward zero may be defended against when our culture renders asexuality as illegible. If so, then asexuals may constitute another group of subjects onto whom the disability drive is projected.

Why the *disability* drive? To some readers, it may seem that my renaming of Freud’s “death drive” constitutes a domestication of this term, a substituting of the less threatening “disability” for the more devastating “death.” But if one considers the ubiquitous descriptions of disability as “a fate worse than death”; the commonplace queries, directed at disabled people, about whether they have contemplated killing themselves; and the growing enthusiasm for physician-assisted death as an alternative to the “indignity” of disability, it comes to seem that the fantasy of death—and, from the vantage point of the living, death can only ever be a fantasy—is perhaps less intolerable than the prospect of disability.²⁵ Indeed, I will argue that Freud’s designation of a “death” drive serves as a defense against a recognition of *disability*’s profound imbrication with the compulsion that he defined as a beyond to the pleasure principle. The notion of a death drive in Freud’s texts envisages a subject that is drawn, despite itself, to something like death; as we shall see, this “something” is readable, although Freud does not explicitly avow such a reading, as disability.

The connections between disability and the drive that Freud both reveals and represses are manifest in *Beyond the Pleasure Principle*, the text in which Freud most fully elaborates his theory of the death drive. Before entering into an analysis of disability’s centrality to this text, it

may be helpful to review Freud's concept of the death drive and to situate it in relation to the rest of his thinking. *Beyond the Pleasure Principle* constitutes a break from the model of mental functioning that Freud had relied on for over twenty years. This model, which is often referred to as Freud's "first topography," postulates that every aspect of mental life is governed by what Freud calls "the pleasure principle."²⁶ This means that every feeling, action, thought, wish, and dream in which humans engage has as its purpose the obtaining of pleasure or the avoidance of displeasure. This pleasure may not always be immediate; a secondary principle of mental functioning, which Freud calls "the reality principle," imposes upon us the notion of delayed gratification. When we act under the influence of the reality principle, we may forego a pleasure that is right in front of us in order to gain more pleasure later, or we might tolerate temporary discomfort with an eye to future reward. But the reality principle, Freud emphasizes, is only a subsidiary of the pleasure principle; whether one is grabbing what one wants right away, or holding off in the interest of getting something better later, pleasure is the ultimate aim.²⁷

By the time that he writes *Beyond the Pleasure Principle*, Freud is beginning to have doubts about his first topography. If the pleasure principle truly did dominate psychic lives, then "the immense majority of our mental processes would have to be accompanied by pleasure or lead to pleasure, whereas universal experience completely contradicts any such conclusion" (6). It now seems to Freud that perhaps humans make ourselves suffer in ways that do not necessarily lead to full-scale experiences of pleasure. Might there be something else, some other force driving us, which goes beyond the pleasure principle? Most of *Beyond the Pleasure Principle* is devoted to Freud's efforts to find evidence for the existence of this "beyond," which Freud will name as the death drive, and to speculate about its origins. Among the most striking, but least commented on, aspects of Freud's discussion in this book is the text's apparent compulsion to repeatedly return to the topic of disability. As both metaphor and medical condition, disability appears at each stage of Freud's argument; we shall see that direct and oblique references are made to posttraumatic stress disorder, attachment disorders, autism, obsessive compulsive disorder, amnesia, sensory impairment, pain, paralysis, depression, and phobias.

Freud's attempt to elucidate a "beyond" to the pleasure principle begins with a story about the disability that is known in modern-day medical contexts as posttraumatic stress disorder, or PTSD. "Traumatic neurosis" is Freud's name for this disorder, a condition that, he notes, has been on the rise since the end of the "terrible war," i.e., World War I. Freud is astonished by what seems to him to be a highly perplexing symptom of traumatic neurosis: nightmares in which people with this disability repeatedly relive the events that traumatized them. Traumatic neurosis does not only afflict soldiers; the condition can also occur following "railway disasters and other accidents involving a risk to life" (*Beyond* 10). Again and again, Freud notes, the patient is brought "back into the situation of his accident, a situation from which he wakes up in another fright" (11).

The nightmares of traumatic neurosis are disturbing not only to the people who suffer from them but also to Freud, because they call into question the theoretical edifice that he has spent over two decades constructing. In keeping with his paradigmatic notion of the pleasure principle, Freud had long insisted that "wish fulfillment" is the purpose of every dream. What, then, to make of the distressing dreams endured by people with traumatic neurosis? These patients' dreams would have accorded with Freud's axiom of the pleasure principle if they had shown "the patient pictures from his healthy past or of the cure for which he hope[d]" (*Beyond* 12). But instead of dreaming of cures or overcoming, people with traumatic neurosis have

nightmares that seem to evince a drive toward disability—a compulsion, that is, to relive the events that produced their impairments.

Freud's discussion of traumatic neurosis could have laid the groundwork for an articulation of a theory of a disability drive. But right after he raises difficult questions about traumatic dreams, Freud suddenly changes the subject. "I propose to leave the dark and dismal subject of the traumatic neurosis," he writes (*Beyond* 12). Other than the "dark and dismal" aspect of the topic, Freud gives no reason for this abrupt conversational shift. Psychoanalytic theory teaches us to read such discursive maneuvers as signs of repression. Freud, it seems, would rather not talk about disability in relation to the drive. He would prefer instead, he tells us, to look for a beyond to the pleasure principle in the psyche's "normal activities," such as children's play (12).

But as we shall see, Freud's attempt to evade the dismal subject of disability is not wholly successful. After changing the subject away from traumatic neurosis, Freud relates his famous *fort/da* anecdote, a story about a one-and-a-half-year-old boy who plays a game in which he throws a reel attached to a piece of string out of view and then pulls it back into sight.²⁸ When the boy throws the object away, he makes a noise that Freud interprets as the German word for "gone" (*fort*); when he pulls the object back, he makes a noise that sounds like a joyful exclamation of the German word for "there" (*da*) (*Beyond* 14). To Freud, the interpretation of this game is obvious: the boy is reenacting his mother's repeated disappearances and returns. The game thus serves as evidence for Freud's hypothesis that "normal" people may be driven by a "compulsion to repeat" painful experiences, a compulsion that Freud will link to his notion of a death drive.

Although Freud's suggestion that the drive compels nondisabled as well as disabled people is convincing, his efforts to divorce the drive from the concept of disability are not. Even though Freud introduces the *fort/da* story as a way of leaving behind "the dark and dismal subject of the traumatic neurosis," his account of the "normal" child at play presages the construction of another psychiatric disability category: borderline personality disorder, or BPD. Freud himself does not employ this diagnostic label, but mid-twentieth-century psychoanalysts codified BPD as an "attachment disorder" arising from a child's failure to master the trauma of real or perceived parental abandonment.²⁹ True, the *fort/da*-playing child does not have BPD; although he is "greatly attached to his mother," his game allows him to achieve "mastery" over the pain produced by his mother's departures, and to be deemed a "good boy," because he does not cry when his mother leaves him alone (*Beyond* 13, 15). But the boy escapes this disability only by engaging in activities that call up the affective ambivalence toward objects of desire that is said to characterize BPD. Through his to-and-fro moving of his reel on a string, the child is indirectly saying to the object of his love, "Come here, go away"—or, as the title of an influential self-help book about BPD puts it, "I hate you, don't leave me."³⁰

Had the boy's repetitive play been deemed "excessive," it might, in a modern-day context, be the basis of other psychiatric diagnoses, such as obsessive compulsive disorder (OCD) or autism. Let me be clear, though, that in highlighting the centrality of disability to Freud's notion of the drive, I am not suggesting that the drive offers an explanatory model for autism, OCD, borderline personality, or any other disability. "The Disability Drive" does not posit a causal relationship between the drive and any impairment; nor does this dissertation suggest that the disability drive is especially prominent in the psyches of disabled people. In this regard, my approach diverges from remarks made by Slavoj Žižek, who links the drive to "radical psychotic autism" and conflates the phrases "pure autism," "psychic suicide," and

“surrender to the death drive” (81).³¹ Žižek’s use of the term “suicide” in connection with autism reinforces ubiquitous cultural associations between disability and suicidality (as in the commonplace figuration of disabled lives as “not worth living”), and his portrayal of mental disability as the result of “surrender” reiterates the prejudice that one becomes disabled by “giving in” to impairment. Furthermore, Žižek elides the instability and complexity of the disability categories referenced by the labels “autism” and “psychosis”: the uncertainty of their etiologies, the variety of the lived experiences that they engender. These formulations reduce “autism” and “psychosis” to static, knowable disease entities, with “pure” and “radical” versions. Breaking from this diagnostic model, I wish to theorize the drive in ways that exceed medical and psychiatric disability categories. An expansive theorization of the disability drive is important not only in order to resist ableist cultural constructions of mental disabilities but for another reason as well: associating the drive too closely with any particular impairment evades the drive’s central paradox by implying that the epistemological disablement that the drive provokes can be overcome by citing specific disabilities as shorthand for “the death drive.”

Yet even as I challenge the linking of the drive to disabled people in particular, I want to emphasize that when Freud is talking about “the death drive,” he is almost always talking about disability. Consider, for example, Freud’s discussion of the phenomenon of transference. Transference, Freud suggests, may provide evidence that people are driven by something beyond the pleasure principle, since in transference relationships patients reenact childhood scenarios that did not produce pleasure. The most salient of these experiences evoke disability. The child’s “inadequate stage of development” makes it impossible to realize its sexual fantasies, thus producing “distressing circumstances” and “painful feelings” of “loss and failure,” which inflict a “permanent injury” to self-esteem in the form of a “narcissistic scar” (*Beyond* 21-22). Moreover, the child’s “own attempt to make a baby himself, carried out with tragic seriousness, fails shamefully” (22). Tragedy, failure, shame, scarring, narcissism, injury, pain, and distress: these disabling aspects of infantile sexuality, Freud claims, are continually repeated by patients, “under pressure of a compulsion” (23).

The above constellation of signs and symptoms is suggestive of the disability that Freud called “melancholia.” Similar to the condition that we now call depression, melancholia is defined by Freud as a disability that damages one’s “self-regard” (“Mourning” 246). According to Freud, it is the tragically disabled nature of childhood sexuality that gives rise to the “sense of inferiority” that, he claims, “is so common in neurotics” (*Beyond* 22).³² Again, my point is not to say whether Freud is correct or incorrect about the causes of depression or other mental disabilities. Instead, I am aiming to show that throughout Freud’s discussion of “the death drive,” disability keeps coming up. Disability comes up again when Freud speculates about possible biological sources of the drive. Likening the human mental structure to “an undifferentiated vesicle of a substance... turned towards the external world,” Freud suggests that the “ceaseless impact of external stimuli on the surface of the vesicle” causes its outer layer to form a “crust,” which becomes “baked through by stimulation” (28, 29). The mental structure’s crusty outer layer has the feel of a disability prosthesis: “it ceases to have the structure proper to living matter” and “becomes to some degree inorganic” (30).³³ In addition, sensory impairment seems to be an innate aspect of consciousness, as Freud indicates that our perceptual system can take in only “small specimens of the external world” (30-31). Amnesia is also a structuring element of the outer layer of consciousness; “leaving behind a memory-trace” is a function that this portion of the mental apparatus cannot perform (28). Moreover, the psychic system is highly vulnerable

to psychiatric disability, as it often has difficulty distinguishing between internal and external stimuli (33).

Additionally, Freud suggests that the mental apparatus is prone to metaphoric mobility impairment: when confronted by physical pain, the psychic system devotes all its energy to “binding” the sensory input that floods it, leaving the rest of the mental functions “paralyzed” (*Beyond* 34).³⁴ Freud’s theorization of the drive may also call up associations with notions of “developmental” disability or “delay.” Proposing that regression to “an earlier state of things” may be the impetus behind every instinct, Freud suggests that the drive pulls all of us ineluctably toward a “backward path” (43, 51). In this passage, Freud takes on what we might think of as a proto-disability studies position when he observes that “it is often merely a matter of opinion when we declare that one stage of development is higher than another” (50). Indeed, Freud seems to be articulating something like an anti-eugenic argument when he challenges the cultural assumption that “there is an instinct towards perfection at work in human beings, which... may be expected to watch over their development into supermen” (50). Demurring from the idea that any instinct toward perfection exists, Freud argues that in the “minority of human individuals” who do demonstrate an “untiring impulsion towards further perfection,” it is not an instinct, but rather the *repression* of instincts, that makes their achievements possible (50). And the psyches of even these superlatively accomplished individuals are not far removed from disability: Freud contends that “the processes involved in the formation of a neurotic phobia”—a disability that, he maintains, is “nothing else than an attempt at a flight from the satisfaction of an instinct”—are the same as those that inform the perfecting impulses of some humans (51). My point, of course, is not that Freud is correct in claiming that phobias result from the repression of instincts.³⁵ Rather, I want to underscore that at almost every moment that Freud conceptualizes the “death drive,” he is talking about disability.

From start to finish, the text in which Freud announces his concept of the “death drive” is a book about disability. Tellingly, *Beyond the Pleasure Principle* ends not with a death but with a limp. In the final words of his book, Freud tells his readers, who he hopes will be patient with “the slow advances of our scientific knowledge,” that “it is no sin to limp” (78). In figuring its author as a thinker who limps, the text in which Freud lays out the concept of the “death drive” suggests that the drive may be all about disability. But what does it matter if Freud’s beyond to the pleasure principle is called a “death” or a “disability” drive? In the following section, I will show that the specific concept of a disability drive can facilitate interventions in queer theory. I will begin by discussing the problems and possibilities of queer antisocial theory before moving into a critique of the field of queer theory more generally, in which I will argue that queer theory projects the disability drive onto feminism.

Queer Theory’s Disability Drive

If Freud’s corpus of writing about the drive is the primary condition of possibility for this dissertation, then the discourse that carries the name “queer antisocial theory” is a close second. It was while reading Lee Edelman’s *No Future: Queer Theory and the Death Drive* that I came up with the concept of the disability drive; through my engagement with Leo Bersani’s *The Freudian Body* and “Is the Rectum a Grave?,” I arrived at the idea that sex and disability are indisseverable, which became the basis for the sexual model of disability.³⁶ Among the most important contributions that Bersani and Edelman make are their respective elucidations of the processes by which the drive obtrudes into political relations. In different ways, each of these theorists demonstrates that a root cause of anti-queer prejudice is heteronormative culture’s

projection onto queers of a sexualized, ego-endangering drive that it disavows in itself. This argument is laid out in detail in *No Future*. In this book, Edelman argues that all sexuality (whether “heterosexual” or “homosexual”) is indis severable from the death drive. Moreover, Edelman maintains, the LGBT political movement’s strategy of disavowing queer sexualities’ enmeshments with the drive can lead to greater social legitimacy only at the expense of “someone else,” an abjected individual or group who will be forced to bear the cultural burden of figuring the drive (27).

The central argument of this dissertation draws on Edelman’s argument in *No Future*. When I argue against attempting to overcome the disability drive, I am in a sense rearticulating Edelman’s thesis and applying it to disability studies. But this rearticulation may have profoundly disabling effects: not only in disability studies, where, as I have argued elsewhere, it can undermine constructions of disability identities in opposition to suffering, incapacity, and loss; but also in queer antisocial theory, where, as we shall see, it may pose a challenge to queer theory’s foundational self-definition as anti- or post-identitarian.³⁷ In Chapter 3, I will bring a critical disability studies analysis to bear upon *No Future*; in doing so, I will advocate rethinking elements of Edelman’s argument. My particular focus in this chapter will be *No Future*’s depiction of the character of Tiny Tim; reading *No Future* in conjunction with the “No pity” imperative of the disability rights movement, I will argue that both disability studies and queer antisocial theory at times do precisely what Edelman urges queers not to do; that is, they project the drive onto “someone else”—especially, in the instances I will discuss, onto feminized and disabled subjects.

The tension that I will highlight in *No Future*—between, on the one hand, an argument against projecting the drive onto abjected others and, on the other hand, a theoretical praxis that effects such abjections—replicates a similar dynamic in Bersani’s “Is the Rectum a Grave?” This essay, which is often described as the first instantiation of queer antisocial theory, opens with an epigram: “There is a big secret about sex: most people don’t like it” (3). Bersani’s aphorism provokes because its entertainment value has an edge: the unlikeability of sex, although potentially comic, has devastating social consequences. In this essay, which was published in 1987, Bersani builds on the arguments about the disabling aspects of sexuality that he had articulated one year earlier in *The Freudian Body*. The essay’s thesis shares strong similarities with, and may lay the groundwork for, Edelman’s arguments in *No Future*. Theorizing the death drive in relation to the politics of AIDS, “Rectum” persuasively argues that homophobic culture projects the death drive onto gay men. This process of projection has caused the culture to misread gay men as “killers” rather than as victims of the epidemic, and thus to “legitimize the impulse to murder” by neglecting the AIDS crisis (17, 4). Like Edelman, Bersani forwards an argument in favor of taking on a stigmaphilic embrace of the drive as a force of sexualized negativity that induces the undoing, or “shattering,” of the subject (30).

But there is a problem with “Is the Rectum a Grave?”: this essay does not always like “woman,” especially when “woman” serves as a signifier not merely for a feminized sexual self-shattering but also for actual women. It may seem strange to assert that Bersani’s pathbreaking essay does not like “woman,” since the most famous passage in “Rectum” features the figure of a woman as illustration of the type of sexuality that Bersani urges gay men to embrace:

Women and gay men spread their legs with an unquenchable appetite for destruction. This is an image with extraordinary power; and if the good citizens of Arcadia, Florida, could chase from their midst an average law-abiding family, it is, I would suggest because in looking at three hemophilic

children they may have seen—that is, unconsciously represented—the infinitely more seductive and intolerable image of a grown man, legs high in the air, unable to refuse the suicidal ecstasy of being a woman. (18)³⁸

The above passage emblemizes Bersani's strategy of "embracing, at least provisionally, a homophobic representation of homosexuality"—a representation that readers are presumably meant to understand as being "homophobic" because it calls up associations with a receptive position in penetrative sex that the culture marks as feminine (15). Bersani's embrace of the trope of the feminine could potentially have been transformative—except that Bersani does not follow through on this embrace. On the contrary, at key moments in "Rectum" Bersani actively distances himself from women. For example, after describing gay male camp as "a way of giving vent to the hostility toward women that probably afflicts every male," Bersani defends these apparently hostile uses of camp for the service that they supposedly perform for women: in speaking "the truth of [conventional] femininity as mindless, asexual, and hysterically bitchy," camp, Bersani suggests, *helps* women by provoking in us a "violently antimimetic reaction" to this spectacle (14). Importantly, the femininity that Bersani abjects is figured in terms that evoke disability: "mindless" is suggestive of mental disability; "asexual" is a label that, in addition to stigmatizing asexual people, also invites associations with the desexualization of disabled people; and "hysterically" is suggestive of the undocumented disabilities that, as I will discuss in Chapter 2, our culture treats as manifestations of an insufficiency of self-awareness.

Why such hostility toward women? A clue may be found in another passage of "Rectum," in which Bersani, expressing his justified anger at the media for its nearly exclusive focus on "heterosexual anxieties" about AIDS, complains that

TV treats us to nauseating processions of yuppie women announcing to the world that they will no longer put out for their yuppie boyfriends unless these boyfriends agree to use a condom. Thus hundreds of thousands of gay men and IV drug users, who have reason to think that they may be infected with HIV, or who know that they are (and who therefore live in daily terror that one of the familiar symptoms will show up), or who are already suffering from an AIDS-related illness, or who are dying from one of these illnesses, are asked to sympathize with all those yuppettes agonizing over whether they're going to risk losing a good fuck by taking the "unfeminine" initiative of interrupting the invading male in order to insist that he practice safe sex. (7-8)

It is unclear why "yuppie women"—as opposed to, say, yuppies of all genders, or men of all socioeconomic classes who resist using condoms with their female partners; or, for that matter, the men who own the television stations that make decisions about programming—are depicted by Bersani as especially blameworthy for the media's homophobic coverage of the AIDS crisis.³⁹ But certain words and images in the above passage suggest that what Bersani finds "nauseating" about the women whom he calls "yuppettes" has something to do with the feminized, self-shattering sexuality that Bersani advocates "provisionally" embracing. Note that the "yuppie" woman "agonizing over whether [to interrupt] the invading male" occupies a strikingly similar position to that of the "grown man, legs high in the air" who can't say no to "the suicidal ecstasy of being a woman." The divergence between Bersani's reactions to these two images of "woman" in a position of receptiveness to sexual penetration raises the possibility that his acknowledged "hostility" toward women may be a symptomatic effect of an ambivalence about his advocated taking-on of a sexuality linked to the death drive and figured as feminine.

These moments of misogyny in “Rectum” exemplify a trend in queer antisocial theory. This discipline’s tendency to hew to a single-axis model of oppression that privileges sexuality over other forms of difference has been highlighted by José Esteban Muñoz, who contends that queer antisocial theory effects a “distancing of queerness from...the contamination of race, gender, or other particularities that taint the purity of sexuality as a singular trope of difference” (*Cruising* 11). However, in pointing to a dearth of discussion of race and gender in Bersani’s and Edelman’s work, Muñoz does not establish that their arguments depend upon such exclusions. Critics of Bersani and Edelman often attribute these theorists’ inattention to forms of oppression other than queerness to their employment of drive theory. For example, the editors of the volume *Queer Futures*, in a critique of Edelman, dismiss what they call “the eternal seduction of psychoanalysis” (Yekani et al. 12). By contrast, I assert that tendencies toward masculinism in Bersani’s and Edelman’s writings arise not from their engagement with psychoanalysis but rather from a failure to follow through on the implications of the theory of the drive.⁴⁰

The most significant signs of this failure are the appellation “antisocial” and the related label “antirelational.” In his book *Homos*, which was published in 1995, Bersani celebrates a gay male sexuality that he describes as “nonrelational” (162). The moniker “antirelational” subsequently became the name for what some scholars have called the “antirelational thesis in queer theory,” a phrase that is often used interchangeably with the name “queer antisocial theory.”⁴¹ In Edelman’s iteration of the antisocial thesis, the death drive is described as a force that queers should embrace for the threat that it poses to the “social order” (29). In some ways, it might seem to make sense to utilize drive theory to further an antisocial, antirelational, or anti-identitarian politics. After all, the drive is a force that disables the ego, or sociably recognizable self. Since it opposes itself to identity, the drive might also, by extension, undermine political movements that depend upon identity. In keeping with this idea, Edelman and Bersani each often position themselves as taking sides with the drive (and with sexuality, to which the drive is inextricably linked) in a battle against identities, egos, and what Bersani calls “redemptive” political projects (“Rectum” 22). For example, Bersani, eschewing the suggestion that “fucking has anything to do with community or love,” celebrates the “inestimable value of sex as...anticommunal, antiegalitarian, antinurturing, antiloving” (“Rectum” 22). Similarly, Edelman, aligning queerness with “the social order’s death drive,” “stakes [his] claim” to a space “outside” politics, in which “every substantialization of identity” is negated by the drive (3, 4).

But what does it mean to side with the drive? Such siding can only be a fantasy, for if our psyches cannot escape the drive, neither can they avoid being shaped by the egos that the drive continually threatens. As we have seen, it is this threat to the ego that makes the drive disabling: the disability drive pulls us in directions that go against what our reasoning, desiring, and ego-centered selves think that they want. Indeed, our necessary, structural dependence upon our egos is a precondition for the drive’s disabling effects; if we did not need our egos, then the drive’s erosions of our socially identifiable selves would not injure us. Yet in a strange way, queer antisocial theory seems sometimes to imagine itself as exempt from the drive’s injuriousness. Queer antisocial theory positions itself as a discourse that embraces the death drive (Edelman) and celebrates the threat that sexuality poses to subjectivity (Bersani). However, Bersani’s and Edelman’s respective claims to be on the side of the drive and sexuality may actually serve as defenses *against* these forces. By figuring their theories as outside the political (Edelman), or beyond the redemptive (Bersani), queer antisocial theory constructs itself as a discourse that can overcome the disablement that the drive produces by fantasmatically identifying with the drive.

Indeed, a fantasmatic identification with the drive might be described as a crucial structural component of queer antisocial theory. Because the figure of the “queer” is not a subject, Edelman seems at moments to imagine, it cannot be disabled by the drive’s negations of subjectivity. Edelman does acknowledge that “being” the death drive would be impossible; however, when he writes that queerness is “never a matter of being or becoming but, rather, of *embodying*” the death drive, the distinction between “being” and “embodying” is tenuous (25). As Edelman clearly recognizes, it would be a contradiction in terms to claim that any subject could ontologically “be” the drive. But in positing “queerness” as a near synonym for the drive, Edelman comes close to theorizing queerness as coextensive with the drive. An emblem for the drive, queerness as it is construed in *No Future* haunts but is never haunted; it ruptures, but is never ruptured by, the drive. It cannot be so ruptured, according to Edelman, because “queerness can never define an identity; it can only ever disturb one” (17).

But in *No Future* “queer” often does serve as a sign for an identity. Edelman claims that his embrace of the death drive entails a refusal of “politics as we know it”; yet *No Future* unfolds against a backdrop of references to issues of clear political importance to LGBT people: same-sex marriage, antidiscrimination ordinances for LGBT employees, papal pronouncements about homosexuality, queer-baiting of children, and hate crimes against lesbians and gay men (3). Although Edelman claims to eschew any “determinate stance or ‘position,’” *No Future*’s polemical embrace of the death drive would hardly make sense without Edelman’s repeated references to—and obvious positionality in relation to—these recognizably political issues (4). This aspect of *No Future* may lend support to Muñoz’s charge that Edelman’s book engages in “stealth” identity politics (94). Somehow, in Edelman’s analysis, queerness is *not* an identity, but race and gender (and possibly also disability, a particularity mentioned by neither Muñoz nor Edelman) are identities that can be transcended by queer antisocial theory’s subversive taking-on of the death drive.

I concur with Edelman’s argument that queerness in our culture figures “the place of the social order’s death drive”; I also agree that, as Edelman suggests, it is ethically imperative that queers not contest this figuration (3). But to make this argument is not the same thing as implying, as Edelman sometimes seems to do, that queerness is the *only* form of difference that our culture makes into a metaphor for the drive. Femaleness; disability; fatness; racial, ethnic, and religious difference; poverty; and foreignness are among the many instantiations of social difference onto which the culture projects the disability drive. No work (including this one) can claim to account for all forms of stigmatized difference, and my critique of *No Future* is not that it does not attempt this impossible task. Rather, I object to the book’s implication that queerness alone—a designation that in *No Future* does, notwithstanding Edelman’s claims to the contrary, reference a particular set of LGBT identity formations (especially gay male ones)—performs the cultural work of embodying the drive. When Edelman contends that queers are “singled out,” or “distinctively called,” to perform the rather glamorous-sounding work of figuring “the availability of an unthinkable jouissance,” he risks figuring the particular concerns of women, people of color, and disabled people (many of whom, of course, are also queer) as hopelessly mired in the “political,” that is, as too narrowly identitarian to attain the universal importance that queer antisocial theory attaches to sexuality (109, 26, 39).⁴²

No Future’s sometimes incoherent conceptualization of queerness—as a force that annuls identity claims but also as a specific identity that has a privileged relationship to the drive—mirrors a similar formulation of gay male identity in Bersani’s “Is the Rectum a Grave?” As previously noted, this essay challenges what Bersani calls “the redemptive reinvention of sex,”

that is, the effort to “prettify” sex by aligning it with moral or social goodness (22). According to Bersani, efforts to redeem sex inform a broad range of positions on “the battlefield of sexual politics,” from antipornography activism to celebrations of bathhouses and SM (“Rectum” 22). Yet Bersani himself may participate in his own redemptive reinvention of sex when he argues that by embracing “the rectum” as a sign for a metaphoric “grave in which the masculine ideal...of proud subjectivity is buried,” gay men can demolish “the sacrosanct value of selfhood, a value that accounts for human beings’ extraordinary willingness to kill in order to protect the seriousness of their statements” (29, 30). Indeed, Bersani indicates that all instantiations of sexuality are not equal in their selfhood-undoing effects. In “Rectum,” gay men appear as uniquely equipped to embody a sexuality that ruptures the self. In contrast to heterosexual relationality, which Bersani describes as “unrelenting warfare between men and women,” and to lesbian sexuality, which goes virtually unmentioned in “Rectum,” gay male sexuality emerges as the privileged mode of disseminating sexuality’s “inestimable value” (22).

And not just any gay male sex will do: “promiscuous” rather than monogamous; outside of relationships (because “the degeneration of the sexual into a relationship...condemns sexuality to becoming a struggle for power”); and anal rather than either nonpenetrative (because “to be penetrated is to abdicate power”) or vaginal (Bersani doesn’t say why) are the most important ingredients in Bersani’s recipe for a quintessentially self-shattering sexual practice (25, 19). This aspect of “Rectum” contradicts Bersani’s explicitly stated aims: it upholds a distinctively masculine subjectivity whose pride in itself is grounded in a claim to practice a form of sexuality that, more than the sexualities of other identity groups, supposedly leads to moral and social betterment. Describing sexuality as “our primary hygienic practice of nonviolence,” Bersani represents male homosexuality as particularly conducive to this nonviolence because of its ostensible uniqueness in illuminating “the risk of the sexual” as a risk to “the self” (30). Or, as Carole-Anne Tyler has put it, “gay men are the better women, represented as better equipped to undo identity. When the rectum is a grave, the vagina, evidently, is nothing but a dead end” (40).

In delineating what I see as problems in queer antisocial theory, I wish to stress two crucial differences between my critique of Edelman and Bersani and the critiques of these authors that have arisen within the field of queer theory. First, as I have been attempting to show, the problem of what Muñoz aptly terms “crypto identity politics” (95) in Edelman’s and Bersani’s work results not from their groundbreaking invocations of drive theory but instead from their tendency to misconstrue the drive as a force that “gay men” (in Bersani’s terminology) or “queers” (in Edelman’s lexicon) can embody better than anyone else. This strain of their arguments, we have seen, inaccurately represents the drive as a force that can at least partially be overcome by siding with it, as it were—that is, by identifying with the drive through the paradoxical assertion that one’s own form of culturally stigmatized difference does not constitute an identity.

The second key point that many queer critics of Bersani and Edelman often miss is that unacknowledged investments in identities coded as masculine are not the singular preoccupations of queer antisocial theory; on the contrary, as we shall soon see, such investments are structuring determinants of the much larger body of work that goes by the name of “queer theory.” In the remainder of this section, I will argue that queer theory came into being through a repudiation of feminism, a repudiation that constituted a projection of the disability drive onto feminism. When I contend that queer theory projects the disability drive onto feminism, I mean

that the field figures feminist theory and politics as manifestations of sexual cathexes that are indissociable from disability.

In making this argument, I hope to provide an answer to a question that has long troubled disability scholars: why, given the strong similarities between homophobia and ableism, have queer theorists been reluctant to engage with disability studies? It's not as if salient intersections between queerness and disability had not been pointed out. As a substantial body of work, frequently classed under the rubric of "queercrip theory," has made clear, queerness and disability are overlapping forms of medicalized social deviance.⁴³ Both disability and queerness are depicted in the dominant culture as deeply imbricated with notions of sexual "perversion," defect, and excess. And certainly, some queer theorists have responded to disability studies' call to attend to these connections.⁴⁴ "Queer and disability theory need one another," writes Elizabeth Freeman in her blurb of Robert McRuer's *Crip Theory*, a book that has been instrumental in establishing connections between these two fields.

But if queer theory needs to do disability studies, many queer theorists seem not to know this.⁴⁵ Like most folks, ablenormative queer theorists talk plenty about disability, often using disabled bodies and minds as metaphors for other aspects of the social text.⁴⁶ However, when it comes to employing the words "disabled" and "disability," citing disability scholars, and engaging with the theoretical paradigms that disability studies has articulated—these queer theorists, it seems, would prefer not to. That preference, I wish to suggest, might be understood in terms of what Freud calls a "reaction formation," a process by which one designates as undesirable an object that stimulates a desire that one would prefer not to acknowledge. Indeed, an unrecognized desire for disability may be a crucial impetus for ablenormative queer theory's avoidance of disability analysis. If disability carries a sexual charge that is almost impossible for egos to acknowledge, then queer theorists are of course not exempt from this difficulty. Taking as my starting point Edelman's argument that individuals and political movements defend themselves against the drive by projecting it onto someone else, but bringing this argument to bear on queer theory itself, I argue that feminism is queer theory's "someone else," the bad object onto which this discipline projects its disability drive. This is not to say that every single text in queer theory effects such a projection; queer theory is a broad-ranging and heterogeneous discipline that is often characterized by internal disagreement and debate. Nevertheless, I hope to show that at crucial moments in queer theory's genesis and development, the field calls upon feminism to perform the labor of symbolizing a drive toward disability that queer theory does not acknowledge in itself.

For readers who may not be familiar with queer theory's history, or with some feminists' critiques of that history, a bit of background may be helpful. The term "queer theory" was coined in 1990 by Teresa de Lauretis, who intended the phrase to "transgress and transcend" the more familiar labels "gay and lesbian," or "lesbian and gay" ("Queer" v). The latter phrases, de Lauretis noted, not only erased bisexual and trans identities but also lumped together the disparate experiences of lesbians and gay men, thus implicitly positing masculinity as universal (v). But by 1997, de Lauretis determined that her hopes for queer theory had not materialized. Whereas de Lauretis had wanted "queer theory" to "displace the undifferentiated, single adjective *gay-and-lesbian* toward an understanding of sexualities in their historical, material, and discursive specificities," the actual effect of queer theory had been "the opposite": to *neutralize* differences among the various sexualities that "queer," as an umbrella term, was meant to comprise ("Fem" 46). Queer theory's neutralization of gendered differences, de Lauretis argued,

involved a “repudiation of femininity” and a distancing from “lesbian desire” and “the female body” (“Fem” 47).

De Lauretis was not alone in her concerns about what she saw as anti-feminist strains in queer theory. In 1991, Tania Modleski published a book lamenting the emergence of what she called *Feminism Without Women*. Five years later, Suzanna Danuta Walters lodged a similar complaint. Here is Walters’s retelling of queer theory’s origin story:

Once upon a time there was this group of really boring ugly women who never had sex, walked a lot in the woods, read bad poetry about goddesses, wore flannel shirts, and hated men (even their gay brothers). They called themselves lesbians. Then, thankfully, along came these guys named Foucault, Derrida, and Lacan dressed in girls’ clothes riding some very large white horses. They told these silly women that they were politically correct, rigid, frigid, sex-hating prudes who just did not GET IT—it was all a game anyway, all about words and images, all about mimicry and imitation, all a cacophony of signs leading back to nowhere. To have a politics around gender was silly, they were told, because gender was just a performance anyway, a costume one put on and, in drag performance, wore backward. And everyone knew boys were better at dress up. (844)

Interestingly, in Walters’s account of queer theory’s beginnings, it is signifiers commonly associated with disability that poststructuralism’s shiny white knights save feminists from sliding into: the status of being “ugly,” of “never having sex,” and, if not exactly being intellectually disabled, then certainly not being smart enough to GET IT about the slippage of the sign. In this regard, queer theory’s story of origin has much in common not only with the fairy tale genre to which Walters alludes, but also with another hegemonic literary form, which disability scholars have strenuously critiqued: the overcoming narrative.

Indeed, queer theory’s founding self-presentation as a field that resists the constraints of the discourse that it dismisses as “feminist identity politics” can be read as a claim to overcome the disability drive. As feminist psychoanalytic theorists such as Luce Irigaray have persuasively argued, “woman” is one of the primary figures onto which masculinist culture abjects the drive (54-55). “Woman” is also a term to which some queer theorists have evinced an aversion. Consider, for example, Eve Kosofsky Sedgwick’s Preface in 1992 to a new edition of *Between Men* (the book was originally published in 1985). In this preface, Sedgwick explains that she wrote *Between Men* in part because she “wanted—needed—feminist scholarship to be different” (vii). “In particular,” Sedgwick recalls, “I found oppressive the hygienic way in which a variety of different institutional, conceptual, political, ethical, and emotional contingencies promised (threatened?) to line up together so neatly in the development of a feminocentric field of women’s studies, in which the subjects, paradigms, and political thrust of research, as well as the researchers themselves, might all be identified with the female” (vii-viii). Sedgwick here invokes the familiar figure of the feminist as a puritanical disciplinarian. “Neat,” “hygienic,” and “oppressive,” this embodiment of “the female” keeps the objects of her surveillance in line with a ruler that forces identities to line up according to rigid political paradigms. Resisting the promise (or the threat) posed by “feminocentric” analysis, Sedgwick cleaves instead to her own “obstinate intuition that the loose ends and crossed ends of identity are more fecund than the places where identity, desire, analysis, and need can all be aligned and centered” (vii-viii).

This fertile, gender-crossing approach to identity, Sedgwick suggests, provides access to an exciting, new “gay male-oriented analysis,” which Sedgwick contrasts with feminism’s

putatively identitarian predictability (*Epistemology* 16). In her essay “White Glasses,” Sedgwick contrasts “the scene of feminism, where I ‘identified’ and which I knew well” with “the scene of gay men’s bonding, community, thought, and politics, a potent and numinous scene which at the experiential level was at the time almost unknown to me” (253-54). Sedgwick’s language is telling: while she describes gay male culture as “potent” and “numinous,” she attaches no adjectival modifiers to the feminism that she says she “knew well” and with which she (in scare quotes) “identified” (253).

Reading these lines in conjunction with Sedgwick’s suggestion that an over-identification with “the female” makes feminism insufficiently “fecund,” readers might glean that the remedy for feminism’s failure of fecundity would be the infusion of a masculinizing animus (“gay men’s...potent and numinous” “community, thought, and politics”) that would give new life to an obsolescent and identity-bound “feminocentric” discourse, quickening it into something vital and “inextinguishable” (*Tendencies* xii). Sedgwick’s portrayal of femininity as a state of infecundity and her concomitant celebration of “passionate queer things that happen across the lines that divide genders” (*Tendencies* xiii) may evince an inadvertent reliance upon “reproductive futurism,” an ideology that Edelman aptly names as a primary means by which our culture defends itself against the drive (*No Future* 2). Although Sedgwick often actively contests pronatalism (elsewhere describing herself as a “nonprocreative adult”), her portrayals of feminism (and especially lesbian feminism) as “hygienic” may reinforce pronatalist culture’s pathologization of lesbianism as sterile and nonproductive (*Epistemology* 63).

Certainly, there is much to celebrate in Sedgwick’s performances of gender fluidity. The argument that bodily morphology need not determine gender identity is one of queer theory’s most radically important interventions, one that I emphatically support. What troubles me in Sedgwick’s writing, and in the work of many other queer scholars, is the implicit assumption that male or masculinized identities are intrinsically better than female or feminized ones. For example, in a book titled *Split Decisions: How and Why to Take a Break from Feminism*, Janet Halley writes, “[I]f I could click my heels and become ‘a gay man’ or ‘a straight white male middle-class radical,’ I would do it in an instant—wouldn’t you?” (13). Her rhetorical “wouldn’t you?” points to more than a preference for gender fluidity; instead, it installs a gender hierarchy predicated on the assumption that, of course, most people would rather be male.

Halley’s presumption of a universal preference for masculinity echoes a similar way of thinking about disability, which McRuer has highlighted. Critiquing variations of the question, “In the end, wouldn’t you rather be [nondisabled]?” McRuer challenges the assumption that “we all agree” that “able-bodied identities, able-bodied perspectives are preferable” (*Crip* 8-9). The assumptions that it is better to be male and that it is better to be nondisabled merge in Halley’s contention that a mandate to be “feminist all the time” has produced a “disabling paralysis” on the political Left (Sutherland). This remark, which Halley makes in an interview about her book, is more than an accidentally ableist turn of phrase. The trope of paralysis is a persistent refrain throughout *Split Decisions*. In a twenty-page section of this book, headed by the title “Feminist ‘Paralysis,’” Halley argues that feminists have succumbed to a metaphoric mobility impairment through their embrace of “a collective life within feminism that gives bad faith the upper hand” (189). Faced with postmodernist and queer deconstructions of identity, feminists, according to Halley, feel “paralyzed” (187-88).⁴⁷

Perhaps it is not only paralysis but also hysteria that Halley has in mind. Echoing commonplace cultural dismissals of undocumented disability as imaginary complaints, Halley suggests that the affect that she refers to as feminist “paralysis” may be feminists’ own fault:

perhaps, she proposes, “some feminists’ experience of pathetic stuckness is self-induced” (*Split* 206). It is beyond the scope of my project to discuss whether Halley is correct in saying that feminists feel “paralyzed” by queer theory and other postmodern discourses. Instead, I want to observe that Halley’s depiction of feminism as “paralyzed” has the effect of figuring feminism as an embodiment of the disability drive. Feminist theory, Halley suggests throughout *Split Decisions*, is a wrong kind of sexuality—an epistemology infused by an erotic investment in disability. Persistently “stuck,” feminism as Halley conceives of it feels itself incapable of moving.

Although Halley’s figurations of feminism in terms of mobility impairment are extreme, a similar thematic can be discerned in many influential texts in queer theory. Queer theory envisions itself as a genre on the go; “mobile” is a key term in this field. Rather than staying stuck in stasis, queer theorists insist, identities, social constructions, and ideas should move. Queer theory’s self-representation as a field that’s always in motion has met with feminist critique by scholars such as Biddy Martin, who charges queer theory with conceiving of gender “in terms of fixity, miring, or subjection to the indicatively female body” (105). But although Martin critiques queer theory’s association of feminism and femininity with immobility, she does not question the field’s unqualified celebration of motion.⁴⁸ Yet queer theory’s self-definition as mobile demands scrutiny because it not only associates femaleness with stasis but also reinforces the ableist stigma that attaches to mobility impairment.⁴⁹

Indeed, queer theory’s shunning of immobility might be read as an attempt to escape the disability drive. In this context, it is interesting to think about Freud’s conceptualization of the drive as a force that resists forward movement, seeks a return to “an earlier state of things,” and tends toward “inertia.” This aspect of feminism—its supposedly constant repetition of the same, static idea—is what bothers Halley, who objects to feminists’ repeated conclusions that “Yep, it’s m > f all over again” (189). The same thing over and over again, an enmeshment in stasis, and a state of paralysis: as we have seen, all of these images evoke the death drive as Freud theorizes it. Ablenormative queer theory often resists succumbing to these disabling repetitions; it prefers to break down binaries, shatter identities, and avoid staying stuck in the same. These strains of queer theory seek to transcend the disability drive by escaping the compulsion to repeat.

To fail to escape this compulsion, Judith Butler suggests, would be “tragic.” In *Gender Trouble*, Butler criticizes the lesbian feminist theorist Monique Wittig for drawing a sharp distinction between lesbians and heterosexuals and thus refusing “the possibilities of resignifying heterosexuality” (165). Butler sums up her critique of Wittig using language that associates feminism with disability—specifically, with tragedy, dependence, incapacity, and a failure to overcome. Butler writes: “What a tragic mistake, then, to construct a gay/lesbian identity through the same exclusionary means, as if the excluded were not, precisely through its exclusion, always presupposed and, indeed, *required* for the construction of that identity” (174). In this passage Butler applies a key poststructuralist observation to the field of sexuality studies; she notes that to disavow something is to ensure one’s dependence upon that which one disavows. Hence, if lesbians define ourselves as “not heterosexual,” then we paradoxically position ourselves as dependent upon the “excluded” concept of heterosexuality for our self-definition. There’s no refuting this well-known poststructuralist critique. It is worth mentioning, however, that the critique can be invoked to undermine *any* argument for or against anything. For example, if queer theory understands itself as that which transcends “feminist identity politics,” then queerness becomes dependent upon the concept of “feminist identity politics” as the excluded

term—or, in Butler’s lexicon, the “constitutive outside”—against which it defines itself (*Bodies* 145). Poststructuralism’s most salient lesson is that no rhetorical or political position can possibly evade dependence. But like many queer theorists, Butler at times configures queerness as a state of discursive mobility that transcendentally overcomes feminism’s “tragic” dependency.

Might the “tragic mistake” that, according to Butler, gives rise to lesbian feminist identity politics trench on what is often called “the tragedy of disability”? In suggesting that the “exclusionary” essence of lesbian feminism “institutes precisely the relation of radical *dependency* it seeks to *overcome*,” Butler discredits lesbian feminism on the same grounds that disability is often disqualified, that is, as a “tragic” “dependency” that cannot be “overcome” (*Gender* 174; emphasis added). *Gender Trouble*’s rhetorical disablement of lesbian feminism is further entrenched when Butler describes lesbian feminism as involving loss and incapacity: “lesbianism that defines itself in radical exclusion from heterosexuality *deprives* itself of the *capacity*” to resignify the “heterosexual constructs by which it is partially and inevitably constituted” (174; emphasis added). To be sure, it is possible to speak of deprivation and incapacity without necessarily calling up associations with disability; however, the cluster of terms that Butler invokes to depict the lesbian feminism from which she distances herself are strongly suggestive of disability as it is construed in the cultural imaginary: a tragic state of dependence and loss of capacity that cannot be overcome.⁵⁰

Casting lesbian feminism as sexually disabled, many queer theorists imply that their own erotic investments escape feminism’s seemingly tragic fall into disability. But queer theory, which needs feminism as its definitional opposite, is no less “tragically” dependent than any other discipline. If queer theory is mobile, it needs feminism to be its immobile foil; if queer theory is playful, then feminism is required to do the work of embodying its earnest, “anti-sex” other. And repeatedly, queer and sex radical writers reveal a dependence on metaphors of disability to describe this other. For example, Pat Califia, while engaging in a celebration of sadomasochism, contrasts the sexual “gifts” that she offers her partners with an image of her pre-SM sexual life (162):

I could never go back to tweaking tits and munching cunt in the dark, not after this. Two lovers sweating against each other, each struggling for her own goal, *eyes blind to each other*—how appalling, how deadly.
(165; emphasis added)

Although Califia identified as a lesbian when these remarks were published, their language bears signs of lesbophobia. It is not non-SM sex per se, but specifically non-SM lesbian sex (“tweaking tits and munching cunt”) that is portrayed as “appalling” and “deadly.” These terms of disparagement evoke Freud’s notion of the death drive, and Califia’s characterization of non-SM lesbian sex as visual impairment (“eyes blind to each other”) projects the disability drive onto lesbians who don’t do SM. Indeed, Califia’s figuration of non-SM lesbian sex as “blind” and solipsistic (“each struggling for her own goal”) figures with near exactitude the disability drive, a seemingly meaningless compulsion that, rather than “cleans[ing] and clos[ing]... wounds,” conferring “healing,” and concluding with “catharsis” (as SM does, in Califia’s view), makes no morally or politically redeeming contribution and provides no politically transformative social good (165).

This critique is not intended to deny the enormous value of pro-SM arguments put forth by Califia, Gayle Rubin, and other queer and sex radical theorists.⁵¹ Rather, my aim is to draw into relief the ways in which these arguments have sometimes taken shape at the expense of “someone else”: feminists, lesbians who do not do SM, and disabled people of all sexualities,

whose impairments are invoked as metaphors for an eroticized and socially damaging compulsion. Such metaphors appear again in queer theory when Halley likens feminism to a blind dog:

I often think of the time an old, otherwise not very frightening dog decided to come running at me, roaring that ominous roar and baring his teeth. I somehow knew, but realized only then, that getting eye contact with dogs who bark at me is an important part of how I influence their behavior toward me. This dawned on me at the moment I saw that this particular dog was blind. My sense of the danger I was in intensified steeply, not only because this otherwise conversable house pet could not see how effectively he was already controlling me, but because I could not communicate to him by a mutual gaze his success in that *or* the possible harm I could do to him. (*Split* 343)

Leaving aside whether Halley's characterization of feminism as a "bad faith" politics that "generate[s] male road kill" is accurate, I simply want to underscore that Halley's figuration of feminist sexual politics as violent and dangerous is tied to her figuration of feminism as disabled: figuratively blind and perhaps literally mad (*Split* 342). Indeed, it would be difficult to read the above cited passage without the image of a "rabid," or "mad," dog coming to mind. Halley's analogy thus reinforces cultural prejudice against people with mental disabilities; autistic people, for example, often have difficulty making eye contact and for this reason are inaccurately perceived as being disproportionately likely to be violent.

It is also significant that the blind dog to which Halley compares feminism is old. Of course, people of all ages write queer theory and identify as queer. But some feminists have feared that queer theory is no country for old lesbians; the discipline's field-defining rejection of a feminist politics that it deemed obsolete, these critics have argued, has ageist implications. Drawing attention to ageism in queer theory and culture, Sue-Ellen Case observed in 1997 that "right after those queer dykes slammed the door on the way out of lesbian feminism, the dowdy old women-centered places began to close down: most feminist and lesbian theaters, bookstores, and bars have disappeared" (210). Queer culture, Case sighed, "cleared us out" (211).

This queer clearing out of all things female-identified, Case suggested, was informed not only by ageism but also by fatphobia: "the Birkenstocks are gone, but so are what we used to call 'women of size' and well, uh, older women" (211). Case's remarks raise an important question: what is the status of fatness in queer theory? In *Epistemology of the Closet*, a book often cited as queer theory's founding text, Sedgwick posits her identification as a fat woman as a site of potential cross-identifications with gay men (63, 72, 75); in an article coauthored with Michael Moon, she elaborates on the similarities between gay male and fat female embodiment, explaining that "coming out as a fat woman" is

a way in the first place of making clear to the people around one that their cultural meanings will be, and will be heard as, assaultive and diminishing to the degree that they are not fat-affirmative. In the second place and far more importantly, [coming out as a fat woman] is a way of staking one's claim to insist on, and participate actively in, a renegotiation of *the representational contract* between one's body and one's world.

(*Tendencies* 230)

This passage is not only fat positive but also proto-crip: Sedgwick's staking of a claim to "insist on, and participate actively in, a renegotiation of the representational contract between one's

body and one's world" rhymes closely with the disability activist slogan "Nothing about us without us."

Sedgwick's remarks can of course also be read as queer; in addition to suggesting that coming out as fat creates risks and potentialities comparable to the dangers and pleasures of coming out as gay or lesbian, the passage invites an expansion of the field beyond these identity categories and toward an assumption of fatness as a focus of analytic attention. Yet few queer theorists have taken up Sedgwick and Moon's invitation to think fatness and queerness together. Moreover, prolific and highly influential writings on fatness by the queer theorist Lauren Berlant run directly counter to Sedgwick's call for a fat-affirmative politics. Adhering to dominant medical constructions of fatness as "self-induced ill health from appetitive excess," Berlant does not engage with fat activists' and scholars' critiques of anti-fat discourse ("Risky" 27). In Berlant's most recent book, *Cruel Optimism*, two chapters address the topic of fatness: the first defines fatness as a form of "slow death" endemic to late capitalism; the second performs a reading of Mary Gaitskill's novel, *Two Girls, Fat and Thin*, and reflects upon differences between Sedgwick's reparative, "optimistic" approach and Berlant's theoretics of "impersonality" (123, 125).⁵²

In her reading of Gaitskill's novel, Berlant follows the novelist in portraying fatness as pathology. Summarizing *Two Girls*'s plot, Berlant reports that "obesity and ugliness create a force field" around Dorothy, the novel's fat girl, and that thin girl Justine and her friends "torture a fat and ugly girl" (128-29). Merely rehearsing what the novel itself says, Berlant might claim, she is not herself calling anyone "fat and ugly." But to write in this way—as if our culture's insistent linking of the terms "obesity" and "ugliness" called out for no critique—is implicitly to register accord with the novel's aversion to fatness. Similarly, after remarking that "during Dorothy's early adolescence she gets quiet, fat, and disgusting," Berlant insists that she is "not interpreting"; after all, Berlant claims, "Dorothy characterizes herself as 'gross and unhealthy'" (131).⁵³ But by reading so deliberately with the grain—by grooving continually on associations among the terms "fat," "ugly," "disgusting," and "unhealthy" without contesting the cruel logic that gives rise to these associations—Berlant engages in precisely the modes of interpreting fatness that, as we have seen, Sedgwick describes as "assaultive."

When Sedgwick calls fatphobia assaultive, I hear her: from a fat-positive vantage point, Berlant's string of anti-fat adjectives stings. Perhaps the sting is not entirely accidental: noting that "the intellectual referent of the word 'smart' derives from its root in physical pain," Berlant observes that "to say that something smarts is to say that it hurts—it's sharp, it stings, and it's ruthless" (139). In Berlant's analysis, the smarting pain that intelligence produces "is the opposite of eating, which foregrounds the pleasure of self-absorption, not its sting" (139). In aligning intelligence with alimentary abstention, Berlant hints at an identificatory relationship between herself, an acute literary critic who hopes that her work might help "cure" fat people's "appetitive excess," and Justine, the thin, mean girl protagonist of Gaitskill's novel ("Risky" 27). At the same time, she gestures toward a specular relationship between Sedgwick and Dorothy, the victimized fat girl in Gaitskill's book: both Dorothy and Sedgwick, Berlant suggests, tend to interpret events along the axis of the "personal" (159). Although at times Berlant seems to suggest that fatness is merely another way of being in the world, an indication of a "will to live otherwise" (133), at other moments, she is blunt in her censure of the appetites that she believes give rise to fatness.⁵⁴ Importantly, when Berlant describes Dorothy as having "regressed to her adolescent bubble of...culinary self-consolation," she figures fatness in the same ways that queerness is frequently stigmatized: as immature, solipsistic, and self-destructive (141). In this

way, Berlant performs precisely the maneuver that queer antisocial theory explicitly eschews: she shifts the “figural burden of queerness to someone else.”

Another way of putting this would be to say that Berlant’s writing on fatness projects the force that Freud called the death drive onto fat people, whom she describes as suffering a “slow death” from “overeating” (107). The drive so envisioned is also a drive toward disability: it is death via a long list of ailments commonly said to be “caused” by fatness to which fat people are frequently depicted as succumbing.⁵⁵ In Chapter 4, I argue that hunger, an urge often referred to as “the drive to eat,” might productively be understood as a manifestation of the disability drive. I contend that in contemporary US American culture the drive to eat is routinely projected onto fat people, especially those who are poor and/or nonwhite. Such subjects are portrayed as being driven—in ways that thin people (especially those who are white and/or economically privileged) allegedly are not—by an out-of-control compulsion to eat. In making this argument, I extend Chapter 2’s discussion of people with undocumented disabilities as hysterical subjects. Although fatness today is far from being undocumented (one cannot visit a medical office without being directed to “step on the scale”), the hunger that is assumed to produce fatness is undocumented and is often dismissed as imaginary. The commonplace claim that fat people engage in “emotional eating” (and the corollary assumption that thin people eat only for the purposes of promoting health and prolonging life) can thus be seen as closely connected to cultural constructions of undocumented disabilities as imaginary ailments that satisfy unacknowledged sexual desires.

Perhaps it should not be surprising, then, to find people with undocumented disabilities disparaged in the work of another prominent queer theorist. In a 2014 blog post by J. Jack Halberstam titled “You Are Triggering Me!,” lesbians and feminists with undocumented disabilities are charged with impeding political progress. Here is Halberstam recollecting the bad old days of feminist and lesbian politics:

I remember coming out in the 1970s and 1980s into a world of cultural feminism and lesbian separatism. Hardly an event would go by back then without someone feeling violated, hurt, traumatized by someone’s poorly phrased question, another person’s bad word choice, *or even just the hint of perfume in the room*. People with *various kinds of fatigue, easily activated allergies, or poorly managed trauma* were constantly holding up proceedings to shout in loud voices about how bad they felt because someone had said, smoked, or sprayed something near them that had fouled up their breathing room. Others made adjustments, curbed their use of deodorant, tried to avoid patriarchal language, thought before they spoke, held each other, cried, moped, and ultimately disintegrated into a *messy, unappealing morass* of weepy, hypo-allergic [sic], psychosomatic, anti-sex, anti-fun, anti-porn, pro-drama, pro-processing post-political subjects. (Emphasis added)

So overt is this passage’s fusion of misogyny, lesbophobia, and ableism that it may seem to speak for itself. But Halberstam’s words are worth carefully examining, because they crystallize the dynamics that I have been highlighting, in which feminism (and especially lesbian feminism) is characterized as a confluence of sex and disability that queer theory can and should overcome. In keeping with Freud’s notion of hysteria as a vehicle for obtaining “secondary gain,” Halberstam implies that feminists’ indulgence of disabled women’s whims (“someone’s poorly phrased question...or even just the hint of perfume in the room”) caused political communities to become incapacitated. Significantly, the language that Halberstam employs to describe this political incapacitation resonates with ways that Freud has theorized the drive: when Halberstam

writes of feminists having “disintegrated” into a “morass,” he brings to mind the ego-less state toward which the drive threateningly compels subjects to return. As often happens, the drive is imaged by Halberstam as a “messy, unappealing” femininity. The drive is also represented as bound up with disability, not only because a feminist commitment to disability access is blamed for the disintegration that the drive produces but also because the disintegration itself displays symptoms of impairments, such as depression (“weepy”), environmental illness (“hypo-allergic”), and other undocumented disabilities (“psychosomatic”).⁵⁶

The paragraph from Halberstam’s blog is useful for an additional reason: it makes evident the material consequences of queer theory’s projection of the disability drive onto feminism. Unmistakably, Halberstam is alluding to specific disabilities: “various kinds of fatigue” most likely stands for chronic fatigue immune dysfunction syndrome; “easily activated allergies” refers to environmental illness; and “poorly managed trauma” probably means posttraumatic stress disorder. Halberstam’s use of such deliberately trivializing terms compounds the already severe access barriers faced by people with these conditions. A ubiquitous societal unwillingness to think seriously about the access needs of people with the impairments that Halberstam references means that many of us are excluded from employment, education, and housing.

Halberstam’s blog generated a great deal of criticism from its queer readers, so the piece should not be taken as a representative text in queer theory. But if “You Are Triggering Me!” exaggerates queer theory’s most influential claims about feminism, it does not significantly diverge from the field’s founding assumptions. As we have seen, when queer theory casts itself as a body of work that exceeds feminism’s supposedly limiting identitarian concerns, it imagines itself as having overcome the disability drive. This is not to say that queer theory’s critiques of identity politics do not have merit. Instead, it is to suggest that declaring oneself post- or anti-identitarian may aggravate, rather than alleviate, the difficulties that are endemic to identity politics. As we will see in the following section, such difficulties have manifested themselves in disability studies in different ways than in queer theory. While queer theory often portrays itself as an antidote to identitarianism, disability studies tends to openly acknowledge its commitment to specific identity formations. In the next section, I will use the sexual model of disability not to transcendently shatter identity but instead to expand and multiply the various ways in which disability identities can mean.

Suffering Positions

“First of all, I don’t suffer.” So spoke the disability activist Mike Ervin at the start of a televised debate about Jerry Lewis’s telethons (qtd. in H. Johnson 73). Ervin’s words were proffered as a correction of the talk show’s host, who had just asked him how he could oppose the telethon when he suffered from one of the diseases that the telethon targets (H. Johnson 73). The disability activist and writer Harriet McBryde Johnson also participated in the TV debate; in her memoir, *Too Late to Die Young*, Johnson provides an account of this talk show panel and recalls enthusiastically concurring with Ervin’s dissociation of disability from suffering. “Bingo,” she writes. “Mike is absolutely right to object, right at the top of the show” (73). Undoubtedly, Johnson is correct that having a disability does not “inherently mean suffering” (73). And yet disability activists’ and scholars’ *a priori* repudiation of suffering raises questions that, more than two decades after Johnson’s and Ervin’s appearance on the talk show debate, disability studies is still grappling with.

Numerous feminist disability scholars have objected that the claim not to suffer reinforces masculinist ideals of stoicism while devaluing experiences of “feminine” vulnerability and weakness.⁵⁷ Moreover, to take “I don’t suffer” as an axiom of disability studies is to risk adding to the stigmatization of disabled people whose impairments do cause suffering. This problem can be traced to the formation of the social model, a paradigm that has exerted a strong influence upon disability studies and the disability rights movement in the US. In 1976 in the UK, the Union of Physically Impaired Against Segregation (UPIAS) published a text titled *Fundamental Principles of Disability*. Among the most important of these principles was a distinction that UPIAS made between impairment and disability:

In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. (3)

UPIAS’s division between impairment (or bodily suffering) and disability (or social oppression) formed the basis of the framework that Michael Oliver subsequently postulated as the social model. Rejecting traditional constructions of disability as personal misfortune and redefining disability as a form of political oppression, the social model facilitated major transformations in the ways that disability is conceptualized and responded to. However, the social model’s relegation of “impairment” to the realm of the nonpolitical has created difficulties for disabled people whose lived experiences call for theorizations of suffering and incapacity as political and social issues. Indeed, I would suggest that by bracketing impairment the social model has installed at the center of disability studies an overcoming narrative, according to which the accession to correct disability consciousness is enabled by the transcendence of ostensibly naïve or apolitical accounts of oneself as a subject who suffers. If the social model defines “disability” as a form of social oppression that it seeks to eliminate, then this model shares with the dominant culture a construction of disability as a state that can and should be overcome. Furthermore, when this framework casts “impairment,” or limitation and suffering, outside the bounds of what counts as political, it curtails our efforts to speak of the embodied experiences that shape our lives.

Because disability studies’ foundational anti-suffering position limits the scope of things that we can say about disability, I ask in this section what it might mean for our field to assume what I will call “suffering positions.” I adapt the phrase “suffering positions” from the work of the psychoanalytic theorist Jean Laplanche, who has delineated the ways in which suffering and sexuality appear in Freudian theory as inseparably bound up with each other. Writing about masochism, Laplanche points to a paradox that inheres in Freud’s conceptualization of sex: “it is within the suffering position that the enjoyment lies” (*Life* 91). Laplanche here refers not only to the enjoyment of masochism but also to the enjoyment of all sexuality, since, as Laplanche makes clear, masochism appears in Freudian thought as an inextricable element of sexual pleasure. As Freud points out in the *Three Essays*, sexuality involves an unpleasurable tension that the organism aims to remove. Because sexual tension “is accompanied by an impulsion to make a change in the psychological situation,” Freud notes, “it operates in an urgent way which is wholly alien to the nature of the feeling of pleasure”; and yet, Freud notes, sexuality “is also undoubtedly felt as pleasurable” (*Three* 75). Building on Laplanche’s readings of Freud, Bersani writes that “the *mystery* of sexuality is that we seek not only to get rid of this shattering tension but also to repeat, even to increase it” (*Freudian* 38). Because it produces an urge to prolong and increase a tension that is felt as partly unpleasurable, sexuality, Bersani famously asserts, “could be thought of as a tautology for masochism” (39).

If sexuality is a tautology for masochism—or, in Laplanche’s terms, if sex is inseparable from suffering—then the practice of downplaying the connections between disability and suffering may have the unintended effect of contributing to our culture’s pervasive desexualization of disabled people. The social model’s strategy of diminishing the importance of the mental and bodily distress that impairments can occasion may inadvertently occlude connections between disability and sexuality; that is, this approach may conceal the ways in which disability, like sex in Freud’s formulation, sometimes gives rise to feelings and sensations that are unpleasurable. The sexual model analysis of disability that this dissertation deploys will, I hope, have the opposite effect: in articulating a theoretic of disability in which suffering positions are foregrounded, I aim to open up possibilities for envisioning the paradoxical pleasures that may sometimes infuse suffering.

Recognizing that the social model may place unnecessary constraints upon discourses about disability, some disability scholars have in recent years proposed alternative frames. For example, Sharon L. Snyder and David T. Mitchell refer to a “cultural model” of disability, in which disability is to be understood not only as social oppression but also as “a site of resistance and a source of cultural agency” (10). And Alison Kafer has offered a “political/relational model” as a “friendly departure from the more common social model of disability” (*Feminist* 6-7). Noting that the social model “can marginalize those disabled people who are interested in medical interventions or cures,” Kafer emphasizes that experiences such as pain and fatigue should not be regarded as “irrelevant to the project of disability politics” (7). I welcome these interventions, and in this dissertation I seek to take them further: while the cultural model and the political/relational model allow that discussions of suffering may sometimes be relevant, the sexual model places suffering at its center.

In centralizing suffering positions, I do not suggest that all disabled people suffer as a result of their impairments; nor do I propose that the terms “disability” and “suffering” are interchangeable. However, I do argue that suffering plays a crucial role in determining social reactions to disability. When people witness (or believe that they witness) another person’s suffering, deeply troubling affective responses often ensue, and disabled people are frequently blamed or punished for producing these feelings. If disability studies limits itself to saying that disability is not suffering, then our field not only restigmatizes disabled people who do suffer but also misses the opportunity to address a more crucial question, a question that pertains to the social oppression of suffering and nonsuffering disabled people alike: what forces impel our culture to place such a strong stigma upon those disabled bodies, minds, and bodyminds that are imagined (whether accurately or not) to inhabit suffering positions?

In framing the question this way, my intent is not to override or eliminate the social model. Despite my divergence from some of the social model’s central claims, I retain what I see as the social model’s most critical intervention: its assertion that the dominant social order has made disabled people’s lives far more difficult than they need to be. Had there been no social model, there would be no Americans with Disabilities Act, and I would not have been able to write this dissertation: because my disability prevents me from writing, typing, or using a computer, I have relied upon assistants to transcribe and type every word of this thesis; without funding from the California Department of Rehabilitation, it would have been impossible for me to pay for these services.

In addition, I understand the reasons that the social model’s framers constructed a divide between impairment and disability. Because they wanted to drive home the point that societies needed to radically alter their treatment of disabled people, these activists thought that it was

important to deny that there was anything “wrong” with disabled people ourselves. Indeed, Oliver’s critique of the medical model’s tendency to “regard disabled people as ‘having something wrong with them’ and hence [being] the source of the problem” is a fundamental claim of disability studies (“Social” 20). The social model says to focus on access, not suffering. But although this approach may be effective in many instances, it is untenable for people whose access needs are linked to suffering. Such is the case with my own disabilities: the reason that I am unable to write or type is that these activities cause pain. Therefore, in order to apply for the public services that provide me with access to a graduate education, it has been necessary for me to talk about suffering. Similarly, if I make the access request that people refrain from wearing perfume in my presence, my success in convincing them to grant this accommodation will depend upon my ability to convince them that chemical fragrances cause me to suffer. And as almost anyone with an undocumented disability will attest, such convincing can be extraordinarily difficult. Rachel Cohen-Rottenberg, expressing frustration with access barriers at the Society for Disability Studies annual conference, notes that for many neuroatypical people, holding the convention in a location replete with “noise, crowds, and visual overstimulation” is like having the conference near “the gates of hell.”

If disability scholars cannot talk about suffering, then we certainly cannot talk about “the gates of hell.” But we need to be able to do so, because prohibitions against speaking of suffering are access barriers in and of themselves. It’s not just that I need to convey the “hell” of the symptoms of environmental illness in order to get you to switch to fragrance-free laundry detergent; I also need to tell you about the suffering I experience so that I can be heard and recognized as part of the disability community. As Liz Crow points out, “pain, fatigue, depression and chronic illness are constant facts of life” for many people with disabilities; if we deny these realities, “our collective ability to conceive of, and achieve, a world which does not disable is diminished” (58).

Crow is one of many feminist disability scholars in the UK who have made this critique of the social model. For example, Mairian Corker has complained that “malestream” disability theorists engage in “the policing of disabled people’s experience” by proscribing discussions of disability as suffering and vulnerability (629).⁵⁸ But despite these British feminists’ critiques of the social model, feminist disability studies in the US often repeats the social model’s dissociations of disability from suffering. For example, in a reading of Harriet McBryde Johnson’s 2003 cover story for the *New York Times Magazine*, Rosemarie Garland-Thomson, who is often described as the founder of feminist disability studies, emphasizes that, contrary to popular belief, disability is not “a sentence of suffering” (“Beholding” 203). Praising Johnson’s cover photograph, Garland-Thomson describes Johnson as looking “self-assured rather than suffering” (204).

Garland-Thomson’s opposition between self-assurance and suffering addresses the provocative question on the *New York Times Magazine* cover: “Should I Have Been Killed At Birth?” This question was inspired by Johnson’s debate with Peter Singer, the Princeton ethicist who argues that parents should have the option to kill “seriously defective” children at birth (*Practical* 131).⁵⁹ Although I agree that Singer’s arguments are appalling and dangerous, and although I strongly concur with the disability rights movement’s assertion that disabled lives are worth living, I want to question two aspects of the opposition that Garland-Thomson makes between suffering and self-assurance (204). First, are these two experiences necessarily contradictory? Second, should expressions of self-assurance always be valued over manifestations of suffering? Disability studies has tended to answer the latter question

affirmatively—a tendency that is understandable in a political context in which the assertion that disabled people’s lives are “not worth living” is used to garner support for policies that would allow disabled people to be killed (Singer, *Practical* 133).⁶⁰

Yet we are still left with the problem that many disabled people do suffer. Surely, it must be possible to say that we suffer and at the same time to affirm that our lives are worth living. In contrasting self-assurance and suffering, and in siding with the former over the latter, Garland-Thomson picks up a theme that Johnson makes prominent in her story. Throughout Johnson’s narrative, a version of which is reprinted in her memoir, disability is described as not involving suffering. “The widespread assumption that disability means suffering feeds a fear of difference,” Johnson argues (253). “When we seek what we need to live good lives as we are, we come against that wall. Why bother? the thinking runs; all they can do is suffer” (253). Nondisabled people may think this way, but to respond to this prejudice with the assertion that “disability is not suffering” is insufficient, because it leaves in place the assumption that suffering should be a reason not to provide access.

The phrase “all they can do is suffer” points to the need for a discussion of what we mean when we talk about suffering. Like many disability scholars and activists, Johnson images suffering as an all-or-nothing experience. But psychoanalysis teaches us that there is seldom such a thing as pure suffering or pure pleasure; the two are indissociably intermixed. This is what Freud means when he talks about “beyond” the pleasure principle. His idea is not so much that we are drawn toward states of pure unpleasure as that the binary between pleasure and suffering cannot hold. Indeed, I would suggest that disability studies’ disavowals of suffering may form a defense against the disability drive. Recall that the drive is a force that corrodes egos and positive identities and produces epistemological disablement as a state in which self-assurance is radically undermined. One way, then, of denying one’s determination by the drive is to insist upon one’s confidence and pride, while denying or downplaying suffering. A sexual model approach to suffering, grounded in the concept of the disability drive, may therefore enable a more nuanced account of the relationship between disability and suffering than the disavowal “I don’t suffer” can convey.

Toward this end, “The Disability Drive” will propose a rethinking of two related claims that are frequently made in disability studies and the disability rights movement: that disability is “not tragedy,” and that “no pity” is the best social reaction to disability. In Chapter 2, I take up the trope of “the tragedy of disability.”⁶¹ I suggest that, in both its colloquial and its generic senses, “tragedy” does describe some disabled people’s lived experiences. As with “suffering,” the idea of “tragedy” need not be understood as all-encompassing. To say that disability can be tragic in the colloquial sense does not mean that disabled lives are not worth living. Rather, it means that disability can bring about experiences of intense loss. In addition, thinking about tragedy as a literary genre may also enhance a sexual-model-centered analysis of disability. As a genre, tragedy typically narrates the fall, into disability or death, of a proud (or “hubristic”) self. Moreover, tragic heroes are often portrayed as epistemologically disabled. They are driven, in ways that they usually fail to understand, and this drivenness is part of their undoing. As we take on suffering positions and theorize disability in ways that exceed constructions of proud selves, a critical disability studies reclaiming the trope of “the tragedy of disability” may be productive.

Extending my rethinking of disability studies’ disavowals of suffering, I propose in Chapter 3 to take another look at the affect of pity. Although disability scholars almost unanimously agree that pitying reactions to disability should be eschewed, I argue that attempts to overcome the impulse to pity constitute repressions of the disability drive. As with “suffering”

and “tragedy,” pity is a complex concept that calls for a more thorough explication than the injunction “No pity” allows. My theorization of pity will postulate two forms of this emotion: primary and secondary pity. I take my distinction between primary and secondary pity from a structurally similar pair of divisions that Freud proposed between primary and secondary narcissism and between primary and secondary masochism. In each of these primary-secondary couplings, the “primary” side of the affect in question references an emotive process in which the ego of the feeling person is profoundly under threat. The “secondary” versions of these affects signify subjects’ efforts to enjoy the pleasures of the primary form of the feeling in question, while defending the ego against the threat that such pleasure poses. In readings of *No Future*; Dickens’s *A Christmas Carol*; and Paul Guest’s memoir, *One More Theory About Happiness*, I argue in Chapter 3 that while disability scholars should remain wary of secondary pity, primary pity is a feeling that cannot effectively be proscribed.

Guest’s memoir points to an additional set of advantages in foregrounding suffering positions. The tension between disabled people who do, and do not, describe their lived experiences in terms of suffering is sometimes theorized as a divide between people with chronic pain and illness and individuals with what Anita Silvers calls “paradigmatic disabilities”; i.e., mobility and sensory impairments (77). But this divide does not always hold, as some people with “paradigmatic” disabilities do experience their impairments in terms of suffering and loss. Guest, for example, refers to his “broken state” and his body’s “outright agonies” (107-08).

One obvious difference between Guest’s remarks and disability studies’ foundational position on suffering has to do with genre. In autobiographical writing, authors tend to give themselves more permission to speak of disability as suffering. But a subgenre of disability studies has been developing, which blurs the lines between the genres of life writing and “theory” and, in doing so, allows us to see that our field has, in sometimes submerged ways, been occupying suffering positions all along. In recent years, disability scholars have been writing about experiences of suffering and contextualizing these experiences within social and political frames. From Mel Y. Chen, who notes that as scholars we are “trained to avoid writing in anything resembling a confessional mode” but then goes on to describe the suffering occasioned by multiple chemical sensitivity (*Animacies* 197); to Merri Lisa Johnson, who recounts the physical and psychological distress that accompanies borderline personality (*Girl*); to Alyson Patsavas, who describes the agonies of chronic pain from a sports injury, disability scholars are exceeding the bounds of the social model and taking on suffering positions. I want this dissertation to be part of this process. In the next chapter, we will read Freud’s case history *Dora* to gain a better understanding of the barriers that block access to social recognition of suffering and to develop strategies for breaking these barriers down.

Chapter 2: From *Dora* to the Drive

Hysteria is the disease that launched the discipline of psychoanalysis, inspiring the production of thousands of texts that sought to understand why people develop physical symptoms for which doctors cannot find organic causes. In 1895, Freud and his colleague Joseph Breuer published *Studies in Hysteria*, a manifesto in which the two authors purported to present a cure for fainting, seizures, hallucinations, facial pain, limping, and sundry other bodily symptoms that, absent a clearcut medical etiology, Freud and Breuer interpreted as manifestations of hysteria. Attributing “hysterical” symptoms to repressed sexual traumas, Freud and Breuer postulated the “talking cure” as a nearly perfect remedy for the disorder. They claimed that by helping their patients to remember and “abreact”—that is, to discharge the negative emotions that these traumas had generated—they had restored their patients to health. “Each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked,” Freud and Breuer declared (6).

Eventually, Freud would modify these miracle cure claims. By 1905, when he published the case history commonly known as *Dora*,⁶² Freud had determined that so-called hysterical symptoms had their sources in repressed sexual fantasies rather than real-life traumas; and by the end of his career, Freud would acknowledge that remembering and “working through” repressed psychic content did not alleviate the bodily suffering that he defined as symptomatic of hysteria.⁶³ But despite these shifts in Freud’s thinking, his construction of hysteria remained important throughout his career, and the claims that he made about the diagnostic category continue to exert influence today. Although the term *hysteria* does not have the same currency as it once did, the concept plays a major role in shaping social reactions to undocumented disabilities.⁶⁴ As discussed in Chapter 1, undocumented disabilities are conditions resulting from impairments that are “invisible” (i.e., unapparent to the casual observer) and not definitively measurable by conventional western medical technologies.⁶⁵ My own disabilities—environmental illness, repetitive strain injury, chronic back pain, and irritable bowel syndrome—fall into this category,⁶⁶ as do many others, including depression, fibromyalgia, post traumatic stress disorder, chronic fatigue immune dysfunction syndrome, and borderline personality disorder.⁶⁷

In contemporary cultures, people with undocumented disabilities continue to be hysterical; that is, we are treated as if our impairments were “hysterical” symptoms rather than legitimate diseases. As a result of this hystericalization, we face forms of oppression that diverge from the ableism directed at people with documented and visible disabilities. Whereas visibly disabled people are routinely subjected to dehumanizing displays of pity for suffering that they are assumed to endure, people with undocumented disabilities are castigated for complaining of suffering that is alleged to be imaginary. Healthcare practitioners attribute undocumented physical symptoms to “psychosomatic” disorders, and they dismiss undocumented physical and emotional suffering as “attention-seeking behavior.” In the media, our impairments are derided as “fashionable illnesses” and “diseases *du jour*.” Coworkers, family members, and friends opine that our symptoms are “all in our heads” and suggest that we “push through.” We are suspected, moreover, of fabricating our disabilities to obtain undeserved “entitlements.” Blamed for causing our impairments, people with undocumented disabilities are denied social accommodation and support that in post-ADA US society are granted to many people with disabilities that are visible and/or documentable. For example, public spaces designated “accessible” usually pose insurmountable access barriers to people with environmental illness. Likewise, people with

undocumented disabilities that prevent them from working typically have their applications for disability benefits denied multiple times.⁶⁸

But there's a funny thing about hysteria: although it's a medical term with a pervasive cultural life, it almost never makes an appearance in disability studies. Peruse the tables of contents, indexes, and titles of the most influential texts in the field: the word *hysteria* is seldom found. Most likely, this omission arises from the field's emphasis on the stigma attached to visible disability and from its history of dissociating disability from suffering.⁶⁹ When people with undocumented disabilities are dismissed as "hysterical" (or when, in modern parlance, we are deemed "hypochondriacs" or "malingerers"), our efforts to obtain recognition of the disabling suffering that we do experience are undermined by disability studies' oft-repeated assertion that disability "does not mean suffering."⁷⁰ As we shall see, disability studies' tendency to disavow the importance of suffering converges in crucial ways with Freud's theory of hysteria. My reading of *Dora* will show that both Freud's discounting of his "hysterical" patients' physical distress and disability studies' repudiation of suffering reinforce the oppression of people with undocumented disabilities by rendering bodily suffering and incapacity unintelligible. Suffering, although it is often disparaged in disability studies as a pretext for pity, and is frequently dismissed in psychoanalysis as misrecognized "enjoyment," may be precisely what each of these discourses needs to know, but so far has resisted knowing, about disability.

Knowing disability as suffering will require the framing of new epistemologies of disability. Previously, I have defined such ways of knowing as "criphistemologies," playing on the title of the volume *Cripistemologies*, edited by Merri Lisa Johnson and Robert McRuer, in which an earlier version of this chapter appeared. My term "criphistemologies" crimps hysteria by demonstrating the profound significance that this concept has for disabled people and its instrumental role in our oppression. Additionally, cripistemologies name and validate the social and embodied experiences of individuals with undocumented disabilities, whom our culture often interpellates as hysterical subjects. In the present chapter, I expand upon my earlier paper by employing the sexual model of disability to argue that the theory of hysteria serves to project the disability drive onto people with undocumented disabilities. Analyzing *Dora* in conjunction with Freud's articulation of his concept of the death drive in *Beyond the Pleasure Principle* (a book that was published in 1920, fifteen years after *Dora* appeared), I contend that both "hysteria" and "the death drive" are ways of thematizing a sexualized compulsion that pulls subjects, in excess of the ego's endeavors to achieve pleasure and self-sufficiency, toward disability.

But here's where *Dora* and the theory of the drive differ: while in the case history, the individualized figure of "the hysteric" does the cultural work of representing the drive as the peculiar compulsion of a minority of disabled subjects, in *Beyond the Pleasure Principle* the death drive is depicted as a psychic force that threatens the integrity of disabled *and* nondisabled consciousnesses. And there is another crucial difference between Freud's formulation of the drive and his account of hysteria: whereas "the death drive" invokes physical disability as a *figure* for psychic distress provoked by the ego's undoing, "hysteria" is grounded in claims about *literal* physical impairments. That is to say, the body is construed in radically different ways in *Dora* and in drive theory. These variable Freudian constructions of corporeality will form a central focus of my analysis of the notion of hysteria as a cultural projection of the disability drive.

One effect of this cultural projection, I will argue, is that undocumented impairments are regularly interpreted as signs of a distinctive epistemological disablement. That is, the presence

of an undocumented disability is taken as *prima facie* evidence of an insufficiency of self-awareness, which is presumed not to afflict nondisabled people, or at least not to afflict them to the same degree. Challenging such interpretations, I argue for the importance of taking seriously criphistemologies, or lived experiences of people marked as hysterical. In this regard, my argument builds upon the work of feminist disability scholars such as Merri Lisa Johnson, Susan Wendell, and Rosemarie Garland-Thomson; these thinkers each foreground what Johnson calls “personal, embodied, and relational” epistemologies of disability as “valuable form[s] of counter-knowledge” (“Bad” 254).⁷¹ In reclaiming devalued forms of disability knowledge, these feminist disability theorists do not assert that only disabled people have the authority to speak about disability; nor do they contend that knowledge derived from lived experiences of disability invariably trumps other epistemologies. For example, Wendell importantly cautions against reifying a sentimentalized notion of disabled people’s “special knowledge” (“Feminist” 349). In this chapter I do not treat claims made by people with undocumented disabilities as unquestionable truths, but I do contest an ableist cultural bias that makes it easy to dismiss our embodied experiences without serious consideration. Such dismissal is axiomatic to Freud’s construction of the disease category “hysteria”: informing his readers that so-called hysterical symptoms always produce sexual satisfaction, Freud states that “we may disregard the fact that [the satisfaction derived from the symptom] is unrecognizable to the subject, who, on the contrary, feels the alleged satisfaction as suffering and complains of it” (“Paths” 365-66). Rather than disregarding the suffering of people with undocumented disabilities, the sexual model approach to hysteria that I deploy in this chapter underscores the importance of attending carefully to criphistemologies informed by the experience of distress.

Criphistemologies can emerge from lived experiences of impairments classified as either “physical” or “mental.”⁷² But while this chapter considers the implications of Freud’s theory of hysteria for both physical and mental impairments, my primary focus is on disabilities that produce bodily distress. I maintain this focus because corporeal symptoms were an important feature of the illness category that Freud defined as hysteria. According to Freud, hysteria originates in psychological processes that are “converted” into physical symptoms. To explain how such conversion occurs, Freud introduces in *Dora* the concept of “somatic compliance”; this term refers to the role that the body plays in enabling “the translation of a purely psychical excitation into physical terms” (46). A prerequisite of the formation of a “hysterical” symptom, somatic compliance makes evident the importance of the body in Freud’s account of hysteria. But as we shall see, Freud attempts throughout the case history to diminish the importance of the body; his model of hysteria envisions the mental as dominating, or “mak[ing] use of,” the bodily (46). Thus, somatic compliance is both the fulcrum of Freud’s theory of hysteria and the point at which this diagnostic construct threatens to come apart.

Freud’s concept of somatic compliance, we shall see, represses but also makes visible the unsettling possibility of “somatic *non*compliance,” a phrase that I employ to refer to instances in which bodies do not accede to subjects’ psychic wishes. Somatic noncompliance illuminates what I will call disability’s tragic effects—effects that, in different ways, disability studies and psychoanalysis both cover over. Proposing a critical disability studies rearticulation of the trope of “the tragedy of disability,” I suggest that term “tragedy,” in both its colloquial and its generic senses, aptly evokes a fall of a self into epistemic, affective, and corporeal distress, such as disability can produce. That distress, which accords with those mergings of sex and disability that psychoanalytic theory names “the drive,” is depicted in *Dora* as tethered to femaleness and disability. But at the end of this chapter, as our discussion shifts from *Dora* to the drive, we will

see that the construct of “hysteria”—figured in the case history as a tragic sexual pull that draws a minority of disabled subjects toward suffering and incapacity—might potentially give way to a theory of the drive, in which all individuals are seen as subject to a draw to disability that can never be fully acknowledged or mastered.

To be clear, Freud does not explicitly link his theories of “hysteria” and “the death drive”; nor does he suggest that the latter should supplant the former. Yet drive theory unravels the assumptions in which Freud’s theory of hysteria is grounded. We should welcome such unraveling, for if we can move our thinking about undocumented disability from the model of hysteria that Freud lays out in *Dora* to the undoing of that model which his concept of the drive threatens to effect, we may begin to subvert our culture’s construction of people with undocumented impairments as distinctively unknowing. Doing so will mean recognizing epistemological disablement as an intrinsic aspect of subjectivity, rather than as the manifestation of “hysterical” disorders.

Epistemological Disablement

If hysteria had a poster child, it would have to be Dora, the eponymous subject of Freud’s most well-known case history on hysteria. “Dora” is Freud’s pseudonym for Ida Bauer, an eighteen-year-old woman whom he treated at the end of 1900 for what he deemed “the commonest of all somatic and mental symptoms”: “dyspnea,” or shortness of breath; “*tussis nervosa*,” or nervous cough; “aphonia,” or loss of voice; “and possibly migraines, together with depression, hysterical unsociability, and a *tedium vitae* which was probably not entirely genuine” (17).⁷³ At the time of her first meeting with Freud, Dora is “in the first bloom of youth—a girl of intelligent and engaging looks” (16). Yet she is also “a source of heavy trials to her parents” (16). Her father has attempted to enlist Freud in persuading Dora that he (Dora’s father) is not, as Dora believes, having an affair with a woman whom Freud calls “Frau K.” Freud declines to attempt this, as he is himself persuaded by Dora’s claim that her father is using his daughter to facilitate a sexual relationship with Frau K; that is, he is allowing Frau K.’s husband to make sexual advances upon Dora in exchange for Herr K.’s toleration of the affair with his wife. Although Freud validates this aspect of Dora’s story, he nonetheless determines that she is hysterical. His diagnosis is based on Dora’s reaction to an incident that occurred when she was fourteen, in which Herr K., having contrived to be alone with Dora, suddenly “clasped the girl to him and pressed a kiss upon her lips” (21). Freud assumes that “this was surely just the situation to call up a distinct feeling of sexual excitement in a girl of fourteen”; since “Dora had at that moment a violent feeling of disgust,” Freud concludes that “the behavior of this child of fourteen” was “entirely and completely hysterical” (21-22).

In his efforts to treat Dora’s putative hysteria, Freud is not successful. To his frustration, Dora abandons psychotherapy after only a few months. Despite the consequent “incompleteness” of the case history (7), *Dora* has become a canonical text on hysteria, prompting volumes of writing by psychoanalytic, feminist, and literary critics. However, this text has never, to my knowledge, been the focus of sustained analysis within disability studies. In forwarding such an analysis here, I aim to do more than merely point to “another” cultural text that can be interpreted through the lens of disability studies. Rather, I intend to demonstrate that *Dora* should occupy as central a position in our field as that of visibly disabled male characters such as Captain Ahab, Richard III, or Tiny Tim. Indeed, for people with undocumented disabilities, Dora is, in a sense, “our Tiny Tim”: the figure who embodies our culture’s most pernicious and deeply entrenched stereotypes about our particular form of disability.

Such stereotypes take shape in *Dora* as Freud, claiming for himself “the rights of the gynecologist” who requires his patients to “submit to uncovering every possible part of their body,” demands that Dora reveal her “most secret and repressed wishes” (3, 41, 2). Each of these alleged wishes, Freud uses as “evidence” of Dora’s hysteria, a disease whose etiology he describes as a combination of “perverse” sexual fantasies and “cruel impulses and revengeful motives” (42, 110). According to Freud’s theory of “secondary gain,” illnesses are “useful things,” “powerful weapon[s]” that disabled people employ in order to secure social rewards; for example, a woman’s “ill health” will “force her husband to make pecuniary sacrifices for her and to show her consideration” (37). In addition, Freud maintains that hysteria entails an erotic enjoyment of illness in and of itself: “the symptoms of the disease,” he states, “are nothing else than *the patient’s sexual activity*” (*Dora* 105). Thus, Freud interprets Dora’s episodes of aphonia as manifestations of her longing for Herr K. while he is traveling, during which time Dora ostensibly perceives no reason to speak (the fact that just one of these episodes has borne a temporal relation to Herr K.’s absence is sufficient to convince Freud of this connection). Freud further reads Dora’s sore throats as bespeaking a desire to perform fellatio on her father. A fire in one of Dora’s dreams is interpreted by Freud as a symbol for its opposite, water, which in turn refers to bedwetting and a pathological vaginal discharge, both of which Freud determines to have been caused by a history of childhood masturbation.

Although Dora never says that she has masturbated, the manner in which she plays with her handbag while Freud watches her amounts to “circumstantial evidence,” which he perceives as “complete and without a flaw” (70). Even an attack of appendicitis, which Freud had not at first “ventured to count” as being among Dora’s “hysterical productions,” is said to have its source in sexual wishes (92). According to Freud, the attack, which occurred nine months after Herr K. had again propositioned Dora (“by the lake,” this time), “enabled the patient...to realize a phantasy of *childbirth*” (57; 94). Having feared an attack directly from Herr K. himself (who, shortly after his proposition to Dora by the lake, had, without her consent, entered the bedroom in which she was sleeping), Dora subsequently has a series of dreams in which she notices the smell of smoke. It thus becomes evident to Freud that she must long for a kiss from her psychoanalyst (who, like both Dora’s father and Herr K., is a “passionate smoker”) (65).

In the face of such “evidence,” what can Dora possibly say? There would seem to be no epistemological vantage point from which she might contest any aspect of her diagnosis. Dora’s denials are easily dismissed. As Freud explains, “there is no such thing at all as an unconscious ‘No’”; thus, his patient’s “‘No’ signifies the desired ‘Yes’” (50, 51). Freud’s dismissal of Dora’s denials derives from his theorization of the unconscious as a mental system in which negatives do not obtain. But although Freud’s conceptualization of the unconscious as a space without negatives is immensely valuable, it should be emphasized that Freud did not intend for the dictum that there is no unconscious “no” to be applied universally. Obviously, it would be impossible to pursue a coherent discourse about any topic without allowing that “no” sometimes might actually mean “no.” Thus, when Freud makes the statement, “There is *no* unconscious ‘No,’” he does not intend for his readers to interpret the “no” in this sentence as an unconscious “yes.” How, then, does one decide when “no” means “yes” and when it means “no”? In *Dora*, gender, disability, and medical authority seem to be determining factors in how one’s “no” is interpreted: unlike Dora, Freud himself does get to say, and mean, “no” throughout the case history.

According to Freud, Dora’s silence in response to his interpretations of her illness also signifies assent: Dora “disputed the fact no longer,” or she “tacitly accepted this explanation,”

Freud concludes when she ceases to protest (95, 41). And Dora's decision to terminate the therapy only provides evidence of the "limits" of her "will and understanding" (95). Add to this that Dora is a "girl," supposed from the outset to be "hysterical," and Freud, as the father of psychoanalysis, is the ultimate arbiter within the episteme that authorizes every determination he makes about his patient, and clearly Dora has no ground from which to stake any counter claim. It would be impossible for her to propose, for example, that Freud himself seems to find so-called hysterical illnesses quite "useful things" (they are, after all, the foundation of the "science" of psychoanalysis) or that his own masturbatory fantasies may be at work as he "look[s] on for some time" at Dora playing with her handbag or concludes that her smoke-filled dreams signify a wish for a kiss from him (68). When "uttered by a patient," Freud explains, such objections do "no more than register the existence of a repression" (51). Undoubtedly, Freud is correct that negations can signal repressions; however, the assumption that negations "uttered by a patient" are particularly suspect reinforces a pervasive cultural bias that depicts disabled people as distinctively lacking in self-awareness.

Contemporary subjects with undocumented disabilities face a conundrum similar to that which Dora confronts. Aptly articulating our dilemma, Jennifer Eisenhauer explains that when she published a zine about her experiences with bipolar illness, she used the pseudonym "Dora" to invoke "the irony of trying to speak when everything said becomes a 'symptom' of . . . 'abnormality'" (31). As Susan Wendell astutely observes, "the person whose bodily experience is radically different from medical descriptions of his/her condition is invalidated as a knower" and for this reason is "often abandoned by. . . friends and families" ("Feminist" 349). Such was the experience of Laura Hillenbrand, who, describing the "dismissal and derision" she experienced when she contracted chronic fatigue syndrome during her sophomore year of college, recalls:

Without my physicians' support, it was almost impossible to find support from others. People told me I was lazy and selfish. . . Some of Borden's [Hillenbrand's boyfriend's] friends suggested that he was foolish and weak to stand by me. "The best thing my parents ever did for my deadbeat brother," a former professor of his told him, "was throw him out."

(60)

Borden's former professor's construal of Hillenbrand's illness is grounded in the same precepts as Freud's theory of hysteria. Like Dora, Hillenbrand is charged with using her illness as a means of obtaining secondary gain. And as in 1900, the contemporary prescription for hystericized disabilities is tough love: much as Freud urges Dora's father not to "give way" to her wish that he abandon his affair with Frau K. (lest Dora learn what a "powerful weapon" illness can become), Hillenbrand's boyfriend's erstwhile professor encourages him to dump his ill partner rather than give in to the manipulations of a supposed "deadbeat."⁷⁴

Freud's theory of secondary gain, he acknowledges, reiterates "the crudest and most commonplace views upon the character of hysterical disorders—such as are to be heard from uneducated relatives or nurses" (38). "It is true," he maintains, "that the paralyzed and bed-ridden woman would spring to her feet if a fire were to break out in her room, and that the spoiled wife would forget all her sufferings if her child were to fall dangerously ill" (38). Such beliefs, Freud claims, are "right except on a single point"; they fail to recognize that patients' "motives for being ill" are "unconscious" (38, 37). This "single point" is frequently repeated in contemporary exegeses of undocumented disability. For example, the physician Arthur Kleinman, a highly regarded figure in the Medical Humanities, claims that a patient whose

physical symptoms he attributes to “a psychological reaction to life’s problems” is “*not . . . consciously aware* of what she desires from [her illness], what practical uses it has” (118, 119; emphasis added).

The premise that one’s “motives for being ill” are unconscious makes a diagnosis of hysteria impossible to refute. Any subject who insists that she or he is “not hysterical” articulates a claim that the very definition of hysteria renders absurd; to *be* hysterical, after all, means *not to know* one is so. To be defined as “hysterical,” therefore, means to be subjected to a process of epistemological disablement by which one is presumed deficient in self-awareness. In Freud’s view, subjects whom psychoanalysis marks as “hysterical” are constrained by a consciousness that “knows nothing or wishes to know nothing” of the forces that drive it (*Dora* 2, 72). Of course, Freud’s notion of the unconscious attributes a deficiency in self-awareness to all subjects, not just people with undocumented disabilities; in other contexts, Freud even asserts that “we are all to some extent hysterics” (*Three* 37). However, Freud’s analysis of Dora implies that the presence of undocumented impairments is evidence of a greater degree of epistemological disablement than that which affects everyone else.

To figure Dora’s epistemological disablement, Freud invokes metaphors of sensory impairment. For example, while he implicitly concedes that Dora’s father is, as she charges, “deaf to the most imperative calls of duty,” Freud nonetheless takes the opportunity to “turn back” “these reproaches” against Dora herself by alleging that Dora is often “blind in one direction” but “sharp-sighted . . . in the other”; that is, he asserts, Dora’s accusations against others—her claim, for example, that her father’s ill health is “only a pretext,” or her insistence that the cousin who has “fall[en] ill with gastric pains” is in reality a “malingerer”—serve to conceal her own manipulative uses of her illness (31, 30).

The dynamics structuring social negotiations of undocumented disability are highly gendered. Historically, members of a male-dominated medical profession have diagnosed primarily female patients with “hysteria” (and its modern-day variations, such as “somatization disorder,” “hypochondriasis,” and “malingering”).⁷⁵ It should be obvious that Freud’s construction of hysteria is in need of feminist intervention; and indeed, many aspects of Freud’s theory of hysteria have been subject to feminist critique. Most notably, some feminist scholars have found fault with Freud’s revision of his “seduction theory,” charging that Freud’s revised account of hysteria as a disease of repressed sexual *fantasies*, rather than of repressed sexual trauma, downplays the problem of sexual abuse of children and elides the reality of sexual violence against women.⁷⁶ Unquestionably, these points are important. However, this influential feminist critique of Freud’s retraction of his seduction theory may itself call out for critique from a feminist disability studies perspective. Without denying either the pervasiveness of sexual violence or its traumatic effects, it is important to emphasize that Freud’s postulation of sexual trauma as the cause of undocumented bodily symptoms such as sore throats, asthma, and stomach pain is an unsubstantiated hypothesis.

Although it is certainly true that many individuals with undocumented disabilities (as well as many people with documented disabilities and many nondisabled individuals) have experienced sexual trauma, the uncritical acceptance of the claim that undocumented physical impairments result from sexual trauma has damaging effects upon the lives of people with these disabilities; when one’s body is read as an easily decipherable sign of psychological injury, one is, as Wendell puts it, “invalidated as a knower” (“Feminist” 349). As Wendell explains, “When you are forced to realize that other people have more social authority than you do to describe your experience of your own body, your confidence in yourself and your relationship to reality is

radically undermined. What can you know if you cannot know that you are experiencing suffering or joy; what can you communicate to people who don't believe you know even this?" (349). Wendell's focus on the imbalance in social authority between disabled and nondisabled people is key: while I affirm Freud's project of revealing the impossibility (for disabled and nondisabled subjects alike) of fully knowing oneself, and while I would not suggest that disabled people know ourselves "better" than nondisabled people, I do wish to challenge our culture's tendency to treat cripistemologies as less valid than other forms of knowledge. Whether it is Freud claiming that our symptoms result from repressed sexual fantasies, or ablenormative feminists insisting that our disabilities must arise from sexual trauma, the cripistemologies of people with undocumented disabilities—who may attribute our bodily distress to events (such as car accidents, overwork, infections, or chemical exposures) that have nothing to do with either fantasies or real-life emotionally traumatizing events—are subordinated to the epistemological authority of medical or psychoanalytic "experts." And indeed, the status of not having an undocumented disability is enough in our culture to qualify a person to assume this authority.⁷⁷

Not only have feminist theorists failed to contest the epistemological disablement of people with undocumented impairments; they have often reinforced it. For example, Elaine Showalter has likened what she calls "hysterical illnesses," such as chronic fatigue immune dysfunction syndrome (CFIDS) and Gulf War Syndrome, to fantasies of alien abduction (124, 128-29).⁷⁸ Similarly, Teresa A. Brennan's speculation that fibromyalgia and CFIDS result from the "transmission of affect" contributes to the epistemological disablement of individuals with these disabilities, who most often locate the sources of their symptoms in biological processes rather than emotions or psychosocial dynamics (46-47). And Elizabeth A. Wilson overrides disability studies' "Nothing about us without us" maxim when she lists CFIDS among hysteria's "strange contemporary forms" (4).⁷⁹ In critiquing this strand of feminist thought, I am not suggesting that every person with an undocumented disability is always correct about the etiology of her or his symptoms; I do not take the saying "Nothing about us without us" to mean "Everything that we say is true." But I do object to these feminist theorists' failure to give serious consideration to the lived experiences of people with undocumented disabilities.

This failure is evident in the feminist theorist Toril Moi's reading of *Dora*. Although lamenting Freud's phallogentrism, Moi nonetheless reiterates Freud's diagnosis of Dora's ailments as "hysterical" symptoms. Moi warns her readers against the dangers of repeating Dora's "tragic destiny": "It may be gratifying to see the young, proud Dora as a radiant example of feminine revolt . . . but we should not forget the image of the old, nagging, whining, and complaining Dora she later becomes, achieving nothing" (192). Moi derives her image of an "old, nagging" Dora from an article written by Felix Deutsch, a colleague of Freud's who had met Bauer briefly in 1922 (Bauer had by this time reached the age of forty).⁸⁰ Repeating impressions relayed to him by an acquaintance, Deutsch accuses Bauer of having "utilized" her disability to "play off friends and relatives against each other" (42). Deutsch is celebratory in his account of Bauer's death from colon cancer: "Her death . . . seemed a blessing to those who were close to her. She had been, as my informant phrased it, 'one of the most repulsive hysterics' he had ever met" (43).

Moi's and Deutsch's essays appear in a volume entitled *In Dora's Case: Freud—Hysteria—Feminism*. The essayists in this collection continue a decades-long critical debate regarding the meaning of Dora's symptoms. Is Dora a feminist heroine, or is her hysteria a failed protest against patriarchy?⁸¹ Do her chronic sore throats arise from a desire to fellate her father, or to perform cunnilingus on her father's mistress?⁸² Is repressed homosexuality the cause of her

symptoms, and, if so, can Dora be described as “lesbian”?⁸³ In their various interpretations of this case history, none of these critics considers the possibility that Dora’s physical symptoms mean none of these things, or indeed that they mean nothing at all about the content of Dora’s psyche. Rather, the contributors to *In Dora’s Case* share with most of the corpus of critical writing on *Dora* the grounding assumption that Dora is not, as Neil Hertz puts it, “suffering from some organic disease” (227). But how do we know that Dora’s symptoms do not have physical causes? More importantly, on what basis is this assumption still made about people whose sore throats, exhaustion, or muscle pains elude contemporary Western medicine’s efforts to pin down precise biological explanations?

This is not to suggest that no symptom ever has an emotional meaning. In some contexts, it can be a valuable intervention to define symptoms of undocumented disability as psychologically meaningful. This is especially true in regard to mental illness. As Margaret Price points out, the prevalent assumption that symptoms of mental disability (such as self-injuring) are devoid of meaning has the effect of dehumanizing mentally disabled people by depicting them as “completely insane, that is, radically separated from all other meaning-making subject/objects” (“Bodymind” 279). Physical symptoms may sometimes have psychological meanings, too. For instance, one may sweat because one is nervous—but on the other hand, sweating can be a sign that one’s external environment has gotten too hot. Similarly, chronic nausea and intestinal distress can be symptoms of the undocumented disability anxiety, and people with anxiety do sometimes attribute psychological significance to their somatic symptoms. But in other instances, the same gastrointestinal symptoms may result from impairments, such as digestive disorders, whose etiologies, although unknown and undocumented (an errant immune system? a parasite? an allergen?), may have nothing to do with psychological feelings. Those whose criphistemologies suggest that our impairments fall into the latter category are invalidated as knowers by a culture that assumes that when no proof of a physiological etiology can be proffered, our corporeal symptoms must have psychological meanings.

This assumption has material consequences. If one’s chronic diarrhea is attributed to psychological trauma but is in fact due to an allergy to a particular food, then talk therapy and antidepressants will not be effective remedies. Or if one experiences burning pain in both legs that makes it difficult to walk (as I did for several years), medical providers’ routine assumptions that such pain is probably psychological in origin erects barriers to accessing appropriate healthcare. In my case, it was seven years before a physician at last ordered a MRI, which showed that I had a tear in one of the discs of my lower back. Such stories are common among people with undocumented physical disabilities.

The epistemological disablement of people with undocumented mental impairments also has important social ramifications. For example, some people with posttraumatic stress disorder, or PTSD, who often do attribute psychological and social meanings to their symptoms of anxiety, depression, and flashbacks, require “trigger warnings” in order to access education and public lectures and performances. However, such access requests are frequently met with resistance springing from the assumption that people with this disability are less capable than nondisabled people of determining what is best for themselves.

The injuriousness of Freud’s epistemological disablement of Dora is highlighted in an essay by Steven Marcus. Although Marcus expresses admiration for Freud’s “genius,” he criticizes Freud for failing to understand Dora’s indignation at having her account of Herr K.’s seduction attempt dismissed as a fantasy. Marcus accurately observes that the “three adults to

whom she was closest . . . were conspiring to deny Dora her reality” and “were betraying the structure of the actual world” (61). However, Marcus seems not to recognize that this same violence is repeated each time that cultural critics, including Marcus himself, take Freud’s construction of hysteria at face value and figure undocumented disability as a transparent sign for failures of self-knowledge. This violence is directed not only at “Dora” of early-twentieth-century Vienna but also at multitudes of subjects in contemporary societies whose disabilities fall outside the purview of what mainstream Western medical authority deems legitimate. Thus, when Jane Gallop invites readers to “rediscover Freud’s discovery” that bodily symptoms “are ways of speaking” (i.e., of expressing latent psychic wishes), she is speaking for—and, in important ways, *against*—people with undocumented physical disabilities who resist being read, and thus dismissed, as modern-day “hysterics” (208).

If some ablenormative critics can be described as speaking against people with undocumented disabilities, this raises a question: what would it mean to speak “for” us? Can the hysteric speak?⁸⁴ If so, what might we say on our behalf? Straightforward negations of the theory of hysteria, we have seen, are liable to backfire: it is easy to read the assertion that one is “not hysterical” as an unwitting confirmation of an unconscious “yes.” This is not to suggest that people with undocumented disabilities could or should stop trying to challenge the social processes that figure us as hysterics. But perhaps the most important critique that we can make of the theory of hysteria will object not so much to this theory’s depiction of people with undocumented disabilities as unknowing as to its corollary elevation of people who do not have such impairments to the status of superior knowers. As we saw in Chapter 1, epistemological disablement can be an effect of coming into proximate relation to the disability drive. The greater Freud’s confidence that he has the capacity to reliably read his patients’ symptoms, the greater his resistance to the knowledge-undoing effects of the drive. Such confidence is on display throughout *Dora*, as Freud punctuates his interpretation of his patient’s illness with assertions of epistemological confidence: “I will pass over the details which showed how entirely correct all of this was” (35); a “suspicion of mine became a certainty” (91); “I was quite sure” (35); “I felt quite convinced” (35); “I have quite certainly observed” (44); “there is [an] entirely trustworthy form of confirmation from the unconscious” (50 n. 34); “I am certain” (58); it “could scarcely mean anything else” (65); and “there can be no doubt” (90 n. 9).

Later, we will see Freud’s epistemological assurance faltering when Dora ends her treatment. And even before Dora parts ways with her therapist, the case history bears signs of a textually unstable relation to Freud’s professions of scientific certainty. At those moments in which Freud seems most intent upon establishing his status as a knower, his language seems perversely to express powerlessness and lack of control: “the dream. . . *forces me* to the conclusion” (62 n. 13); “I *could not* forget” (63); “I *could not avoid* the assumption” (50); “I am. . . *driven* to conclude” (64); and “I *could not help* supposing” (50), he announces in key passages of the case history (emphasis added). Such linguistic turns can be read as symptomatic effects of the disability drive: as manifestations, that is, of a pleasure that’s inseparable from a failure of mastery and a loss of ability. In this way, *Dora* presages Freud’s performances of epistemological disablement in *Beyond the Pleasure Principle*. “It is no sin to limp,” Freud will declare at the conclusion to this book; by this, he means that readers should forgive him if his “far-fetched speculation” about the death drive should turn out to have “gone shamefully astray” (26, 72). But in *Dora* Freud cannot officially own this unknowing. Instead, the epistemological disablement that the case history thematizes is projected onto the figure of the hysteric, whose

undocumented suffering allows the dominant culture to envision itself as always more knowing than somebody else.

Somatic Compliance

Since Dora has fascinated so many cultural critics, one might wonder why she has occasioned comparatively little interest among disability scholars. Among the few disability scholars who do mention *Dora* are Susan Schweik and the late Tobin Siebers. Interestingly, each of these authors' brief readings of this text focuses on the same paragraph, which they each adduce as a block quotation. In the paragraph in question, Freud, as illustration of his concept of secondary gain, digresses from his discussion of Dora to narrate a story about a hypothetical "workman, a bricklayer, let us say, who has fallen off a house and been crippled" (36).⁸⁵ Because he now "earns his livelihood by begging," Freud's fictional bricklayer is uninterested in being made able-bodied by a "miracle-worker" (*Dora* 36-37). The analogy is clear: Dora, like the imaginary workman, benefits from the social rewards that her disability allegedly confers. Schweik and Siebers each cite Freud's vignette about the bricklayer in support of separate arguments having little to do with Dora. I have no objection to their uses of this passage. It is noteworthy, however, that each of these critics singles out this same paragraph, a paragraph anomalous in that it features a visibly disabled man and does not directly reference Dora or the topic of hysteria. The conjunction of these nearly identical citations, by two major disability scholars, has the effect of creating the impression that perhaps this is "the passage about disability" in *Dora*. By contrast, an interpretation of *Dora* that is grounded in the sexual model of disability emphasizes that the entire text is involved in constructing an elaborate theory of disability, whose paradigmatic representative is not a visibly disabled man or boy but a sexually aberrant "hysterical girl" (9).

The pathology of this "hysterical girl" is evinced, Freud claims, by Dora's engagement in a practice that he calls *reactive reinforcement*. Reactive reinforcement occurs when, as a means of repressing an unconscious thought, a person continuously repeats a different thought, usually the opposite of the one being repressed (47). This opposite thought is defined by Freud as a *supervalent thought* (47). Although Freud implies that reactive reinforcement is a sign of hysteria, he suggests that all subjects practice this mode of repression. What, then, makes hysterics different from everyone else? As answer to this question, Freud postulates a process that he terms *somatic compliance*: "that particular characteristic of hysteria which differentiates it from other psychoneuroses" by affording "the unconscious mental processes a physical outlet" (30, 34). Nonhysterical individuals may also have repressed unconscious wishes; but absent somatic compliance, they will not develop the physical symptoms upon which a diagnosis of hysteria depends. Instead, "something other than a hysterical symptom will arise": "a phobia, perhaps, or an obsession—in short, a mental symptom" (35).

As the singular aspect of hysteria that "differentiates" it from both "normal" psychological functioning and "other psychoneuroses," the notion of somatic compliance is essential to Freud's account of hysteria. Yet the concept also poses a threat to the construction of hysteria as a psychogenic impairment, as it indicates that a crucial factor in producing hysterical symptoms is "somatic," not psychological. Both hysteria and nonhysterical neurosis are defined by Freud as involving repressed sexual wishes; the difference between the two is that only the hysteric's *body* is able to comply with the psyche's demand that it express these wishes in the form of physical symptoms. Moreover, Freud indicates, the "constitutional and organic" factors that make it possible for a hysterical symptom to develop are, by contrast with the unconscious

mental processes that define neurosis more generally, relatively rare: “the somatic compliance necessary for conversion [of emotional distress into physical symptoms] is so seldom forthcoming,” Freud claims, that the psyche frequently resorts to utilizing already existing bodily symptoms to express its unconscious thoughts (46). Thus, although Freud claims that his notion of somatic compliance has “diminished” the “problem of hysteria,” his formulation in fact multiplies the problems that beset this diagnostic category (34). For if the difference between a hysteric and a neurotic is attributable to an “*organic* factor which [is] the source of... ‘somatic compliance,’” then how is it possible to assert that a particular kind of illness, called “hysteria,” is distinguishable from biological disease (34; emphasis added)?

Freud’s acknowledgment that the disease that he calls hysteria has an “organic” “basis” may make him seem balanced and reasonable: he is not saying that undocumented bodily symptoms are *entirely* psychological in origin, just that they are partially so. But once Freud admits that undocumented impairments likely have a physical component, a major conceptual problem with his theory of hysteria emerges. Like western medical professionals today, Freud divides illnesses with physical symptoms into two categories: organic disease, whose causes are presumed to be physical; and hysteria (or, in today’s lexicon, “somatization”), which is defined as having a mixture of mental and physical causes. This paradigm seems to make sense, except for this problem: from what epistemological ground is it possible to determine into which category a given impairment should be placed? In both Freud’s era and our own, authorities have sorted disabilities into the categories of hysterical or organic by asking whether medical technologies have established a documentable biological cause. But if it is acknowledged that biological factors are constitutive elements of hysteria, then why should the *documentation* of a physical cause make a difference? Couldn’t a range of illnesses whose physiological etiologies *are* corroborated by medical examinations and laboratory tests—from cancer to AIDS to arthritis—also be described as “hysterical”? A documented tumor, antibody, or inflammatory enzyme would not rule out a diagnosis of hysteria: these disease markers could be construed as the “somatic compliance” that enables the formation of a hysterical symptom; and, it could be asserted, psychological factors also play a crucial role in causing these documented illnesses.

Freud did not make such claims, and most modern-day western medical practitioners also do not attribute documented disabilities to mental or emotional processes. However, the belief that all illnesses, whether documented or undocumented, have psychological causes is enormously influential in US American culture, especially in “alternative” medical contexts. For instance, the bestselling feminist medical writer Christiane Northrup contends that “destructive thoughts” and unconscious beliefs lay the groundwork for physical illness (36-37). Noting that illnesses such as “rheumatoid arthritis, multiple sclerosis, certain thyroid diseases, and lupus erythematosus” are “called autoimmune diseases, meaning that the immune system attacks the body,” Northrup asks: “Why would the immune system attack the cells of the person in whom it is functioning, unless it is getting some kind of destructive message from somewhere very deep within the body” (36)? Similarly, the immensely popular Ayurvedic physician Deepak Chopra asserts that “successful patients have learned to motivate their own healing” and claims that “a patient’s awareness is responsible for his [sic] cancer” (19, 265). Another bestselling health author, the “medical intuitive” Caroline Myss, encourages her readers to believe, “I am responsible for the creation of my health. I therefore participated, at some level, in the creation of this illness” (47).

These (scientifically unsubstantiated) claims about documented illnesses and disabilities increase the stigma against people with such conditions, who, like individuals with

undocumented disabilities, are blamed for causing their own impairments. Moreover, this approach to illness substitutes a rhetoric of personal responsibility for collective, political responses to disability, such as universal access to healthcare or the curtailment of environmental pollution. But as damaging as the “everything is psychological” theory is, it at least has the virtue of logical consistency: it recognizes that if biological causes do not preclude a diagnosis of hysteria in a person with an undocumented disability, then they do not preclude the same diagnosis in a person with a documented disability.

Ignoring the incoherence that structures his segregation of “hysteria” from organic illness, Freud passes quickly over the topic of somatic compliance. After granting that hysteria does have a “somatic side,” he then proceeds throughout the rest of the case history to focus almost exclusively on the alleged mental origins of Dora’s bodily distress (46). At *Dora*’s conclusion, Freud sums up his argument by declaring that “the symptoms of the disease are nothing else than the *patient’s sexual activity*” (105). In defining hysterical symptoms as “nothing else than” sexual activity, Freud seems to have forgotten about somatic compliance, that crucial precondition of hysteria that he briefly discussed earlier in the case history. It would be understandable for Freud to forget about somatic compliance, because if this concept had remained at the forefront of his analysis of hysteria, it would have been necessary to confront this question: if hysteria is at least in part an organic illness, then is psychoanalysis a viable modality for treating it?

As if recognizing this problem, Freud observes that his remarks about somatic compliance “would make it seem that the somatic side of a hysterical symptom” is “more stable” than “the mental side” (47). However, he insists, “we should not try to infer anything from this comparison as regards the relative importance of the two elements. From the point of view of mental therapeutics the mental side must always be the more significant” (47). This (tautological) assertion is not followed by any explanation as to *why* “the mental side must always be the more significant.” Instead, Freud abruptly changes the subject: in the paragraph immediately following his insistence on the greater importance of “mental” causes of hysteria, he introduces his concept of reactive reinforcement. His apparent *non sequitur* may have a hidden logic: since it is a “rule of psychoanalytic technique that an internal connection . . . will announce its presence by means of a contiguity . . . of associations” (32), perhaps Freud’s sudden shift from his emphatic, unexplained assertion of the primacy of the “mental side” of hysteria to the seemingly unrelated topic of reactive reinforcement can be read as a sign that his subordination of bodily etiologies to psychological ones itself constitutes an instance of reactive reinforcement. Even the syntax of Freud’s statement suggests a reactive thought: instead of simply observing that “the mental side” *is* more important, Freud decrees that it “*must* always be” so.

When a reactive thought “asserts itself exaggeratedly in the unconscious,” it does so, Freud notes in a parenthetical aside, “in the same way as a prejudice” (48). This remark lends further support to the possibility that Freud’s insistence upon “mental” origins of hysteria is a form of reactive reinforcement; as we have seen, Freud himself acknowledges that his construction of hysteria reiterates commonplace cultural prejudices about chronically ill people. If such prejudices instantiate the process of reactive reinforcement, then Freud’s emphatic statement that “the mental side *must* always be the more significant” is a supervalent thought that functions to suppress its contrary. Thus, in excess of Freud’s stated intent, *Dora* indicates that “the somatic side must always be the more significant.”

If the preceding statement is a latent thesis of Freud’s case history, what might this claim mean? Potentially, *Dora*’s subtextual account of the relative importance of *soma* and psyche

could be taken to indicate that bodily causes of illness are fundamentally more important than psychological ones. Such an assertion, however, would not always be accurate. In regard to many psychiatric disabilities, it would be incorrect to assert that either the “somatic side” or the “mental side” (or, relatedly, the social or economic “side”) of illness causation “must always be the more significant.” People who describe themselves as mentally ill attribute their impairments to a variety of different causes, ranging from physical injury or organic disease of the brain to histories of trauma, abuse, and oppression (including violence inflicted by the psychiatric profession).⁸⁶ By contrast, those with undocumented physical illnesses most often perceive their suffering as having physiological causes. People with CFIDS frequently emphasize that neither the onset of their symptoms nor their fluctuations are primarily determined by psychological or social factors;⁸⁷ and individuals with environmental illness typically locate the *causes* of our symptoms (whose varied *effects*, including exhaustion, mental confusion, anxiety, depression, and muscle pain, are both physical and psychological) not in our emotions but in exposures to toxic chemicals.⁸⁸

To some readers, such distinctions may seem to be naïve Cartesian distractions. “Why does this matter?” I have been asked when I have tried to communicate my sense that my impairments have physical origins. The origins of impairments matter because in our efforts to access public spaces, secure workplace and housing accommodations, obtain appropriate medical care, and receive recognition of the most basic aspects of our lived experiences, people with undocumented disabilities that we perceive as physiogenic (which can include both chronic illnesses, such as fibromyalgia, and psychiatric disabilities, such as bipolar disorder) are continually thwarted by the prevailing cultural assumption that our impairments *must* be psychosocial in origin. For example, the prejudice that environmental illness, or EI, results from a mistaken *belief* in the harmfulness of synthetic chemicals, rather than from any toxicity that these substances actually possess, is regularly invoked to justify wearing fragrance-filled personal products in public spaces, a practice that makes such spaces inaccessible to people with EI.

Again, I am not suggesting that every belief held by a person with an undocumented disability should be treated as an unquestioned truth. My point, rather, is that distinctions between erroneous beliefs and physical causes matter; to say “The mind-body distinction is only a social construction, so who cares if an illness has physical or psychological causes?” is to disregard the social realities in which undocumented disabilities are experienced and understood. The importance of distinctions between correct and incorrect claims about illness causation is evident in regard to the recent proliferation of the inaccurate belief that vaccines cause autism. The increasing credence that has been given to this claim should make it clear that taking criphystemologies seriously must not mean agreeing with every theory put forth by people with undocumented disabilities (or by their parents, in the case of the vaccine controversy) about the etiologies of specific impairments. Such agreement would indeed be impossible, given the great variety of hypotheses about causation that tend to circulate when impairments are poorly understood. For example, some people with CFIDS speculate that the condition is caused by a virus; others propose that overwork is the cause; and still others suspect allergens and toxic chemicals in the environment. But although having an undocumented disability does not afford privileged insight into the exact etiologies of particular impairments, the lived experiences of people with these disabilities nonetheless yield important information. A person with CFIDS may not know whether a virus is the cause of her illness, but if she reports that she feels sick rather than depressed; and if she indicates that she gets no relief from the talk therapy,

antidepressants, and exercise that her medical providers prescribe (and that, in the case of exercise, the remedy severely exacerbates her symptoms), her criphistemology merits attention.⁸⁹ Similarly, while the lived experiences of parents of autistic people do not provide a reliable epistemological foundation for determining whether autism is caused by vaccines, they do offer a perspective that, had it been attended to by mid-twentieth-century doctors and psychiatrists, would have undermined the US medical orthodoxy's attribution of autism to "refrigerator mothers."⁹⁰

As the examples of autism and CFIDS illustrate, it can be important to insist upon material origins of some undocumented disabilities. However, our aim in doing so should not be to escape the stigmatizing label "crazy" by distancing ourselves from people who name emotional and psychological injury as causes of their disabilities. Instead, the goal for those of us who believe that our undocumented conditions have physical causes should be to forge alliances with people who locate the sources of their impairments in histories of abuse, oppression, or trauma.⁹¹ What is at stake for each of us, despite our sometimes divergent understandings of the causes of our disabilities, is a persistent, discrediting, and pervasive denial, by those who claim to "know better" than we do, of the value of our own hard-won understandings of what it means to be disabled in the particular and various ways that we are.

If we seek to build such coalitions without collapsing important experiential differences, then 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 *Dora'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. In addition, they obscure an important possibility, which is also covered over by Freud's concept of somatic compliance: what if bodies *don't* comply? As we have seen, the notion of somatic compliance interferes with Freud's efforts to establish the priority of "the mental side" of hysteria. Freud's foundational assumption that "the mental side" of hysteria "must always be the more significant" is undercut by his concept of somatic compliance, which indicates that an "organic" element is a crucial factor in causing hysteria. Potential motives for Freud's elision of the importance of the body are easy to discern: the preservation of Freud's episteme, which was founded upon the construction of hysteria as a disease with primarily psychic origins, is at stake, as are his professional and medical authority, which rest upon his expertise in elucidating the "mental side" of disease production. But threats more elemental than these, which I shall discuss in the following section, are also precipitating factors in Freud's construction of his theory of hysteria and his concomitant, troublesome premise of somatic compliance.

Somatic Noncompliance

Somatic compliance: a *soma* willing to sicken, this term seems to suggest, is the *sine qua non* of hysteria. *Entgegenkommen* is the German term that English translators of *Dora* render as "compliance" (Laplanche and Pontalis 423). The term could also have been translated as "obligingness" or as a state of being "willing to make concessions"; the verb form of the word, *entgegenkommen*, means "to come towards" (Langenscheidt). Hence, a body that evinces somatic compliance (or *somatisches Entgegenkommen*) would be an obliging *soma*, a corpus willing to meet the psyche halfway. Such a construction would attribute to the body a form of volition that in western thought is typically regarded as a quality unique to the mind. But we should probably not take Freud's term *somatisches Entgegenkommen* quite so literally, since the

paradigm of hysteria that Freud lays out in *Dora* accords with Cartesian logic: it supposes two distinct entities, a *soma* and a *psyche*, and, in keeping with the dictum *Cogito, ergo sum*, it figures mind as holding sway over matter. Indeed, in an important sense Freud's theory of hysteria presupposes that *there is no body*—or at least, no body that could successfully resist the demands of the psyche. Or, when it comes to hysteria, that *there is no disability*—or at least no impairment, since, for many disabled people, the impossibility of compelling the body to comply with the wishes of the mind is the essence of impairment.⁹² 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, disallows this possible scenario; Dora's vocal impairment, Freud assumes in advance, must result from unconscious psychological wishes. Thus, Freud's theory annuls the possibility that a *noncompliant soma* could be the source of so-called hysterical symptoms.

This does not mean that there is no such thing as *somatic noncompliance*. Although Freud never employs this term, the unspoken threat of somatic noncompliance is at the center of his elaboration, throughout *Dora*, of his theory of hysteria.⁹³ The specter of somatic noncompliance makes itself felt in several instances in the case history in which Dora's father is mentioned. Years before his first meeting with Dora, Freud treated her father for symptoms that he recognized as having an organic etiology in prior infections with tuberculosis and syphilis. Some of the sequelae of these infections are lung problems, a "confusional attack," a detached retina that has "permanently impaired" Dora's father's vision, and episodes of paralysis (12). In addition, Dora's father's syphilis has made him "impotent" (40). This latter condition becomes a focus of Freud's analysis of Dora in a much-discussed passage of the case history. Freud remarks that Dora has "once again been insisting that Frau K. only loved her father because he was '*ein vermögender Mann*,'" or "a man of means," that is, a wealthy man (40). Always attentive to the possibility that key words may signify their opposites (an important principle of psychoanalysis, which Freud brings up numerous times in *Dora*), Freud wonders whether Dora actually means to describe her father as "*ein unvermögender Mann*," "a man without means," that is, or an "impotent" man. The figurative meanings of the adjective *unvermögender* are "not rich" and "impotent"; the literal sense of the word is "unable," and its substantive form, *Unvermögen*, is a German word for "disability." Freud's description of Dora's father as "*ein unvermögender Mann*" (an unable, or disabled, man) clearly figures disability as a state of somatic noncompliance, in which the subject loses mastery over the body.

Freud's figuration of Dora's father as a sexually disabled subject is evocative of his account of the bodily incapacity that he describes as a defining feature of childhood sexuality. According to Freud, children want to make babies with their parents, but their "inadequate stage of development" makes this goal impossible to fulfill (*Beyond* 21). The child's body won't comply with his or her sexual wishes, and the ensuing "failure" is described by Freud in terms suggestive of disability: a "permanent injury" "in the form of a narcissistic scar" (*Beyond* 22). If infantile sexuality is a state of somatic noncompliance, Dora's father embodies the threat that such noncompliance may return to disable adult sexuality. Dora's father is again depicted as suffering from somatic noncompliance when Dora recounts a family gathering at which a guest makes a toast expressing the hope that Dora's father "might continue to enjoy the best of health for many years to come" (89). "At this," Dora reports to Freud, "a strange quiver had passed over her father's tired face" (89). At that moment, Dora had (in Freud's paraphrase) "understood what

thoughts [her father] was having to keep down. Poor sick man! Who could tell what span of life was still to be his?" (89).

These two brief passages about Dora's father are among the very few instances in the case history in which illness is represented as a painful and intractable reality, rather than the fantasy of a "hysterical" imagination. The "poor sick man" who is Dora's father is also every person: who, after all, *can* "tell what span of life" one still has to live? And the "strange quiver" that passes across Dora's father's "tired face," presaging the death of the father and thus the death of all subjects, may momentarily make explicit thoughts that Freud himself—who, he will later note, has been "replacing [Dora's] father in her imagination"—has, throughout his analysis of Dora's hysteria, been "having to keep down" (108). Some of these thoughts seem to have been buried in footnotes: "Syphilis in the male parent is a very relevant factor in the etiology of the neuropathic constitution," Freud claims in one note; in the same note he avows that heredity is also an "etiological factor in hysteria" (14, n. 6). For reasons that he does not explain, Freud withholds this information from Dora: "I was careful not to tell her," he remarks, that "I was of opinion . . . that the offspring of luetics [i.e., people with syphilis] were very specially predisposed to severe psycho-neuroses" (67). Freud conceals this opinion not only from his patient (who, had she been privy to this information, might have abandoned her psychoanalytic treatment even sooner) but also perhaps from himself, as he overlooks its significance for his theory of hysteria. Freud's belief that both heredity and syphilis in one's father can be causes of "hysteria" is highly significant, not because it is correct but because, in tandem with images of Dora's father as an *unvermögen*, or disabled, subject, it contradicts Freud's construction of hysteria as a disease of primarily psychological origins. Once hysteria is no longer seen as psychogenic, the disease category loses conceptual coherence, and—in ways unacknowledged by Freud and unperceived by most of his readers—the notion of somatic compliance slides irretrievably into its opposite.

How might we visualize this opposite of somatic compliance? As a body with its hands on its hips, adamantly announcing, "No, I will *not*"? Such an image would be silly, of course; 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." For the teleologies that Freud attributes to "the mental side" of hysteria (its "motives for being ill," its uses of symptoms to acquire "secondary gain") are exceeded by the drive as Freud will construe it when he tries to locate a "beyond" to the pleasure principle. In *Beyond the Pleasure Principle*, the drive appears in part as a biological compulsion. Grounded in the body, the pull that the drive exerts cannot be understood in terms of the ego's goals and motivations. Because it goes beyond the ego's efforts to secure pleasure and self-preservation, and beyond the self's belief in stable meanings and motives, somatic noncompliance could be understood as another name for the drive: it images not a body that rebelliously *won't*, but instead a physical entity that inscrutably *doesn't*, do as it is told.

The Tragedy of Disability

When bodies don't do as they are told, somatic noncompliance can make for sad stories. Such stories, Freud resists telling. As we have seen, the possibility of somatic noncompliance is

fantasmatically eliminated by Freud's theory of hysteria, which insists, despite salient tensions within Freud's own argument, that disability, although it may sometimes entail great physical and psychic distress, can nonetheless be conceived as a mind in control of a compliant body. Central to this theory is the premise that disability is interpretable: each symptom "has a psychical significance, a *meaning*," Freud avers (34). But *Dora* teaches us to read this assertion as a reactive thought and to discern beneath it its hidden, intolerable thesis: that bodies sicken, suffer, lose capabilities and pleasures, and sometimes fail to recover—and that the distressing incapacity that bears the name "disability" may sometimes have *no meaning* (33-34). This is the tragedy of disability, a tragedy that *Dora* both represses and, by laying bare the mechanisms of repression, reveals. Is it possible to speak of disability as tragedy? To invoke this term, disability scholars have argued, is inimical to a politics of disability liberation. But if describing disability as suffering, incapacity, or loss of power and control seems offensive, it will be important to note a troubling point of convergence between the axioms of Freud's theory of hysteria and those of disability theory's most influential arguments: in different ways, each of these discourses insists that disability is *not* suffering, *not* misfortune, *not* tragedy. Such disavowals, rather than repairing disability's originary violence, instead repeat it, in a secondary form that we must recognize as coextensive with disability oppression: the *covering up* of suffering and loss and the *removing from view* of pain and incapacity *exclude* ways of knowing that Freud calls hysterical but which I prefer to term tragic. Disavowals of suffering thus *block access* to what is most *disabling* about disability: its unmasterability, its noncompliance, and its radical resistance to meaning.

How, then, can we talk about the tragedy of disability? Thinking about Freud and tragedy together will inevitably bring us to *Oedipus*.⁹⁴ In his canonical reading of Sophocles's tragedy, Freud postulates that boys long to have sex with their mothers and to murder their fathers. They refrain from acting on these desires, Freud maintains, because they surmise that doing so would lead to disability. According to Freud, the boy's first sight of his mother's genitals provokes a confrontation with a spectacle of disability; because the mother does not have a penis, the boy deduces that she has been castrated—"wounded" and "mutilated," that is—and that the perpetrator of this injury is the father. Duly frightened, the boy decides that he had better stay on his father's good side, lest he be punished with a similar disablement. Having accurately intuited the close relationship between sex and disability, the boy represses his erotic desires in hopes of evading the tragedy of disability.

It is possible to overlay Freud's interpretation of *Oedipus* with another reading: Sophocles's play can be said to dramatize the disability drive. It is a drive, so to speak, that sets Oedipus's tragic trajectory in motion: in flight from his hometown in an attempt to escape the fate predicted by the oracle, Oedipus encounters another driver, whom he feels driven to kill, and who turns out to be his father. Once he has unknowingly committed parricide, Oedipus drives on to Thebes, where he solves the riddle of the Sphinx, assumes the kingship, and marries the queen. Upon learning that the driver whom he has killed was his father, and that the queen whom he has married is his mother, Oedipus is driven to disable himself: gouging out his eyes, he makes himself blind. Blindness, Freud argues, is a metaphor for castration. Another way of putting this is to say that disability is a trope for sexuality. *Oedipus* suggests that unchecked sex leads inexorably to disability; a single drive propels Oedipus toward disability and toward sex at the same time.

Dora can also be read as a tragedy that dramatizes the disability drive. The protagonist of this treating-room drama is not Dora, the "hysterical" girl, but Freud, a hero who falls short of

his goal. Like many tragic heroes, Freud is driven by ambition: he longs to establish himself as a doctor with a cure for hysteria. But Dora eludes him, terminating the treatment before Freud has a chance to demonstrate his prowess. Freud attributes his downfall to a fatal mistake, which he figures as disability: He “was deaf to [the] first note of warning” that a transference was developing (109). By this, Freud means that Dora—who, Freud believes, was angry at Herr K. for “abandoning” her—had “transferred” her hostility for Herr K. onto Freud. In other words, Dora has vicariously punished Herr K. by leaving her doctor in the lurch, “just when [his] hopes of a successful termination of the treatment were at their highest” (100).

The metaphoric deafness that prevents Freud from “mastering the transference” leads to further disablement (108). Suggesting that Dora has injured him by ending her psychotherapy, Freud writes: “No one who, like me, conjures up the most evil of those half-tamed demons that inhabit the human breast, and seeks to wrestle with them, can expect to come through the struggle unscathed” (100). If Dora comes off as quasi-demonic in this passage, perhaps this is because Freud believes that she has deliberately injured his ego. Freud charges that Dora has decided to remain ill for the purpose of demonstrating her physician’s “helplessness and incapacity”; she could have stayed under Freud’s care and been cured, he implies, but instead she opted for revenge (110). Freud’s characterization of Dora’s departure as an “unmistakable act of vengeance” (100) resonates with David T. Mitchell and Sharon L. Snyder’s analysis of the literary trope of the “disabled avenger” (162).⁹⁵ The motif of revenge recurs throughout the case history: “cruel impulses and revengeful motives,” a “remorseless craving for revenge,” and an “almost malignant vindictiveness” are, in Freud’s view, causative agents of Dora’s hysteria (110; 110, n. 2; 96, n. 20).

The demonization of people with undocumented disabilities is routinely reenacted in contemporary medical contexts. Almost everyone with such a condition knows how this drama plays out: we visit the doctor, hoping, if not for a cure, then at least for some relief from longstanding symptoms. The physician may at first seem sympathetic. But as soon as the prescribed treatment fails, we are cast in the role of villain; dubbed “noncompliant patients,” we are blamed for unreasonably refusing to get well. For example, A. Marie Houser writes that when she did not recover from surgery for carpal tunnel syndrome, her healthcare provider assumed that she “must not have been doing the exercises” that she had been prescribed, or that she “must not have been doing them correctly.” People with undocumented disabilities may frustrate doctors because we thwart their efforts to be heroes. According to the physician Rob Lamberts, chronically ill patients “scare doctors” because our failure to get better tears down the “doctor-god illusion” (12, 13). “We want to cure disease, to save lives,” Lamberts confides, but chronically ill people “stand square in our way” (12).

Perhaps Lamberts is correct in suggesting that some doctors see themselves as god-like; and possibly, patients who upset this illusion appear as demonic to would-be medical deities. But chronically sick people present an additional danger, not only to doctors but to anyone with whom we come in contact: we threaten the *transferability of disability*. I use the phrase “transferability of disability” to refer to a potential, whether real or imagined, for impairments to pass from one subject to another. Hearing a sufferer narrate a story that reads as a tragedy of disability raises a discomfiting question for the listener: “What if a similar tragedy were to befall me?” The theory of hysteria slams the door shut on this possibility. If Dora’s disability is understood as a willful act of “vengeance,” then presumably it is possible, given sufficient “will and understanding,” for the nondisabled to avoid falling into the tragedy of disability.

But if *Dora* can be read as a defense against the tragedy of disability, it's a defense that Freud repeatedly lets us see failing. The ominous possibility of disability's transferability is dramatized in the conclusion to *Dora*, which recounts Freud's final encounter with his patient. Fifteen months after she has ended their therapeutic relationship, Dora returns "to finish her story and to ask for help once more"; she has developed a "right-sided facial neuralgia," from which she is "now suffering day and night" (111, 112):

"How long has it been going on?" "Exactly a fortnight." I could not help smiling; for I was able to show her that exactly a fortnight earlier she had read a piece of news that concerned me in the newspaper. (This was in 1902.) And this she confirmed.

Her alleged facial neuralgia was thus a self-punishment—remorse at having once given Herr K. a box on the ear, and at having transferred her feelings of revenge on to me. (112)

Freud's interpretation of Dora's facial pain as the redirection of a fantasized assault on himself, ego-centric as it may appear, points to an important truth about disability's relation to the ego. Although Freud's attribution of psychological significance to Dora's physical distress is unfounded, his reading of Dora's symptom contains this element of truth: witnessing another person's disabling suffering means experiencing the fantasmatic threat of an attack on one's own ego. Since, as Freud writes elsewhere, the ego is "first and foremost a bodily ego," in hearing of Dora's suffering "day and night," Freud may perceive the threat of his own bodily ego's fall into the tragedy of disability (*Ego* 20).

If Freud reads Dora as an embodiment of the transferability of disability, then her demand that her suffering receive a hearing might be felt by Freud as a figurative box on his own ear (*Dora* 112). If so, he deflects the blow, "smiling," by reinterpreting the nerve pain of which she complains as "allegation," or self-inflicted injury (112). But perhaps the threat of disability's transferability has touched Freud after all. Would it not be possible to read Freud's smile as signifying its contrary? As indicating distress, that is, and as expressing, as a displacement, a metaphoric injury to the ear (an instrument most crucial to the listening cure). Indeed, it is just before Freud and Dora's final face-off that Freud confesses to having suffered a figurative loss of hearing, acknowledging that he was "deaf" to "the first note of warning" that a transference was developing (109).

In an arc that extends from Dora's face (as sign of her "self") through her hand (agent of her self-abuse) to the ear (organ of understanding) belonging to the "person of the physician," disability is depicted in the case history as enacting the violence of its transferability. In excess of the intersubjective violence that Dora effects when she "slap[s]" Herr K. "in the face," Dora's attack of facial pain (alleged by her to be "suffering," read by Freud as "revenge") could be understood as imaging a more radically self-disintegrating transference: the passage of epistemological disablement from Dora to *Dora* (98). Unlike the "*single blow*" that Freud celebrates for its having "resolved" every doubt (that Dora's "supposed attack of appendicitis" was an enactment of a "fantasy of childbirth"), and unlike his claim to have "*hit the mark*" (in describing Dora's bout of "piercing gastric pains" as an imitation of a malingering cousin), the metaphorically disabling blow that is delivered by Dora's presentation of her disability drives Freud to doubt himself—and perhaps thereby renders *Dora* itself a disabled text (94, 31; emphasis added). The case history, Freud confesses, "has turned out poorer than I could have wished"; "only a fragment of an analysis," it is "incomplete in more than one respect" (6). This incompleteness is due in part to hysterical patients' "inability" to provide coherent chronological

accounts of their lives (10). Moreover, because Dora has “prematurely broken off” the analysis, Freud has had to resort to “filling in deficiencies”; the material he presents is more akin to “mutilated relics of antiquity” than to an “unbroken case history” (7, 11). Hence, Freud’s title indicates that his case history is no more than a “Fragment of an Analysis of a Case of Hysteria.” Broken, mutilated, and incomplete, *Dora* evinces hysteria’s most defining characteristics. Hysteria, indeed, could be called a disease of fragmentation. Freud maintains that the “hysterical” symptoms of heart palpitations and shortness of breath are “only detached fragments” of the (putatively more holistic) “act of copulation” (72). Beyond these specific symptoms, hysteria itself is conceived of by Freud as an intra-subjective fragmentation; the hysterical subject is said to be irreparably divided from itself, broken off from that which determines it.

In keeping with the brokenness and mutilation of Freud’s text, the parting smile by which Freud appears to achieve a final victory over his patient symptomatically expresses a loss of power: “I *could not help* smiling,” he remarks, his syntax evoking the “helplessness and incapacity” that he has accused Dora of using her illness to demonstrate (100, 112, 110, emphasis added). The mixture of incapacity and pleasure conveyed in the image of a helpless smile points to another facet of disability’s tragic transferability: what if the transference of disability is *desired*? Signs of a desire for disability make themselves felt throughout *Dora*. Numerous critics have noted Freud’s apparent sexual attraction to Dora; these readers have suggested that Freud’s failure to account for this attraction, or “countertransference,” may contribute to his loss of narrative control at the end of the case history. After Freud confesses at *Dora*’s conclusion that he has been injured by his patient, his characteristic epistemologic certainty gives way to self-doubt. “I do not know” is Freud’s answer to his own question about whether, by showing “a warm personal interest” in Dora, he might have “kept the girl” under his treatment (101, 100). In passages such as these, you don’t have to be Freud (and, indeed, it probably helps if you’re *not* Freud) to guess that the doctor’s scientific interest in his patient has crossed into the realm of the sexual. Indeed, when the case history is over, Freud reveals in a letter to his friend Wilhelm Fliess that he feels “short of a drug” (vii).

What is it that makes Dora so intoxicating? Freud has told us that she’s a pretty girl, “in the first bloom of youth.” And it can’t hurt that Dora is elusive: Freud loves his patient most madly as she’s walking out the door. But the tragedy of disability that *Dora* narrates exceeds the story of a pretty girl who got away. There’s something else about Dora: something beyond her “intelligent and engaging looks” that makes her inexplicably compelling. I suggest that this *je ne sais quoi* is disability. In contrast to her good looks, which are mentioned in only one brief passage, Dora’s disability elicits in Freud an intense and ongoing fascination. It is Dora’s disability more than Dora herself that Freud cannot stop talking about and cannot stop eroticizing. That is, the force that drives Freud’s narration of *Dora* seems to be less a desire that one character, “Freud,” feels for another character, “Dora,” than an impulsion toward that “something” that makes disability sexy: that something beyond desire, beyond pleasure, and beyond subjectivity that in *Beyond the Pleasure Principle* Freud will define as the drive.

In Freud’s tragic text, a drive to analyze disability provokes in its hero a disabling dependence; Freud comes to need Dora like a drug, and her leaving proves his “helplessness and incapacity.” Freud cannot emerge “unscathed” from his encounter with Dora/disability because he can’t stop wanting this encounter to continue. This is Freud’s fatal flaw, a flaw shared by all readers of *Dora* and by all discussants of disability. The flaw of which I speak refers less to a failure to “master the transference” than to the subject’s intrinsic inability to master the drive:

our structuring incapacity to overcome a self-undoing draw toward disability. But like any tragic hero worthy of the name, *Dora's* protagonist fights his inevitable fall to the end. As we shall soon see, Freud strives to contain the disability drive by putting it in a box, to which he affixes the label “female.”

Dora's Box

If I had been Freud's editor and he had handed me the manuscript for the case history that came to be called *Dora*, I would have suggested an alternative title: *The Vagina Analogues*. My proposed title would highlight a prominent theme in Freud's case history: the alleged uses, by his patient's unconscious, of cultural symbols for the vagina. Of course, my title would also have presciently anticipated Eve Ensler's *The Vagina Monologues*. However, unlike Ensler's project, which is feminist and vagina-affirmative, *Dora* evinces a decided distaste for the vagina. To read an annotated translation of *Dora* is to receive an introductory lesson on the numerous everyday German words that are also “derogatory” or “depreciatory” idioms for the vagina. The vagina analogues that *Dora* features include: room (*Zimmer*), court (*Hof*), jewel-case (*Schmuckkästchen*), and box (*Schachtel*) (*Dora* 59 n. 6; 88 n. 6; 91 n. 11). Each of these words does double duty: by means of a familiar (and misogynous) synecdoche, they signify not only “vagina” but also “woman.” As Freud quips at the end of one of his interpretations, “a box and a woman: the notions begin to agree” (88).

Of all the vagina analogues that are featured in *Dora*, the most frequently cited is “box.” A jewelry box is the central symbol in Freud's analysis of one of *Dora's* dreams; in this dream, the jewel box offers “evidence” that *Dora* has masturbated. Freud so enjoys playing with the trope of vagina-as-box that, after discussing what he interprets as *Dora's* onanistic manipulations of her reticule (or small handbag), he digresses to share an anecdote about another patient:

In the middle of a sitting the patient—a lady who was no longer young—brought out a small ivory box, ostensibly in order to refresh herself with a sweet...I expressed my suspicion that the box must mean something special, for this was the very first time I had seen it, although its owner had been coming to me for more than a year. To this the lady eagerly replied: “I always have this box about me; I take it with me wherever I go.” She did not calm down until I had pointed out to her with a laugh how well her words adapted to quite another meaning. The box—*Dose*, *Pyxis*—like the reticule and the jewel-case, was once again only a substitute for the shell of Venus, for the female genitals. (68, 69)

The words *Dose* and *Pyxis*, inserted into this passage without any explication, are overdetermined. *Dose* is a German word for “box” (a term whose symbolism Freud ensures that no reader can miss); it is also a Greek word with the same meaning as the English “dose,” a signification that evokes the drug-like effects that *Dora* has on Freud. The Greek *Dose* also alludes to *Dora* in another way. Etymologically, *Dose* is closely related to the pseudonym that Freud gives his patient: while *Dose* means “a giving,” *Dora* means “gift.”⁹⁶ Thus, although Freud claims that he is describing a box belonging to another patient (“a lady who was no longer young”), his primary concern in this passage appears to be with *Dora's* box.

Or with Pandora's box. The Greek word *Pyxis*, which Freud places in contiguous relation to *Dose* (again, without explanation) is a commonly used term for “box” in retellings of Hesiod's tale of Pandora.⁹⁷ *Dora's* box, these associations suggest, is the equivalent of Pandora's box: the vagina appears as the source of the world's evils. Certainly, in *Dora*, the vagina is named as the origin of a plethora of ills: coughs, cramps, constipation, migraines, stomach pain, “fatigue and

lack of concentration,” “low spirits,” “unsociability,” asthma, aversion to sexuality, and a desire for revenge (16, 17). How can the vagina be the culprit behind so many ailments? In order to understand Freud’s thinking, we must retrace his construction of the events that, he believes, led Dora to become ill. According to Freud, the most important etiological factor in Dora’s hysteria is a history of childhood masturbation (68). As previously noted, Dora never says that she has masturbated, but Freud infers that she has from a set of “evidence” that he regards as incontrovertible. One such piece of evidence is a “venereal disease” that Dora has allegedly contracted by masturbating. (How such a thing would be possible, Freud does not explain.) The primary symptom of Dora’s “venereal disease,” Freud claims, is a pathological vaginal discharge. To describe this discharge, Freud uses the word “catarrh,” a term that can signify either a genital discharge or a cough. Freud contends that Dora’s chronic cough performs a pun on the word “catarrh”: the cough, or oral “catarrh,” vicariously makes public Dora’s genital catarrh. Dora’s use of her cough to publicize her “venereal disease,” Freud asserts, expresses Dora’s identification with her father, who, as mentioned earlier, has syphilis. Here is Freud’s paraphrase of what he believes are Dora’s unconscious thoughts: “I am my father’s daughter. I have catarrh, just as he has. . . . It is from him that I have got my evil passions, which are punished by illness” (74).

Although Freud famously insisted that “Sometimes, a cigar is just a cigar,” a catarrh, it seems, can never be just a catarrh; in *Dora*, a cough always has to mean something. And unlike Dora’s father, who has “handed on” his sexually transmitted illness to his wife, Dora has apparently handed her own disease to herself. Caught red-handed as she handles her reticule, she reveals, in an “unmistakable pantomimic announcement” of her desire to masturbate, the “secret” that is the “foundation of her illness” (69, 70). Indeed, a cough is not the only consequence of Dora’s putative history of masturbation; her habit of self-touching, Freud maintains, is the basis of her entire illness. Freud claims that because masturbation caused Dora to be “afflicted with a disgusting discharge,” she developed a distaste for sexuality; as a result, she repressed her sexual feelings and converted them into bodily symptoms (76). Indeed, Freud suggests, if Dora had not been disgusted by her genitals and their “dirtying” discharge, she might have decided to “yield to her love” for Herr K.—a move that, Freud implies, might have cured her hysteria. Underscoring the importance of masturbation in the production of hysterical disorders, Freud emphasizes that there is “no factor upon which [Dora’s] decision [to succumb to hysteria instead of “yielding to her love for” Herr K.] depended more directly than upon her premature sexual enjoyment and its consequences—her bedwetting, her catarrh, and her disgust” (79).

It is to women themselves that Freud attributes the feeling of “disgust” that “an abnormal secretion of the mucous membrane of the vagina” provokes (75). “The pride taken by women in the appearance of their genitals is quite a special feature of their vanity; and disorders of the genitals. . . have an incredible power of humiliating them,” because “an abnormal secretion of the mucous membrane of the vagina is looked upon as a source of disgust” (75). Although Freud does not directly acknowledge that he himself is subject to such disgust, his use of the passive voice (a discharge “*is looked upon* as a source of disgust”) and of free indirect discourse (“to suffer from a venereal disease. . . meant for her to be afflicted with a disgusting catarrh”) leaves open the possibility that the disgust to which Freud refers is his own.

Far from being a peculiarly Freudian thematic, the figuration of the vagina as disgusting takes part in a longstanding cultural tradition of pathologizing female sexuality. Decades of feminist critique of this tradition should make it easy for readers to discern that Freud’s discussion of Dora’s vagina pertains less to his patient’s supposed “venereal disease” (a disease

that is probably nonexistent, given the extreme unlikelihood of acquiring a sexually transmitted illness by masturbating) than to an aversion to female genitals more generally. Freud's disgusted reaction to the vagina may seem so banal as to be unworthy of mention, but the topic is important to attend to because it yields a crucial insight about social responses to undocumented disability: the disgust that so-called psychosomatic impairments elicit is not only moral but also sexual. When Deutsch approvingly recounts his acquaintance's impression that Ida Bauer is a "repulsive" hysteric, the culpability that he attaches to Bauer (whom, as previously noted, Deutsch finds guilty of using her illness to "play off friends and relatives against each other") is at once sexual and moral.

Today, phrases like "repulsive hysteric" do not typically appear in official medical discussions of women with undocumented disabilities. However, similar aspersions of sexual guilt are nonetheless cast upon us. Noting that she has been "a feminist long enough to understand the cliché" that she has encountered at her physician's office, Meadow Jones recalls having her severe neck pain dismissed by a doctor who informed her that he regularly treated "men who had bone-on-bone arthritis, and who endured it without so much as a complaint." Upon hearing these words, Jones recalls, "I took the shame to heart, without my permission. His authoritative voice had informed me of my failings, chief among them my visible suffering with no visible symptoms." Reading Jones's story in juxtaposition with *Dora*, we may discern that the shame that people with undocumented disabilities are made to bear in ableist culture is inextricable from the shame that masculinist culture affixes to the image of intrinsically diseased female genitals. Freud's view that a disgusting vaginal discharge, brought on by "premature sexual enjoyment," is the source of Dora's impairments is mirrored in the gendered moral culpability that attaches to people with undocumented disabilities today.

But sometimes disgust is not just disgust. As Freud himself points out, distaste often serves as a mask for desire. *Dora* provides a name for the dynamic by which this covering over occurs: "reversal of affect" is Freud's term for a psychological mechanism that makes an "occasion for sexual excitement" arouse feelings that are "predominately or exclusively unpleasurable" (22). Freud maintains that when a patient manifests a reversal of affect, this provides proof of hysteria (22). But Freud himself seems to manifest a similar symptomatic reaction to an occasion for sexual excitement, as his "dry and direct" discussion of the vagina with a "girl" "in the first bloom of youth"—a "girl" who, toying with her handbag while lying on his couch, telegraphs a wish to masturbate—becomes the occasion for repetitive references to a "dirty" and "disgusting" discharge.

It may seem surprising to see Freud taking such a strong anti-masturbation stance in *Dora*. If nowadays one tends to think of masturbation as something that "everyone does," then Freud gets a good deal of credit for our culture's widespread acceptance of this commonplace. In 1905, the same year that *Dora* first appeared in print, Freud also published *Three Essays on the Theory of Sexuality*, a text that subverts Victorian pieties about children's supposed sexual "innocence" and argues that masturbation is part of "normal" childhood development.⁹⁸ How can we account for this seeming disparity between the theses of *Dora* and *Three Essays*? Most important, we should note that the object of Freud's censure in the case history is specifically *female* masturbation. Freud's pathologization of female masturbation appears to be bound up with moral objections that he raises against lesbian desire. Along with masturbation, Freud names what he divines to be Dora's attraction to Herr K.'s wife as a major contributor to her illness. But tellingly, although Freud identifies Dora's "homosexual... love for Frau K." as the "strongest unconscious current" in Dora's mental life, this alleged lesbian love receives scant

textual attention, much of which is relegated to footnotes. When Freud does deal directly with the topic of female same-sex desire, he portrays it as the result of a wish to exact revenge upon men. “Men are all so detestable that I would rather not marry. This is my revenge,” Freud interprets one of Dora’s dreams as signifying; in his discussion of the same dream, he links Dora’s supposed love for Frau K. to “cruel and sadistic tendencies” (110, 102 n. 26). Perhaps lesbianism and female autoerotism trouble Freud for the same reason: both figure the possibility of a sexuality that does not involve men.

In *Three Essays*, Freud does not suggest that female masturbation leads to disease, but he does suppress female autoerotism in a different way. Instead of claiming that girls’ self-touching leads to coughs, cramps, and other unpleasant bodily symptoms, Freud submits that girls relinquish the practice of masturbation on their own. According to this view, which Freud held throughout his career, puberty brings a “wave of repression” for girls, who turn their attention away from the clitoris and adopt “a new leading zone,” i.e., the vagina (86-87). The difficulty that girls often have in making this shift, Freud claims, is among the “chief determinants” of women’s supposedly greater susceptibility to hysteria (87). Freud’s sustained unwillingness to allow for the possibility of nonpathological female autoerotism provides a context in which the following passage in *Dora* can be interpreted:

It is well known that gastric pains occur especially often in those who masturbate. According to a personal communication made to me by W. Fliess, it is precisely gastralgias of this character which can be interpreted by an application of cocaine to the “gastric spot” discovered by him in the nose and which can be cured by the cauterization of the same spot. (70)

Freud is referring here to “nasal reflex neurosis,” a disease category developed by Fliess. Believing that female masturbation produced changes in the nose, Fliess treated this “disorder” with nasal surgery. In 1895, at Freud’s request, Fliess operated on Freud’s patient, Emma Eckstein, whom Freud had diagnosed as hysterical. Fliess botched the surgery, leaving half a meter of gauze in Eckstein’s nasal cavity, which was not discovered until two weeks later by another physician. When the gauze was removed, Eckstein suffered severe hemorrhaging, from which she almost died. Despite this disaster, and despite the permanent disablement that Eckstein experienced as a result of the surgery, Freud eventually concluded that his patient’s massive bleeding (which he had witnessed himself, along with the expulsion of two bowls of pus and a bone chip from Eckstein’s nose) was “hysterical,” induced by her “longing” for Freud (Masson 62, 20, 202).

This story has many morals. Most obvious, perhaps, is the theme of medical arrogance, especially in cases where physicians are male and patients are female. Another is the devastating material damage to which such arrogance can lead. This risk remains serious in our time period. For example, Joan Nestle recounts that her colon cancer did not get diagnosed because her “thick medical folder” of complaints about CFIDS caused her doctor to suspect that she was exaggerating the severity of her symptoms (42). Interestingly, Ida Bauer also contracted colon cancer, from which she died in her forties. You might think that Bauer’s death from colon cancer, which is a documented disability, would raise for *Dora*’s readers the possibility that her longstanding distress did, after all, have an organic basis. But this has not been the case. Moi even seems to imply that Bauer’s cancer was caused by hysteria when she claims, “Dora suffers continuously from psychosomatic constipation and dies from cancer of the colon” (192). Another moral: “undocumented disability” is an unstable category; what’s undocumented one day (“psychosomatic’ constipation”) may become documented (“cancer of the colon”) the next.

However, even when impairments are documented, the suffering that they produce remains undocumentable and therefore vulnerable to the same suspicion and disbelief that undocumented disabilities elicit. For example, people with painful documented conditions, such as arthritis, are frequently criticized for “wallowing” in their suffering.

In addition to these multiple messages, there is another lesson to be derived from the story of Freud and Fliess’s mistreatment of Eckstein: Freud cannot get away from the body. Throughout *Dora*, Freud has been trying to uphold the priority of the “mental side” of hysteria’s causative factors; but the passage we have been discussing exemplifies the body’s propensity to keep popping up. It’s a nose; it’s a vagina; it’s a habit of masturbation, a disgusting discharge, or a family history of syphilitic infection; or it’s a mysterious and undefinable mechanism called “somatic compliance.” Again and again, Freud’s account of hysteria resists his efforts to constrain it within the limits of the “psychological.” This resistance, we will see, foreshadows Freud’s theorization, in *Beyond the Pleasure Principle*, of a disabling, unrepresentable “drive” whose origins lie in the realm of biology. But if the continual irruption of the body into the case history can be said to reach forward to the moment when Freud will name “the death drive,” it can also be seen as extending backwards: back into evolutionary history, as Freud will locate the origins of the drive in our prehistory as “unicellular” organisms intent upon returning to “an earlier state of things”; and backwards also in the trajectory of Freud’s career, since Freud’s earliest writings, predating his theories about “hysteria,” focused on physiological causes of disease. Trained as a biologist and a physician, Freud published his first works on topics ranging from the spinal ganglia of the petromyzon to the electrical activity of neurons in humans (Kris 16; Freud, “Project” 356).

But if the body can’t be stopped from overtaking Freud’s attempts to define hysteria as a psychogenic disorder, then, Freud seems to determine, the body must be figured as female. Consider, for example a metaphor that Freud uses to illustrate his concept of somatic compliance: responding to readers who, he anticipates, may wonder why an additional physical symptom does not occur every time a new psychic conflict arises, Freud explains that, due to a “conservative trait in the character of the neurosis,” “a symptom that has once been formed shall if possible be retained” (46). This already-formed physical symptom is the bodily component of hysteria. The somatic element of illness is clearly feminized in this analogy; it serves as the receptacle for an active, living, and unmistakably masculine “thought which is in need of discharge” (46). Freud compares this “new thought” to a “current” that “flows along” paths “already established” by the body, “pouring into the symptom, in the words of the Gospel, like new wine into an old bottle” (46). Thus, the feminized soma, figured as an empty vessel, becomes the inanimate container of which a quickening masculine “impulsion towards the discharge of an unconscious excitation” “make[s] use” (46). In this passage, the metaphor that Freud uses to figure the perplexing and inscrutable process of somatic compliance looks a lot like the vagina as it is constructed in phallogentric culture, that is, as a receptacle of which someone else can “make use.” Here, the vagina itself becomes an analogue for a corporeality that, notwithstanding Freud’s claims to the contrary, reveals itself to be a crucial factor in producing the undocumented impairments that he labels “hysteria.”

But if we turn to other Freudian texts, we may glean suggestions that the states of sexualized disability, or disabled sexuality, that in *Dora* go by the name “hysteria” might also determine the experiences of somas and psyches marked as male. When I read Freud’s “gotcha” account of what he presumes to be Dora’s history of masturbation, a question keeps occurring to me: does Freud himself masturbate? Let’s go with the “most people do” thesis toward which

Three Essays points and assume, hypothetically, that Freud does have some firsthand knowledge of autoerotic pleasure. If this is the case, then when Freud portrays the subject of his case history in the image of the Masturbating Girl,⁹⁹ he would also in some ways be portraying himself: he would be making manifest the content of his own struggles in the throes of sexuality, sex being a process that, as Freud explains in *Three Essays*, entails a pleasurable “unpleasure,” a disabling and ego-endangering loss of control. Thus, the theory of hysteria could be understood as a displacement: if the thought, “My patient’s suffering turns me on because it reminds me of the suffering that infuses my sexuality” is felt as intolerable, then the notion of hysteria covers over this possibility by asserting that patients produce symptoms to satisfy *their* sexual wishes. Similarly, when Freud hears about Dora’s suffering from the symptoms of her illness, he might also be envisioning himself sick: recalling a night of vomiting, a spasming back, or a cough that wouldn’t quit. The theory of hysteria makes it possible to push these upsetting images aside, reconfiguring them as someone else’s imaginary ailments.

These hypothetical Freudian recollections of sex and disability might bring to mind the close connections between sickness and self-pleasuring that Freud elaborates in “On Narcissism.” In this essay, Freud invokes “the familiar egoism of the sick person” to lay out a theory of narcissism, a state that he describes as resembling autoerotism. In Freud’s analysis, ill people are like masturbators; both “withdraw [their] libidinal cathexes back upon [their] own ego[s]” (82). Claiming that hypochondriacs divert their libidos from the external world to focus their erotic attention upon suffering bodily organs, Freud identifies the penis as the prototype of an “organ that is painfully tender” (84).¹⁰⁰ Freud’s construction of the penis as a painfully tender organ points to an important possibility: not just the vagina, but also the sexual organs of persons of all genders, may be loci of an inherently disabled and disabling sexuality. Thus, although in his readings of Dora’s “box” Freud explicitly focuses on cultural analogues for the vagina, the trope of Dora’s box does more work than this: the vagina serves an analogue for another “tender organ,” a part of the masculine subject that, insofar as it threatens to embody a loss of power and autonomy, Freud will not own.

Indeed, our culture’s disowning of its determination by the disability drive could be described as the primary function that the concept of “hysteria” serves. The diagnostic label “hysterical” boxes chronically ill people in: it makes us categorizable, and dismissible, as a distinctively embarrassing “type.” In doing so, the notion of hysteria allows nondisabled people to represent themselves as *not* under the sway of the disability drive: as liberated subjects rather than captives of a sexuality that threatens egos’ health and integrity. But as we shall see, Freud’s use of “hysteria” as a fantasmatic escape from the disability drive will give way to an account of the drive as a force that threatens the dissolution of all subjects.

From Dora to the Drive

Marking the hysteric as a distinctive type, Freud makes sure that his references to his patient’s suffering are preceded by qualifiers such as “alleged,” “supposed,” or “professed.” In Freud’s book, illness is a force opposed to “reality,” and suffering is a fantasy, a form of enjoyment, and an act of revenge. Suffering is a state, moreover, that the ego, through its powers of analysis, can hope to master. Thus, in the final paragraph of the case history, Freud sums up Dora’s story by suggesting that she may at last have overcome her disability. Reporting on news that he has heard about Dora since her last visit, Freud writes:

In the meantime the girl has married... Just as the first dream represented her turning away from the man she loved to her father—that is to say, her

flight from life into disease—so the second dream announced that she was about to tear herself free from her father and had been reclaimed once more by the realities of life. (112)

Dora gives us some tools with which we might interpret this final passage of the case history. The strenuous repression of a thought, Freud indicates, requires “every one of its elements to be turned into its opposite” (62). Thus, in *Dora*’s dream about the jewel-case, “fire” signifies “water”; “accept” means “give”; and “reject” means “withhold” (62). If this rule of interpretation were applied to *Dora*’s concluding paragraph, “reality” would signify “fantasy,” and “life” would stand for “death.” And in place of “she” (or *Dora*), Freud would have intended to say “I” (or Freud). Read this way, *Dora*’s final lines would also be Freud’s last words: “I had been reclaimed once more by the fantasy of death.”

These would be fitting final words, because the case history’s account of Freud’s frustrated efforts to conquer “hysteria” may adumbrate his concept of the death drive. As previously noted, Freud introduces the idea of the death drive in *Beyond the Pleasure Principle*, a text that he published fifteen years after *Dora*. Both “hysteria” and “the death drive” are ways of figuring an eroticized impulsion toward disability—disability being understood as a failure of sovereignty, health, and control. But in the case history, *Dora* alone bears the burden of embodying the drive; it is her particular femininity, disability, and disease that Freud figures as cause and consequence of the drive. Not yet having named the drive as such, and instead utilizing the term “hysteria” to designate *Dora*’s distress, Freud positions himself as a medical authority who stands at a remove from the drama of the hysterical girl whom he treats. And when this remove is threatened and Freud’s discursive control of “hysteria” begins to loosen, it is clear that this is not voluntary. From start to finish, Freud tries in the case history to trump his “hysterical” patient and, in doing so, to triumph over disability.

By the time that Freud introduces his concept of the death drive, much of this has changed. The question is no longer, “Can hysteria be cured?” Instead, Freud wonders whether humanity is on a path toward perfection, and his answer is: probably not (*Beyond* 50). Rather than imaging the hysteric as singularly demonic, Freud proposes in *Beyond the Pleasure Principle* that a force that is felt as a “demonic power” may exist within every person (23). This compulsion, no talking cure can hope to overcome.

And whereas *Dora* draws a sharp contrast between Freud’s status as a knowledgeable authority and *Dora*’s presumed epistemological disablement, in *Beyond the Pleasure Principle* Freud frankly represents himself as uncertain. His meditations on the death drive, he admits, derive from “speculation, often far-fetched speculation” (26). At the volume’s conclusion, Freud’s doubts remain unresolved; he realizes that he has raised “a host of...questions to which [he] can at present find no answer” (77). With this in mind, Freud asks his readers to be patient with “the slow advances” of scientific knowledge (78). The final words of Freud’s treatise on the death drive are from the poet Rückert:

Was man nicht erfliegen kann, muss man erhinken.

...

Die Schrift sagt, es ist keine Sünde zu hinken.

[“What we cannot reach flying we must reach limping... The Book tells us it is no sin to limp.”]

If “the Book” says that it is no sin to limp, Freud’s case history tells a different story: in *Dora*, limping *is* the sign of a sin; *Dora* limps because she has made a “false step” by unconsciously fantasizing a sexual relationship with Herr K. (94). Of course, Freud does not suggest that it is a

vengeful god who makes Dora limp as a reaction to her false step fantasy; rather, Dora has “punished herself” for a desired sexual infraction (94). In alleging that Dora’s illness is a self-induced punishment for a fantasized transgression of bourgeois sexual morality, Freud pathologizes what he sees as her excessive conformity to this morality; as previously noted, he contends that, had Dora decided to yield to Herr K., she might have been cured of her hysteria. This construction of Dora’s illness accords with Freud’s well-known efforts to detach sexuality from morality. Indeed, Freud spends several pages of the case history defending his practice of speaking explicitly with his patients about matters such as oral sex (41-45). Yet despite Freud’s attempts to sever sexuality from morality, the case history makes it clear that Dora’s illness is to be understood as resulting at least in part from sexual culpability: both too great an intensity of “perverted” sexual feelings and too little willingness to give in to these feelings make Dora a “revengeful” hysteric. Freud’s double pathologization of Dora’s sexuality conforms to his account of the two aspects of erotic life that, in his view, are characteristic of “hysterics.” According to Freud, hysterical patients always have “strongly marked perverse tendencies,” and they are especially predisposed to repressing these tendencies (43-44). In other words, the hysteric is too much a good girl *and* too much a slut, a Madonna and a whore at the same time. It is therefore fitting that Freud’s interpretation of Dora’s last dream includes a lengthy discussion of what he sees as Dora’s identification with a painting of the Madonna appearing in this dream, as well as a long exegesis of what Freud reads as Dora’s unconscious inclination to follow in the footsteps of a fallen woman—Herr K.’s governess, who is disowned by her family because she falls for the same line that Herr K. uses on Dora: “I get nothing out of my wife” (98). (88, 95-96 n. 20, 97-100).

But as we move from a consideration of *Dora* to an analysis of Freud’s account of the drive, we see his reading of disability’s imbrication with sexuality shifting from a minoritizing model, which stigmatizes so-called hysterics for supposed sexual missteps, toward a conception of the drive as a universally disabling force, an aspect of the psyche that makes even the smartest scientists fall into figurative limping. If Freud’s concept of the drive had been available to him when he treated Dora, he could conceivably have given his patient a different diagnosis: not “hysteria,” but instead “the drive.” But the death drive is not a diagnosis, and herein lies its crucial difference from the concept of hysteria. Whereas the diagnostic category of hysteria is grounded in a psychology of the ego, in which symptoms have psychological meanings, the drive refers in part to a realm of inscrutable bodily suffering and need that continually intrudes upon our meaning-making efforts. The concept of hysteria denies the drive in two interrelated ways. First, it envisions bodily symptoms as logical outcomes of a psyche that wants to make its meanings manifest. Second, the construct of hysteria projects the disability drive onto people with undocumented disabilities by figuring us as uniquely under the sway of this force. Rather than highlighting figurative correspondences between sex and disability, the theory of hysteria avows that some subjects literally have the capacity—through the mysterious and, as we have seen, incoherent mechanism of “somatic compliance”—to transubstantiate sexual desires into bodily symptoms such as abdominal cramps or attacks of appendicitis. In this way, the disease category “hysteria” depicts the drive not as a ubiquitous element of mental life but instead as the pathology of a stigmatized minority of disabled individuals. The theory of hysteria thus shores up the discursive divide between “disabled” and “normal” people.

The drive, by contrast, makes little distinction between disabled and nondisabled people: the force is portrayed as compelling all subjects. In addition, Freud’s concept of the death drive can be read as staging a departure from the notion of “somatic compliance” that undergirds his

theory of hysteria. As we have seen, *Dora* conceives of disability as the result of a mind in control of a compliant body. *Beyond the Pleasure Principle* articulates a different formulation of the mind-body relationship, which I propose to call *psychic compliance*. The concept that I term “psychic compliance” takes shape as Freud sketches out his speculative account of the origins of the death drive. Freud proposes that since all life inevitably returns to a state of inanimate matter, organisms are perhaps driven by a drive toward death that supersedes the ego’s instincts of “self-preservation, of self-assertion, and of mastery” (47). These latter ego-centered impulses are only “component instincts”; their function is to “assure that the organism shall follow its own path to death” (47). In other words, the organism is not striving for immortality; it is only trying to ensure that when it dies, it does so “in its own fashion” (47). This line of thinking presents some evident problems. Most notably, positing a death drive on the basis of the fact that every organism dies is a little bit like assuming a “graying drive” because over time hair tends to turn gray. To show that one *gets* gray hair, after all, is not the same thing as establishing that one *wants* gray hair.¹⁰¹ To be sure, Freud’s concept of the drive does not reference a straightforward wanting or desire. But the drive also does not refer to a purely physical change in the organism. Instead, Freud defines a drive “as a concept on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind” (“Instincts” 121-22).¹⁰² Arguably, then, to ground the notion of the drive primarily in biology, as Freud does in *Beyond the Pleasure Principle*—in which he locates the source of the drive in a compulsion, derived from evolutionary history, to return to a state of “inanimate matter”—risks effecting a specious conflation between the organism and the subject.

As we have seen, Freud’s theory of hysteria effects much the same conflation: if *Dora* has a sore throat, then she must *want* a sore throat, Freud presumes, effacing the possibility of any separation between biological process and subjective experience. But there is a crucial difference between the ways in which *Dora* and *Beyond the Pleasure Principle* construe the *soma* and the psyche. While the concept of hysteria conceives of mind and matter as two separate entities, with mind always dominating matter, the theory of the death drive envisages a psychic life that cedes governance to the *soma*. In a breakdown of the Cartesian binary that predicates the subject’s existence upon the mind’s ability to override the body, Freud’s biological history of the death drive sees the *soma* subsuming and appropriating the psyche, the latter existing only as an extension of the former. Freud speculates that whatever the body does, including dying, the subject is forced, sometimes despite its ego’s own wishes, to desire. In this way, the notion of the death drive effects a reversal of the cause-and-effect scenario upon which the notion of hysteria based. Whereas *Dora*’s psychic desires are said by Freud to produce symptoms in her body, the notion of the death drive postulates that bodily changes give rise to psychic wishes.

Some critics object to Freud’s turn to biology, casting this move as politically conservative.¹⁰³ But I would suggest that there may be something radically subversive about the ways that the body figures in Freud’s account of the drive—an account that should be read less as a scientific theorem than as a cultural myth.¹⁰⁴ This myth makes explicit the subtext that *Dora* represses: it dramatizes the inevitable failure of somatic compliance, the impossibility of the fantasy that mind could ever exert full control over matter. Freud’s concept of the death drive reduces “the subject” to the status of the corporeal, and the most simple of corporeal organisms at that: a one-celled “vesicle,” shielded from the external world by only a thin membrane (*Beyond* 28). The notion of the death drive likens seemingly complex psychological desires to the activities of unicellular organisms, which are depicted as being continually driven to return to

inorganic matter. There can be no “mind over matter,” as in Freud’s explicit claims about hysteria; rather, in keeping with the subtext of somatic noncompliance that we have uncovered in *Dora*, mind in the later book exists only as a function of matter.

This is the “death” of the subject that Freud’s theory of the drive thematizes. But in constructing a model of mental functioning that underscores the subject’s determination by bodily necessity, Freud does not figure “the death of the subject” so much as he theorizes the subject’s disablement. Psychic compliance does not blot the subject out of existence, but it does render it a shell (or, as Freud puts it, a “cortical layer”) of the self that it might have imagined itself to be. The subject is portrayed as dependent upon and defined by a bodily trajectory that renders irrelevant any separate psychic wishes—any hopes of overcoming or transcending the body’s perpetual process toward “inertia” and immobility.

When I first became disabled in the mid-1990s, I joined a support group for queer women with CFIDS. One day, one of the group members brought up a frustrating assumption that healthy people frequently make about chronic illness: if we’re sick and seem unhappy, it’s assumed that our unhappiness is the cause of our bodily symptoms; conversely, if our health improves and our mood also gets better, our newly “positive” attitude is credited with bringing about our better physical health.

“It’s the *opposite* of that!,” I and the rest of the group members chorused. We commiserated about how healthy people didn’t seem to get this: the way that even a slight amelioration of our bodily distress could instantly make us happier, and the way that an exacerbation of our fatigue, body pain, and other flu-like symptoms could make us feel sad. It’s not always like this: Wendell, who also has CFIDS, notes that it is possible to feel happy and sick at the same time (*Rejected* 63).¹⁰⁵ And of course, it is also possible to be unhappy and healthy at the same time. But I think that the notion of psychic compliance captures something important about the ways that our bodies shape our psychic lives, and about the impossibility of a complete subjective transcendence of the somatic.

Psychic compliance gets at something else, too. If Freud’s “death drive” names a force that calls us toward disability, does this mean that being disabled makes a person desire disability? My disabilities are the kind that one cannot wholeheartedly desire. If your arms hurt, you want them to stop hurting; if you’re bloated and can’t move your bowels, you wish you could poop. And if you can’t eat bread, sometimes you really wish you could have a sandwich. Although I’ve been disabled for over twenty years, I still haven’t quite arrived at the acceptance stage. Most days—actually, most hours—I have moments of wishing for particular impairments to go away. I imagine the connective tissues in my arms healing and my electromagnetic sensitivity vanishing. I’d sit at a computer and type, watching words appear on a brightly lit screen. If my chemical sensitivities disappeared, I could board an airplane, travel across the country, and read my words at a disability studies conference. But here the fantasy stops short, because: what would those words be? They might be good words, but they would not be the same words as those that I’d write from this particular space of disabled embodiment. The paradox that I am describing is a chronic illness commonplace: we can’t not want to get better, but we also may come to find ourselves desiring our disabilities.

I’m not talking about an “illness identity” or a “sick role.” I’m talking instead about the disability drive. Freud’s notion of the drive suggests that we cannot exactly say, “My body is moving toward death, through disability, and it is doing so *against my will*.” Instead, drive theory indicates that—unthinkable and horrifying as this must seem—some parts of us want to go the way of our bodies. In this way, the drive can be seen as overturning the idea of somatic

compliance upon which Freud's theory of hysteria rests. Whereas somatic compliance posits that we get sick because we *want* to, psychic compliance asserts something very different: it proposes that the body will do what it is going to do, without regard for our choices or desires, and that the psyche must sometimes bend to the force of a body that drives it ineluctably toward disability.

The disability drive helps us give in to disability. This, of course, is exactly what our culture insists that we must never do. "Try another treatment; do your exercises; eat your superfoods," we are told. Freud did not claim, and I would not claim either, that the drive, whether toward death or toward disability, overrides every aspect of the psyche. Our egos persist in their strivings for health and pleasure; they can't stop this striving, nor should they. But Freud teaches us that our egos are not everything; the psyche is not unitary, and our socially recognizable selves are not the sum total of who we are. Alongside, and in opposition to, all of our genuine hopes and heartfelt wishes for health, the disability drive is telling us something else: whether we like it or not, we are headed toward death and, en route to death, toward disability. And sometimes, despite ourselves, we *do* like it.

Chapter 3: Primary Pity

When Freud dubbed Ida Bauer “Dora,” he was likely paying homage to another literary personage with the same name. Charles Dickens’s *David Copperfield*, one of Freud’s favorite novels, also features a character called Dora. Dickens’s Dora, the childlike first wife of *David Copperfield*’s eponymous narrator, is chronically ill. And in ways that parallel Freud’s account of hysteria in his case history, Dora Copperfield’s disability is a source of “heavy trials” to her spouse (*Dora* 16). Much like the husbands of the “hysterical” wives alluded to in *Dora*, David is forced to make “pecuniary sacrifices” on Dora’s behalf and to “show her consideration” on account of her illness (*Dora* 37). Luckily for David, his Dora dies toward the end of the novel, freeing him to marry the woman he realizes he should have married in the first place: healthy, hard-working Agnes Wickfield, whose able-bodied industriousness makes her a fitting female inhabitant of the Dickensian house.

In order for *David Copperfield* to reward its hero with a life that includes an appropriately angelic companion, Dora has to die. The fate of Dickens’s Dora provides a striking contrast with the trajectory of a character in an even more famous tale by the same author: *A Christmas Carol*’s saint-like Tiny Tim, who, the narrator declares at the story’s conclusion, “does not die” (83). In the previous chapter, I argued that the cultural function of Tiny Tim, in regard to visible physical disability, is analogous to that of Dora in relation to invisible and undocumented disability. If “Dora” (as depicted by Freud or Dickens) is the nemesis of subjects who are dubbed modern-day “hysterics,” then Tiny Tim is among the cultural creations most despised by people who are oppressed by ableist social reactions to visible disability. In this chapter, I take measure of Tiny Tim’s multiple cultural meanings.

My argument takes shape through readings of three books: *A Christmas Carol*; Lee Edelman’s *No Future: Queer Theory and the Death Drive*; and Paul Guest’s disability memoir, *One More Theory About Happiness*. I take this triad of texts as my focus to forward several overlapping sets of arguments. First, I will seek to demonstrate that *No Future*’s claims about queerness’ relationship to the drive have enormous importance for disability studies. As I discussed in Chapter 1, Edelman’s argument that anti-queer social prejudice results from the culture’s projection of the drive onto queers laid the groundwork for my concept of the disability drive. *No Future*’s applicability to disability studies and its field-shaping effects in queer theory are reasons that I provide an in-depth discussion of the book in this chapter. As we saw in Chapter 1, critics who point to *No Future*’s elision of topics such as race, class, gender (and, I would add, disability) have tended not to engage seriously with the psychoanalytic frame that Edelman engages. Because I find this frame so compelling as a way of theorizing not only heteronormativity but also an array of other vectors of oppression, I spend considerable time in this chapter reflecting upon the potentialities and the limits of a disability studies rearticulation of Edelman’s version of queer anti-social theory.

But as with my reading of Freud in the previous chapter, the taking-on of *No Future* that I advocate will take two forms: in addition to suggesting that disability studies adopt central theses of this book, I critique this text’s portrayals of femininity and disability. Specifically, I argue that when it comes to tropes of disability and femininity, Edelman sometimes does precisely what he urges his readers not to do; that is, he abjects the disability drive onto stigmatized sexual others. In making this argument, I will read Edelman’s book not only as a theoretical treatise but also as a literary text; in doing so, I take as my particular focus Edelman’s treatment of Tiny Tim, a character who plays a pivotal role in *No Future*. According to Edelman, Tiny Tim is used by our culture as a bulwark against queerness; that is, the character embodies heteronormative culture’s

efforts to cover over the corrosive effects of the drive. Edelman's critique of Tiny Tim marks a point of convergence between queer antisocial theory and disability studies. Ever since Leonard Kriegel published an article in 1969 in which he linked the characters of Uncle Tom and Tiny Tim, disability scholars and activists have taken Tiny Tim as an emblem for everything that politically aware disabled people don't want to be. The name "Tiny Tim" reads as a signifier for pity, an affect that disability studies has strenuously critiqued. Even beyond the character of Tiny Tim, disability studies' refusal of pity is paralleled in queer antisocial theory: in a chapter-length challenge to the affect of compassion, Edelman argues that compassion bolsters the egos of those who purport to feel it while defending against the death drive. But although queer antisocial theory and disability studies share a dislike of pity and compassion, their antipathy to these affects comes from different places. Whereas disability studies' critiques of pity often augment assertions of proud and positive identities, Edelman's rejection of compassion aims to undermine identity. And while Edelman approaches the topic of pity from the vantage point of a queer subject who does not want to confer pity on others, disability scholars tend to identify as, or with, disabled subjects who are loath to have pity imposed upon us.

Could one find queercrip potentialities in this odd-bedfellow convergence? Perhaps, but this is not the tack that I will take in this chapter. Rather than seconding either *No Future's* celebration of "pitiless" subjects (70) or disability activism's "Piss on pity" imperative, my account of pity will take as its starting point an aspect of this feeling that is seldom discussed in disability studies: while pity is a well-known vector of visibly disabled people's oppression, the refusal of pity is a more salient aspect of the oppression of people with disabilities that are invisible and/or undocumented. As we saw in the previous chapter, many people whose impairments are undocumented would *like* a little pity, or at least some compassion—some indication, that is, that the disabling suffering we experience is recognized by others. But instead of this, we often get no pity. To make matters worse, our culture's withholding of pity from people with undocumented disabilities provides the justification for its denial of our requests for access and accommodation.¹⁰⁶ The refusal of compassion that informs social reactions to undocumented disability should make us wary of prohibitions against pity, whether articulated by queer antisocial theory or by disability studies.

In this chapter, I press for a stigmaphilic taking-on of pity, an emotion that, as we shall see, is deeply enmeshed with the disability drive. Toward this end, it will be necessary to take a fuller account of pity than either queer antisocial theory or disability studies has done. Part of this accounting will involve an expansion of the ways in which the term "pity" can signify. Typically, we think of pity in terms of "feeling sorry for" someone else, and we agree that this "feeling for" implies a degree of condescension, in which the person doing the pitying is assumed to occupy a position of superiority in relation to the person who is pitied. If we were to take this as our agreed-upon model of pity, then disability scholars would of course be right to want nothing to do with pity. But in this chapter I will suggest that pity may involve more complex processes than this everyday understanding of pity allows. In place of the usual, one-dimensional conception of pity, I will postulate a distinction between two forms of this affect. Drawing on Freud's distinction between primary and secondary narcissism and between primary and secondary masochism, I will propose that pity may also be more than one thing. I will define primary pity as an emotion that is tied up with the disability drive; this feeling undermines the ego's sense of itself as secure, healthy, and in control. By contrast, secondary pity involves the ego's efforts to defend itself against the disability drive.

To elucidate the economies of primary and secondary pity, I perform a reading of Guest's *One More Theory About Happiness*, a memoir that, unlike many influential texts in disability studies, depicts disability as an experience involving suffering and loss. We will see that Guest's book may invite primary pity, even as it rejects the imposition of secondary pity upon disabled people. Reading Guest's memoir in juxtaposition with *A Christmas Carol*, I suggest that it may be possible to take pity back from the ableist discourses within which it has been entrenched. A reclaiming of pity will be important not only for disability reasons but for feminist ones as well: in light of pity's longstanding cultural associations with femininity, both disability studies' "No pity" slogan and *No Future's* repudiation of compassion run the risk of reinforcing masculinist biases against femininity, weakness, and disability. For these reasons, I suggest, it may be time to take another look at Tiny Tim. In doing so, we may come to see this character not as our nemesis but as someone we need.

Take Tiny Tim

Let us begin our reexamination of Tiny Tim with a discussion of *No Future*, a text in which Tiny Tim takes a prominent position.¹⁰⁷ *No Future* is a text with a target: the book takes aim at "the Child whose innocence solicits our defense," a trope that Edelman names as the emblem of an ideology that he terms "reproductive futurism" (2). According to Edelman, commonplace cultural invocations of the figure of the Child ("not to be confused with the lived experiences of any historical children") uphold "the absolute privilege of heteronormativity" (11, 2). Defying pronatalist social imperatives, Edelman names queerness as "the side of those *not* 'fighting for the children'" (3) and urges queers to accept the culture's projection of the death drive onto us

by saying explicitly what Law and the Pope and the whole of the Symbolic order for which they stand hear anyway in each and every expression or manifestation of queer sexuality: Fuck the social order and the Child in whose name we're collectively terrorized; fuck Annie; fuck the waif from *Les Mis*; fuck the poor, innocent kid on the Net; fuck Laws both with capital *ls* and with small; fuck the whole network of Symbolic relations and the future that serves as its prop. (*No Future* 29)¹⁰⁸

Elsewhere, I have argued that *No Future's* impassioned polemic is one that disability studies might take to heart.¹⁰⁹ Indeed, the figure that Edelman calls "the disciplinary image of the 'innocent' Child" is inextricable not only from queerness but also from disability (19). For example, the Child is the centerpiece of the telethon, a ritual display of pity that demeans disabled people. When Jerry Lewis counters disability activists' objections to his assertion that a disabled person is "half a person," he insists that he is only fighting for the Children: "Please, I'm begging for survival. I want my kids alive," he implores (in Johnson, *Too Late* 53, 58). If the Child makes an excellent alibi for ableism, perhaps this is because, as Edelman points out, the idea of *not* fighting for this figure is unthinkable. Thus, when Harriet McBryde Johnson hands out leaflets protesting the Muscular Dystrophy Association, a confused passerby cannot make sense of what her protest is about. "You're against Jerry Lewis!" he exclaims (61). The passerby's surprise is likely informed by a logic similar to that which, in Edelman's analysis, undergirds the use of the word "choice" by advocates of legal abortion: "Who *would*, after all, come out *for* abortion or stand *against* reproduction, *against* futurity, and so against *life*?" (16). Similarly, why *would* anyone come out *for* disability, and so against the Child who, without a cure, might never walk, might never lead a normal life, might not even have a future at all?

The logic of the telethon, in other words, relies on an ideology that might be defined as “rehabilitative futurism,” a term that I coin to overlap and intersect with Edelman’s notion of “reproductive futurism.” If, as Edelman maintains, the future is envisaged in terms of a fantasmatic “Child,” then the survival of this future-figured-as-Child is threatened by both queerness and disability. Futurity is habitually imagined in terms that fantasize the eradication of disability: a recovery of a “crippled” or “hobbled” economy, a cure for society’s ills, an end to suffering and disease. Eugenic ideologies are also grounded in both reproductive and rehabilitative futurism: procreation by the fit and elimination of the disabled, eugenicists promised, would bring forth a better future.¹¹⁰

But before disability studies considers taking *No Future* as a text of our own, we may first wish to consider Edelman’s take on disability. In support of his argument that our culture’s fetishization of the Child is determined by an inherent “morbidity,” Edelman’s Exhibit A is Tiny Tim:

Take, for example, Tiny Tim—or even, with a nod to the spirit of the late Henny Youngman, “take Tiny Tim, *please!*” His “withered little hand,” as if in life already dead, keeping us all in a stranglehold as adamant as the “iron frame” supporting his “little limbs” . . . ; his “plaintive little voice” . . . refusing any and every complaint the better to assure its all-pervasive media magnification, in the echoes of which, year in and year out, God blasts us, every one . . . and his “patient and . . . mild” . . . disposition so thoroughly matching the perfect humility of its coercive self-display that his father with “tremulous” voice recalls how Tiny Tim “hoped the people saw him in the church, because he was a cripple, and it might be pleasant to them to remember upon Christmas Day, who made lame beggars walk, and blind men see.” . . .

Very pleasant indeed. And more pleasant by half than remembering, instead, who made lame beggars lame (and beggars) and who made those blind men blind. But then, *A Christmas Carol* would have us believe that we know whom to blame already, know as surely as we know who would silence the note of that plaintive little voice and require that the “active little crutch” . . . kick the habit of being leaned on. (41-42)

The preceding passage presents some barriers to a disability studies adoption, as it evinces no particular interest in the politics of disability oppression. For example, the “who” that might “require that the ‘active little crutch’ kick the habit of being leaned on” is not, as this formulation might suggest in another context, an ableist rehab counselor or occupational therapist. It refers rather to Scrooge, Edelman’s first example of a “canonical literary instantiation” of what he calls “*sinthomo*-sexuality,” his neologism for an antisocial force affined with queerness and the death drive (39).

If *No Future* has a hero, it is the *sinthomosexual*, a cold, “inhuman,” anti-Child type like Scrooge (108). Remarking that Scrooge “almost seems to rebuff the very warm-bloodedness of mammalian vitality,” Edelman points to Scrooge’s intrinsic chilliness (“the cold within him,” the “frosty rime . . . on his head”) as evidence that this character is a “textbook-perfect example of the death drive” (44). This raises a question: if Scrooge, the antagonist of *A Christmas Carol*’s heart-warming “cripple,” embodies everything that’s cool about “queer,” does this mean that, according to the logic of *No Future*, the uncool antithesis of queerness is . . . disability?

Not necessarily. A close examination of the binary that Edelman constructs between “the Child” and “the queer” reveals that disability can be found on both sides of this paradigm.

Disability shows up on the side of the Child in Edelman's analysis of Tiny Tim; in his description (in an earlier version of *No Future's* first chapter) of an antiabortion billboard as a "poster child for children"; in his characterization of the Catholic church as "blindly committed to the figure of the Child"; and in his depiction of "the self" as a "prosthesis maintaining the future for the figural Child" ("Kid" 24; *No Future* 29, 30). But disability appears on the side of the queer in Edelman's references to Scrooge's "stiffened" "gait"; in the character of Captain Hook, whom Edelman describes as embodying "a drive toward death that entails the destruction of the Child"; and in Leonard, the villainous *sinthomosexual* of *North by Northwest*, whom Edelman describes as "deaf to claims of human fellowship" (44, 21, 20).

Tropes of disability are also present in what Edelman reads as Jean Baudrillard's "panicky offensive against reproduction without heterogenital copulation," in which sex is described as devolving into a "useless function" and humans are distinguished (unsuccessfully, Edelman argues) from "the order of the virus" (qtd. in Edelman 64, 62).¹¹¹ Edelman's apt reading of these remarks by Baudrillard in relation to what was once called "the gay plague," as well as his own plays on the word "bent," suggest that it can be difficult, in homophobic and ableist culture, to distinguish between queerness and disability (62, 90).¹¹² Anti-queer religious leaders, Edelman notes, characterize queer sexualities as "unhealthy" and "ugly," and "ministries of hope" offer cures to those who have "grown sick-to-death of being queer" (91, 47).¹¹³ Against the "pathology" or "social disease" as which queerness is diagnosed, queer-baiting of children, Edelman argues, functions as a form of "antigay immunization," while the narrative of *A Christmas Carol* serves as an annual "booster shot" (143, 19, 49).

These repetitive references to disability suggest that not only queerness but also disability might be a fitting name for what Edelman, alluding to the death drive, calls "the remainder of the Real internal to the Symbolic order" (25). Indeed, disability metaphors are often the closest approximations that Edelman can find for the "unnameable" death drive (25). The terms that Edelman uses to describe the death drive include "wound," "fracture," "stupid enjoyment," "mindless violence," "lifeless machinery," "senseless compulsion," "disfiguration," and a "shutdown of life's vital machinery" (*No Future* 22; "Kid" 28; *No Future* 38, 23, 27, 38, 37, 44). Although these signifiers do not directly refer to specific impairments, they do, taken together, evoke the physical and mental injury and dysfunction as which disability is commonly understood.

And then there is Edelman's term "*sinthomosexuality*," a neologism formed by "grafting, at an awkward join," the word "sexuality" onto Lacan's term "sinthome." With its "awkward" "grafting," the word "*sinthomosexuality*" embodies disability at the level of the letter.¹¹⁴ Etymologically, too, Edelman's term harkens back to disability: "sinthome" is an archaic way of spelling the French word for "symptom" (qtd. in Edelman 33). The root meaning of "*sinthomosexuality*," then, is something like "symptom-sexuality." However, Lacan's "sinthome" means more than simply "symptom": it refers, Edelman explains, to "the particular way each subject manages to knot together the orders of the Symbolic, the Imaginary, and the Real" (35). The sinthome is the only means by which the subject can access the Symbolic order of meaning production; but paradoxically, because each subject's sinthome is arbitrary and meaningless (as individual as a fingerprint), the sinthome also threatens the Symbolic order to which it provides access (36).

Both this access and this threat are figured as disability. In order to be constituted as a subject and to take one's place within the Symbolic order, one must be metaphorically blind: the cost of subjectivity is "blindness to this determination by the sinthome," "blindness to the

arbitrary fixation of enjoyment responsible for [the subject's] consistency," "blindness" to the functioning of the sinthome (Edelman 36, 38). The alternative to subjectivity as disability would be, according to remarks that Edelman attributes to Lacan, "radical psychotic autism" (qtd. in Edelman 37).¹¹⁵ That is, whatever might alleviate our constitutive "blindness" by exposing "the sinthome as meaningless knot" must effect a "disfiguration" (Edelman 38), the consequences of which would be "pure autism" (Žižek 81, qtd. in Edelman 38). On the one side, blindness; on the other, disfiguration, psychosis, autism: when it comes to recognizing the senselessness of one's sinthome, it seems we're disabled if we do, disabled if we don't.

This is why I have proposed that the "death drive"—a force that has less to do with literal death than with a strange persistence of life in death, or of death in life (perhaps like the "life not worth living" of which disability is often supposed to consist)—would more accurately be termed the "disability drive." Writing of the contingency of disability as an identity category, Michael Bérubé observes:

Any of us who identify as "nondisabled" must know that our self-designation is inevitably temporary, and that a car crash, a virus, a degenerative genetic disease, or a precedent-setting legal decision could change our status in ways over which we have no control whatsoever. If it is obvious why most nondisabled people resist this line of thinking, it should be equally obvious why that resistance must somehow be overcome. (viii)

Could part of this resistance be attributable to a fear that, in the car crash or other identity-shattering event, it might be the driver's own hand that makes that disabling turn, that is, that the driver might be driven by an impulse, unwanted and unconscious, toward something beyond the principles of pleasure and health?

Applying the name "the disability drive" to this "beyond" affords insight into the reasons that images of disability so powerfully excite and repel, becoming, as Tobin Siebers writes, "sources of fear and fascination for able-bodied people, who cannot bear to look at the unruly sight before them but also cannot bear not to look" (178). Later in this chapter, I will define the affect that Siebers references here as "primary pity." For now, though, I simply want to point out that Siebers's important observation can be extended by noting that it is not only nondisabled people who react to images of disability with a mixture of aversion and attraction. Disabled people may also respond in this way, especially when contemplating impairments other than those that currently disable us.¹¹⁶ Building on Douglas Baynton's famous assertion that "disability is everywhere, . . . once you begin looking for it," I suggest that the same may be true in regard to the disability drive: this ego-undoing psychic force shapes the subjectivities of disabled and nondisabled subjects alike (52).

Manifestations of the disability drive may be present in Edelman's discussion of Tiny Tim. Take, for example, Edelman's contention that "the pleasurable fantasy of survival" in Dickens's story requires the survival of the fantasy that Tiny Tim "does *not* excite an ardent fear (or is it a fearful ardor?) to see him . . . at last cash in his chips" (45). It's a familiar cultural fantasy: cure 'em (as Dickens might hope) or kill 'em (as Edelman suggests readers must secretly wish).¹¹⁷ But in this unacknowledged wish, there may be more at stake than either killing or curing. In the chapter that follows his reading of *A Christmas Carol*, Edelman adduces Lacan's discussion of the legend of Saint Martin, who was said to have cut his own cloak in two in order to give half of it to a beggar. "Perhaps," Lacan suggests, "over and above that need to be clothed, [the beggar] was begging for something else, namely that Saint Martin either kill him or fuck him" (qtd. in Edelman 83). Drawing upon this passage in his analysis of *North by*

Northwest, Edelman proposes that as Leonard attempts to push Roger Thornhill to his death from atop Mount Rushmore, he “enacts . . . the one [killing] as displacement of the other [fucking]” (85). Killing as displacement of fucking: might a similar displacement be at work in Edelman’s attribution, to Dickens’s readers, of a “fearful ardor” to see Tiny Tim “at last cash in his chips” (45)?

As evidence for this suggestion, take the mode by which Edelman introduces his discussion of *A Christmas Carol*: “Take Tiny Tim, *please!*,” “with a nod to the spirit of the late Henny Youngman” renders Tiny Tim wifelike—clearly undesirable in this context, but not wholly uneroticized (41). And then there is the word “take,” which, particularly when followed by the word “please,” has a meaning other than the ones Edelman seems deliberately to invoke: “take” means “fuck,” and so Edelman’s directive to “take Tiny Tim, *please!*,” which echoes his earlier injunction to “fuck Annie; fuck the waif from *Les Mis*; fuck the poor, innocent kid on the Net,” seems to authorize an additional imperative: fuck Tiny Tim. “Fuck” here means, of course, “remove” or “the hell with,” but it also means fuck.¹¹⁸

Arguably, these two ways in which *No Future* says “fuck Tiny Tim” coincide with what disability studies most ardently desires. “Fuck Tiny Tim, *please!*” disability scholars beg: rid us, please, of this most reviled textual creation. And also: if it is our cultural mandate to embody this pitiable, platitude-issuing, infantilized, and irritating figure—well, then fuck us, every one. Fuck us because figuratively, we are already “so fucked” by our culture’s insistence, through this figure, that the disabled are not fuckable. This insistence must be understood as a form of reactive reinforcement: propelling every cultural representation of disability as undesirable, there may be a “fearful ardor,” an unacknowledged drive. Such representations include Edelman’s abjection of Tiny Tim. And, I will argue, they also pertain to a similar abjection of Tiny Tim in the field of disability studies. As we shall soon see, the drive that infuses affective reactions to disability with ardor is often expressed through the emotion of pity. In taking account of the various forms that pity can take, we will be led to pose a question to disability studies and to queer antisocial theory together: are we sure that we want to take Tiny Tim out of the cultural text?

A Tale of Two Pities

“Piss on pity,” declares a well-known disability activist bumper sticker. A more polite companion to this tag, the slogan “No pity” is a rallying cry of the disability rights movement.¹¹⁹ For disability studies, a field that since its inception has vigorously resisted the imposition of pity upon disabled people, Tiny Tim is anathema. Understandably so: every year, the image of Tiny Tim is used to drum up pity for disabled people; the widespread circulation of this affect, disability scholars have compellingly argued, does not alleviate the social barriers that we face but instead reinforces our oppression. Indispensable as this disability studies analysis is, it leaves some important questions about pity unanswered. For example: if, as is commonly said, “No one wants to be pitied,” then why is this so? And also, if nobody wants to *be* pitied, who, if anyone, wants to *feel* pity?

At first glance, the answer to the latter question might seem to be “everyone.” Certainly, multitudes of moviegoers appear to enjoy our culture’s annual recitations of Tiny Tim’s pity-inducing tale. If it can be fun to perform pity, perhaps this is because pity gives a boost to the ego of the pitying person. “You are broken, and I am whole,” the pitier says to the one who is pitied. “I look down on you because you suffer.” Naturally, disabled people resist performing this service for the nondisabled. “Spare us your pity,” we say, because pity is felt to be demeaning.

Yet an incoherence structures this familiar account of pity: if pity fortifies the ego of the subject who feels it, then why do people so often resist feeling pity? Some folks get pissed when they are prodded to pity. “Your appeals to pity won’t work,” they say. “I have no pity for you.” This is the attitude that Scrooge takes toward Tiny Tim. It’s also the stance that Edelman invites queers to take in relation to the Child—and not only to the Child per se, but also to anyone who calls for a performance of pity. Edelman argues that compassion (which, of course, is a close relative of pity) is fundamentally narcissistic (73). When we call ourselves compassionate, we think we’re feeling for the other; but, Edelman contends, we’re really only feeling for ourselves (83). That is, compassion involves projecting one’s own ego onto the object of one’s compassion. In this schema, the pitied person is used as a vehicle for the pitier to feel sorry for his or her own self.

But in calling compassion a cover for narcissism, Edelman may inadvertently point to a connection between compassion and the drive. Freud’s theorization of narcissism, which is a precursor to his idea of the death drive, suggests that although some forms of narcissism can bolster the ego, other forms can do just the opposite. “On Narcissism” posits a distinction between what Freud calls “primary” and “secondary” narcissism; this distinction provides the basis for a contrast that I wish to draw between what could be called primary and secondary pity. To elucidate these two pities, let us look at the tale that Freud tells about two narcissisms. The story begins, as many Freudian narratives do, with the image of a child at its mother’s breast. Freud gives the name “primary narcissism” to the perfect autoerotic pleasure in which the child luxuriates. This pleasure takes place in the absence of a stable self, as the child does not yet conceive of itself as a distinct entity, undifferentiated from its external environment (87-88). It’s the best of times, but it can’t last: the child’s primary narcissism, Freud recounts, is exposed to numerous “disturbances,” ranging from the castration complex (in which boys fear losing the penis and girls, Freud assumes, wish that they had one) to parental discipline and criticism.¹²⁰

But still, we keep seeking that lost, best time: because humans are “incapable of giving up a satisfaction” that we have “once enjoyed,” we continually try to return to the primary narcissism of childhood. We do this by engaging in secondary narcissism. All the familiar attitudes and behaviors that one tends to think of when one disparages someone as “narcissistic” fall into the category of what Freud defined as secondary narcissism: the puffed up ego, the feeling of superiority over others. But even secondary narcissism, with its many patent problems, does not *only* aim to aggrandize the ego. The impetus of secondary narcissism, after all, is to return to a state in which the ego as such does not exist. The child’s autoerotic enjoyment at its mother’s breast is pleasurable in part because the child is not yet a subject. As with the death drive’s impulsion to return to “an earlier state of things,” secondary narcissism draws the subject back toward a prior time when the ego did not exist (*Beyond* 45). Yet if primary narcissism is looked back upon as the best of times, it must, from the vantage point of a fully constituted ego, appear as the worst of times, too. To be drawn back to primary narcissism would be to imagine the abolition of one’s self. For this reason, even though secondary narcissism may threaten to break down the ego, it also entails a defense against the threat/pleasure of that breaking down.

Much as the differentiation between the inseparable processes of primary and secondary narcissism rests on a distinction between building up and breaking down the ego, a similar heuristic distinction gives structure to my concepts of primary and secondary pity. To be clear, pity and narcissism are not the same thing: if narcissism can be understood as love of the self, pity involves a complex affective reaction to the suffering of someone else. Primary pity entails a response to the image of another person succumbing to what I have termed the “tragedy of disability.”¹²¹ Primary pity arises when one witnesses a fall of the self, a collapse of the ego;

such falling is at once painful and pleasurable to observe. In other words, primary pity could be described as a vicarious experience of the tragedy of disability.

A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman's phrase, we purport to "feel for the other." But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an "other," primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to "someone else," is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one's self.

This affective response can feel unbearable, as seen in Siebers's formulation: one "cannot bear to look...but also cannot bear not to look." Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear *not* to look), which menaces the ego's investments in health, pleasure, and control—because to contemplate another person's suffering is to confront the question, "Could this happen to me?" Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. *Sex, or the Unbearable*, a book coauthored by Edelman and by Lauren Berlant, argues that sex "unleashes unbearable contradictions that we nonetheless struggle to bear" (back cover). This claim accords with Freud's account of sexuality as a "pleasurable" "unpleasure" that the ego can never fully master or control (*Three* 49,75). As Leo Bersani puts it in his reading of Freud, "the pleasurable unpleasurable tension of sexual enjoyment occurs when the body's 'normal' range of sensation is exceeded, and when the organization of the self is momentarily disturbed"; thus, "sexuality would be that which is intolerable to the structured self" (*Freudian* 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement.

Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity's self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else's expense. Secondary pity refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of "conspicuous contribution," the insistence that "they" (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as "pity," secondary pity encompasses our culture's most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people's suffering is "inspiring." Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of "the triumph of the human spirit" highlights the ways in which secondary pity, as a defense against primary pity's incursions, reinforces the ego's fantasy of sovereignty.

Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike

primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity.

My concept of primary versus secondary pity also differs from Freud’s primary-secondary narcissism distinction at the level of genealogy. Like Freud’s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual’s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person’s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability’s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one’s own self undone?

Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people’s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism’s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.¹²² If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by *becoming* object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject’s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in . . . self-regard” that typically accompanies melancholia results from the subject’s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246).

Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there *is* an innate desire to destroy one’s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized.

Freud’s notion of a primary masochism is tied very closely to his conceptualization of the drive. *Beyond the Pleasure Principle*, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud’s

speculations about the death drive lead him to acknowledge that “there *might* be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. A third example is secondary pity, as in the query, commonly addressed to disabled people, “Have you ever thought of killing yourself?”¹²³ In this question, disabled people correctly hear the wish, “I’d like to kill you.” Indeed, primary pity is so unsettling that our culture has been driven to “mercifully” kill people in the name of secondary pity. We have also been driven to lock people in institutions, to let them languish on the streets, to stare, to punish, and to sentimentalize—all, I would suggest, in the interest of not owning, not naming, not acknowledging that self-shattering, ego-dissolving, instantaneous and intolerable moment of primary pity.

Because primary pity is tied up with the disability drive, it must, like the drive itself, be regarded as unrepresentable. However, I will quote at length from a passage of writing that comes close not only to representing primary pity but also perhaps to producing it. In his memoir, *One More Theory About Happiness*, Paul Guest describes an experience that he had in the hospital after sustaining a spinal cord injury when he was twelve years old:

My stomach still roiled and it was hard to keep anything down. Late one night, a doctor came to my bedside, leaning over me, his hands knotted together. He seemed vexed, not quite ready to say anything. Used to the look, I waited. And then he began.

“The acids in your stomach, Paul, because of everything you’re going through, it’s like your body, everything about it, is upset. That’s why you feel so nauseous all the time. We’re going to treat that by putting a tube into your nose and down into your stomach, so we can give you medicine, OK?”

When he walked away, I felt something begin to give way inside me. Up until then, I’d faced more misery and indignity than I would have thought possible. I lay there, numb and sick in a diaper, helpless. It was too much to bear, too frightening, a last invasion I could experience and not break, utterly. When he returned with nurses, I was already sobbing.

Anyone so limited could hardly fight, but I tried. I tried. The neck collar prevented much movement, and any was dangerous, but I turned my head side to side, just slightly, a pitiful, unacceptable range. Fat tears rolled down my face like marbles. I begged them all, no, no, no, please no.

“Hold him, hold him still,” the doctor said. Nurses gripped my head on either side.

From a sterile pack, the doctor fished out a long transparent tube and dabbed its head in a clear lubricant. He paused almost as if to warn me but then said nothing.

Then the tube entered one nostril, its gauge slight enough to pass through, down my throat and into my stomach. I couldn't thrash or resist. I could only relent. To the pain, the discomfort, but most distressingly the feeling of powerlessness, of violation. It was in that moment, I think, that the weight of everything which had happened fell upon me, undeniably, and the knowledge of it crushed me. (23-24)

"Too much to bear," Guest writes. The word "unbearable" would indeed be an accurate descriptor of this passage: both the experience of violence that it narrates and also the retelling of that experience produce sensations that, as in Berlant and Edelman's account of sexuality, one cannot bear but must nonetheless "struggle to bear" (back cover). Guest's account of a nonconsensual administration of an unwanted medical treatment is especially difficult to bear because it gives the reader no recourse to secondary pity: the passage offers no "lesson" to be learned, no invitation to feel "inspired," nothing to make one feel in any way okay about what has happened. The medical violence that Guest recounts seems particularly devastating because it is readable as sexual: it takes the form of forced penetration, and it results in a "feeling of powerlessness, of violation" that resonates with experiences recounted by survivors of sexual assault.

Here it is important to make a distinction: the metaphoric "violence" that psychoanalysis teaches us to recognize as inherent to sexuality is not the same as the actual sexual violences that ableist, misogynous, homophobic, racist, and anti-Semitic culture inflicts upon disenfranchised subjects. Sometimes, writing in queer antisocial theory celebrates the metaphoric violence of sexuality without giving sufficient attention to material instances of sexual violence. For example, in "Is the Rectum a Grave?," Bersani, when celebrating the self-shattering effects of sexuality, distinguishes himself from putatively naïve feminists who imagine that sex, "in its essence," is "less disturbing, less socially abrasive, less violent, more respectful of 'personhood' than it has been in a male-dominated phallogocentric culture" (22). While I share Bersani's sense that "ineradicable aspects" of sexuality are indeed violent to the notion of personhood, I also share the feminist sense that in a less male-dominated, phallogocentric culture, the metaphoric violence of sexuality would less frequently be acted out on the bodies of feminized, disabled, and other subjugated subjects.

Guest's writing is useful in the context of this discussion, because it demonstrates the importance of taking account of both material and metaphoric violence, and of distinguishing between the two. At the same time that Guest vividly illustrates the damage that literal violence causes, he articulates a narrative that has the potential to provoke in the reader a sympathetic and analogous (but not identical) experience of figuratively being "crushed" or broken down. This vicarious self-rupturing approaches what I have in mind when I posit the concept of primary pity. By forcing an identification with a person who suffers, primary pity dissolves one's faith in the permanence of her or his status as nondisabled and non-suffering. By shaking up certainty in the stability of one's "bodymind," primary pity may provide part of a solution to the conundrum laid out by Bérubé: "If it is obvious why most nondisabled people resist" the knowledge that their self-designation as such is "inevitably temporary," then "it should be equally obvious why that resistance must somehow be overcome" (vii).¹²⁴ Primary pity, I suggest, can do some of the work of overcoming this resistance: by breaking down divisions between disabled and nondisabled people, and between suffering and nonsuffering subjects, primary pity undermines the binary divisions in which ableism is grounded.

Guest's use of narrative to call up primary pity complicates a core set of claims in disability studies regarding the importance of pride, positive identity, and the dissociation of disability from suffering. In the passage quoted above, Guest does not assert that he eventually learned to bear "the weight of everything which has happened," or that he came to claim disability with pride.¹²⁵ As the narrative of *One More Theory About Happiness* progresses, it does become clear that Guest adjusts to being disabled and constructs a life that he enjoys. However, Guest's memoir does not wholly adhere to the social model, which specifies that disability is best understood as political oppression rather than physical suffering or personal loss. By telling a more complex story than the social model can accommodate, Guest offers his readers something enormously valuable: his candor instantiates the radical truth-telling practice that Adrienne Rich names as the basis of any "politics worth having" (193). Such honesty, Rich argues, is important because it "breaks down" human "isolation" (188). This is what primary pity also does: it breaks down the subject's fantasy of itself as a discrete and securely bounded entity, untouched by suffering "outside" of its borders.

For this reason, primary pity can be seen as compatible with, and possibly even essential to, an anti-ableist social critique. Such a critique must, in emphasizing the value of primary pity, remain wary of secondary pity, an affect whose function is in part to control, or rehabilitate, primary pity. In Guest's memoir, an important critique of secondary pity also takes shape. Here is Guest on secondary pity:

When Jennifer asked what had happened to me, and listened with perfect gravity to my story, her eyes fattened with tears. She touched my forearm.

"You have been through so much," she whispered. "So, so very much."

"It, ah, hasn't been so bad," I said. In situations like this, when a stranger's grief appears ready to ignite, I tried to tamp down their sense of my suffering.

...

As much as I had learned to inhabit my body, with all its changes and difficulties and outright agonies, I had been forced to try to respond to strangers who didn't see me in my broken state, in pain, struggling, so much as they saw their son or daughter. As they saw themselves. For all the gentle curiosity, the questions about which batteries my wheelchair used, or how I used the bathroom, people couldn't help their fascination with ruin. With their future selves. The downward arc of dotage. In me, they could see a rehearsal of the flesh, how it might all end.

I could say nothing to her that wasn't suffused with heroic stoicism: in her eyes, I was a vessel for suffering. Or courage. Maybe pluckiness. Maybe all of the tired tropes which had been pinned to my life like a badge. There was nothing I hated more fervently than playing that imaginary role. A consolation to others but not to me.

And yet, I understood it. I felt it. The urgency of grief, even when utterly misguided, when knotted in self-interest. (107-08)

Grief "knotted in self-interest"; here, Guest gets at the dynamics of secondary pity: when secondary pity is expressed, disabled people's suffering lets others get off while enlarging their egos. (Whether this suffering is real, or only imagined by the pitier, hardly matters.) Whereas primary pity involves the fantasmatic breaking down of the self, secondary pity approaches such a breaking down while also effecting the aggrandizement of the person who pities at the expense of the one who is pitied. In sharp critiques of secondary pity, disability scholars have pointed out

that contempt and hatred are frequent companions of this emotion. The use of secondary pity to justify violence against disabled people is exemplified by the commonplace claim that “euthanasia” is the most “compassionate” response to disability. Whether secondary pity inspires fantasies of “mercifully” killing disabled people, or of figuratively pinning dehumanizing badges of “courage” and “pluck” to our lives, this affect aims to shore up the ego, or socially recognizable self, against the incursions of primary pity.

Part and parcel of the disability drive, primary pity’s threats to the self are seductive. Our culture returns to pity again and again, incessantly repeating the process of converting primary pity into its secondary, socially acceptable form. It repeats this process in a circular and unending manner that is characteristic of the drive: charity “drives,” races, walks, and rides “for a cure” are ritualistically repeated movements to nowhere; the motion that they demand is not only often circular (the destination of the race coinciding with its starting point) but also in some senses purposeless. That is, the activities of racing, walking, and riding bear no logical relation to the “causes” that instigate these events. One could, after all, solicit funds to research treatments for diseases without requiring the fundraisers to demonstrate their athletic endurance. The pity that prompts subjects to participate in “charitable” athletic events is the secondary, self-aggrandizing kind. By showcasing the bodily strength of their participants, these events widen the representational gap between suffering and nonsuffering subjects. However, these displays of athleticism may produce another, contradictory effect: the able-bodied athletes who take part in fundraising races on behalf of the disabled can be seen as performing a *loss* of control and meaning as, by engaging in movements with no clear purpose, they submit to the seemingly meaningless circularity of the drive. Insofar as those who swim, bike, and run for cures may unwittingly enact a performance of the disability drive, they make it clear that the strategy of using secondary pity to bolster one’s ego can backfire. To arrive at a deeper understanding of how this works, let us return to our reading of *A Christmas Carol*, where we will encounter another way that “take Tiny Tim” can mean.

Take Tiny Tim (Again)

The change that turns Scrooge from Tiny Tim’s antagonist into his benefactor begins in the bedroom. This spot is a fitting location, since bedrooms are familiar staging areas for sex and for disability, both of which play major roles in Scrooge’s conversion. The transformation begins when Scrooge is lying in bed. The curtains of his bed are “drawn aside by a hand,” and Scrooge finds himself face to face with a Ghost: “as close to it,” Dickens tells the reader, “as I am now to you, and I am standing in the spirit at your elbow”(28). The apparition is visibly disabled—a “strange figure” of “dwarfish stature,” he is “now a thing with one arm, now with one leg”—and the pull that he exerts over Scrooge can be read as sexual: his “grasp, though gentle as a woman’s hand,” is “not to be resisted” (28; 29).

Here the Ghost shares a trait with Tiny Tim: the “gentle touch” that the Ghost presses upon Scrooge as he “gaze[s] upon him mildly” mirrors Tiny Tim’s “patient and...mild disposition” (30, 74). However, these characters’ apparent mildness is deceptive: both Tiny Tim and the Ghost threaten their interlocutors by forcing them to look at things they would rather not see. “Why do you delight to torture me?” Scrooge asks the Ghost, who, ignoring his pleas, insists that he will have his way with Scrooge: he “pinion[s] him in both his arms and force[s] him to observe” the scene before him (39). Tiny Tim also wants people to watch: he confides to his father that “he hoped the people saw him in the church, because he was a cripple, and it might be

pleasant to them to remember upon Christmas Day, who made lame beggars walk, and blind men see" (50).

It *might* be pleasant, but it might also be unpleasant for churchgoers to see Tiny Tim. Although Tiny Tim presents himself as a double for the biblical Child whose birth *A Christmas Carol* celebrates (a Child who, like Tiny Tim, "does *not* die"), he also undercuts the Christian bible's promotion of rehabilitative futurism. The biblical Savior enforces compliance to rehabilitative futurism by "making" blind men see and lame beggars walk. By contrast, Tiny Tim makes his body readable as the sign of rehabilitation's failure: when he exhibits himself as a "cripple," he casts doubt upon the Christian gospels' tales of miracle cures. Rather than showing lame beggars walking and blind men seeing, Tiny Tim insists that the people who encounter him *see disability*. Like the Ghost, who pins Scrooge's arms and makes him see sights that pain him, Tiny Tim compels his viewers to confront a spectacle that threatens their pleasure—and, paradoxically, by means of this threat, intensifies it.

Dickens, of course, domesticates the sadomasochism of primary pity. His virtuoso performance of secondary pity is as saccharin as the candied fruits adorning the storefronts that Scrooge and the Spirit of Christmas Present pass en route to the domestic scene at the Cratchits': "So caked and spotted with molten sugar as to made the coldest lookers-on faint and subsequently bilious" (47). If something about pity—even in its sugar-coated secondary form—makes those who contemplate it want to gag or choke, then perhaps these symptoms manifest the ego's defense against pity's insistence that one swallow something one would rather not: something alien that, albeit tempting, is destructive to the self.

Dickens protects his readers from the self-destructiveness of primary pity by interrupting his tale of Tiny Tim with scenes of domestic mirth. In the midst of one such scene, the narrator interjects: "Stop! There was first a game of blind man's buff (*sic*)" (58). The game of blind man's bluff is played by festive guests at a Christmas party hosted by Scrooge's nephew and "niece, by marriage" (58). One of the attendees is Topper, a young bachelor who has "got his eye upon one of Scrooge's niece's sisters," "the plump one with the lace tucker" (57). Using the game as a ruse to pursue the young woman ("the plump sister" is the only name this character is given), Topper dons a defective blindfold and chases her around the room, while feigning not to see her: "The way he went after that plump sister in the lace tucker, was an outrage on the credulity of human nature. Knocking down the fire-irons, tumbling over the chairs, bumping against the piano, smothering himself among the curtains, wherever she went, there went he!" (58-59). At last, Topper catches the plump sister, and when "he got her into a corner whence there was no escape, then his conduct was the most execrable" (59). Of course, the reader understands that this scene is pure silliness: Topper's topping of the plump sister is not *really* "vile," "execrable" or "monstrous" (59). The pursuit of the young lady culminates in a marriage proposal: Topper's "pressing" of "a certain ring" upon her finger and "a certain chain about her neck"; here, the reader is apparently *not* supposed to be reminded of either Tiny Tim's "iron frame" or the "heavy chain" impressed around the waist of Marley's Ghost (59; 49; 19). The partygoers' performance of sex and disability, as love and ersatz blindness, provides a lighthearted counterpoint to Tiny Tim's unsettling elicitation of pity in the church. Binding up the wounds that pity's mergings of sex and disability inflict upon the psyche, Dickens's depiction of the game of blind man's bluff reassures the reader that comings-together of sex and disability are but child's play: "for it is good to be children sometimes, and never better than at Christmas, when its mighty Founder was a child himself" (58).

But these pious lines link the party scene back to Tiny Tim, the text's stand-in for the "mighty Founder" of Christmas. As we have seen, Tiny Tim's presentation of his disability, and his allusion to actual blind men, mobilize pity to make his viewers *see disability*. This sight cannot *only* make the ego feel big; because pity depends upon an identification between a sufferer and a witness to suffering, it threatens to break down the ego's belief in its integrity. Pitiars of Tiny Tim may tear up at the imagined sight of him; but cry as they might, they cannot escape the potentially devastating ways in which pity tears the subject apart. "You will see disability," Tiny Tim demands of his Christian compatriots. "Take this in, though it may not be wholly pleasant to do so." "Take," as we have seen, can mean many things: "consider," "remove," "kill," "fuck." "Take" can also signify something else: "take this" means "bear this," "accept this," or "be penetrated by this." "Take pity" and its analogue, "take Tiny Tim," thus enjoin subjects to *be fucked by pity*: to be taken over by a drive that, although disabling, may also be desired.

Tiny Tim's Next of Kin

If "take pity" is taken to mean "be fucked by pity," this may explain both why our culture is so taken with Tiny Tim and why his pity-producing displays of disability can be so hard to take. Even more objectionable than Tiny Tim's demand that others feel pity is the possibility that he indulges in *self-pity*. Often, self-pity is assumed to be the predictable outcome of disability; thus, Charles Bock, in his blurb of *One More Theory About Happiness*, assures potential readers that Guest's memoir "never is self-pitying"—the implication being that most disability memoirs (and perhaps most disabled people?) *are* self-pitying. Self-pity is part of what bothers Edelman about Tiny Tim: according to Edelman, Tiny Tim's "parading" of his "patent vulnerability" reinforces the dictates of reproductive futurism. Edelman's argument that Tiny Tim upholds pronatalism is convincing; however, some aspects of Edelman's reading of *A Christmas Carol* may inadvertently reinstall the mandates of both reproductive and rehabilitative futurisms. Notice, for example, how Edelman's faulting of Tiny Tim for his "parading" of his "patent vulnerability" echoes conservative attacks on queer sexualities: if only we did not insist on "flaunting" our queerness, homophobes say, then our sexualities might be less offensive. Since as we have seen, constructions of deviant sexualities and discourses of disability are deeply interconnected, Tiny Tim's display of his bodily difference can be read as a display of perverse sexuality. Edelman dislikes this display because he suspects that the "humility" upon which Tiny Tim's self-presentation pretends to be predicated is fake: Tiny Tim's pity party, Edelman seems to suggest, is a guise for something more like a Pride Parade.

Here again, Edelman's critique of Tiny Tim is structured by a logic similar to that which informs conservative castigations of queers: the narcissistic self-pity that Edelman implicitly criticizes Tiny Tim for indulging in is almost identical to the "enjoyment indulgently fixed on the self" with which queers, according to Edelman, are charged ("Ever After" 475). Although Edelman claims such enjoyment as a distinctively *sinthomosexual* pleasure, coextensive with jouissance, he shuns what I would suggest is the obverse of this formulation of jouissance: the pleasurable unpleasure of primary pity. By describing queerness as a taking on of the "sex" side of the drive, while simultaneously rejecting the "disability" side of the drive, Edelman's reading of Tiny Tim undermines *No Future's* claim that queerness "can never define an identity." As he takes sides in a dynamic that he frames as a battle between Tiny Tim and Scrooge, Edelman enacts a classic maneuver of identity politics; the risk is that nondisabled queerness may be installed as the privileged embodiment of *sinthomosexuality*.

Indeed, Edelman's anti-Tiny-Tim stance may have the effect of doing precisely what *No Future* urges queers not to do: "shifting the figural burden of queerness to someone else" (27). In Edelman's reading of *A Christmas Carol*, Tiny Tim is that "someone else": that solipsistic, self-pitying disabled person whose perceived pleasure in suffering threatens (but also intensifies) the enjoyment of nondisabled queer subjects. Might an aversion to disability inform *No Future*'s selection of Tiny Tim as the principal representative of pronatalist ideology? Although many figures that Edelman terms "*sinthomosexuals*" populate *No Future* (Scrooge, Leonard, Monsieur the Marquis from *A Tale of Two Cities*, the birds from Hitchcock's film), and although several Children are cited, only the one who is also a "cripple" is fleshed out as an example of reproductive futurism's coerciveness. When Edelman cites Tiny Tim as a cultural sign of "the morbidity inherent in fetishization," his language is telling, as the multiple meanings of "morbidity"—of disease, death, and fascination with disability—figure, with near perfection, the disability drive (41). In taking Tiny Tim to task, Edelman refuses reproductive futurism; but does he also abject disability?

No Future may also miss something important about the narrative structure of *A Christmas Carol*. Consider, for example, this complaint, made by Edelman about Tiny Tim: "his 'plaintive little voice,' refusing any and every complaint the better to assure its all-pervasive media magnification" (41-42). In lodging this complaint against Tiny Tim, Edelman verges on describing what should be understood as Dickens's *narrative* strategy as if it were the product of a single *character's* volition: as if Tiny Tim "knew" he was a character in a story that would disseminate his image for Christmases to come and chose therefore to calibrate his self-presentation in order to ensure maximal effect. This depiction of Tiny Tim (or his voice) as willfully self-promoting elides one of the most salient features of Dickens's narration: the specular relationship that *A Christmas Carol* constructs between Tiny Tim and Scrooge. Scrooge, after all, is no less self-pitying than Tiny Tim; it is "pity for his former self" that thaws Scrooge's icy heart and lets him warm to Tiny Tim (32). Scrooge again resembles Tiny Tim when, after the Spirits of Christmas have done their work, he can "hardly stand" (63). Even before his affective meltdown, Scrooge looks like Tiny Tim, to whom he will soon become a "second father"; the former's "shriveled...cheek" mirrors the latter's "withered" "hand" (83, 10, 52). And like Tiny Tim, who has "his limbs supported by an iron frame," Scrooge is described by Marley as "captive, bound and double-ironed" (49, 23).

In addition, while Tiny Tim, abstaining from complaint, conforms to the generic requirements of the overcoming narrative (thus making the burden of his disability "very light" upon those who must carry him), Scrooge is in his own way also a "dogged" overcomer, never seeming to mind, and even appearing to enjoy, his many privations: his "melancholy dinner," "little saucepan of gruel," and "very low fire" (73, 43, 16, 18). "Solitary as an oyster," Scrooge has never been "natural in his lifetime"; alone time makes Tiny Tim peculiar, too: "Sitting by himself so much," he "thinks the strangest things," his father remarks (10, 68, 50). Indeed, Edelman's astute observation that Scrooge "unleashes...*as the love of his neighbor*, the force of a primal masochism" also applies to Tiny Tim; as we have seen, Tiny Tim's display of his disability is also invested in a mode of sadomasochistic enjoyment (46). Tiny Tim's self-pitying pleasure has much in common with what Edelman describes as Scrooge's "solipsistic" self-denials: both characters are determined by an allegiance to what Edelman, referring to Scrooge's pleasure, calls a "will-to-enjoyment perversely obedient to the superego's insatiable and masochistic demands" (46). It thus becomes clear that if, as Edelman points out, it takes a "villain" (as well as the proverbial "village") to raise a Child, then the converse is also true: it

takes a Child to erect a villain (45). After all, if Scrooge did not have an external recipient for his aggression, he would be reduced to enacting pure masochism—that is, Scrooge *would become Tiny Tim*.

Murder him though one might, Tiny Tim will not out: insofar as Scrooge and Tiny Tim can be read as two names for the same character, *No Future*'s fantasy of eliminating one while leaving the other intact can only fail. And I must confess that I am glad to see this fantasy fail. For the fantasy of expelling Tiny Tim can never be solely a fantasy of the Child's destruction; rather, a death wish directed distinctively at this particular Child must be understood as a dream of overcoming disability. Unburdening the cultural text of Tiny Tim's weight would not only further the ends of rehabilitative futurism, whose desideratum is a world without disabled people; it would also reinforce reproductive futurism by buttressing the "logic of opposition" that Edelman identifies as the governing logic of pronatalism. Indeed, given Edelman's critique of oppositional logic, what is a reader of *No Future* to make of the oppositions that structure Edelman's analysis of Scrooge and Tiny Tim? Pointedly, Edelman observes that *A Christmas Carol* would "have us believe that we know whom to blame... for the inexplicable sufferings of the world, which... rise, in the story's logic, like acrid smoke from a sodden faggot" (42). Yet in his account of *A Christmas Carol*, Edelman is equally quick to cast blame; he points with assurance to Tiny Tim as reproductive futurism's primary culprit. The logic of opposition also structures Edelman's call to queers to "acknowledge our kinship" with Scrooge (49). In what otherwise appears as an uncompromising polemic *against* kinship structures and the us/them logic of identity politics, the words "our" and "kinship" point to the limits of Edelman's claim to transcend identitarianism.

Am I suggesting, then, that "we" disabled people (many of whom are also queer) should, as an alternative to Edelman's embrace of Scrooge, take Tiny Tim as our nearest of kin? Not exactly. But I wish to pause for a moment to consider why the possibility of claiming kinship with Tiny Tim seems so unthinkable. The horror that must attend the prospect of identifying with Tiny Tim forms a sharp contrast with the easy pleasure with which subjects playfully perform Scrooge: the enjoyable aggression of saying, "Bah! Humbug!" versus the discomfort and sarcastic distancing that typically accompany a miming of Tiny Tim's most well-known lines—the mockingly girlish tone one adopts in mouthing, "God bless us every one!" Nonetheless, my point is not that disability scholars should, or could, unproblematically take Tiny Tim up as the emblem of a positive disability identity. To make such a move—to side, as it were, with Team Tiny Tim in a struggle against Team Scrooge—would re-stigmatize the signs of queerness and disability that Scrooge embodies. Indeed, I take Edelman's point that "the image of the Child," whether "female, Asian, Hispanic, Black, disabled, impoverished or protoqueer," enforces the normalizing imperatives of reproductive ideology ("Ever After" 474). So let me be clear: I am not asking that Tiny Tim be spared, on account of his disability, from *No Future*'s equal opportunity anti-Child attack.

But with this important caveat: disability should not be a *reason* for Tiny Tim's desired demise. Edelman never explicitly posits disability as such a reason, and most likely he would not intend for it to be taken as one. Yet *No Future*'s singling out of Tiny Tim, from among all other Children, for censure, and its homing in on signs of disability—the "withered...hand," the "iron frame," the "patent vulnerability"—as metaphors for reproductive futurism's coerciveness, undercut Edelman's claim not to engage in the taking of sides that constitutes identity politics. Apparently overlooking the implications of our culture's repetitive citations of disability to figure the drive, Edelman's interpretation of *A Christmas Carol* may, in its repulsion of disability

as suffering and vulnerability, and in its proscription against pity, stand as a bulwark against the disability drive and thus uphold the oppositional logic of identity politics that his text seeks to contest.

Why Can't a Sinthomosexual Be More Like a Woman?

"Some readers," Edelman anticipates in a footnote to *No Future*, "may reasonably be tempted to ask if the *sinthomosexual* must always be male."¹²⁶ His answer is negative: "As my insistent refusal of identity politics should be taken to suggest, the *sinthomosexual* has no privileged relation to any sex or sexuality." However, Edelman acknowledges, the main examples of *sinthomosexuality* in *No Future* "focus on male *sinthomosexuals* because our culture most frequently imagines...*sinthomosexuality* as embodied by machinelike men." Edelman attributes this imbalance to a "gender bias that continues to view women as 'naturally' bound more closely to sociality, reproduction, and domesticating emotion." When feminine *sinthomosexuality* does appear in the cultural text, it seems it's not quite the real thing: female *sinthomosexuals*, Edelman maintains, are more likely than their male counterparts to be "determined by socially legible desires." Edelman therefore chooses not to explore the "gendered differences" about which readers of *No Future* might "reasonably be tempted to ask"—"lest the introduction of taxonomic distinctions at the outset dissipate the force of my larger argument against reproductive futurism."

In addition to his placement of these remarks in a footnote, Edelman's use of the words "tempted" and "reasonably" cues the reader as to the relative importance that he attributes to gender analysis. "Tempted" cannot but evoke Eve, our culture's original temptress; and "reason," Edelman asserts at the outset of his argument, is an epistemology that "must fail" (28). But why file feminist concerns under the rubric of reason? To do so is to efface femininity's persistent and deeply-rooted cultural associations with *unreason*. At the risk, then, of sounding unreasonable (a risk one always takes when making a feminist critique), I wish to highlight signs of phallocentrism in the language with which Edelman explains his choice to focus on male *sinthomosexuals*: so as not to "*dissipate the force of my larger argument.*" Dissipation is a disabling vice; yet it's a vice that one might expect Edelman to regard as a virtue, since the term connotes wasteful expenditure and unproductive enjoyment, such as queer antisocial theory celebrates. However, rather than taking on dissipation as part of his embrace of the death drive, Edelman defends against a fall into femininity and disability as he strives to preserve an integrity that, tellingly, he figures as the "force" of his "larger" argument.

By positioning feminism as tangential to his argument's main thrust, Edelman obscures one of the most important points that can be made about pronatalism: its mandates fall especially hard on women. After all, the specter of the "childless woman" incites fears so singular that our lexicon contains no term for its masculine equivalent. Women who do not have children are said to be "unfulfilled"; the culture makes no comparable claim about men. The canard that procreation is the singular path to women's "fulfillment" may derive from pervasive cultural figurations of female sexuality as a state of constitutive emptiness, as in the familiar depiction of the vagina as "a hole" in need of being "filled." Indeed, many of the terms that Edelman uses to describe the death drive—"the void always already lodged within," "the gap or wound of the Real," a "tomb-like hollow"—are also ways of signifying, as distinctively feminine lack, the vagina (22, 31).

Of course, these terms do not signify *only* the vagina. Following Freud, Bersani points out that the unconscious often confuses the vagina and the anus ("Rectum" 18). In my view, this

observation provides reasons for queer theory not to move away from feminist analysis but instead to intensify it. If, as Edelman argues, queers bear the cultural burden of representing the drive, this burden is borne in part because gay men are seen as being “like women.” Parallels between cultural figurations of women and of gay men extend into discourses about reproduction: even those women who accede to the cultural mandate to have children are in some ways seen as not “really” reproducing themselves. Although old theories about the uterus as mere receptacle for the male “seed” have been debunked, the fantasies that gave rise to these theories persist. The rollbacks of women’s reproductive rights that have taken place over the past decades have been justified by the privileging of men’s rights to “their” fetuses over women’s bodily autonomy. Ongoing erosion of women’s access to abortion makes it clear that female bodies continue to be seen as vessels for a fundamentally masculine reproductive project. “She” bears “his” child, it is said; and the Child should bear his name. Ideally, the child also bears his image: girls, those children who signify the failure of men’s project of reproducing themselves, don’t have the commodity value enjoyed by more highly desired boys.

This is not to deny that Children of all genders are used to discipline queers. Rather, my point is that by eliding the gendered assumptions that permeate pronatalist ideologies, Edelman may take something away from feminist critics who have come before him. Take, for example, Luce Irigaray. To go back from *No Future* to 1974, the year in which Irigaray’s *Speculum of the Other Woman* was published, is to encounter striking resemblances between these two books’ arguments. Edelman contests reproductive futurism and objects to the idea that the purpose of sexuality is reproduction; similarly, Irigaray takes issue with Freud’s assumption that “the reproductive function” gives sexuality its “model-value” (Irigaray 18, 16). When Edelman claims that the Child serves as a cover for the meaninglessness of all sex, including heterosexuality, he reiterates an assertion that Irigaray made three decades earlier when she asked, “Is there any more obvious device or more explicit way of banishing the auto-erotic, homosexual, or indeed fetishistic character of the relationship of man to woman than to stress the production of a child?” (32). Central to Irigaray’s argument is her claim that an essential sameness—a desire for “the self-identical, the self (as) same”—inheres in heterosexuality (26); a related idea is taken up in *No Future*, where Edelman argues that heteronormative culture misrecognizes its investment in sameness and abjects the stigma of this sameness onto queers (21, 59). Analogously to Irigaray, who claims that female sexuality in phallogentric discourse signifies “nothing” (the female genitals figuring “no thing,” or the “negative” of the phallus that the culture endows with meaning), Edelman lauds queerness as a force of “negativity,” or “nothing” (Irigaray 52, 48; Edelman 9, 5). Edelman’s naming of queerness as the locus of our culture’s projections of the death drive mirrors a nearly identical argument that Irigaray forwards about femininity: woman, Irigaray asserts, is our culture’s “representative-representation” of “the death drive that cannot (or theoretically could not) be perceived without horror” (55).

In light of these many parallels, might a feminist reader reasonably expect to see Irigaray cited in *No Future*? Maybe not. As Lynne Huffer has observed, queer theorists cite Irigaray very infrequently (517). When Irigaray is mentioned in queer theory, she is often criticized for her concept of “hom(m)osexuality,” which many queer theorists regard as homophobic. However, Huffer convincingly argues against this reading of “hom(m)osexuality.” As Irigaray makes clear, the concept does not refer to literal homosexual relationships between men; rather, it critiques a political and representational economy in which only men count as legitimate subjects (Huffer 525). If, as Irigaray contends, femininity is our culture’s sign for an unrepresentable absence, then perhaps it should not be surprising that the name of this influential feminist thinker goes

missing in *No Future*. Indeed, as we saw in Chapter 1, my analysis of Edelman's elision of feminism applies to many foundational texts in queer theory. Often, queer theory's (dis)engagement with feminism takes a tripartite form, in which queer theorists: 1) take arguments that feminists have articulated about women; 2) replace the term "woman" with the genderless (and thus presumptively male) "queer"; and 3) foreclose feminist analysis by claiming that their arguments exceed the bounds of feminism's identitarian concerns.

Edelman's marginalization of feminism does not only take something away from women. It also undermines *No Future*'s efforts to contest reproductive futurism: the phallogentrism underpinning Edelman's construction of *sinthomosexuality* reinstalls pronatalism, rather than contesting this ideology, as Edelman intends. Edelman acknowledges that reproductive futurism is phallogentric (its ideal of the intact ego is figured by the forms of both the phallus and the Child) (100). Yet Edelman portrays the *sinthomosexual* in relentlessly phallic terms; he tags Scrooge, Leonard, Hitchcock's birds (dubbed "peckers" by Edelman), and the Terminator as prime examples of *sinthomosexuality*. Rather than transcending "the political," these figures embody masculinity as readers of the cultural text already know it. And despite *No Future*'s refusal of "any determinate stance or position," the types that Edelman valorizes seem always to be on top: whether atop Mount Rushmore, whence Leonard, "putting his best foot forward," sends the antagonist he would kill, or fuck, into the void below; or from the skies above, whence Hitchcock's birds bear down upon their prey.

In an important feminist critique of queer theory, published in 1996 and provocatively subtitled "Why Can't a Woman Be More Like a Fag?," Suzanna Danuta Walters worried that queer theory posited "feminism (or lesbian theory) as the transcended enemy" (886). Writing in the twenty-first century, an era in which many critics would say that queer theory decisively came out on top in its field-defining struggle with feminism, I would like to update Walters's provocative question by asking: Why can't a *sinthomosexual* be more like a woman? A woman on top, perhaps, or maybe a woman topping from the bottom? Could we have a *sintfemmeosexual*, or a *sintbutchosexual*? The drive, psychoanalysis says, always ends up on top, easily vanquishing the ego's self-centered desires. Perhaps this is true—but must this on-top coming always be male? I propose to come at this question by way of a quotation, by Jacques-Alain Miller, which Edelman adduces in another footnote. Distinguishing between psychoanalytic conceptions of "the drive" and "desire," Miller writes:

What Freud calls the drive is an activity which always comes off. It leads to sure success, whereas desire leads to a sure unconscious formulation, namely, a bungled action or slip: "I missed my turn," "I forgot my keys," etc. That is desire. The drive, on the contrary, always has its keys in hand. (qtd. in Edelman 167 n.25)

Freud, as is well known, likes to figure keys as phallic. This predilection points toward another possibility: could these little phallic keys also stand for the organ that Freud likens to a "little penis" ("Fetishism" 209)? Unlike penises themselves, which are sometimes described as not "performing" in accordance with their owners' wishes, the clitoris is "always...in hand" and indeed may not even need a hand to come. Whether and to what extent actual clitorises possess precisely these properties is not at the crux of my argument. Privileging some bodies and body parts while devaluing others would have the effect (among other obvious problems) of disparaging the sexual lives of those disabled people who do not have genital sensation but do enjoy sex. I focus on the clitoris not to make claims about the organ itself but instead to highlight the widespread cultural fantasies that attach to the clitoris as *symbol*. These fantasies situate the

clitoris as the locus of an imagined capacity for what Bersani calls “unstoppable” sex (“Rectum” 16). Bersani’s notion of unstoppable sex resembles a reference made by Edelman, in a discussion of masculine *sinthomosexuality*, to what he calls “a constant access to” a “surplus of jouissance” (74). Interestingly, it is in exactly this position—immediately after his reference to a “surplus of jouissance”—that Edelman places the footnote in which he subordinates concerns about femininity to the “force” of his “larger argument.” Could this subordination be described as the repression of the clitoris—again, not as literal organ but as sign for an unstoppable, excessive, and unmasterable sexuality insistently figured as feminine?

Indeed, I’d say it would be reasonable to name the clitoris (whose name *No Future* does not speak) as the site of reproductive ideology’s most heated contestations and its most stubborn denials. The clitoris, figuring pleasure without purpose or conclusion, is notoriously threatening for its disconnection from either male pleasure or reproduction. Certainly, the clitoris exceeds Lacan’s masculinist formulation of jouissance: writing that “the end of jouissance does not coincide with what it leads to, namely, the fact that we reproduce,” Lacan disregards the fact that clitorally-induced orgasms do not lead to reproduction (qtd. in Edelman 39). In its disconnection from reproduction, the clitoris embodies a potent antinatalist energy, which Edelman obscures when he insists upon the masculinity of the *sinthomosexual*. Presented as “peter,” “prick,” “phallus,” and “Dick,” the penis receives multiple mentions in *No Future*; by contrast, the most famously multi-orgasmic organ does not come up even once (47, 125, 100, 43). But certainly, the terms “clitoris” and “vagina” (and the latter is also unuttered in *No Future*) are names for that which phallogentric culture designates as unnameable: the “hollow core” (figured as vagina) or the “impossible excess” (figured as clitoris) of the drive (177 n. 42, 10). As vacancy, void or “vacuole”—as unmasterable, meaningless enjoyment—the feminine is one name for that which *No Future*, despite its embrace of that which the social order makes illegible, cannot write (115).

Let me take leave of this discussion by proposing one more name for the clitoris: Tiny Tim. Such a statement, I realize, may seem to fall far beyond the bounds of what is reasonable. But hear me out: the “no thing” as which the clitoris signifies in phallogentric discourse (Irigaray 48) belongs, according to Freud, not to a little girl but to a little boy or a “little man” (“Femininity” 118). In Freud’s model, a little girl playing with her clitoris is nothing other than a little man. A little *disabled* man, he might have said: the girl’s “atrophied” genitals, like the “little, little” figure of Tiny Tim, are, Freud says, so obviously inferior to the boy’s “far superior equipment” that the girl gives up playing with them (“Femininity” 114, 126).¹²⁷ According to Freud, the girl’s thing is so tiny that it hardly counts, so small that it must be renounced. A Tiny Thing, a Tiny Tim: these two tropes signify almost exactly the same thing. Both are symbols for an intrinsically disabled femininity. A femininity marked by complaining—the girl laments that her penis has unjustly been taken out of her possession, and Tiny Tim uses his “plaintive little voice” to call for pity for his tiny form—and by narcissism: what Freud calls women’s “special...vanity” about the appearance of their genitals, and Tiny Tim’s insistence that his fellow churchgoers take time to look at him (*Dora* 75). If this chapter has a take-home message, it is this: the takedown of Tiny Tim that disability studies and queer antisocial theory so ardently desire would not ultimately be such a good thing. Too much is wrapped up in this tiny thing—too much disability, sexuality, and femininity—for us to consent to having it taken away.

Chapter 4: Hunger and Love

It is a truth universally acknowledged that a single person with a larger than average body mass index must be in want of a weight loss diet.¹²⁸ Nowadays, however, one tends not to call a weight loss diet by that name. Instead, one refers to a “permanent lifestyle change,” a “healthy new way of eating,” or a “program you will stick to for the rest of your life.” No summer fling, a diet is a grown-up commitment, akin to a marriage.¹²⁹ But is the right diet really out there? What are the chances of finding a reducing regimen that one can truly love? This chapter will not offer diet advice. It will, however, analyze the drive to eat, a compulsion that I will define as a manifestation of the disability drive. Dependence (on food), loss of mastery (over how much, and what, one eats), and even the intensity of the pleasures (oral, digestive, and anal) that alimentary satisfaction induces combine to make hunger a fundamentally disabling drive. As we have seen in previous chapters, the disability drive is only infrequently acknowledged by the subjects whom it compels; instead, cultures attempt to overcome the drive by projecting it onto subsets of socially stigmatized minorities. In this chapter, I argue that in contemporary US American culture fat people constitute one such group.¹³⁰ When the disability drive is configured as the drive to eat, it is abjected onto fat people, who are imagined to be governed, in ways that thin people supposedly are not, by an out-of-control compulsion to eat.

To shed light upon these dynamics, I will analyze accounts of hunger, feeding, and orality in three related discourses: Freud’s model of human sexual development, as detailed in *Three Essays on the Theory of Sexuality* and “On Narcissism”; the marriage plot, as articulated in Jane Austen’s novels; and narratives about weight loss dieting, as critiqued by the science writer Gina Kolata in *Rethinking Thin: The New Science of Weight Loss—and the Myths and Realities of Dieting*. These seemingly disparate cultural productions are separated by hundred-year intervals: Austen’s novels were published in the second decade of the nineteenth century; the Freudian texts that I will discuss appeared in print in the first two decades of the twentieth century; and Kolata’s book was published in 2007. But despite the spans of time that separate these works, and despite the different geographies from which they originate (Freud’s Vienna, Austen’s England, and the contemporary US American culture that is Kolata’s focus), they share important thematic and formal features. On the level of thematic content, each is invested in maintaining a distinction between hunger and love. This distinction is upheld in various overlapping ways: through the assertion that hunger and sexuality are qualitatively different drives; through the imposition of a model of sexual development in which the sexual pleasures that attach to the digestive system (especially the mouth and the anus) are made to cede to reproductive genitality; and through the punitive social stipulation that fat people, who are assumed to yield excessively to hunger, must pay for their alleged alimentary indulgences by forgoing sexual love.

On the level of genre, Freud’s teleological model of sexual development, Austen’s marriage plot, and a contemporary narrative form that I will refer to as the “diet plot” all invoke characteristic tropes of the *Bildungsroman*, or novel of development. This literary form typically features a protagonist (in Freud, the developing child; in Austen, the marriageable heroine; in the diet plot, the fat person wishing to lose weight) who is put through a set of struggles that profoundly reshapes its interiority. The hero of the *Bildungsroman* must learn to give up the solipsistic oral indulgences of childhood (in Freud, a fixation on sucking; in Austen, an inability to stop talking; and in contemporary US culture, a putatively pathological practice of “compulsive eating”) and embark on an arduous journey whose endpoint is the embrace of a new set of desires that conform to the requirements of heteronormativity and reproduction. In other

words, hegemonic narratives that separate hunger and love have distinctively anti-queer underpinnings. Such narratives are also grounded in racialized notions of “progress”: in Freud’s writing, Austen’s novels, and contemporary US American culture, constructions of eating, orality, and fatness are imbricated not only with notions of perversion but also with the related concept of primitivism. Drawing on a scientific commonplace of his era, Freud subscribed to the belief that “ontogeny recapitulates phylogeny”; that is, he believed that the individual’s progress from the polymorphous perversity of childhood to adult heterosexual desire mirrored the progress of the species from “primitive” to “civilized” cultures.

Progress narratives that strive to transcend primitivity and perversion share salient structural similarities with the “narrative of overcoming,” a genre that contributes to the oppression of disabled people by stigmatizing our failures (whether real or perceived) to adhere to a culturally mandated teleological model of growth, development, and “personal improvement.” A classic example of an overcoming narrative is the pervasively circulated story of personal transformation through weight loss dieting. Yet this ubiquitous cultural narrative has seldom been interrogated in disability studies.¹³¹ Elsewhere, I have argued that size prejudice should become a central focus of disability studies. Fat and disabled people face intimately intertwined forms of oppression: not only overcoming narratives but also staring, unwanted impositions of pity, harmful and ineffective “cures,” and lack of access to appropriate medical care. This chapter builds upon my earlier work by using the sexual model of disability to theorize intersections among fatphobia, ableism, racism, and homophobia. In doing so, I do not suggest that any one of these modes of oppression should be understood as primary or originary in relation to the others. Extending Margarita Rossi’s observation that “fat hatred is often used to uphold racism, and vice versa,” I attend as well to the ways in which fatphobia and racism uphold and are upheld by classism, homophobia, and ableism (qtd. in Horel). I argue that the drive to eat is intrinsically disabling because it poses a threat to the ego’s belief in its capacity for “self-control,” and I maintain that cultures and individuals manage this threat by displacing it onto stigmatized others. As we shall see, since the nineteenth century this displacement has entailed a cultural and political understanding of fatness in which heteronormativity, racialized constructions of progress, ableism, classism, and sizeism intersect and reinforce each other.

Hunger and Love

What is a healthy relationship between hunger and love? Traditionally, the phrase “a healthy appetite” has signified a capacity to consume sizable quantities of food. In the present historical moment, however, health is persistently associated with a diminution of the drive to eat. The beliefs that that Americans eat “too much” and that our appetitive excesses are driving us to disability and death enjoy the status of nearly universally acknowledged truths in present-day US culture. Hence, the subtitle of a popular book by David A. Kessler, the former commissioner of the US Food and Drug Administration, points to the necessity of “Taking Control of the Insatiable American Appetite.” If the American appetite needs to be brought under control, perhaps this is because we have gotten hunger and love mixed up: instead of consuming only what hunger should tell us we need, we devour the foods that we love, and we seem always to love the wrong foods. Such is the implicit message on the cover of Kessler’s book, which juxtaposes two photographs: on top is a piece of carrot cake with what appears to be cream cheese frosting; underneath are three unpeeled carrots with their green ends still attached. The pictures taunt us with what seems an impossible task: love the carrots, not the cake. Should we succeed in this endeavor, we would resemble the protagonist of a *Bildungsroman*; as Franco

Moretti puts it in his analysis of this genre, we would be able to say, “I *desire* to do what in any case I *should* have done” (21).

Another ubiquitously accepted maxim about hunger and love is that those most likely to succumb to a perverse love for the wrong kinds of food are African Americans, Latino/as, and poor and working-class people. The Left and the Right posit different reasons for the disparity in what they refer to as “obesity rates.” (Following fat scholars and activists, I reject the terms “obese” and “overweight” because of their pathologizing connotations; instead, I employ the neutral descriptor “fat.”) While the Right disciplines fat people by invoking the cultural ideal of “personal responsibility,” the Left advocates eliminating food deserts, neighborhoods without parks and sidewalks, and other social barriers to exercising and acquiring nutritious foods. Yet across the political spectrum there is near consensus fat is bad and that fatness is having particularly disabling effects in poor and nonwhite populations.¹³²

Although Left initiatives aimed at reducing fatness in Latino/a, African American and economically disadvantaged communities are often led by social justice advocates, fat activists and scholars argue that the pathologization of fat bodies of color is implicated in structures of racism. When fatness is presumed to result from a wrong kind of love for the wrong kinds of foods, and when Latino/a and Black people are figured as particularly prone to such perversions of hunger, the bodies of fat people of color come to be read as emblems not only of a devalued racial difference but also of a disabling compulsion to eat too much. Bianca D.M. Wilson, an African American health researcher whose work focuses on lesbian and bisexual women of color, observes that she often feels marginalized in professional settings in which claims about “obesity” in Black and lesbian communities circulate:

When these statements about weight and health are made, I often find myself reacting viscerally. I look around and am reminded that, at this level of education and profession, I am often the only large person in a given room, and am typically the only Black or gay person of any gender or size. Immediately my awareness of the differences between me and my colleagues is heightened, and I am reminded that I belong to the “target populations” of fat Black or lesbian people being discussed. I try my best to appear unaffected, but I am affected. Their talk about my impending early death due to my body size is juxtaposed with my experiences and work in Black gay communities, which demonstrate that there are far greater enemies to the health and well-being of Black lesbian and bisexual women than the fat on our bodies, such as violence, poverty, and psychological oppression.

(55)

Wilson’s remarks make it clear that even though the Left’s efforts to reduce “obesity” are intended to help the targets of their interventions, they nonetheless have the effect of intensifying the stigmatization of fat people, especially those who are queer and/or nonwhite. In addition, Wilson points out, anti-fat discourses on the Left typically rely upon a facile equation of larger-than-average body size and poor health, an equivalence that is not supported by the scientific data (57).¹³³ Providing access to nutritious foods and exercise is undoubtedly a laudable endeavor—but why frame this enterprise in terms of making fat people thin? As Wilson pointedly observes, better foods and opportunities to exercise “ought to be seen as independent healthful goals regardless of impact on weight” (57).

This problem is made worse when economically privileged, white food activists and nutritional “experts” assume a missionary-like role in relation to poor and nonwhite fat people, whom they describe as requiring education about the correct way to eat. Charlotte Biltekoff

adeptly analyzes this dynamic in comments by the slow food leader Alice Waters. When asked by an interviewer to comment on the irony of homeless people panhandling outside her famous Chez Panisse restaurant, Waters answered that she “would rather split a calzone and a large green salad and have a glass of wine for \$10 a person [in the lower-priced café above her restaurant] than fill [her] face for \$7.50 at some cheap joint” (qtd. in Biltekoff 106). Poor people’s love for food, Waters implies, is too closely linked to the appetitive compulsion of hunger; “filling one’s face” takes precedence over a gustatory appreciation of the flavors of salad and wine. During the filming of a *60 Minutes* segment in which she was shown shopping at a farmers market, Waters’s response to a query about the high price of grapes and other organic produce evinced a not-so-subtle mixture of racism and classism: “We make decisions every day about what we are going to eat. And some people want to buy Nike shoes—two pairs—and other people want to eat Bronx grapes, and nourish themselves” (qtd. in Biltekoff 102).

Far from unique to Waters, such confluences of racism and classism are endemic to anti-fat discourses on the Left. For example, in an article in *The Atlantic*, David H. Freedman, who presents himself as a liberal writer concerned about the health of poor people and people of color, suggests that the “less affluent masses” of “junk-food-eating obese,” whom he identifies as primarily Black and Latino/a, have “little cultural bias against over-indulging in food, or putting on excess pounds” (78, 76). As if he were a white anthropologist travelling to a “primitive” country to study the natives’ customs, Freedman takes a trip to east Los Angeles to observe a “largely Hispanic population” that he describes as “nonaffluent and visibly plagued by obesity”; among those at whom he directs his gaze are “overweight” Latino/a children walking home from school “with a slow, waddling gait” (78). Greg Critser, a liberal anti-fat writer who suspects that the wealthy are benefiting from “keeping the poor so fat,” also stigmatizes fat people along the lines of race. Expressing concern for “the fat, darker exploited poor, with their unbridled primal appetites,” Critser proposes that “a few more black Kate Mosses might not be such a bad thing” (6, 4).

A comparable account of fatness appears in the work of Lauren Berlant, a queer theorist and critic of capitalism who writes extensively about fatness (and has approvingly quoted Critser).¹³⁴ In *Cruel Optimism*, Berlant acknowledges that racialized depictions of fatness risk reinforcing “the image of African Americans as a population already saturated by death” and “compelled by appetites rather than...sovereign agency”; yet she nonetheless depicts fat people of color in ways that shore up precisely these associations (113). Defining fatness as a “symptom of unhealth,” Berlant asserts that “obesity” “does characterize, disproportionately, the bodily propensities of working-class and subproletarian” US Americans, “especially people of color”:

The bodily consequences of this increase in obesity are catastrophic for those children, and not only for their “self-esteem.” They now suffer the wearing of diseases of old age. High blood pressure and diabetes are especially catastrophic, as these portend early heart disease, liver and pancreatic failure, strokes and aneurysms, as well as blindness and circulation problems. (113)

Why, Berlant wonders, do people allow themselves to eat in ways that (she believes) bring on these diseases and disabilities? Her answer is that for fat people eating serves “as a kind of self-medication” (115). Maintaining a leftist emphasis on political oppression rather than personal failure, Berlant argues that the self-medication in which poor and nonwhite fat people putatively engage “is often a fitting response to a stressful environment” (115). But like Freedman and Critser, Berlant aligns herself with the cultural role of an anthropologist, asserting that “ethnographies of working-class families argue that economic threats to the family’s continuity

and the parents' sense of well-being tend to produce insular households in which food is one of the few stress relievers" (116). Taking such ethnographies as authoritative, Berlant declines to engage with the perspectives of fat activists and scholars of any race, ethnicity, or socioeconomic background.

At this point, some readers may be wondering: but isn't it true? Don't US Americans, especially those who are poor, working class, Latino/a, and/or African American, eat too many fattening foods, thus putting their health in jeopardy? In fact, these hegemonic claims about fatness have been called into question by a body of scholarship that compellingly argues that our present-day preoccupation with body size has more to do with cultural prejudice than with scientific certainty.¹³⁵ These authors make four important sets of claims. First, the correlation between fatness and poor health has been greatly exaggerated; "overweight" people live *longer* than people of "normal" weight, and "obese" people live almost as long as those deemed "normal" (a "morbidly obese" woman has a similar life expectancy to a "normal"-weight man).¹³⁶ Second, *correlation is not causation*; that is, the small discrepancies between fat and thin people's life expectancies may result not from fatness per se but from the effects of widespread societal discrimination against fat people.¹³⁷ Discrimination in health insurance and anti-fat bias on the part of health care providers (who often fail to treat serious medical conditions because they dismiss fat people's complaints with directives to "lose weight") mean that fat people do not receive the same quality of healthcare as thin people; and discrimination in employment, education, housing, and marriage increases the level of economic and psychological stress that fat people face.¹³⁸ Third, there is no known way of making fat people permanently thin. Body size is primarily determined by genetics, and weight loss diets have a failure rate of ninety-five percent or higher.¹³⁹ Fourth, these counter-hegemonic observations seldom make it into the public awareness because of a combination of deeply-rooted cultural bias against fatness (from which medical researchers and members of the media are not exempt) and economic incentives on the part of "obesity" researchers, who have built their careers on the claim that fat is bad, and who frequently receive funding from the diet industry.¹⁴⁰ It is beyond the scope of this chapter to provide an in-depth explication of arguments about the relationship between body size and health; my aim is less to convince readers of the truth or untruth of particular scientific hypotheses than to analyze the cultural context in which certain hypotheses are treated as incontrovertible truths, which then provide the justification for societal mistreatment of fat people. But although my argument is not primarily a scientific one, I do wish to intervene in the climate of societal prejudice that makes scientific challenges to contemporary constructions of "obesity" seem unthinkable.

In a brief footnote, Berlant indicates that she is familiar with at least some of this scholarship. However, she dismisses the work of Paul Campos and J. Eric Oliver, whose books contest the notion of an "obesity epidemic," claiming that these authors derive their facts from fat activists (*Cruel* 280, n. 26). In fact, Campos and Oliver each make it clear that their conclusions are based on comprehensive analyses of peer-reviewed scientific literature. Each of these authors (who worked without knowledge of the other's project) began his research with the presumption that "obesity" constituted a serious health crisis. "But then I started to examine the evidence," writes Oliver, a political scientist with a background in statistics, "and a funny thing happened—the more I read, the more I realized how misguided my initial assumptions about obesity were" (2). Similarly, Campos writes that when he began his research he "assumed the fact that being 'overweight' was a serious health risk was so well established" as to be "hardly worth discussing"; but after "plowing through dozens of books, hundreds of articles in medical

journals, and countless interviews with scientific experts,” he, too, arrived at the conclusion that much of what one hears about fatness from the medical establishment and the media is untrue (xvi).¹⁴¹

Berlant argues that when Oliver and Campos reject the pathologization of fatness, they “do not write with a nuanced understanding of their participation in the discursive and always processual construction of disease historically” (280, n. 26). Yet it is Berlant and other anti-fat critics on the Left who apparently misrecognize their participation in the processes by which categories of health and illness are historically constructed. For example, Waters, who suggests that the patterns of eating that she endorses will help solve the problem of “obesity,” describes the home-cooked family meal as the “core curriculum of civilizing discourse,” which institutes “a set of protocols that curb our natural savagery”; in making this analogy, she takes part in a longstanding historical tradition of associating thinness with “civilization” and fatness with “savagery” (qtd. in Biltkoff 96). As Amy Erdman Farrell documents, nineteenth-century social and medical authorities commonly pathologized fatness as a characteristic of “primitive” or “savage” races (*Fat* 59-60). So-called experts of that era contended that “advanced nations,” “modern citizens,” and proponents of “civilization” held an appropriate aesthetic preference for thinness, whereas “Hottentots, Moors, and Turks” valued fatness (59-60). Such ideas exerted a powerful influence on nineteenth-century US American culture and extended to Irish, Jewish, and eastern and southern Europeans, each successive wave of immigrants being derided for supposedly being too fat (75-76). As Laura Fraser notes, “well-to-do Americans of Northern European extraction wanted to be able to distinguish themselves, physically and racially, from stockier immigrants” (18).

Racial hierarchies also structure Freud’s theorizations of normative sexual development. Although Freud did not pathologize fat people or address the concept of “overeating,” he did devote a great deal of attention to oral erotism; and as in the nineteenth-century British and American contexts discussed above, Freud’s thinking about orality was closely linked to the trope of the “primitive” or “savage” human. In Freud’s model of sexual development, oral erotic pleasure constitutes a perversion, that is, a holdover from an earlier developmental stage. Drawing on the popular theory that ontogeny recapitulates phylogeny—that is, the belief that the maturation of the individual mirrors a corresponding maturation of the species—Freud grouped “children and primitive peoples” together and claimed that perversions such as homosexuality were “remarkably widespread among many savage and primitive races” (“On Narcissism” 75; *Three* 5). When he asserted that the individual’s achievement of adult, reproduction-centered sexuality recapitulated the human species’ progression from primitive to civilized states of existence, Freud constructed a theory of sexuality in which homophobia and racism were fused; so-called perverts and primitive people were depicted as stuck at a premodern stage of development.

In making these observations, I am building on the work of scholars such as Diana Fuss, who notes that “the ethnological component of psychoanalysis...has long equated ‘the homosexual’ with ‘the primitive’” (155), and David L. Eng, who argues that race and sexuality are inextricable in Freud’s teleological narrative. As Eng puts it: “If, for Freud, ontogeny recapitulates phylogeny, then the development of the individual recapitulates the development of civilized mankind not only through a specifically sexualized form but through a specifically racialized valence” (7). I wish to extend Fuss’s and Eng’s important arguments by showing that contemporary US American discourses about fatness take part in a similar effort to overcome primitivism and perversion at once.

In addition, I want to argue that although fat people are stigmatized for allegedly embodying a perverse primitivity, the pathologization of fatness also conforms to Freud's account of hysteria, a disease that he defined as arising not out of primitivity but instead out of civilization. According to Freud, hysteria and other "psychoneuroses" are "the negative of the perversions."¹⁴² By this, Freud means not that hysteria and perversion are opposites but rather that they constitute two different manifestations of a similar underlying process. At heart (or, in Freud's terminology, in the unconscious) the hysteric is a pervert. But whereas happy perverts may indulge in sexual behaviors outside the bounds of "civilized sexual morality," hysterics suffer because they repress these compulsions.¹⁴³ As we saw in Chapter 2, hysterics' supposed repressions of perverse sexual desires are presumed by Freud to lead to the "conversion" of these submerged desires into physical symptoms such as asthma attacks and stomach aches. The sexual repressions in which hysterics engaged, Freud maintained, were characteristic of civilized societies; by contrast, primitive people and members of the lower classes tended to act out their sexual perversions, thus avoiding hysteria.¹⁴⁴

If in Freud's framework hysteria and perversions are negatives of each other, then fatness, as conceived in present-day US American culture, occupies a liminal position between hysteria and perversion. We have seen that fatness is often attributed to perverse indulgences in oral appetites; now let us consider connections between fatness and the psychoanalytic construct of hysteria. Like the undocumented disabilities that Freud attributed to hysteria, fatness today is commonly described as resulting from substitutive sexual satisfactions. Much as people with undocumented disabilities are alleged by Freud to produce bodily symptoms as a form of sexual activity, fat people are often described as "substituting food for sex." This clichéd conception of fatness is alluded to in *Bridget Jones's Diary* when the protagonist confides to her journal that she has "at last found the secret of not eating: simply replace food with sex" (Fielding 52). And in popular psychology, the substitutes-food-for-sex claim is commonplace. For example, a *Psychology Today* article asserts that "food has become a stand-in for sex for countless people," and an online advice column warns that "feeling rejected, especially in...romantic relationships," causes people to "resort to emotional eating" (Madsen; Collins). The theory of "emotional eating" suggests that, unlike thin people, who are assumed to eat only in response to *bona fide* bodily hunger, fat people inappropriately use food as a substitutive satisfaction for unfulfilled sexual and psychological desires.

Like Freud's concept of hysteria, the pervasive cultural assumption that fat people "overeat" or engage in "emotional eating" elides the lived experiences of the people whose behaviors it subjects to a pathologizing medical gaze. Much as people with undocumented impairments are told that our symptoms are not real—or, as some finesse it, that our suffering may be "real," but that we fail to recognize our own role in causing it—fat people are assumed to eat "too much" in response to imaginary hunger. And in much the same way that people with undocumented disabilities are "invalidated as knower[s]" when our embodied experiences clash with the views of mainstream western medical authorities, fat people's lived experiences are also discounted by healthcare professionals (Wendell, "Feminist" 349). Remarking upon the medical profession's dismissal of fat people's experiences of hunger, Harriet Brown recalls that when she managed to lose enough weight to put her BMI within the "normal" range, she was "utterly miserable: starving, fixated on food, and crabby as hell" (42). "According to the doctor," Brown points out, "that weight was ideal for my height, and I should have felt swell. But I just didn't" (42).

Contemporary constructions of fatness also align with Freud's definition of so-called hysterical symptoms as always having "a psychical significance, a *meaning*" (*Dora* 34). As Joyce L. Huff notes, medical discourses take it for granted that fatness "must mean something" (50). Indeed, Kathleen LeBesco and Jana Evans Braziel point out, psychological discourses about weight conceive of the fat body as "a blank slate onto which the psyche's contents are transcribed" (4). In keeping with Freud's theory of hysteria, the psychic contents that are believed to manifest themselves on fat people's bodies involve real or imagined trauma. While noting that trauma merits "sensitive scholarly research," LeBesco and Braziel persuasively critique popular psychology's tendency to "collapse the fat body into the traumatized body"; this collapse, they observe, has the effect of figuring fatness as a "psychosomatic" disorder (4, 8).

Consistent with Freud's construction of hysteria as a state of epistemological disablement, our culture assumes that the supposed meanings of fatness are obvious to everyone except fat people themselves. In a discussion with Eve Kosofsky Sedgwick, Michael Moon challenges fatphobic culture's ascription to fat people of an intrinsic epistemological incapacity:

Incredibly, in this society everyone who sees a fat woman feels they know something about her that she doesn't herself know. If what they think they know is something as simple as she eats a lot, it is medicine that lends this notionally self-evident (though, as recent research demonstrates, usually erroneous) reflection the excitement of insider information; it is medicine that, as with homosexuality, transforms difference into etiology, confers on this rudimentary *behavioral* hypothesis the prestige of a privileged narrative understanding of her *will* (she's addicted), her *history* (she's frustrated), her *perception* (she can't see herself as she really looks), her *prognosis* (she's killing herself). (229-30)

Building upon Moon's observations, Sedgwick suggests that thin supremacist culture's belief that it possesses insider information about fatness mirrors heteronormative culture's assumption of "knowingness" vis-à-vis gay men. In response to both homosexuality and fatness, the dominant group "act[s] from the insolent conviction of knowing something about one that one doesn't oneself know" (229). Centrally at stake in what thin people think that they know about fat people is the idea of a relationship between hunger and love that has gone awry, food serving as a consolation for sexual frustration and alimentary passion outstripping nutritive need.

But what does it mean to say that someone substitutes food for sex? This formulation depends upon a set of constructions of eating and sexuality—or, to use a phrase that Freud frequently employs, between hunger and love—that a close reading of Freud's model of sexual development will call into question. To say that a person (of any size) substitutes food for sex is to work from the premise that sexual and alimentary urges are two separate drives that, although potentially interchangeable, are ontologically distinct. Freud constructs such a distinction in the first sentence of *Three Essays on the Theory of Sexuality* when he posits an analogy between "the sexual needs in human beings" and "the instinct of nutrition, that is of hunger"; throughout this text, Freud makes it clear that he envisions these compulsions as interrelated but ultimately separate (1). Similarly, in "On Narcissism," Freud spends several pages defending a dualism between a pair of compulsions ("ego-instincts" and "sexual instincts") that he likens to the "popular distinction between hunger and love" (78). In response to Carl Jung, who had wondered why it was necessary to distinguish between sexual and nonsexual energies, Freud forwards an argument that is technical and at times rather opaque, and which leaves the reader uncertain as to

exactly why a separation between sexuality and the ego, or hunger and love, is necessary (79-81).¹⁴⁵

To make matters more confusing, the rest of “On Narcissism” articulates an argument that directly undercuts Freud’s hunger-love dualism. In this essay, Freud’s first topography—in which the ego is conceived as an entity opposed to sexuality—begins to give way to a picture of the ego as itself suffused with sexuality, threatened from within, as it were, by libido. “Narcissism” is the term that Freud uses for this “ego-libido,” or love for oneself. Narcissism involves a conflation of hunger and love: hunger (Freud’s analogue for self-preservation) and love (Freud’s analogue for sexuality) come together when a narcissist takes him or her self as an object of love. And although Freud claims that women, homosexuals, and “primitive” people are especially prone to narcissism, he also suggests that narcissism may be a constitutive aspect of all subjects’ psychic lives (75, 88-89). If everyone is at least a little bit narcissistic, then we all blend hunger (or the instinct for self-preservation) and love (or the sexual drive). Importantly, hunger and love are not to be understood merely as metaphors: “the persons who are concerned with a child’s feeding” are its “earliest sexual objects,” Freud writes (87). This assertion echoes Freud’s famous remark, in *The Interpretation of Dreams*, that “love and hunger meet at a woman’s breast”; in both instances, Freud evokes his paradigmatic image of the nursing child, feeding and loving at the same time (226). Similarly, in the *Three Essays* Freud asserts that “children learn to feel for other people who help them in their helplessness and satisfy their needs, a love which is on the model of, and a continuation of, their relation as sucklings to their nursing mother” (88-89).

If sexual love is inseparable from our former status as sucklings, and if the people who satiate our hunger are those whom we come to love, then why does Freud insist that love and hunger are two different things? This question merits an in-depth investigation because, as we shall see, Freud’s efforts to theorize hunger as an entity separate from sex form the basis of a conceptual framework that, remaining in place today, provides legitimation for punitive social reactions to fat people. The separation between hunger and love that Freud strives to maintain forms the foundation of the teleology of sexual development that he narrates in the *Three Essays*. As is well known, the endpoint of this developmental process is the abandonment of a polymorphous childhood perversity in favor of a “normal” reproductive adult sexuality. Many critics have challenged Freud’s postulation of a heteronormative *telos* as the culmination of this developmental trajectory.¹⁴⁶ However, to my knowledge no one has remarked upon a fundamental problem at its starting point, or *arche*. The crux of the difficulty that Freud encounters in the *Three Essays* is that he is using narrative to impose order and structure upon a messy and inchoate field of infantile sexuality, which persists in being disorderly (or “disordered,” if perversions are determined to constitute pathologies). Freud wants sexuality to be containable within a purposeful progress narrative; he claims that once the child (or, implicitly, the primitive) passes through pregenital oral and anal “stages,” sexuality ultimately becomes “altruistic”; serving an aim beyond the selfish desires of the individual, reproductive genitality ensures the continuation of the species (*Three* 73). But although Freud insists upon a narrative of *Bildung*, or individual development, that culminates in the achievement of a sexuality that has a clear purpose, he acknowledges that this process is always incomplete; remnants of the perversions, or earlier developmental stages, continue to be constitutive aspects of sexuality into adulthood (or into civilization).

A similar problem appears at the beginning point of Freud’s narrative of *Bildung*, which, like its *telos*, rests upon the claim that there exists a form of compulsive enjoyment that is

invulnerable to the charge of lacking a clear purpose. This compulsion, Freud defines as hunger; and in order to postulate hunger as a purposeful instinct that upholds, rather than undermines, the ego's sanctity, Freud insists that hunger, much as it might look like love, is in fact something else altogether. This can be seen at the crucial, initiating moment in Freud's story of sexual development, which occurs when the child is nursing at its mother's breast. In a passage about thumb-sucking, an activity that Freud identifies as one of the earliest instantiations of childhood sexuality, he writes:

It is also easy to guess the occasions on which the child had his first experiences of the pleasure which he is now striving to renew. It was the child's first and most vital activity, his sucking at his mother's breast, or at substitutes for it, that must have familiarized him with this pleasure. The child's lips, in our view, behave like an erotogenic zone, and no doubt stimulation by the warm flow of milk is the cause of the pleasurable sensation. The satisfaction of the erotogenic zone is associated, in the first instance, with the satisfaction of the need for nourishment. To begin with, sexual activity *attaches itself to* functions serving the purpose of self-preservation and does not become independent of them until later.
(*Three* 47-48; emphasis added)

Interestingly, Freud's delineation of a chronological relationship between the sexual drive and the drive to eat reverses the temporal sequence implied in the phrase "substitutes food for sex"; instead, Freud suggests that all subjects *substitute sex for food*. According to Freud, food comes first ("Stimulation by the warm flow of milk is the cause of the pleasurable sensation"), and sex arrives later, as a secondary, derivative satisfaction.

As Jean Laplanche has pointed out in an analysis of this passage, Freud's phrase "attaches itself to" (*entsteht in Anlehnung an*) would better be translated as "props itself upon" or "leans on" (*Life* 15-16). The "leaning" to which Freud refers (not to be confused with the child's leaning on the mother) is "a leaning of the drive"; "emergent sexuality attaches itself to and is propped upon another process which is both similar and profoundly divergent: the sexual drive is propped upon a nonsexual, vital function" or, in Freud's terms, a "bodily function essential to life" (16). "Lean on me," the vital instinct of hunger says to sexuality. Why should sex need somebody to lean on? Perhaps because, unlike hunger, sexuality lacks a "vital" purpose: whereas eating can be portrayed as a goal-oriented activity, whose "purpose" is "self-preservation," sexuality, as we have seen, proves resistant to the imposition of a teleological model.

But Freud's efforts to posit hunger as a state of enjoyment that exists before sexuality and that, unlike sexuality, acts in the service of the ego's goals and motivations, may also fail. This possibility makes itself felt in another passage in *Three Essays*:

At a time at which the first beginnings of sexual satisfaction are still linked with the taking of nourishment, the sexual instinct has a sexual object outside the infant's own body in the shape of his mother's breast. It is only later that the instinct loses that object, just at the time, perhaps, when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction belongs.
(88)

In the chain of substitutions that Freud postulates, the breast, an early object of the infant's desire, is eventually replaced by the idea of a total person, such as "mother" or "woman." But something else comes before mother, woman, or breast: as Laplanche points out, the partial and fantasmatic objects of breast and mother have eclipsed an original, or "real," object, which was milk (Laplanche 19-20). Freud (and Laplanche seems to follow Freud in this) cordons milk

within the realm of vital function, defining sexuality as that which departs—ever so slightly at first—from the life-preserving activity of eating. But since the difference is so slight (“Parallel with feeding there is a stimulation of lips and tongue by the nipple and the flow of warm milk”), it seems impossible to establish a solid distinction between hunger and love (Laplanche 17).

“Can we be sure whether it is still the milk or already the breast?” Laplanche asks (17).

Laplanche’s framing of the question upholds Freud’s teleological account of the relationship between eating and sexuality, in which food (“still the milk”) cedes to a nonalimentary sexuality (“already the breast”). But if, as Laplanche points out, “the mouth is simultaneously a sexual organ and an organ of the feeding function,” then in what way is eating *not* a sexual activity? Indeed, a footnote added to the *Three Essays* in 1915 states that Freud has “been led to ascribe the quality of erotogenicity to all parts of the body and to all internal organs” (*Three* 50, n.1). If the entire body—including, presumably, mouth, stomach, intestines, and anus—constitutes a sexual zone, then wouldn’t hunger also have to be sexual? Indeed, it seems that Freud’s (and Laplanche’s) restriction of the definition of feeding to a “bodily function essential to life” represses an unsettling possibility: what if the object that we refind in a relation of love is not only “the breast,” “the mother,” or fantasmatic substitutes for these objects?¹⁴⁷ Could our first, most primal, love be...milk?

In some quarters of modern-day US culture, the threat of an erotic attachment to milk incites disgust. “Go suck your mother’s tits” is the first sentence of a chapter *Skinny Bitch*, a diet guide that promises its readers that they can embody its title’s ideal of skinniness (and the dubious privilege of being a “bitch” that thinness putatively entails) by adhering to a calorie-restricted vegan diet (53).¹⁴⁸ Obviously, *Skinny Bitch*’s advice to “go suck your mother’s tits” is sarcastic; the authors go on to inform would-be skinny women and girls that “Mother Nature... did not intend for grownups to suck their mothers’ tits” (57). For many anti-dairy advocates, it is not enough for milk simply to be avoided; instead, this first object of love must be hated. *Milk: The Deadly Poison* is the (redundant) title of Robert Cohen’s diatribe against dairy, and People for the Ethical Treatment of Animals ran a campaign named *Milk Sucks!* (qtd. in Planck 54). PETA’s campaign tag defends against and disciplines the pleasures of the child at the breast: not only milk itself, but also the sucking motions through which milk is ingested, are to be shunned.¹⁴⁹

These dairy-denigrating dynamics can be elucidated through the lens of Freud’s notion of reversal of affect: if to suck—and, especially, to suck on milk—is to be disgusting, then perhaps disgust is a reaction formation against the recognition of a sexual pleasure in sucking. The danger of loving milk is the risk of primitivity and perversion: of being stuck (“still the milk”) in an infantile, regressive, erotic pleasure. No wonder, then, that fat people today are so often depicted as childlike and immature.¹⁵⁰ The infantilization of people who indulge in wrong kinds of eating is given a racial valence when Michael Moss reports that researchers for food companies “discovered that kids and African Americans were particularly keen on foods that were salty and sweet”; a childlike (or primitive?) preference for sweetness and salt, Moss implies, enabled the food industry to manipulate Black people into eating too much (8).¹⁵¹ Fatness is further infantilized in media depictions of fat people that stigmatize their alleged over-indulgence in the “comfort foods” of childhood, featuring photographs of fat people spooning ice cream out of cartons, swallowing creamy milkshakes, and sucking on the straws of sodas.

The threat that these alimentary enjoyments are seen as posing is deeply embedded with the notion of the drive. As we have seen, the drive endangers the fantasy of a totalized ego by pulling subjects in directions that seem, from the perspective of the ego, to lack purpose—or,

indeed, to thwart the purposes and goals that the ego has assigned to itself. If the ego's goal is to be thin, then what is a dieter to do when faced with a drive to eat more than seems rational? "It almost seems animalistic when my ice cream frenzies happen," confesses David Kirchoff, the president and CEO of Weight Watchers, who admits that he is "getting excited even writing about [ice cream]" (5). Strange psychological compulsions to be studied in the psychoanalytic clinic? Not necessarily, says Iris Higgins, a former counselor at a popular weight loss clinic, who published a letter in the *Huffington Post* apologizing for misguiding her clients. "Cravings are a sign of underlying emotional issues. Yeah, sure they are. . . . Except when they're a sign that your body needs more food and you're ignoring it." The cultural imperative to ignore cravings for food takes part in a broader project of separating hunger from love: in contemporary US American culture, hunger is often seen as valid only if it directs us to consume the minimal portions that the weight loss industry says we should need, and impulses to eat more food, or different foods, are classified as "animalistic" cravings or "emotional issues," that is, as misdirected searches for love.

Although Freud did not expound upon the benefits of weight loss dieting, his efforts to segregate hunger and love may have motivations similar to those that drive the contemporary compulsion to diet. As with the weight loss industry, Freud defines hunger as an instinct that always has a clear purpose; because hunger serves the goal of self-preservation, this compulsion, unlike the "death drive" as Freud theorizes it, serves to uphold the ego's goals and motivations, primary among these being the instinct to survive. Hunger, then, can be seen as a presexual state of innocence. Thus, Freud is able to claim that a dream he had about feeling hungry—the analysis of which called to his consciousness the idea of "a child's longing for his mother's breast"—made "use of an innocent desire [i.e., hunger] as a screen for a more serious one [i.e., sexuality]" (*Interpretation* 252-53).

But what if hunger is not "innocent" of sexuality? In contemporary US culture, this possibility is often playfully acknowledged as in advertisements for "sinful," "decadent," or even "orgasmic" desserts. But the sexual side of feeding is defended against in our culture's ongoing efforts to curtail so-called compulsive eating, in which "unhealthy" or excessive food consumption is described as an inappropriate substitution for sex. For example, in *Fat is a Feminist Issue* Susie Orbach claims that "compulsive eaters" use food to block out "uncomfortable" sexual feelings (83, 93). A threat to hunger's status as an appetite that is innocent of sexuality can also be perceived when, immediately after suggesting that sexuality initially leans, or props itself, upon "functions serving the purpose of self-preservation," Freud remarks:

No one who has seen a baby sinking back satiated from the breast and falling asleep with flushed cheeks and a blissful smile can escape the reflection that this picture persists as a prototype of the expression of sexual satisfaction in later life.
(*Three* 48)

What's wrong with this picture? Nothing, from the perspective of the child, whose "flushed cheeks" and "blissful smile" suggest that it is enjoying a supreme pleasure.¹⁵² However, from the vantage point of Freud's teleological model of eating, the intensity of the pleasure experienced by the child at the breast does present a problem: the child is enjoying itself too much for it to plausibly be claimed that eating is only, or even primarily, a means of ensuring the organism's survival. Rather than "eating to live," the child could be described as "living to eat."¹⁵³

The imperative to "eat to live" is of course a commonplace in contemporary US American culture. Fat bodies are routinely read as symbols for an appetitive compulsion that

exceeds the fulfillment of physical need. “Do you really need that?” is the query by which fat people are disciplined when observed eating something that looks as if it might taste too good.¹⁵⁴ For instance, when I wrote a fat-positive article for *Bitch* magazine that concluded with an invitation to “eat a cookie. Have some pie. And skip the guilt,” hundreds of readers wrote in to object (“Sized” 19).¹⁵⁵ One letter-writer, who blamed fat people for unduly contributing to climate change, admonished that “instead of suggesting that we ‘have that slice of pie’ we really should encourage people to take only what we need.” The theory that overconsumption of food on the part of fat people constitutes an environmental threat is regarded as credible in a culture in which fat people are made to serve as scapegoats for the excesses of US American consumerism. Campos sarcastically paraphrases this way of thinking: “We may drive...SUVs that dump untold tons of hydrocarbons into the atmosphere; we may consume a vastly disproportionate share of the world’s natural resources;...but at least we don’t eat that extra cookie when it’s offered to us” (235). Sedgwick makes a similar argument; fat people, she observes, are forced to perform “the labor of embodying” the culture’s “economic exploitiveness” (*Tendencies* 231).

The charge that fat people “substitute food for sex” essentially means that, as with the blissfully satisfied child sinking back from the breast, food potentially *is* sex. For thin people, by contrast, food is presumed *not* to be sex: because in fatphobic culture thin people are believed not to eat “in excess” of caloric need, a thin person’s hunger is seen as legitimate, while a fat person’s hunger is not. And as with the notion of sexual perversion, contemporary US culture’s construction of fatness as a misdirected drive centers on the notion of inappropriate object choice. Like people marked as sexually perverted, fat people are depicted as taking pleasure from the wrong objects: instead of consuming “wholesome, nutritious” foods, they are described as “eating crap,” a phrase that calls up associations not only with an inappropriate orality but also with an anality that diverts hunger from its true aim.¹⁵⁶ As previously noted, Freud does not pathologize fat people’s eating; however, his efforts to imagine hunger and sexuality as distinct may derive from an impetus similar to contemporary fatphobic culture’s attempts to distinguish between fat and thin people’s respective compulsions to eat. In both instances, a domain is preserved (“hunger,” for Freud; or “noncompulsive eating,” for contemporary US culture) in which the impulse to eat is ostensibly not driven by the same vagaries that sever sexuality from its appropriate objects and aims.

Both Freud’s efforts to distinguish between hunger and love and contemporary US culture’s efforts to overcome a compulsion to eat too much, or to eat inappropriately, serve as defenses against the drive to eat—a force that, I suggest, can be regarded as a manifestation of the disability drive. Consider the many ways in which eating can disable us. For one thing, the need for food subjects us to a profound dependence, which ableist culture, valorizing independence, urges us to overcome. Also, our dependence upon food makes us helpless and needy, Freud notes; as we have seen, he asserts that “children learn to feel for other people who help them in their *helplessness* and satisfy their *needs* a love which is on the model of, and a continuation of, their relation as sucklings to their nursing mother” (*Three* 88-89; emphasis added). In addition, an ongoing need for food blocks subjects from embodying the ableist ideal of “self-control.” Fat people are commonly characterized as distinctively “out of control” in their eating. They are described as “compulsive eaters”—as if there were some other, *noncompulsive* form of eating, in which thin people engaged.

This is not to suggest that concepts such as compulsion and addiction have no value. Instead, my object is to resist a pervasive cultural conflation of disabilities such as drug and alcohol addiction with patterns of eating that, especially when they are engaged in by fat people,

are deemed pathological because they exceed the social value of self-control. A characteristic example of such a conflation is Orbach's assertion that "compulsive eaters crave their food as badly as a junkie craves heroin or an alcoholic thirsts for liquor" (84). Orbach claims that, in the same way that "the heroin 'fixes' the drug addict and the liquor 'stuporizes' the alcoholic, so the binge 'narcotizes' the compulsive eater" (85). In addition to furthering the stigma of people with addictions with the label "junkie," Orbach's formulation obscures the crucial difference between food and substances such as heroin or alcohol: a compulsion to eat, although it may disable us all, is not a drive that one can realistically hope to regulate or overcome. Although many people (including, often, people with addictions) live without drugs or alcohol, no one lives without food. Nor do people (of any size) eat noncompulsively; by definition, the drive to eat is a compulsion. "When you gotta eat, you gotta eat," the saying goes. Even those individuals who boast of confining their dietary choices to conform to the requirements of one restricting regimen or another do, at the end of the day, eat. The image of a fat person who "can't stop eating" is among our culture's most frequently cited symbols for the disability drive, but this image would more accurately be understood as a picture of everyone, since ceasing to eat would mean no longer living.

Yet the oft-repeated refrain that fat people "are eating themselves to death" does have a fantasmatic logic. The drive to eat threatens the death—or, more precisely, the disablement—of the ego as a self-sufficient totality, a choosing, reasoning, and goal-oriented entity. Resisting recognition of their determination by the drive, egos assert that they are in charge of our selves. In contemporary culture, the fatphobic ego boasts of skipping lunch and solicits praise for sporting a smaller size of pants or skirt than somebody else. People who brag about the smallness of their bodies and appetites imply that their hunger is not love; these ostensibly noncompulsive eaters portray themselves as having achieved mastery of a drive to eat that, for the rest of the populace, remains an intractable compulsion.

As Bersani observes in his reading of the *Three Essays*, sexuality could be defined as "that which is intolerable to the structured self" (*Freudian* 38). If sexuality corrodes the ego's belief in the stability of its structure, perhaps eating does, too. There are many ways in which the drive to eat can disable the fantasy of a structured self. Individuals who employ diet and exercise programs designed to produce a "sculpted" muscular structure find themselves thwarted by a compulsion to eat. This drive, as almost every dieter knows, overrides efforts to maintain yet another form of structure: those carefully regimented meal plans that the diet industry sells. In addition, eating undoes the fiction of a structured ego by making evident the porousness of boundaries between self and other. "You are what you eat," we say. Although on the level of rhetoric this maxim is utilized to buttress the ego's sense of its strength (as in the bumper sticker that allows drivers to advertise their consumption of kale), on the level of grammar the notion that one is what one eats points to the radical instability of the ego (which, Freud notes, is first and foremost a bodily ego) by highlighting its inseparability from the food that it incorporates.¹⁵⁷

Bersani's illuminating proposition that sexuality can be defined as "that which is intolerable to the structured self" is the basis of his postulation that sexuality "could be thought of as a tautology for masochism" (*Freudian* 39). Because sexuality disables, or shatters, the self, Bersani argues in his analysis of Freud, it induces suffering. Bersani's crucial insight about the masochism that inheres in sexuality could perhaps be extended to encompass this aphorism: "Eating could be thought of as a tautology for masochism." If we think of eating as an intrinsically masochistic activity, we may gain an insight into one of the most disturbing aspects of fatphobia: the sadistic elements of contemporary discourses about body size. As discussed in

Chapter 3, Freud theorizes sadism and masochism as obverses of each other. Might our culture's repeated enactments of sadism upon the bodies and psyches of fat people arise from a turning outward of an original masochism intrinsic to eating? Examples of such sadism include the "headless fatty" images that adorn practically every media report on fatness; in addition to effecting a virtual decapitation of fat people, these pictures imply that fatness is a state so shameful that it does not deserve to have a face.¹⁵⁸ Another instance of anti-fat sadism is the practice of photographing fat people without their consent. This abusive activity is most often directed at supersize people. As the fat activist and scholar Julia McCrossin reports, "I have had this happen to me in a group setting with other supersize people; people have no shame in taking pictures of us because of our fatness."¹⁵⁹

McCrossin's observations illustrate the argument that I have been making throughout this dissertation: attempting to overcome the disability drive—configured, in this instance, as the drive to eat—results in the reinforcement of stigma against another marginalized group. We have seen that Freud's attempted overcoming of the drive to eat has a particular structure: it takes the form of a narrative that commences with childhood innocence (troped as physical hunger), passes through a stage of purposeless and potentially dangerous orality, and culminates in an "altruistic" sexuality that, by facilitating reproduction, serves a social good beyond the individual's solipsistic self-indulgences. This plot is not a narrative of Freud's invention; as I will discuss in the following section, the teleological account of sexuality that Freud articulates in the *Three Essays* bears a striking similarity to another narrative form: the marriage plot that unfolds in Austen's novels. I will perform a sustained analysis of Austen's fiction because, in terms of both thematic content and narrative structure, the Austenian marriage plot continues to exert influence on present-day US American culture. Austen's articulation of the marriage plot also forms part of a historical context that may have influenced Freud. Like Freud's model of sexual development, the Austenian marriage plot is imbricated with notions of primitivity versus civilization; Austen's fiction contains submerged discourses that, like the ontogeny-recapitulates-phylogeny thesis, are employed to justify colonialism. In forwarding this argument, I will attend not only to colonial thematics in Austenian fiction but also to Austen's portrayals of eating, fatness, and orality. In doing so, I will engage with D.A. Miller's influential arguments about Austen. Miller's readings of Austen's narrative praxis, I will argue, open up possibilities for a fat-positive social critique; however, I will also show that at crucial moments, especially in regard to race and disability, Miller's writing forecloses these possibilities.

Size and Prejudice

When Austen's *Persuasion* begins, its heroine, Anne Elliott, is not looking so good. "Faded and thin," Anne has suffered "an early loss of bloom" (11, 28). Ever since she let her worthy would-be fiancée, Captain Wentworth, go, Anne's sad spirits have been reflected in her pale and unpretty looks. Anne is getting up there in years: at age twenty-six, she is, although not as close to the "years of danger" as her twenty-nine-year-old sister, definitely behind schedule in acquiring a husband. So lost are Anne's looks that when Wentworth comes back after several years of naval service, he hardly recognizes her.

A slight alteration of key terms—replace "thin" with "fat," and substitute "thirty-nine" for "twenty-six"—and *Persuasion*'s opening would be the perfect set-up for the contemporary genre that I call the "diet plot." The diet plot, although historically of more recent provenance than those novels that are today termed "classics," is nonetheless so deeply entrenched—so canonical, we might even say—that its contours scarcely need delineating. The hero (or, more

often, the heroine) undergoes a great loss of weight, a transformation from which the best blessings of existence naturally follow. Most important among these blessings is a match with a suitable spouse. The credentials of this partner match the inner beauty of the protagonist, a beauty now manifested on her or his outward form.

All good things follow from thinness, the diet plot instructs. But it teaches another lesson, too: thinness is not only the cause, but also the result, of all good things. Who doesn't know this story? The girl gets in touch, faces her demons, takes a long look at herself, and the pounds "melt away." Anne experiences a similar good fortune. As *Persuasion* progresses, its protagonist doesn't get any younger, but she does get a good deal more blooming. The novel never explicitly tells us why: certainly, Austen would not be so crass as to show Anne discovering a wonderful new youth-boosting pill or herb; nor would she suggest that "bulking up" was either the intent or the outcome of those long, autumnal walks that Anne loves to take. Rather, readers easily understand that Anne's regaining of her rosy-cheeked visage is the materialization of an improved interiority. Prettiness is Anne's reward for undergoing the Austenian ordeal of humiliation: having suffered for several years after sending Wentworth away, she has earned the right to be blooming.¹⁶⁰ Indeed, if one swaps the modern-day phrase, "lost the weight" for Austen's expression, "saw her bloom return," Anne's story has the makings of an adaptation into a contemporary diet plot.

But diet plots, like marriage plots, have a hitch: their results may not always be permanent. "When you're a dieter and you lose weight, you feel confident but fragile. Any minute you could gain that weight back," remarks "Stacey," a former dieter interviewed in Brown's polemic against contemporary US culture's preoccupation with weight loss (188). At the end of *Persuasion*, Anne faces a similar precariousness; as the novel's final sentence indicates, Anne "gloried in being a sailor's wife, but she must pay the tax of quick alarm for belonging to that profession which is, if possible, more distinguished in its domestic virtues than in its national importance" (203). In other words, it is great to be married to a member of the navy, except that one's happiness is always threatened by the possibility that one's spouse may die in a war. In this last line of *Persuasion*, the marriage plot and colonialist discourse intersect. It is Wentworth's participation in a colonial war that has made him an appropriate person for Anne to marry; Wentworth's path to wealth began when he was "made commander in consequence of the action off St. Domingo," that is, the imperial war between Britain and France over the authority to exploit the enslaved population of Santo Domingo, the Caribbean island where Haiti and the Dominican Republic are located today (26, 234 n. 26). Although Anne's marriage to a naval captain means that "the dread of a future war...could dim her sunshine," this threatened gloom, the novel's conclusion informs its readers, is an appropriate trade-off for marrying into a profession so vital to her nation and so replete with domestic goodness (203). Throughout *Persuasion*, the virtuousness of Britain's navy is emphasized; its members are said to be so charming that in pining over Wentworth, Anne also mourns the lost opportunity for friendship with his "brother-officers" (82).

Austen's cozy characterization of the British navy upholds an ideology that couples well with Freud's uses of the theory that ontogeny recapitulates phylogeny. Much as *Persuasion*'s portrayal of England's colonial exploitation in terms of charm and hospitality covers over the violence that this exploitation entailed, Freud's construction of a progress narrative that moves from primitivity and perversion to civilization and heterosexuality has also been used to justify colonial domination. As David Kazanjian observes, the "argument that non-Europeans were pre-modern and atavistic was, of course, one of the most important justifications for many Euro-

American colonialist and, later, imperial enterprises, because it allowed colonial and imperial exploitation to proceed under the guise of economic and/or cultural ‘modernization’” (qtd. in Eng 9). Not only do Freud and Austen each construct narratives that have been used to legitimate colonial exploitation; in each of their works, these narratives intersect with an account of sexual development that takes place within individual subjects. As we have seen, Freud claims that excessive indulgence in orality can impede the goals of heterosexual copulation and marriage. Although Austen has less to say (directly, at least) about copulation, and although her novels do not feature characters who are known for being “epicures in kissing” (as Freud claims that people fixated at the oral stage tend to be), her narratives do engage in the effort to curb a different kind of oral expression: the urge to speak (*Three* 48). As every reader of Austen knows, a heroine in want of a good husband must distinguish herself from her rivals by tightly regulating the impulse to talk too much.

Austen heroines are seldom seen overcoming a drive to eat; indeed, they seem not to have been subject to such a drive in the first place. Few characters in Austen are ever shown eating, and those who do focus on food are marked as ridiculous. Elizabeth Bennett savors fancy but non-fattening fruit at Darcy’s Pemberley estate, but unlike her crass mother, she does not deign to discuss the details of food preparation and consumption. Sir William Lucas is easily perceived as foolish because, after questioning Elizabeth about her dietary likes and dislikes, he disparages her preference for plain English food over exotic French ragout. Verbal effusions and culinary enthusiasm come together in the character of Mr. Collins, who, dining with Lady Catherine, “carved, and ate, and praised with delighted alacrity” (*Pride* 125).

One of many scenes contrasting Austen’s loquacious and her linguistically restrained characters occurs in *Persuasion*. Anne finds herself sitting on a sofa with Captain Wentworth, separated from him by their host, Mrs. Musgrove, who is grieving for her deceased son:

[Anne and Wentworth] were actually on the same sofa, for Mrs. Musgrove had most readily made room for him—they were divided only by Mrs. Musgrove. It was no insignificant barrier indeed. Mrs. Musgrove was of comfortable substantial size, infinitely more fitted by nature to express good cheer and good humor than tenderness and sentiment; and while the agitations of Anne’s slender form, and pensive face, may be considered as very completely screened, Captain Wentworth should be allowed some credit for the self-command with which he attended to her large fat sighings over the destiny of a son whom alive nobody had cared for.

Personal size and mental sorrow have certainly no necessary proportions. A large bulky figure has as good a right to be in deep affliction as the most graceful set of limbs in the world; but fair or not fair, there are unbecoming conjunctions, which reason will patronize in vain—which taste cannot tolerate—which ridicule will seize. (59)

Highly conventional in its promulgation of the stereotype that fat people are, or should be, perpetually jolly, and typically Austenian in its valorization of the virtue of “self-command,” the passage nonetheless marks a highly irregular moment in Austenian narration. In his essay, “The Late Jane Austen,” which was published in 1990, D.A. Miller performs an important analysis of this passage, which could be described as a proto-fat-studies moment in his work. In his reading of the scene with Mrs. Musgrove, Miller points out that it is unusual for Austen’s narrators to so blatantly perform punitivity. Austen’s “compulsion to inflict mortification,” he observes, is usually more “masked” than in the Mrs. Musgrove passage: most often, minor characters receive

ridicule not directly from Austen herself but instead from other characters and from vicissitudes of the plot (61). Austen's admission that her ridicule of Mrs. Musgrove is "not fair," and her following of this admission with a continuation of the same anti-fat ridicule, also marks a striking departure from Austen's typical assumption of a narrative voice whose regulation, discipline, and balance suggest the quintessence of fairness.¹⁶¹

What is it about Mrs. Musgrove that unsettles Austen? One way of approaching this question is to consider the reasons that Mrs. Musgrove is crying. The passage tells us that she is mourning the death of her son, Dick Musgrove, but what it does not emphasize is that Dick, one of Wentworth's subordinates, died during the same imperial war in which Wentworth made his fortune. Worthy Wentworth does well, and no-good Dick perishes: this turn of events seems fair enough. Yet so much is concealed in this account—most notably the fates of the colonized and enslaved populations over whose resources Britain and France were warring. Perhaps, then, Austen's uncharacteristically open shaming of Mrs. Musgrove for a sorrow that seems too big ("her large fat sighings") can be read as a displacement of the narrator's unacknowledged discomfort about the colonial enterprise. Much as Anne's "quick alarm" can be read as a manifestation of anxiety about the ramifications of Britain's exploitation of the people whom it dominated—and the novel's closing sentence lauding the British navy's "domestic virtues" may bespeak an unacknowledged recognition of its foreign abuses—the bigness of Mrs. Musgrove's sighs are perhaps felt as intolerable because in the context of colonial war crying over Britain is *not* fair.

The reading of this passage that I am proposing takes an approach that, in a footnote to *Jane Austen, or The Secret of Style*, a book published in 2003, Miller warns against: "Just as naïve amateurs once gave their interest in Austen the form of the coaches, gowns, and vicarage houses that illustrate the Chapman edition, so critical professionals now attach their own to the French Revolution, the country estate, and colonial slaving" (107, n. 42). Not only does this admonition suggest that readings of Austen that centralize the topics of colonialism and slavery are amateurish; it also trivializes these historical events by likening them to stagecoaches and ball gowns. It is not, Miller specifies, that he proposes to "ignore the impact of cultural forces and forms on [Austen's] work"; however, his reading of Austen does "stand in implicit polemic with a historicist tradition of understanding Austen that is indifferent to what most needs to be understood: the originality of her literary achievement as such" (107-8, n. 42). Here, Miller assumes the authoritative Austenian voice that he celebrates throughout his monograph; as if uttering universally acknowledged truths, Miller informs his readers of "what most needs to be understood."

But can what Miller calls Austen's "great world-historical achievement" be understood in isolation from an analysis of the global politics that her novels obliquely represent (75)? According to Miller, Austen's aesthetic achievement consists in her success in embodying the "godlike" voice of "No One" (31). That is, Austen manages to escape the shame attached to the labels of "old maid" or "spinster" by inhabiting a disembodied voice that transcends shame and "social humiliation" (28-29). It is true, Miller acknowledges in another footnote, that had Austen's novels been written today, their narrator could not so easily have been perceived as No One; its voice might instead have been read as "bourgeois" or "white" (100 n.16). But this is a relatively unimportant observation, Miller implies, because for Austen and her intended readers white and bourgeois could be mistaken for universal.

A different way of framing this issue is offered by Edward W. Said, who astutely observes that "just because Austen referred to Antigua in *Mansfield Park* or to realms visited by

the British navy in *Persuasion* without any thought of possible responses by the Caribbean or Indian natives resident there is no reason for us to do the same. We now know that these non-European peoples did not accept with indifference the authority projected over them” (66). Indeed, to celebrate Austen’s success in assuming the voice of a universally acknowledged authority is to perpetuate an ideological construction of the victims of imperialism as passive objects, or as happily acquiescing beneficiaries of “progress.” Undoubtedly, this is not Miller’s intention; but his divorcing of the aesthetic from its ideological investments may nonetheless have the effect of reentrenching colonialist ideology. Gayatri Chakravorty Spivak, taking up Walter Benjamin’s dictum that “there has never been a document of *culture* which was not at one and the same time a document of barbarism,” argues that “a ‘culturalism’ that disavows the economic in its global operations cannot get a grip on the concomitant production of barbarism” (*Other* 232).

We might begin to get a handle on the ways that Austen’s aesthetic is implicated in structures of political and economic violence by attending to the mechanism by which Austen’s style, in Miller’s analysis, operates. Convincingly, Miller argues that Austen’s style performs “the labor of shame management”: “through every performance of style, there runs a hidden conduit that draws the flow of shame from the stylist at one end to someone or something else at the other” (48). Note how closely this account of style corresponds to the mechanism by which the disability drive—a force that, like shame, breaks down the ego—is abjected onto “someone else.” In Austen’s depiction of Mrs. Musgrove, the fat woman is that someone else, the figure onto which various shames—of colonialism, of eating and orality, and of female embodiment—are deflected away from the narrator. Thus, in contrast to his 1990 essay, which faults Austen’s depiction of Mrs. Musgrove for its fatphobia, Miller’s book registers a different objection to the scene on the sofa. In the latter text, Miller complains that “little fits of pique” on the part of the narrator keep her from being readable as No One; in abandoning her “nonchalant detachment,” Miller argues, Austen risks coming across as “the typically conceived old maid, ‘illiberal and cross’” (69).¹⁶²

I agree with Miller that Austen’s narrative authority is compromised when she allows her personal investments to show. However, rather than celebrating a literary and ideological authority that augments itself by claiming to be detached, I wish to attend to the ways in which what Miller calls “anonymous, impersonal, universal narration” functions to entrench structures of social domination—not only in Austen’s novels, but in present-day culture as well (27). To illustrate this, let us return to Greg Critser’s anthropologically-inflected account of fatness and racial difference. As previously noted, Critser wrote about fatness and race in an article for *Harper’s* magazine; this article, which was published in 2000, became the basis of his bestselling book *Fat Land*, which was published three years later. In the article version of his argument, Critser makes the same mistake as Austen in her rendition of Mrs. Musgrove: letting his personal “pique” show, he risks seeming “illiberal and cross.” For example, when Critser writes that at his local McDonald’s “the supersize bacchanal goes into high gear at about five P.M., when the various urban caballeros, drywalleros, and jardineros get off work and head for a quick bite,” he prompts Paul Campos to wonder, “Did some urban caballero ride off with his girlfriend or something?” (64). Critser’s open illiberality—or, rather, his complicity with racial and class-based cultural assumptions—makes itself evident throughout the article, for example when he visits a donut shop for the purpose of examining the eating habits of its Latino/a customers. Worrying over the size of their appetites, Critser reports: “Mami placates Miguelito with a giant apple fritter. Papi tells a joke and pours ounce upon ounce of sugar and cream into his 20-ounce

coffee. Viewed through the lens of obesity, as I am inclined to do, the scene is not so feliz.” Apparently, the diminutives “Mami” and “Papi” and the name “Miguelito” are Critser’s invention, as he gives no indication that he has ever met the family whom he sets out to study. Accompanying the racism that gives structure to Critser’s remarks about fatness is homophobia; according to Critser, donut stores’ “endless racks of glazed and creamy goodies” are analogous to “the San Francisco bathhouses...where the high-risk population indulges in high-risk behavior.” Latino/as (of all sexual orientations) and gay men (of all ethnicities) are figured by Critser as ontologically “high risk,” their perverse and primitive behaviors ostensibly diverting hunger and love from their appropriate objects and aims.

Although it is easy to locate white supremacist tropes in Critser’s article, detecting the racial dimensions of fatphobia is far more difficult in his book. The passages cited above—along with references to “stout Mayan doñas” and “the coolification of homeboyish fat”—have been excised from the book version of Critser’s project. Instead of shaking his head at Latino/a people with made-up names, Critser concludes *Fat Land* by nodding encouragingly in the direction of fictitiously named Latino/as engaging in exercise: “Papa teaches tiny Miguel how to skip rope. Mama jogs on the adjacent track. Brother José shoots hoops with a school friend” (176). Critser is no Jane Austen, but he comes much closer in his book to approximating the neutral—and therefore seemingly incontrovertible—authority of a “god” (Miller, *Jane* 32). And indeed, *Fat Land* ends on a religious note, with Critser reminding his readers in its last paragraphs that Dante defines sloth and gluttony as sins (176). The contrast between Critser’s article and his book makes it clear that the harder it is to perceive racial stereotypes undergirding fatphobia, the easier it is for anti-fat discourse to attain the status of universally acknowledged truth.

Anti-fat truth claims are often articulated as if they were aesthetic certainties: fat people are “not attractive,” thin supremacist cultures insist. Such assertions rely on a Kantian vision of a *sensus communis*, or universally shared aesthetic judgment, a vision that Austen seems to share when she announces that “taste cannot tolerate” the sight of Mrs. Musgrove crying on the sofa.¹⁶³ As if anticipating contemporary dehumanizing depictions of fat people as “couch potatoes,” Austen sinks in this passage into comfy anti-fat clichés.¹⁶⁴ The image that “ridicule will seize” is described by Austen as intolerable because it foregrounds “unbecoming conjunctions”; Mrs. Musgrove’s “large bulky figure” and her “deep affliction” at the death of her son just don’t go together, Austen implies. Why are these conjunctions deemed “unbecoming”? Perhaps for the same reason that Freud defends so vigorously against comings-together of hunger and love. Precisely such a convergence is effected by Mrs. Musgrove’s “large fat sighings” over her son, Austen suggests. Likely interpreting Mrs. Musgrove’s fatness as the result of excessive indulgence in hunger, Austen upholds a variation of the Freudian formula: if hunger, then not love. A person can be fat, *or* she can express genuine sorrow at the death of a person she loves, but she must be prohibited from doing both at the same time.

Austen’s disciplining of the appetites thought to cause fatness is linked, Miller persuasively argues in “The Late Jane Austen,” to the linguistic “economy” of her narrative practice. To illustrate this point, Miller adduces a series of comments in Austen’s novels in which characters profess to have said, heard, or seen “enough.” In each of these contexts, Miller remarks, the term *enough* “bears a nuance of meaning *less than enough*” (63). The use of “enough” to signify “less than enough,” Miller contends, resembles the recommendations of late-twentieth-century weight loss guides such as the “Thin Within Program, where on Day 5 ‘we learn to begin [eating] (when we’re hungry) and when to stop (when we’ve had “just enough”)’” (63). But, Miller argues, whereas fat bodies in Austen are associated with a talkativeness

bespeaking oral fixation, they are also rendered as silent surfaces that won't, or can't, speak back against the narrative violence inflicted upon them (64). Miller notes that in this regard Austen's thematization of fatness diverges from her frequent use of the trope of hypochondria, whose impairments come into being through verbose descriptions of their sufferings (64-65). Miller's observation, which could be said to constitute a proto-disability-studies moment in Austen criticism, maps onto the distinction that disability scholars have made between visible and nonapparent disabilities. In contrast to visible bodily differences (such as fatness), whose immediate observability tends to provoke excessive and unwanted attention, nonapparent impairments enter the field of legibility (if they are able to do so at all) only by means of verbal articulation.

Unfortunately, Miller's theorization of hypochondria in Austen's novels does not follow through on this proto-disability-studies potential. In both his early and his more recent analyses of Austen, Miller seems to accept uncritically the construction of hypochondria, a diagnostic category that very strongly resembles hysteria.¹⁶⁵ As I observed in Chapter 2, the theory of hysteria contributes to the stigmatization of people with undocumented disabilities; Austen's (and Miller's) account of hypochondria has much the same effect. For example, in registering accord with Austen's ironization of hypochondria as a device for absenting oneself from social obligations, Miller upholds Frued's notion of secondary gain ("Late" 65-66). Approvingly paraphrasing what he reads as Austen's lesson about "the folly of hypochondria," Miller opines on "the ultimate irrelevance of our minor or mendacious maladies," which, he pointedly observes, "don't even have the merit of preparing us" for death (*Jane* 79). Implying that any malady that is not mortal must be "minor or mendacious," Miller rehearses the lesson that Austen punitively inflicts upon *Emma*'s Mrs. Churchill, a character, marked as a hypochondriac, whose sudden death, rather than confirming her claims to have been ill, is described as being "of a different nature from anything" of which she had thus far complained (qtd. in Miller, *Jane* 106, n. 37).

A similar lesson is frequently visited upon fat people, whose size is read as sure evidence that any hunger they purport to feel is insignificant or imaginary. As we have seen, hunger is a salient point of contact linking the culture's discrediting of fat people and its dismissal of people with undocumented disabilities. It is true that fatness cannot be described as "undocumented"; on the contrary, it is relentlessly and aggressively documented in our society, height and weight charts serving much the same hierarchizing function as the Baronetage that Sir Walter Elliot entertains himself by perusing. But as previously noted, hunger is an experience that generally cannot be documented; in this regard, it resembles undocumented chronic illness, pain, and mental disability in being easily dismissible as imaginary.

Such dismissals inform both Austen's ridicule of fatness and her disciplining of hypochondria. Despite the "invisibility" of the one and the spectacularized visibility of the other, fatness and hypochondria are thematized in Austen's work in closely connected ways. The most blatant example of this convergence takes place in the portrayal of Arthur Parker. A character in *Sanditon*, Austen's unfinished satire of hypochondria, Arthur is one of Austen's most maligned malingerers. Charlotte Heywood, *Sanditon*'s heroine, suspects Arthur of becoming an invalid "principally for the indulgence of an indolent Temper—and to be determined on having not Disorders but such as called for warm rooms and good Nourishment" (339).¹⁶⁶ From Charlotte's perspective, Arthur does not look the part of an invalid: he is "Broad made and Lusty" and, except for a "sodden complexion," he bears no visible signs of illness (335). Arthur's broad size is matched by a big appetite: hunger apparently exerting a greater attraction than the "influence

of Youth and Bloom,” Arthur turns away from Charlotte to devote his full attention to his evening preparation of hot cocoa and toast, “adding a great dab” of butter “just before it went into his Mouth” (336, 338). Like other fat characters in Austen’s novels, Arthur is “by no means indisposed to talk”; and if his expositions on the merits of buttered toast pour out in an unceasing logorrhea, his cocoa has the look of diarrhea as it “[comes] forth in a very fine, dark coloured stream,” (338).

Both the color and the flavor of Arthur’s beverage are important. Chocolate was of course a colonial acquisition, and *Sanditon* is the only piece of Austenian fiction that features a character of color. Throughout the novel fragment, characters are shown awaiting the arrival of a “rich West Indian family,” who they expect will be a source of income for the invalid resort that is owned by Arthur’s brother, Mr. Parker (314). “No people spend more freely, I believe, than West Indians,” Mr. Parker remarks; his sister Diana concurs, commenting that “Wealth and a Hot Climate” tend to make people “helpless and indolent” (331).¹⁶⁷ As Claudia L. Johnson explains in her notes to *Sanditon*, the term “West Indians” refers not to “natives of the West Indies” but instead to “Britons who settled in the West Indies and made their fortunes on plantations there” (377, n. 314). But although the rich West Indian family is not composed of people of color, the group will be accompanied by Miss Lambe, whom Austen’s narrator describes as “about seventeen, half Mulatto, chilly and tender” (341). This description appears just a few pages after the discussion of Arthur’s hot cocoa, a discussion that focuses intensively on the color of the beverage, Arthur insisting that it is “rather weak” and his sisters protesting that each evening it gets “stronger and stronger” (338). The debate about the darkness of Arthur’s chocolate thus creates a metonymic link between Arthur’s alimentary indulgences and the “half Mulatto” Miss Lambe. (As Johnson points out, the phrase “half Mulatto” is unusual in Austen’s era and ambiguous in its meaning; it could potentially reference “a person having one-quarter Black ancestry,” or it could be “simply a loose phrase for a person of mixed racial descent” (379, n. 341).) Austen’s description of Miss Lambe as “chilly and tender” also suggests a commonality between this character and Arthur, who, as previously noted, is said to have invented his invalidism in order to enjoy “warm rooms and good Nourishment,” and who evinces an untoward “degree of Enjoyment” in “sitting next to the Fire” (336).

Arthur’s and Miss Lambe’s preferences for comfortable rooms suggests that Austen’s portrayal of these characters may anticipate a trope that took shape in US American culture at the end of the twentieth century: the figure of the Welfare Queen, whose alleged self-indulgence was cited by conservative politicians as a reason to dismantle public assistance programs for poor people. Like the Welfare Queen, who is described as avoiding work out of laziness, Arthur is charged by his brother with “fancying himself too sickly for any Profession”; Mr. Parker decries Arthur’s decision to “sit down at one and twenty” without making any effort to work (315). Importantly, the figures of the indolent invalid and the Welfare Queen share commonalities with stereotyped images of fat people; all three types are charged with sitting down at other people’s expense. For example, when the Fox News commentator Gregg Jarrett, castigating recipients of unemployment benefits, opined that “sitting on the couch eating bonbons is now more financially lucrative” than working, he levied a charge (eating bonbons on a couch) that is frequently used to shame fat people (“Fox’s”). This dynamic exemplifies the ways in which classism, racism, and fatphobia intersect and reinforce each other.

Such confluences were already in place when Johnnie Tillmon opened a 1972 article for *Ms. Magazine* titled “Welfare is a Women’s Issue” with this assertion:

I'm a woman. I'm a black woman. I'm a poor woman. I'm a fat woman. I'm a middle-aged woman. And I'm on welfare. In this country if you're any of those things you count as less than a human being. If you're all of those things, you don't count at all. Except as a statistic.

Tillmon goes on to point to strong resemblances between the institutions of welfare and marriage: "Welfare is like a super-sexist marriage," Tillmon argues, because "the man, the welfare system, controls your money" and also controls the bodies of women who receive public assistance, for example through coerced sterilization. Tellingly, Tillmon writes that then-governor Ronald Reagan called welfare recipients "pigs at the trough"; as this insult makes clear, poverty, blackness, and fatness have long been linked in the cultural imaginary to notions of appetitive excess. Just this year, Jason L. Riley, the author of a book whose subtitle asserts that "Liberals Make it Harder for Blacks to Succeed," published an op-ed piece in the *Wall Street Journal* in which he cited "obesity" among poor people as evidence that food stamps are unnecessary.

While contemporary US American cultural portrayals of fat people, especially those who are poor and/or nonwhite, may have antecedents in literary characters such as Austen's Arthur and Miss Lambe, another Austen character, who is neither fat nor a person of color, also anticipates representations of fat people in contemporary US culture. This character is *Sense and Sensibility*'s Marianne Dashwood, the excesses of whose appetites—which Austen figures as emotional and erotic, not necessarily alimentary—constitute the primary "problem" that the novel must address. Marianne's lack of "self-command"—indeed, her lack of "any desire of command over herself"—is portrayed as a moral failing similar to that which fat people are assumed today to evince (41, 63). Tellingly, Marianne's out-of-control longing for the no-good Willoughby is frequently described in the language of the alimentary; Marianne perseverates in "feeding" her sorrow and indulges in a "nourishment" of her sadness when her would-be lover leaves (59, 63). By the end of the novel, Marianne's overfed emotions occasion an illness that almost kills her. When finally she does get better, the over-sensitive Marianne confesses to her sensible sister Elinor: "My illness, I well knew, had been entirely brought on by myself, by such negligence of my own health as I had felt even at the time to be wrong. Had I died, it would have been self-destruction" (262). These confessions share striking resemblances with the confessions that diet culture extracts from fat people who get sick. Almost universally, it is assumed that a fat person who has the misfortune to become ill must be to blame for his or her suffering.

Austen's depiction of Marianne illustrates the ways in which fatness (or appetites associated with fatness) functions as a threshold concept between hysteria and perversion. Like so-called perverts and primitives, Marianne has too much appetite, and her sister worries about her excessive orality; both Marianne and Willoughby, Elinor believes, are prone to "saying too much what [they] thought on every occasion" (37). Austen's figuration of Marianne's appetitive indulgences as the result of a lack of "self-command" resembles Freud's construction of perversion as unrestrained indulgence in immature pleasures (41). And since Freud defines hysteria as "the negative of the perversions" (i.e., as a manifestation of the same underlying process), it is fitting that Marianne also displays symptoms of hysteria as Freud defined that condition. Notably, Marianne's grief over the loss of Willoughby prompts her to stop eating; apparently eschewing orality altogether, Marianne "could neither eat nor speak" (62). These symptoms are consistent with Freud's contention that a repression of an oral sexuality that had formerly been over-indulged could lead to hysterical "disturbances of eating" (*Three* 48).¹⁶⁸

Marianne's refusal of food forms a sharp contrast with Mrs. Jennings, who in *Sense and Sensibility* fully embodies the trope of perversion that Marianne only partially inhabits. Mrs. Jennings is introduced by Austen as a "good-humoured, merry, fat, elderly woman, who talked a great deal, seemed very happy, and rather vulgar" (26). Mrs. Jennings's talk frequently turns to the topic of love, as she subjects Marianne and Elinor to "commonplace raillery" on "the subject of lovers and husbands" (26). An interest in love does not keep Mrs. Jennings from showing signs of hunger; she is one of those silly minor characters in Austen who speaks directly of food, for example attempting to obtain from Elinor and Marianne "a confession of their preferring salmon to cod, or boiled fowls to veal cutlets" (119). But Mrs. Jennings's focus on food impairs her ability to apprehend the complex psychological interiority that makes non-alimentary love possible. Indeed, Mrs. Jennings's failure to understand the basics of Marianne's suffering seems to be symptomatic of an inability to differentiate between hunger and love. When Marianne is devastated by Willoughby's betrayal, Mrs. Jennings attempts to comfort her with food and drink, causing Elinor to smile "at the difference of the complaints" (hunger and love) that Mrs. Jennings treats as equivalents, at "Mrs. Jennings's endeavors to cure a disappointment in love, by a variety of sweetmeats and olives" (148, 144). Mrs. Jennings is astonished when treats like wine and dried cherries, proffered as remedies for a loss of love, are rejected by Marianne. But despite these differences between Mrs. Jennings and Marianne, the two characters each indulge in enjoyments that are figured by Austen in terms of an excess of orality; Marianne may not be a big eater, but she does feed her passions.

In her canonical reading of *Sense and Sensibility*, Sedgwick juxtaposes Marianne with the unnamed subject of a medical text titled "The Masturbating Girl." Sedgwick persuasively argues that Marianne, like the masturbating girl whose punishments are elaborated in the 1881 medical text, can be read as a type for the sexual identity of "the masturbator" (127). Although this identity may today seem obsolete, Sedgwick argues, it has perhaps not been superseded so much as transposed into modern-day discourses on "addiction" (122-23). As Sedgwick puts it, "the notion of 'will' that would soon give rise to the 'addict' identity, and that by the late twentieth century would leave no issue of voluntariness untinged by the concept of addiction, is already in place in *Sense and Sensibility*" (123). Sedgwick's comments are highly applicable to contemporary discourses about "food addiction," and although Sedgwick does not link *Sense and Sensibility* to present-day preoccupations with body size and eating, in the essay that she coauthored with Moon, she critiques precisely these preoccupations. In a footnote to this conversation, Sedgwick remarks that "any behavior, any condition of being, is subject to discreditation on the grounds that, while it appears to be an exercise of will, it is, in fact, *compulsive*" ("Divinity" 234, n. 23).

Sedgwick's critique of our culture's pathologization of "compulsion" gets at the heart of how fatphobia functions. To say that something is a compulsion is to say that it is a drive; thus, the narratives of development that unfold in Freudian theory and in the Austen marriage plot, in which orality is rendered as a perversion that must be left behind, can be read as effecting a fantasmatic overcoming of the disability drive. In the following section, we will turn our attention to a very different narrative account of the drive to eat. Gina Kolata's *Rethinking Thin*, a work of contemporary scientific journalism, suggests that the stigma of "compulsive eating" that our culture attaches to fat people is inaccurate, not because fat people are "in control" of their eating, but instead because, when it comes to hunger, the very notion of control is illusory.

Gary D. Foster, handsome, clever, and rich, with a comfortable job and happy disposition, seemed to unite some of the best blessings of personal and professional life, and had worked for many years in the world of weight loss science with very little to distress or vex him.¹⁶⁹ Foster is the first character encountered in *Rethinking Thin*. Although Kolata does not use the word “handsome” to describe Foster, she makes it clear that he is thin (“tall with a long, gangly body and barely a hint of a paunch,” Foster is “a man who does not worry about his weight”), and in the present fatphobic historical moment that comes under scrutiny in Kolata’s book, thinness is, if not a synonym for attractiveness, then certainly a prerequisite for it.

Unlike *Emma*’s handsome, clever, and rich eponym, Foster is not a character in a novel. Kolata is a science writer for the *New York Times*, and her book aims to elucidate “obesity” as a “scientific and social phenomenon that has defined our time” (7). But as with many novels, *Rethinking Thin* delivers an education in the form of a narrative. The lesson is different from that offered in an Austen novel: while the moral of Austenian fiction could be paraphrased as “A woman who is handsome, clever, and, if not rich, then at least middle-class, can, by exercising an appropriate level of self-command, ensure the acquisition of the right kind of spouse,” the message of *Rethinking Thin* is that regardless of one’s gender, income, and matrimonial aspirations, the self-command (or, in today’s parlance, “willpower”) that is said to secure the cultural ideal of thinness has little hope of competing with a powerful, primal drive to eat. In delivering this lesson, Kolata employs many conventions that define Austenian narration: a neutral authorial tone, a distance from the subjects whose lives she describes, and a portrayal of characters who are lacking in important information to which the narrator is privy. But as we shall see, some characteristic components of Austenian narration fall away toward the end of the book. I will argue that Kolata’s subversion of the assumptions that make the diet plot possible prevent the narrative structure that gives shape to the marriage plot from cohering.

Rethinking Thin recounts two stories, which Kolata narrates in alternating chapters. The first is the story of “obesity” research, dating from the nineteenth century to the present. The second story tracks the weight loss efforts of a group of participants in a national research study. The two stories intertwine, but this merging makes no happy marriage for the research subjects. Kept at a pronounced epistemological disadvantage *vis-à-vis* the “obesity” researchers, the dieters are never told that almost every single long-term weight loss study ever conducted has had virtually the same results: although subjects may initially lose weight, permanent, substantial weight loss proves impossible for almost everyone.¹⁷⁰

Among the study’s lead researchers is Foster, who is also the director of the prestigious weight loss center at the University of Pennsylvania, one of three locations in which the study is conducted. It sounds like a cushy job, but at the start of *Rethinking Thin* Foster is shown encountering a minor vexation: the Atkins diet. In the early 2000s, the diet “had reached a new peak of popularity,” and Foster and his colleagues “were simply annoyed with the diet and the whole low-carb movement”; it “irked them that this seemingly irrational way to lose weight...was being hailed as the secret to effortless and permanent weight loss” (Kolata 3). The founder of the Atkins diet was a New York cardiologist whose efforts at self-promotion resemble the behaviors of Austen’s chatty minor characters: Robert C. Atkins can’t stop talking, and won’t stop boasting, about the “diet revolution” that his bestselling books aim to incite. *Dr. Atkins’ Diet Revolution*, published in 1972, and its sequel, *Dr. Atkins’ New Diet Revolution*, published in 1992 and reprinted in 1999, are teeming with personal anecdotes from people whose real names Atkins does not provide; these individuals report losing large amounts of weight without feeling hungry. Their testimonials are in some ways reminiscent of Mrs. Jennings’s recollections of how

she and her daughter “did stuff [themselves]” on the fruits of a prolific mulberry tree in Colonel Brandon’s garden (147). But with this variation: on the Atkins diet, most fruit consumption is *verboten*; instead, the Atkins dieters feast on bacon, eggs, butter, and cheese. Eat your fill of meat and fat, Atkins invited his adherents; just stay away from carbohydrates, and thinness (assumed to be equatable with health, good looks, and longevity) would be assured. The Atkins diet might attract a modern-day counterpart to Marianne Dashwood: it promises to provide the reward of thinness (and the marriageability that thinness is thought to confer) without demanding that satiety be sacrificed.

This aspect of the Atkins diet is precisely what bothers Foster and his cohort. To them, and to most academic experts on “obesity,” the Atkins program “retained a whiff of the unsavory”; they “just knew that the diet was going to do something awful to cholesterol levels and that people who followed it were going to be risking a heart attack” (Kolata 16, 3). So Foster and two other “obesity” researchers, James O. Hill and Samuel Klein, decided to do a study, which they expected would debunk the Atkins diet. The study would compare Atkins’s low-carb regimen to the conventional low-calorie program that academic researchers like best. In doing so, it would address a question that had not thus far been rigorously examined by scientists: “Is one diet any better than another?” (3). You would think, Kolata notes, that this would be an extensively studied question. In the context of constant exhortations by the medical establishment to “lose weight,” dire warnings that two thirds of the US American population is “overweight” or “obese,” and threats that fatness is a sure path to disability and early death, it would presumably be important to know what method, if any, can bring about the permanent weight loss that has thus far eluded almost all dieters. Yet, as Kolata observes, in 2004 “that question, that fundamental question, had just been left dangling” (3).

It remains unresolved today. Except for the increasingly obvious (but rarely acknowledged) truth that long term, significant weight loss is not achievable for most people, little else is known about what a “healthy” diet (generally assumed to be the equivalent of a regimen that makes people thin) actually looks like. Many dietary authorities advocate a diet that is high in carbohydrates (lots of “whole grains and cereals” are recommended), while an equally influential movement (think paleo, Atkins, South Beach, etc.) insists that carbohydrates will kill you. These radically contradictory approaches do, however, coincide in a few particulars; most notably, they all claim that eating vegetables can help make fat people thin. Hence, the calls to bring more fresh produce into economically disadvantaged communities. This call should be supported on the grounds that everyone deserves access to fruits and vegetables, but it should not be described as a “solution” to the so-called problem of fatness. Indeed, it is not clear that eating vegetables has a significant effect on weight. In *Rethinking Thin*, Kolata reports on the results of two federally funded studies that sought to make fat children thin by feeding them produce and making them exercise during the school day. The results disappointed the researchers: although the children worked out, reduced the fat in their diets, ate their veggies, and said that they felt happier and healthier, their weights did not change (197-200). Similarly, Harriet Brown points out that since “we eat way more fruits and vegetables than we did fifty years ago, now that we have access to them year-round,” the received idea that inadequate produce consumption is the reason that US Americans have gotten fatter lacks credibility (88).¹⁷¹

Foster and his fellow researchers are not attempting to identify a perfect slimming diet; they just want to test their hypothesis that the Atkins program is ineffective and possibly dangerous. They start by doing a couple of “quick and dirty” studies, but the results contradict their preconceptions: participants assigned to the Atkins diet lose more weight than those

selected to participate in a traditional low-calorie program (Kolata 3).¹⁷² Surprised, the researchers design a rigorous clinical trial in which hundreds of fat people are assigned at random to follow either the Atkins diet or a low-calorie regimen. The several hundred study participants receive intensive coaching and support and are tracked for two years to establish the long-term validity of the results (6). Those who are not assigned to the Atkins diet are counseled in adhering to the protocols of the LEARN Program for Weight Management, which Foster describes as “the gold standard for weight loss and behavioral weight control” (Kolata 4).¹⁷³

LEARN is the type of program that might be adopted by a person seeking to emulate Elinor Dashwood. LEARN’s most salient lesson centers on that quintessentially Austenian virtue, so admirably enacted by Elinor: “self-command” is essential if one wishes to lose weight and keep it off. LEARN instructs that all calories are the same, regardless of whether they come from protein, fat, or carbohydrates. The creamy mouthfeel of mayonnaise or the satisfying umami of steak should be savored, if at all, in tightly restricted quantities. A calorie is a calorie, LEARN teaches, and too many calories will cost you. It seems like common sense: eat sensibly, and you’ll always be thin. But this ostensibly commonsense prescription, Kolata explains, almost inevitably fails. This is because even the best student of strategies for restricting alimentary intake will fail when confronted by the urgency of the drive to eat. As one of the study participants assigned to the LEARN program explains:

“The fundamental concept is that you are having this dialogue with yourself where one part of you is trying to fool the other part,” he says...

“Lots of times I’ll have a conversation with myself. ‘Gee, I really could go for some ice cream.’

“‘No, it’s not good for you. It’s just a short-term thing, a short-term pleasure.’

“Two minutes later I am going to say to myself, ‘I really want some damn ice cream.’” End of conversation. (128)

The above dialogue could be characterized as a debate between the ego (or the superego to whose demands the ego struggles to conform) and the drive. And as we have seen, when it comes to such conflicts, the drive almost always wins.

In setting the ego against the drive, the “eat less” prescription for weight loss is a set-up; it defines as failures those fat people who can’t succeed at the almost impossible task of mastering the drive to eat. Indeed, an element of cruelty resides at the center of the calorie restriction principle. Essentially, low-calorie diets demand that fat people choose between a supposedly sensible slimming regimen and the bodily experience of sating hunger. As J. Eric Oliver observes, for many fat people “keeping a low body weight is tantamount to living in a state of never-ending hunger, fatigue, and listlessness. Under such biological pressure, it is extremely hard to sustain thinness” (110). Sense *or* satiety is the message of LEARN and multitudes of other weight loss programs, from Weight Watchers to Nutrisystem and Jenny Craig. As the National Academy of Sciences puts it: “An obese individual faces a continuous lifelong struggle with no expectation that the struggle required will diminish with time” (Kolata 6). In other words, if one is fat one has a choice: stay fat (and accept the social stigma with which fat people are burdened), or be hungry for the rest of one’s life. Even Kirchhoff (the president and CEO of Weight Watchers) admits that making the so-called sensible choice often proves impossible. Once, when traveling on an airplane, he confesses, “something snapped inside me”; when “the flight attendant put a small bowl of nuts in front of me, I totally succumbed...and ate everything else they gave me” (172).

How, then, to conquer the drive to eat? This question has preoccupied Carmen Pirollo, who is the closest thing to a protagonist of *Rethinking Thin*, for decades. When Kolata introduces her readers to Pirollo, he is a single man; but unlike the single man in the famous first sentence of *Pride and Prejudice*, Pirollo appears to be neither in possession of a large fortune nor in want of a wife. A schoolteacher who lives in a townhouse in Philadelphia with his two dogs, Buddy and Butch, could Pirollo possibly be gay? Later in the book, Pirollo voices this astute gay-themed comment: “When you think of all the stigmas in life, stigmas against fat people, stigmas against gay people, it’s because they think it’s a choice to be fat, to be gay” (186). However, the gender of Pirollo’s sexual object choices is incidental to the story of hunger and love that unfolds in *Rethinking Thin*. When Pirollo’s story begins, the object of his desire is a diet. The perfect diet, “that mythical diet to end all diets,” is sought by Pirollo with a “desperation” that, although unbecoming an Austen heroine, is understandable in light of the social exclusions with which fat people today, like spinsters in Austen’s era, are threatened (19).

To hear people talk about the virtues of weight loss dieting, you would think that fat people never had sexual relationships or got married. One of the researchers whom Kolata interviews says that he has devoted his career to studying the biology of appetite regulation because (in Kolata’s paraphrase) “he was saddened by the obese people he sees every day in his clinic”: “They are unhappy; they have a lower average wage; they don’t get married,” the researcher lamented (172). Although it is true that fat people face discrimination in both employment and marriage, we might question the assumption that discovering a medical cure for fatness, rather than transforming social attitudes about body size diversity, is the best approach to this problem. It should also be emphasized that the threat that fatness equals unmarriageability is more bark than bite: plenty of fat people have spouses and children; and of course, many people of all sizes prefer not to marry or to reproduce. Yet the myth of the unmarriageable fat person is routinely used to discipline fat people’s eating. As “Ellen,” a dieter interviewed by Brown, recalls, “I was told often as a child that...I would never get married because I was too big” (140). The canard that “If you eat too much, you’ll get fat, and no one will want to marry you” does have a fantasmatic logic; it echoes Freud’s admonition that if one enjoys sucking too much, one may never get around to fucking and making babies. In Freud’s progress narrative, in which individuals and cultures move from primitive and perverse sexual enjoyments to civilized heterogeneity, oral pleasures are regarded as potentially dangerous: a “fixation” on orality becomes “pathogenic,” Freud contends, when sensations in the mouth are enjoyed so much that heterosexual copulation comes to seem unnecessary (*Three* 77).

Whether or not Pirollo has marriage on his mind, he is described by Kolata in ways that resonate with Austen’s depictions of young women who fall prey to the wrong kind of male attention. Like Marianne pining over Willoughby, or Lydia Bennett chasing after Wickham, Pirollo is, according to the title of the chapter in which he is introduced, “Looking for Diets in All the Wrong Places.” He has cycled through one meal plan after another, saving memorabilia from each. He “keeps the sheets of instructions in a folder in his basement the same way another person might keep old yearbooks or diaries. Each one brings back memories, like hearing an old song or smelling an aroma from your past,” Kolata writes (20). But the memories are bittersweet. The “giddy thrill of watching the numbers on the scale plunge” never lasts; eventually, the pounds always come back (20).

This time it’s going to be different, Pirollo swears. He has enrolled in the weight loss study at the University of Pennsylvania. The program, in Kolata’s paraphrase of Pirollo’s words, “would entail a responsibility, a *pledge*”; it would be a “promise to science” (19). Recalling the

gnawing hunger that he had experienced on low-calorie diets, Pirollo is delighted when the random selection process assigns him to the Atkins diet (28). “If it doesn’t work, if this Atkins component with every bit of support doesn’t work,” Pirollo confides, “then there’s something wrong with me” (28).

As if he were a character in a novel who cannot know what the narrator knows, Pirollo is unaware that neither the Atkins diet nor its low-carb cousins constitute a “new diet revolution.” Kolata’s history of weight loss dieting begins in 1825, fourteen years after *Sense and Sensibility* was published. In an internationally bestselling book titled *The Physiology of Taste*, a French gourmet named Jean Anthelme Brillat-Savarin advised his readers to cut back on carbs—or, in his words, to adopt “a more or less rigid abstinence from everything that is starchy or floury” (qtd. in Kolata 37). Although Kolata does not mention this, Brillat-Savarin was not only a proponent of low-carbohydrate dieting but also a theorist of gustatory “taste.” As such, he participated in a cultural shift in the way that “taste”—as a term for both the sensory pleasure of eating and aesthetic appreciation—was conceptualized in Europe and Britain during the Romantic era. As Denise Gigante observes, classical philosophers had linked aesthetics to “the higher senses of sight and hearing” rather than to the notion of taste (2). Why were sight and hearing regarded as “higher senses” than taste? This hierarchy, David Lloyd explains, was inseparable from racialized distinctions between “civilized” Europeans and so-called primitive people. To illustrate this point, Lloyd adduces a passage from Friedrich Schiller, who maintains that taste, smell, and touch are “animal senses” because they require “direct contact” with the objects being perceived (qtd. in Lloyd 67). By contrast, the higher senses of sight and hearing lead to “knowledge of the real world through semblance alone,” “the mind leap[ing] out across light to objects” (qtd. in Lloyd 67). Linking the lower senses of taste, smell, and touch to discourses about race, Schiller contends that “as long as man is still a savage he enjoys by means of these tactile senses alone” (qtd. in Lloyd 67). Schiller’s remarks depend upon and reinforce the thesis that ontogeny recapitulates phylogeny; as Lloyd points out, Schiller’s “developmental narrative of sensual organization,” which envisions cultures as progressing from savage to civilized sensory experiences, serves as an “index” of “the developmental history of the race” (67).

Even those philosophers who valued taste as an important sense installed hierarchies of their own. The most notable of these relied upon a distinction between appetite and taste. Of the two functions, taste was the higher; appetite risked reducing the eater to the status of animal or savage. As Joseph Litvak observes, David Hume wrote that a person possessing discerning aesthetic judgment “is more happy by what pleases his taste, than by what gratifies his appetites” (qtd. in Litvak 8). Similarly, Litvak notes, Kant claims that “to people with a healthy appetite anything is tasty provided it is edible. . . . Only when their need has been satisfied can we tell who in a multitude of people has taste and who does not” (qtd. in Litvak 9). It is easy to map Hume’s and Kant’s sense-taste binary onto class hierarchies; only those who are wealthy enough to be well fed would have enough relief from appetite to be able to achieve the gustatory discernment called “taste.” A similar philosophy animates contemporary US American conversations about body size and eating. Fat people are frequently assumed to be “overeaters” or “compulsive eaters”; as such, they are said to eat from an urgency of appetite that leaves no room for the subtleties of taste. Describing the sensory experience of “the compulsive eater,” Orbach writes: “Often she does not taste the three boxes of cookies, ten celery stalks, four packets of potato chips and frozen pizza that she can consume at one sitting” (85). Like Hume and Kant, Orbach constructs a distinction between a good eater, who truly tastes the food being consumed, and a

bad, or compulsive, eater, who swallows without savoring the delicate sensations of taste. (It is interesting, too, that Hume's and Kant's good eaters are referred to as "he," while Orbach's bad eater is figured as "she.") Taking up the idea that careful tasting can promote thinness, Michael Pollan postulates, as Rule 49 of his *Food Rules*, "Eat slowly." Suggesting that if you "savor your food," "you'll need less of it to feel satisfied," Pollan advises his readers to "eat slowly enough, and chew thoroughly enough, to liquefy your food" (109).

This is one of sixty-four rules offered by Pollan; his rules are but a tiny fraction of the plethora of dietary directives currently in circulation. As if all these regulations were not complicated enough, weight loss advisers add to the mix another recommendation, which undercuts the taste-appetite hierarchy that we have just discussed: this rule specifies that one eat only when one's stomach is demanding food, not just when one's mouth is longing for a sensual experience. Orbach refers to this distinction as "the difference between mouth hunger and stomach hunger," and she encourages her readers to "eat out of stomach hunger"; that is, she suggests that they postpone eating until they feel "hunger pangs" (94, 86). This advice might leave a would-be noncompulsive eater confused. Should one taste or not taste? Feed one's belly or enrich one's palate? Perhaps the impossibility of fulfilling all of these conflicting mandates is part of what makes cultural prescriptions for overcoming the drive to eat so compelling: we can't win; and in not winning we are condemned to keep trying.

The trying itself may be precisely the point. Even if weight loss recommendations do not lead to thinner bodies, they enable individuals to position themselves as part of a progress narrative that moves from primitive to civilized ways of eating. Could weight loss dieting narratives be a primary instantiation in contemporary US American culture of a belief in the theory that ontogeny recapitulates phylogeny? Think, for example, of the paradigmatic "before" and "after" pictures in weight loss advertising. As Le'a Kent observes, these images represent "the fat person...not as a person but as something from which a person must escape, something that a person must cast off" (134). In other words, the fat body serves as a symbol of atavism, the sign of a primitive non-self to be left behind. The shift from pre- to post-dieting subject is also often described as entailing a transition to more advanced forms of cognition. The pre-dieting fat subject is often said to engage in "mindless" eating (Kirchhoff 172); thus, Graziella Mann, a dieter interviewed by Kolata, remarks that after two years of dieting she (in Kolata's paraphrase) "can't imagine eating so reflexively" as before (216). As with many weight loss diets, Mann's becoming more "aware" of her culinary consumption grew out of a directive to "write down what you eat" in a food journal (216, 215). The imperative to write what one eats produces a fantasmatic progression from a primitive orality, in which one eats without thinking, to a mode of alimentary consumption that finds representation in written language. This narrative of *Bildung* is analogous to a transition from so-called primitive oral cultures to putatively advanced civilizations. Thus, on the level of ontogeny the fat person who diets is envisioned as recapitulating, on the level of phylogeny, a transition from an unthinking oral primitivity to a rationalized, self-conscious, and intellectually superior way of eating, which accords with Euro-American ideals of civilization.

But let's get back to Brillat-Savarin. As it turns out, this gourmet was the namesake for the Brillat-Savarin brie cheese, a triple-cream delicacy that couples well with a crispy baguette, a platter of fruit, or even a layer of jam. But to readers yearning for sugar or starch, Brillat-Savarin issues this fatphobic dismissal: "Very well then; eat! Get fat! Become ugly, and thick, and asthmatic, and finally die in your own melted grease" (255).¹⁷⁴ Brillat-Savarin's language is perhaps blunter than that typically employed by modern-day authorities, but the characterization

of carbohydrate consumption as a moral failing has come back into style with the recent enthusiasm for low-carb weight loss diets. For example, Geoffrey Miller, a professor at the University of New Mexico, tweeted: “Dear obese PhD applicants: if you don’t have the willpower to stop eating carbs, you won’t have the willpower to do a dissertation #truth” (qtd. in Farrell, “Academia’s”). In the second half of the nineteenth century, Brillat-Savarin’s diet enjoyed a level of popularity comparable to today’s paleo diet phenomenon. But over time, the fad faded. Dieters discovered that, as with every other diet, any lost weight eventually returned.

The next new diet revolution was “Fletcherizing,” named after Horace Fletcher, a businessman from Massachusetts who claimed that chewing one’s food until it turns into liquid (*pace* Pollan) would secure slimness.¹⁷⁵ Then came calorie-counting, a brand-new concept in its time (Kolata 51-52). The nineteenth century also saw the rise of a low-fat, vegetarian movement spearheaded by the Reverend Sylvester Graham, creator of the cracker of the same name (42). No s’mores for Graham’s dietary disciples: such gooey goodness would have been strictly forbidden by Graham, who regarded sweet, meaty, and savory foods as gateways to the sin of gluttony (42). Collectively, the culinary discipline exerted by the Grahamites, the Fletcherites, the calorie-counters, and myriad other nineteenth-century dieters had the same effect: any temporary slimming was followed by a regaining of the lost weight.

The history of tried-and-failed diets that Kolata records is often acted out, in microcosm, in the course of an individual dieter’s life. Linda Lee, Kolata’s colleague at the *New York Times*, lost weight on the Atkins diet, but eventually she “just had to have a piece of bread, a slice of pizza, a muffin, and the weight came back” (Kolata 6). Lee then tried “the punishing Ornish no-fat diet,” the Zone Diet, Weight Watchers, and self-hypnosis (6). When asked about her next plan, Lee replies, “I am going back on the Atkins diet” (6). Countless fat people who have tried to become thin have firsthand knowledge of stories like Lee’s. For this reason, “Diets don’t work” has long been a rallying cry of the fat justice movement. To read the newspaper, flip on the television, or scan the internet, you would think that the fat activist claim that diets don’t work was decidedly unscientific. But as Kolata reports, even the most stringently anti-fat researchers agree that only a minute percentage of fat people ever realize the societal ideal of permanent, substantial weight loss.¹⁷⁶ Some scientists surmise that body weight is determined by an individual’s “set point,” the weight (or narrow range of weights) that a given person can comfortably embody (158). Studies on twins, siblings, and adopted children done in the 1980s, Kolata documents, have made it clear that while the body size of one’s biological parents has a major impact on one’s weight, the size of one’s adoptive parents “has little or no effect” (122).

What are the implications of emphasizing genetic determinants of body size? On the political Left we are often reluctant to foreground arguments about heredity, and not without reason: historically, such discourses have been closely tied to claims about racial superiority. Thus, a blogger, “Donalea,” writes that the idea that “obesity in black women” is attributable to “race and our biology...is racist.” Donalea’s blog was written in response to an article, authored by Sara C. Nelson, which appeared on *Huffington Post UK*. Nelson’s article was indeed characterizable as being implicated in racist social structures; it uncritically reiterated the findings of a study in a medical journal that had reported that almost forty percent of African American women “avoid exercise at times owing to hair-related issues” (Hall et al.).¹⁷⁷ But although the construction of “obesity” as a pathology induced by insalubrious behaviors is deeply imbricated with white supremacist social structures, the strategy of emphasizing a genetic component of *fatness*—a term that, unlike “obesity,” is a neutral descriptor rather than a moral or a medical diagnosis—can lead to an increased cultural valuation of body diversity. It can also

interrupt and undercut the relentless messages, directed with particular urgency at people of color and poor and working-class people, that permanent thinness is a realistic (and desirable) possibility if only one tries hard enough.

Many of the researchers to whom Kolata has spoken warn that “the constant blame-the-victim message, the notion that anyone could be thin if they really wanted to” is “leading to a society in which prejudice against the overweight and obese has become the last remaining socially acceptable one” (18). Of course, there are numerous remaining socially accepted prejudices; the intersectional approach I have been undertaking in this chapter understands fatphobia as indissectable from racism, classism, homophobia, ableism, and other forms of social stigma. But still, these researchers have a point: while blatant expressions of racism or homophobia are (usually) not allowable in Left political contexts, fatphobia is one of many discourses that can reinforce racism and other forms of oppression by operating under the sign of “helping.” Thus, the proliferation of anti-fat rhetoric has not meant that racism, classism, and homophobia have been abandoned as unacceptable prejudices; rather, they can pass undetected when they hide under the cover of “fighting obesity.”

The assumption that fat people need help in adopting better patterns of eating is undermined by the research of Albert J. Stunkard. A “renowned researcher, a grand old man of the field,” Stunkard has long challenged the notion that fatness typically arises from behavioral or psychological patterns that differ from those of thin people (Kolata 85). Trained in psychoanalysis, Stunkard began his study of fatness by looking for aberrations, such as “insatiable oral urges,” in fat people; but, except in very rare instances, he could not find them (124). Here is Kolata’s summary of the evolution of Stunkard’s thinking about fatness:

[Fat people] are not eating because they are depressed or because they have a pathological relationship to food or to their parents. If all you had was their scores on psychological tests—if you could not actually *see* the people you were testing—you would not be able to decide who was fat and who was not.

Maybe the obese eat differently, gulping their food or skipping breakfast only to binge later in the day? But no, that also turned out not to be true. Some overweight people eat quickly, some slowly. Some binge, some do not. Some eat when they are stressed; some lose their appetites in those circumstances. And, in every case, thin people are just as likely as the obese to exhibit those behaviors. There is no behavior that is typical of the obese. (93)

In addition to undercutting the impulse to explain fatness by way of Freudian theories about normative sexual development (“insatiable oral urges”), the above passage counters the commonplace cultural assumption that the Austenian value of self-command is a significant determinant of one’s body size. Thin people are just as likely as fat people to eat in the way that cultures deem compulsive, Stunkard’s research shows. Yet Kolata’s summary of Stunkard’s research may obliquely invoke Austen on the level of narrative style: the passage just cited is striking for its use of free indirect discourse, a device that Austen is famous for employing. Free indirect discourse leaves open a grammatical ambiguity as to whether the thoughts being expressed should be attributed to narrator or to character. However, while Austen frequently uses free indirect discourse ironically, to illustrate differences between the perspectives of narrator and character, in this passage Stunkard’s and Kolata’s points of view clearly coincide.

At other moments in *Rethinking Thin*, Kolata’s narrative evinces an irony that could be characterized as Austenian. This is particularly evident in Kolata’s transition from a chapter titled “A Drive to Eat” to a succeeding chapter, “Five Months,” which reports on the progress of

Pirollo and the other weight loss study participants. In “A Drive to Eat,” Kolata delves into the details of set point physiology, reporting on the finding that, in the words of one researcher, weight loss in fat people may result in “an abnormal state resembling that of starved non-obese individuals” (115). The researchers describe unsettling physiological changes in the bodies of fat people who diet (“shriveled” fat cells, drastically reduced metabolic rates) as well as behavioral alterations (fat and thin dieters suffer from “semi-starvation neurosis,” dreaming and fantasizing about food). Even the notion of “willpower,” they point out, may have a foundation in biology (114). The chapter ends with a discussion of “the power of basic drives,” in which one researcher compares the drive to eat with the compulsion to breathe and the urge to drink when thirsty (125). Fat people who attempt to become thin, this researcher asserts, are fighting “a battle against biology, a battle that only the intrepid take on and one in which only a few prevail” (125).

Now, here is the first sentence of the following chapter: “So what, Leslie Womble asks the dieters, are the social cues that trigger eating?” (128). The answers that the group comes up with (the standard dieting platitudes about stress, social pressure, and the temptation of favorite foods) seem tragically inadequate in light of the previous chapter’s account of the biological mechanisms of a “primal hunger” that almost inevitably trumps a desire to be thin (125). The subjects in the research study cannot know what Kolata—and, by extension, her readers—know. And as with an Austen novel, this epistemological imbalance drives the plot of *Rethinking Thin*. In the type of coincidence that usually occurs only in novels, Stunkard (the scientist who demonstrated that fat people’s eating patterns do not differ from those of thin people) happens to work just down the hall from the room where the dieters participate in weekly counseling sessions. Because scientific protocol forbids it, Stunkard cannot burst into the room and announce that the diet they are being instructed in following has virtually no chance of succeeding.

Such a moment, were it to occur, would resemble Darcy’s coincidental arrival at Pemberley at the exact same moment that Elizabeth happens to be visiting the estate. Instead, Kolata keeps the reader continually in suspense: much as a reader of *Pride and Prejudice* watches Elizabeth not knowing that she loves Darcy and missing the obvious clues indicating that he loves her, a reader of Kolata’s book waits for the moment when the epistemological barrier between author and character will be shattered. For example, in *Emma*: “It darted through her, with the speed of an arrow, that Mr. Knightley must marry no one but herself!” (320). But in *Rethinking Thin*, such psyche-piercing knowledge never comes. It *almost* arrives: as Kolata’s narrative nears its close, Pirollo reflects on his increasing awareness that body size is not a matter of choice; he notes that he frequently tells his junior high school students, “There was a world before you were born and there were things that we considered absolute truths. And then they weren’t” (186).

As a reader, I wanted this to be the moment when the plot would pivot. But instead of throwing their weight loss guides into the trash and shouting, “Riots, not diets!,” the dieters insist, in what has to be seen as an instance of cruel optimism, that they intend to keep trying.¹⁷⁸ If *Rethinking Thin* reads like an Austenesque novel that fails to provide a satisfying resolution, perhaps there is a good reason that this climax is withheld. The problem is that such a scene could have no content comparable to the marriage with which an Austen novel concludes. If Pirollo is Kolata’s counterpart to, say, Austen’s Emma, then his plot-resolving realization would have to be this: he must marry no one but food. This is the distressing conclusion—not only for Pirollo but also for people of all sizes, since we are all governed by a compulsion to eat—toward

which Kolata's theorization of the physiology of a drive to eat is tending. Had this conclusion been articulated, it would take us back to the fusion of hunger and love that Freud so strenuously resisted, to a truth that, although seldom acknowledged, is perhaps nearly universal: our first, dearest love is food.

But if the impetus of *Rethinking Thin* tends toward a merging of hunger and love, the last few pages of the book retreat from this possibility. In an epilogue, Kolata reveals that, over the course of the two-year weight loss study, she has come to identify with the research subjects. Because she so much wanted them to succeed, she "began to suspend disbelief":

I knew, I knew, the science and the overwhelmingly convincing evidence that most obese people will not be able to diet, get thin, and stay at a new low weight. But in those first six months, when everyone was dropping pounds, when Graz lifted her shirt and said to me, "Look, I have a waist!" I fell under the dieters' spell. (221)

Identification, we have seen in Chapter 3, is closely linked to both hunger and love; in ways analogous to eating, we take in, or incorporate, objects of our desire, so that self and other became inseparably mixed. The narrative mode of free indirect discourse allows for the performative enactment of a narrator's hungry and loving identificatory merging with characters; as previously observed, free indirect discourse makes it difficult or impossible to distinguish the perspective of the narrator from that of her characters.

Since Kolata, hoping that the dieters "would fulfill their dreams," has been driven to identify with the dieters, she is understandably offended when she hears their hard work treated with suspicion (221). At the end of the study, she recounts, she "told a skinny acquaintance about the Penn dieters [whom she] had been following and the sad, but predictable, outcome of their attempts to lose weight" (219). Here is the exchange that followed:

"Did they really, really try?" he asked. I drew in my breath. It was like a slap. "Yes, *of course* they really, really tried," I said. Of course, of course. How could they have tried any harder? I thought of Jerry Gordon, playing cards with his friends who were laughing and snorting, saying he felt like the librarian because he turned down the drinks, turned down the food. I thought of Carmen Pirollo, taking his Atkins snacks when he went to the movies with his friend, telling himself that the smell of popcorn was not even tempting. I thought of Graziella Mann, hiring a personal trainer, going to the gym at 6:00 a.m. I thought of two years of the study and all the effort and the eternal hope of those dieters, the trying again and the rededicating themselves and the getting back to those food diaries. *Of course* they really, really tried. (219)

So intimately does Kolata come to inhabit the subject positions of the people about whom she writes that her acquaintance's comment is felt on her own body: "like a slap," she says. The sting of his remark touches not only the fat people whose dieting experiences Kolata tracks but also Kolata herself, the thin journalist who, like many researchers quoted in her book, apparently addresses questions about body size primarily from an "academic" perspective (5).¹⁷⁹

Such cross-identifications can be powerful incitements to political activism. Sami Schalk, who identifies as a "non-disabled fat, black, queer woman," has written compellingly about the possibilities of fat and crip subjects' "identifying with" each other; such vicarious identifications, Schalk underscores, are "more personal, sustained, and affective" than simply "being an ally."¹⁸⁰ In keeping with this idea, Kolata's identification with the dieters seems—almost—to propel her toward an abandonment of the neutral journalistic tone with which she has pursued the narrative

of *Rethinking Thin*. Sounding almost like an activist, Kolata asks on the last page of her book: “When health data have not supported the alarmist cries of a medical disaster in the making, could society perhaps let up on the beleaguered fat people?” (223).

“No” is Kolata’s implicit answer to her own question. The final lesson of *Rethinking Thin* is delivered in the form of a story. Kolata recalls the day that an anthropologist (yes, an anthropologist) gave her a copy of *Big Beautiful Woman*, a fat-positive magazine that was published until the 1990s. “It was like any other women’s magazine,” Kolata reports, “except for the models, who were young and attractive but [sic] truly fat” (223). And then the teaching moment occurs: Kolata is “brought up short” when she discovers that the anthropologist had tucked into the back of the magazine a lingerie ad, featuring an extremely thin model, from a conventional fashion magazine (223). The anthropologist, one might guess, was working against the normalizing discourses that once defined the discipline (i.e., Euro-American experts studying “primitive” populations). She tells Kolata that she uses *Big Beautiful Woman* “as a reality check,” presumably, that is, to critique US American culture’s punitive and unrealistic “beauty” ideals.

But Kolata does not second the anthropologist’s implicit critique of fatphobia in contemporary US culture. Instead, Kolata arrives at this culminating realization: “Those women in *Big Beautiful Woman* were really fat, . . . and no amount of pretending that they were fine was going to let them pass in our society” (223). Here, it seems that we are back in *Persuasion*; Kolata could be channeling Austen gazing at Mrs. Musgrove on the sofa. “Fat” and “fine,” Kolata informs her readers with Austenian detachment, are ontologically incompatible adjectives. Unbecoming conjunctions, she might have said: between fat and fine—and perhaps also, by extension, between hunger and love. Taste will not tolerate such comings-together, Kolata informs her readers, assuming the neutral tone of a narrator expressing universally acknowledged truths.

But Kolata misses this irony: much as it is *not* a truth universally acknowledged that a single man in possession of a large fortune must be in want of a wife, it is also not necessarily the case that being allowed to “pass in our society” is the aim of fat-positive publications like *Big Beautiful Woman*. Transforming the social world, not passing within it, is the explicit aim of many contemporary fat activist interventions that have emerged in the decades after *Big Beautiful Woman*. For example, *The Adiposity Project*, a grassroots initiative started by the photographers Substantia Jones and Haley Morris-Cafiero, features hundreds of celebratory photographs of fat women and their partners; when asked to express “the message behind the project, in a single phrase,” Jones offers this epigram: “Part fat, part feminism, part ‘fuck you’” (Dubecky). The “fuck you” part, Jones explains, is a “middle finger to those who think fat folks are unworthy of sex and love.”

As we have seen, this belief derives from a longstanding historical tradition that insists upon dissociating hunger and love. That tradition does deserve a “fuck you,” because it is the foundation of an intense and damaging complex of cruelly stigmatizing social practices: the uses of notions of primitivity and perversion to legitimate colonial exploitation and racial and class oppression; the dismissal of undocumented bodily sensations (such as hunger, pain, or sickness) as “hysterical”; the circulation of tropes of “lazy” and self-indulgent fat and/or poor people; and the proliferation of dehumanizing media images of fat people all arise in part from a cultural investment in overcoming the disabling effects of the drive to eat. In various ways, Freud, Austen, and weight loss dieting narratives in contemporary US American culture each insist that we must choose between hunger and love; each of these discourses sets up stigmatized figures as

symbols of the shame to be incurred when one succumbs to a hunger that *is* love. But in fat activist interventions that celebrate big and beautiful people of all genders, we may find a way to shatter this hunger-love dichotomy. It's simple, really: love to eat, and eat to love. Hunger *and* love.

Afterword: Done with the Drive?

Four years into writing about the disability drive, and three days before this dissertation is due, I have a thought: maybe it's time to be done with the drive. That thought, of course, contradicts everything I have written in this thesis: one does not get done with the drive, check it off a to-do list, and go on to do other things. The disability drive is unmasterable; it is a force that cannot be overcome. Much as one might want to be done with the drive, the drive, it seems, is never done undoing us. Worse (or perhaps better), although we may say that we want the disability drive to stop its self-rupturings, the very notion of "wanting" is fundamentally destabilized by the drive, a compulsion that pushes us beyond pleasure and beyond desire, forcing us to wonder exactly what those concepts mean. The drive goes, does, and undoes. Recall the words of Jacques Alain Miller: "The drive... always has its keys in hand." This line stays with me; whenever I drop something (for example, my keys), it repeats in my mind.

Always with its keys in hand, the drive pushes this project to go further. Among the most pressing questions now driving my inquiry are Jewish ones. In the previous chapter, I critiqued the ways in which Freud's developmental model of sexuality, reliant upon the theory that ontogeny recapitulates phylogeny, reinforces racialized social hierarchies. Yet we can't label Freud as racist—or even dub him a "dead white European man"—and leave it at that. For in the context of the early twentieth century, Freud was not exactly European, and he was not exactly white. In the preface to the Hebrew translation of *Totem and Taboo*, Freud's anthropological analysis of people to whom he refers as "savages," Freud distances himself from his Jewishness (noting his ignorance of "the language of holy writ" and his estrangement from "the religion of his fathers") but nevertheless emphasizes that he "has yet never repudiated his people" (4, xxxi). Avowing that he "feels that he is in his essential nature a Jew," Freud writes that he "has no desire to alter that nature" (xxxii). What is this essential nature? Freud cannot express the essence of Jewishness "clearly in words; but some day, no doubt, it will become accessible to the scientific mind" (xxxii).

Freud made these remarks in December of 1930, an era in which so-called scientific minds were attempting to pin down, and to eradicate, whatever that essence of being a Jew might be. Before the end of that decade, the Nazi invasion of Austria forced Freud to flee Vienna; he spent the final year of his life in London. Although Freud could not have known about the genocide to come, the threat of anti-Semitic violence forms a crucial part of the historical context in which he developed his concept of the death drive. "A Jew awaiting a pogrom": that haunting line in *Civilization and Its Discontents*, a text published in 1933, is offered by Freud as an example of the impossibility of imagining what it is like to endure extreme suffering (62). The image is quickly left behind ("It seems to me unprofitable to pursue this aspect of the problem any further," Freud writes), but it invokes questions that keep coming. Most saliently: why? "The Disability Drive" has perhaps taken us in the direction of this impossible question. My project's central claim is that repressing the drive leads to violence. Hostility toward disabled people, women, fat people, racialized others, poor and working-class people, and queers has been the focus of my analysis. My future work will take these inquiries further, asking about the drive's relation to systemic racial violence.

In doing so, I will ask: when the drive, as repressed, keeps returning, what does this do? As we saw in Chapter 1, Freud raised this question at the beginning of *Beyond the Pleasure Principle*. Why, he wondered, did traumatized soldiers repeatedly return to the scenes of violence that had made them ill? Building on Freud's theorization of the drive as an aspect of the psyche that may help the organism sustain trauma, I will ask whether theorizing the disability

drive as a way of living through, or with, trauma might lead to deeper understandings of lived experiences of, and social reactions to, mental and physical disabilities that are brought on by trauma.

What connections exist between trauma and tragedy? In Chapter 2, I argued that disability scholars might productively reclaim the trope of “the tragedy of disability.” This phrase, I suggested, calls up not only the colloquial signification of tragedy (as devastating loss or pointless suffering) but also the term’s generic denotation. Further exploring the relation between the disability drive and the genre of tragedy will open up questions about the status of literature in cultural analyses of the disability drive. I have performed literary readings in this dissertation because the drive, an unrepresentable force, can come to us only by means of the figural. For this reason, literary texts provide particularly rich sources for theorizing the complexities and the obliquities of the drive. But at the same time, I have sought to destabilize binaries between literary and nonliterary texts. By highlighting Freud’s linguistic choices in his medical case history *Dora*; by analyzing Charles Dickens’s and Lee Edelman’s respective portrayals of the character of Tiny Tim as both literary and political productions; and by juxtaposing Freud’s model of sexual development, Jane Austen’s depictions of fatness and eating, and contemporary US American culture’s citations of the figure of the compulsive eater, I have drawn attention to the ways in which the literary and the ideological structure, and are structured by, each other. In doing so, my intention has not been to use the political to master the literary, or to employ the literary to exert control over the political; instead, I have hoped to provoke and sustain potentially jarring confrontations between the two.

Such confrontations can produce experiences of epistemological disablement, rendering readers of cultural texts uncertain as to what counts as literature, what counts as politics, and to what extent such divides can be upheld. As we discussed in Chapter 1, epistemological disablement can be an effect of coming into contact with the disability drive. Stimulating uncertainties and doubts, the disability drive may disable us all; yet this ubiquitous psychic disablement also specifically evokes particular aspects of many disabled people’s lived experiences. Disabled people live ongoing contradictions between our embodied realities and the structure of overcoming narratives, stories that are presented to us not as fictions but as normative prescriptions. We feel the effects of the drive when we suffer the breakages and breakdowns that occur when bodymind and overcoming narrative (the weight loss diet, the getting better with exercise and meditation, or even the claiming of a proud disability consciousness) clash and contradict—and when, for worse or for better, some parts of our selves like these crashes. In Chapter 2, I said that sometimes, despite our selves, we *do* like the disability toward which we are driven. But when it comes to the drive, perhaps it does not matter much whether we do, or don’t, think that we like it. Either way, the drive is not done undoing us.

It undoes us through pity, we saw in Chapter 3. That affect that self-respecting crips are supposed to shun, I argued, could instead be conceived as a feeling that we might wish to solicit. If pity is regarded as a feminizing emotion, and if the abjection of pity has been effected through the culture’s use of Tiny Tim as a trope not only for disability’s pitiability but also, obliquely, for the clitoris as sign for an intrinsic feminine disability, then perhaps we should reconsider the impetus to take Tiny Tim out of the cultural text. We could take our analysis of pity further by asking whether primary pity—which I defined as a concept that lies on the threshold between, on the one hand, the complete erasure of the concepts of “self” and “other” that characterizes primary narcissism and, on the other hand, the solidification of the self in which secondary narcissism is grounded—could be conceived as a quintessentially queercrip concept. My concept

of primary pity is construable as “queer” because its unsettling of the categories of self and other poses a threat to identity formations. At the same time, the concept is readable as “crip” because, insofar as it maintains an attachment to the construction of the self, it is indebted to the disability rights movement’s claiming of “crip” as a politically subversive identity. My queer crippling (or crip queering) of primary pity will thus draw on the interventions in queer theory and disability studies that I made in Chapter 1: it will depart from queer theory’s strategy of claiming postidentitarianism as a transcendent solution to the disabling effects of claiming, and being claimed by, culturally minoritized identities; and it will simultaneously challenge disability studies’ positing of proud, nonsuffering crip identities as foundational to political activism.

Questions about activism press us further, too. In using the lenses of psychoanalysis and literary theory to delineate aspects of the cultural politics of disability, I have not laid out a guideline or program for resisting ableist social structures. I have sought instead to show how developing an understanding of the disability drive—and, in particular, attending to the violences that result from individuals’ and cultures’ misrecognitions of the drive—may facilitate transformations in how we conceive of our subjectivities. Such transformations, deeply indebted to the feminist maxim that the personal is political, are not individual solutions akin to the overcoming narrative. Rather, by changing how we understand our “insides,” we may contribute to changing the ways that, “outside,” on the level of the social, we relate to each other. As we saw in Chapter 4, something as seemingly personal as an individual’s “relationship to food” can raise vexing questions that, when we deny that within ourselves that drives these questions, become the basis of damaging social structures of fatphobia, racism, classism, misogyny, and anti-queer prejudice.

If the drive won’t stop doing us, is it possible that we can allow it to do us differently? In the last paragraph of this dissertation, on the day that it is due, I feel as if I should leave you with a message to take home: perhaps a user’s guide to the drive, a method for learning to love this thing that won’t leave us. If I were a queer antisocial theorist, I might propose that we shout out, loud and proud, something like this: “We’re here! We’re queer! We *are* the drive! And you’ll never get used to us!” But such a call, we saw in Chapter 1, performs a fantasy of overcoming the drive by identifying with it (if you can’t beat it, join it); and the drive is not a force that can be overcome. Were I to articulate my own version of a saying evoking the feeling of the drive, it would go more like this: “Come on; we’re late; let’s go—oh no, *where are my keys!*?” To be clear, I am the last person who should offer advice about handling the loss of one’s keys. I know the recommendations—stay calm; breathe; retrace your steps—but rarely do I heed them. For me, it’s closer to: Panic! Berate self! Look for someone to blame! I have no guide for getting over this set of reactions, but I do want to say this: “The Disability Drive” has been an invitation to think collectively about the ways that, when we feel we cannot bear the psychic or social equivalents of losing our keys (keys potentially serving as metaphors for other objects, the loss of which might be more devastating), the impetus to blame someone else can harden into a fixed idea, a truth that one refuses to relinquish. We have analyzed multiple examples of this process: fat people stigmatized as “compulsive eaters,” feminists caricatured as anti-sex identitarians, and chronically ill people dismissed as “hysterical.” If this dissertation has a moral, it is this: the intolerable feeling that arises when we lose keys, control, or other objects that we think we need in order to believe in our selves, originates not from outside us but from within. This is the drive: it always has its keys in hand. We are not done with the drive.

Notes

¹ My assertion that sex and disability are inextricably connected is derived from my essay, “Is Sex Disability? Queer Theory and the Disability Drive”; in this essay I argue that “sex in a sense ‘is’ disability” (287).

² The previous two sentences are adapted from Mollow, “Is Sex” 297.

³ For a disability studies analysis of the concept of sex addiction, see Davis, “Excess.”

⁴ In our introduction to *Sex and Disability*, Robert McRuer and I highlight this pattern of representing disabled sexuality (1-2).

⁵ On d/Deaf “wannabeism,” see Harmon. On disability devoteeism, see Kafer, “Amputated,” “Desire,” and “Inseparable.”

⁶ See Mollow, “Is Sex.”

⁷ For a discussion of Lacan’s account of the drive as “unnameable,” see Edelman, *No Future* 25. See de Lauretis, *Freud’s* for a discussion of the drive as a concept that cannot be adequately expressed by “referential language” (10).

⁸ See Freud *Beyond* 60-61, 63.

⁹ See Laplanche, *Life* 103-24 and *Essays* 34. See Lacan, *Ego* 211 for a discussion of similarities between *jouissance* and the death drive.

¹⁰ On Eros as a force that “holds all living things together,” see Freud, *Beyond* 60-61, and “Analysis” 246.

¹¹ In *The Freudian Body*, Bersani describes sexuality as a “shattering tension” that is “intolerable to the structured self” (38). He further argues that Freud’s *Three Essays* can be read as theorizing sexuality not as “an exchange of intensities between individuals” but instead as “a condition in which others merely set off the self-shattering mechanisms of masochistic *jouissance*” (41). For Bersani’s argument that the self-shattering and masochistic aspects of sexuality make it inseparable from the force that Freud calls the death drive, see *Freudian* 61-64. For Edelman’s arguments about queerness and the death drive, see *No Future*; this book will be discussed in detail in Chapter 3 of this dissertation. De Lauretis is another queer theorist who provides an important account of the drive’s relation to sexuality; however, de Lauretis’s work differs from Bersani’s and Edelman’s articulations of queer antisocial theory in that, rather than calling for “a figural identification with the death drive as *jouissance*,” as Edelman does in *No Future*, de Lauretis “offers no programme, no ethical position, no polemic, only queer figures of passing in the uninhabited space between mind and matter” (*Freud’s* 87).

¹² On sexuality as productive of “unpleasure,” see Freud, *Three* 49-51. For an illuminating discussion on Freud’s account of the unpleasurable aspects of sexuality, see Bersani, *Freudian* 38-40.

¹³ Foundational disability studies texts that dissociate disability from suffering include Lennard Davis’s *Enforcing Normalcy* and Rosemarie Garland-Thomson’s *Extraordinary Bodies*.

¹⁴ See, for example, Crow; Wendell; Morris; French; Mollow, “When”; Price, “Bodymind.”

¹⁵ A crucial moment in the founding of the social model of disability occurred in the UK in 1976 when the Union of Physically Impaired Against Segregation (UPIAS) published its *Fundamental Principles of Disability*. I discuss this text later in this chapter.

¹⁶ For disability studies analyses of staring, see Garland-Thomson, *Staring* 199-206 and *Extraordinary* 26; and Clare, “Gawking.” For critiques of institutionalization, see Longmore 28-30, 45-46, 112-13; and M. Russell 96-108.

¹⁷ For uses of the phrase “putting the ability back in ‘disability,’” see Bolaris-Forget; and Vonow.

¹⁸ Although the term “cripistemologies” (introduced in M. Johnson and McRuer’s volume of the same name) is intended to evoke “varied, unstable crip positions,” many of the contributors to *Cripistemologies* have tended to construe the term as at least in part referencing lived experiences of disability. Johnson herself takes such an approach in a different essay, in which she describes “cripistemology” as “personal, embodied, and relational disability knowledge” (“Bad” 254). For my own take on the term, see Chapter 2 of this dissertation (or see Mollow, “Cripistemologies” for an earlier version of that chapter).

¹⁹ Garland-Thomson’s term “normate” refers to “the veiled subject position of cultural self, the figure outlined by the array of deviant others whose marked bodies shore up the normate’s boundaries” (*Extraordinary* 6).

²⁰ For early influential feminist critiques of Freud, see Millett; Irigaray. In regard to queerness, Freud’s treatment of the concept of “perversion” is complex. On the one hand, Freud makes the radical (for its time) argument that perversion should not be considered as ontologically distinct from “normal” sexuality; perversion, according to Freud, is merely a continuation of erotic cathexes that govern everyone in childhood (*Three* 37-38). On the other hand, much of Freud’s writing does treat homosexuality and other “aberrations” as pathologies. This can be seen, for example, in the case history *Dora*, which I will discuss in Chapter 2. Freud’s account of narcissism unfolds within a similar paradigm; although Freud designates male homosexuals, women, and disabled people as especially prone to narcissism, he also suggests that narcissism is a constitutive element of “normal” sexuality (“On Narcissism” 82-84, 88). For a disability studies critique of Freud’s association of narcissism with physical disability, see Siebers, “Tender.”

²¹ I take this German translation from de Lauretis, *Freud’s* 61.

²² For a rethinking of Freud that combines a psychoanalytic framework with a critique of racism and colonialism, see Fanon. For a feminist challenge to Freud that operates both within and outside of psychoanalytic paradigms, see Irigaray. For psychoanalytically informed projects that theorize the social positions of queers, see Bersani; and Edelman.

²³ For disability studies analyses of the politics of asexuality, see Kim; and Gupta.

²⁴ For a discussion of the potentially sexual nature of these activities and experiences, see Freud, *Three* 67-72. In this passage, Freud asserts that “all comparatively intense affective processes, including even terrifying ones, trench upon sexuality” (69). Indeed, he concludes, “It may well be that nothing of considerable importance can occur in the organism without contributing some component to the excitation of the sexual instinct” (71).

²⁵ For a story about being the recipient of the question, “Have you ever thought of killing yourself?” see Hockenberry 96-97. I discuss this passage by Hockenberry in Mollow, “Is Sex” 304-05.

²⁶ For a description of Freud’s shift from his first to his second topography, see Laplanche and Pontalis 449-53. As Laplanche and Pontalis note, the major structural distinction of Freud’s first topography is among the “unconscious,” “preconscious,” and “conscious” aspects of mental life; the second topography differentiates among the id, the ego, and the superego (449).

²⁷ For a discussion of the difference between the reality and the pleasure principles, see Freud, “Formulations.”

²⁸ Freud does not mention this, but the child whom he reports observing is his grandson. For a meditation on the unacknowledged familial relations that may inform Freud's use of this anecdote, see Derrida, *Post* 306-37.

²⁹ For a compelling and informative memoir about BPD, see M. Johnson, *Girl*. As Johnson notes, "attachment disorder" is only one of many competing psychiatric understandings of BPD ("Bad" 254). However, Johnson persuasively situates her own narrative partially within a framework of disordered attachment; in doing so, she makes "a double gesture of engagement, working on and against the medical story of borderline personality disorder" ("Bad" 254).

³⁰ For a discussion of the phrase "I hate you, don't leave me," see M. Johnson, "Bad" 260-61.

³¹ Žižek attributes the phrase "radical psychotic autism" to Lacan but does not provide a citation that I was able to trace. In *No Future*, Edelman also attributes this phrase to Lacan, but the only citation that he provides is to Žižek (Edelman, *No Future* 37).

³² As I will discuss in Chapter 3, melancholia—and in particular the phenomenon of suicide—is the focus of Freud's essay, "Mourning and Melancholia," in which Freud's first topography begins to give way to what will eventually become his theory of the drive.

³³ Of course, a disability prosthesis is only one possible association that can be made with Freud's image of an inanimate outer layer of the psychic structure. The image might also bring to mind a crustacean's shell.

³⁴ Freud writes that "all the other psychical systems are impoverished, so that an extensive paralysis or reduction of the other psychical functions takes place [*alle anderen psychischen Systeme verarmen, so daß eine ausgedehnte Lähmung oder Herabsetzung der sonstigen psychischen Leistung erfolgt*]" (translation mine).

³⁵ Contemporary western psychiatry divides phobia into several subtypes and places them under a broader diagnostic category of "Anxiety Disorders" (Grohol).

³⁶ See Mollow, "Is Sex" for a discussion of the possibilities of applying queer antisocial theory to disability studies.

³⁷ See Mollow, "Is Sex" for an illustration of the ways in which queer antisocial theory's use of Freud's concept of the death drive might undermine a disability politics grounded in constructions of proud and positive identities.

³⁸ In this passage, Bersani refers to an incident in Arcadia, Florida in which the house of a family with three hemophiliac children who were believed to have HIV was set on fire. The town's mayor and his wife defended the community's hostility toward the family in an interview with the *New York Times* (see "Rectum" 5, 16-17, 18).

³⁹ Bersani's dismissal of women's "anxieties" about contracting HIV through sexual contact participated in a widespread societal failure to recognize and respond to women with HIV and AIDS. See Corea for a thorough documentation of the neglect and stigmatization of women with HIV and AIDS.

⁴⁰ This paragraph is adapted from Mollow, "Is Sex" 290.

⁴¹ An important moment in the codification of queer antisocial theory was a 2005 MLA panel, "The Antisocial Thesis in Queer Theory." The panel was moderated by Robert Caserio and included Edelman, Muñoz, Judith Halberstan, and Tim Dean. The panelists' positions were published the following year in *PMLA* (Caserio et al.).

⁴² This paragraph and the previous paragraph are both adapted from Mollow, "Is Sex" 290.

⁴³ This body of work includes writing by Chris Bell, Mel Y. Chen, Eli Clare, Merri Lisa Johnson, Alison Kafer, Robert McRuer, Mara Mills, Karen Nakamura, Margaret Price, Jasbir Puar, Ellen Samuels, Carrie Sandahl, Abby Wilkerson, and others.

⁴⁴ Cross-pollinations between queer theory and disability studies took place at “Debilitating Queerness,” the University of Maryland’s Spring 2013 queer lecture series and conference. The conference featured Jasbir Puar as its keynote speaker and Margaret Price, Abby Wilkerson, and Karen Nakamura as plenary speakers. Speakers in the lecture series included Eli Clare, Heather Love, and Robert McRuer. The queer theorist Lisa Duggan was the main organizer for the 2013 Cripistemologies conference, which featured Mel Y. Chen as the keynote speaker.

⁴⁵ For a critique of the “pattern of approach and avoidance that characterizes much of queer theory’s relationship to disability analysis,” see Mollow and McRuer, “Introduction” 26.

⁴⁶ For a critique of this phenomenon, see M. Johnson, “Bad.”

⁴⁷ To be clear, my objection is not to Halley’s use of metaphor per se, but rather to her replication of a pervasive cultural pattern of repeatedly citing disability as the analogue for whatever one wants to disavow. My contribution to disability studies’ longstanding critique of facile uses of disability as metaphor for everything that is bad is to suggest that formulaic uses of disability metaphors may evince not only a distaste, but also an unacknowledged *desire*, for disability.

⁴⁸ Martin concludes her essay by suggesting that gender and “femininity” should, along with sexuality, also be “put into motion” (120).

⁴⁹ I wish to be clear that I am not suggesting that either mobility or immobility should be celebrated at the expense of the other. To devalue movement would risk increasing the stigma borne by people with impairments that make it difficult or impossible *not* to move in ways deemed excessive or inappropriate.

⁵⁰ My reading of this passage from *Gender Trouble* perhaps finds support in the observation that Butler’s field-defining texts in queer theory often hold themselves at a remove from disability analysis. For example, at two separate moments in *Bodies That Matter*, Butler uses almost identical language to note the existence of disability and then downplay its importance. In her preface to the volume, Butler concedes that “bodies live and die; eat and sleep; feel pain, pleasure; endure illness and violence” (ix-x). “But,” she continues, “their irrefutability *in no way implies what it might mean to affirm*” these experiences (x; emphasis added). Later in the book, Butler includes a slightly longer list of material conditions that relate to disability: “that which is signified by the domains of biology, anatomy, physiology, hormonal and chemical composition, illness, age, weight, metabolism, life and death” (36). Instead of exploring the implications of any of these concepts, Butler states: “But the undeniability of these ‘materialities’ *in no way implies what it means to affirm them*, indeed, what interpretive matrices condition, enable and limit that necessary affirmation” (36; emphasis added). While a central endeavor of disability studies has been precisely this task of examining the social and symbolic structures in which disabled minds, bodies, and identities are affirmed and constituted as such, Butler’s work is characteristic of queer theory in that it remains at arm’s length from such questions. For an analysis of the problems and possibilities of applying Butler’s theories to disability studies, see Samuels, “Critical.”

⁵¹ See, for example, Rubin 109-36.

⁵² In Chapter 4, I will critique Berlant’s construction of fatness as a form of “slow death.”

⁵³ In fact, it is Dorothy’s “cravings,” not her self, that she describes as “gross and unhealthy” (Gaitskill 64).

⁵⁴ As I will discuss in Chapter 4, body size is primarily determined by factors unrelated to “will.”

⁵⁵ In Chapter 4, I will discuss scholarship that counters these hegemonic claims about fatness.

⁵⁶ Most likely, Halberstam meant to say “hyper-allergic,” not “hypo-allergic”; people with what Halberstam calls “easily activated allergies” are seen as being too “allergic” to the environment, rather than not allergic enough, as the prefix “hypo” would suggest. As EI activists point out, the symptoms of environmental illness primarily involve not “allergies” but instead adverse reactions to environmental toxins (the former term implying an idiosyncratic reaction to a substance that for most people is harmless).

⁵⁷ See, for example, Crow; Wendell; and Mollow, “When.”

⁵⁸ For a summary of debates about the social model, see Sherry 76-91.

⁵⁹ As Johnson makes clear, Singer does not say that Johnson herself should have been killed as an infant; however, Singer’s writings suggest that parents of infants with disabilities similar to Johnson’s should be given the option to kill them. In *Practical Ethics*, which was published in 1979, Singer argues: “killing a defective infant is not morally equivalent to killing a person. Very often it is not wrong at all” (138). According to Singer, “defective infants” do not count as persons because they lack “characteristics like rationality, autonomy and self-consciousness” (131). Although Singer claims that nondisabled infants also lack these characteristics, he maintains that it would be wrong to kill a nondisabled infant because of “the effect the killing would have on its parents” (132). The birth of a nondisabled child, Singer argues, is “usually a happy event for the parents”; by contrast, he contends, “parents may, with good reason, regret that a defective child was ever born” (132). Some parents of disabled children do not feel this way, Singer acknowledges, and he suggests that it would be wrong to kill disabled children whose parents want them to survive (132). However, he argues that killing disabled infants may be appropriate when their parents do not want them to live (132). This is especially true, Singer asserts, when children have impairments that make their lives “not worth living”; according to Singer, examples of such impairments include “paralysis, incontinence and mental retardation” (133). In *Rethinking Life and Death*, which was published in 1994, Singer makes similar arguments, focusing in particular on spina bifida and Down syndrome. In instances in which parents of infants with these disabilities do not want them to survive, Singer defends the practice of “selective non-treatment,” in which routine interventions (such as antibiotics to treat an infection or surgery to remove an intestinal blockage) are withheld (119).

⁶⁰ Singer’s arguments about killing disabled people do not apply only to infants: “everything I say about [infants] would apply to older children or adults whose mental age remains that of an infant,” he writes (*Practical* 131).

⁶¹ As Bill Hughes and Kevin Paterson observe, disabled people “feel uncomfortable with the concept of suffering because...it seems inextricably bound to a personal tragedy model of disability” (336).

⁶² Freud’s original title was “A Fragment of an Analysis of a Case of Hysteria.”

⁶³ For example, in “Analysis Terminable and Interminable” Freud questions whether there is “any possibility at all of bringing an analysis” to full completion (219). Ultimately, Freud decides, “the termination of an analysis is...a practical matter” rather than the outcome of a determination that a full cure has been effected (249).

⁶⁴ The *Diagnostic and Statistical Manual* (DSM) no longer lists “hysteria” as a mental illness, and the diagnosis is likely to be phased out in the tenth edition of the International Classification of Diseases. However, each of these guides retains disease labels whose diagnostic criteria resemble those for “hysteria.” In 1980, the third edition of the DSM split “Hysterical Neuroses”

into two categories: “Dissociation Disorders” and “Somatoform Disorders”; the latter disorder was said to be characterized “by disturbances in physical sensations” (Owens). Somatoform Disorders included the following diagnoses: Conversion Disorder, Somatization Disorder, Body Dysmorphic Disorder, Hypochondriasis, Factitious Disorder, and Malingering (Owens). Some of these labels may sound less stigmatizing than “hysteria,” but the assumptions in which they are grounded are not much different; in the DSM-IV, patients are said to employ bodily symptoms as “culturally shaped ‘idioms of distress’” to “express concerns about a broad range of personal and social problems” (qtd. in Furst x). For the DSM-V, published in 2013, most of the above diagnostic categories were grouped together as subtypes of a new category, “Somatic Symptom Disorder” (American Psychiatric Association, “Somatic”).

⁶⁵ My heuristic distinction between undocumented and documented disability marks an unstable process, not a static binary. Many conditions, including schizophrenia and learning disabilities, are in some contexts undocumented (and thus dismissed as “antisocial behavior” or “laziness”) but in other contexts aggressively documented (and thus used as the basis for forced medication or institutionalization). Some illnesses, such as multiple sclerosis and lupus, are often undocumented in their early stages (and thus dismissed as “stress”); in their later stages, they may be documented but remain “invisible,” or they may become “visible.” See Montgomery for a critique of the visible/invisible distinction.

⁶⁶ For an account of my experiences with environmental illness, see Mollow, “No Safe.” See Mollow, “Bellyaching” for a discussion of my experiences with irritable bowel syndrome.

⁶⁷ In Freud’s time period, the list of undocumented disabilities was even longer: developments in diagnostic and laboratory technologies have made it possible to document physical causes for a range of impairments (such as stomach ulcers, epilepsy, and multiple sclerosis) that were formerly classed as symptoms of hysteria.

⁶⁸ Controversies over disability benefits provide a point of contact between my term, “undocumented disabilities,” and the more familiar “undocumented workers.” Each term references anxieties about labor imperatives in capitalist economies. The “privileges” of working (for undocumented workers) and/or of not working (for people with undocumented disabilities, who may, of course, also be undocumented immigrants) are withheld from those lacking sufficient documentation of their disability and/or citizenship status. My use of the term “undocumented disabilities” in place of the stigmatizing labels “hysteria,” “hypochondria,” or “psychosomatic illness” is meant to perform similar cultural work to the substitution of “undocumented workers” for the criminalizing label “illegal aliens.” Both substitutions highlight the ways that societies’ impossible demands for “documentation” delegitimize subjects’ experiences of physical need and bodily distress.

⁶⁹ This aspect of disability studies is highlighted by Samuels. The field’s “focus on visibility and the ‘gaze’ sometimes leads me to question if my extremely limiting and life-changing health condition really qualifies as a disability according to the social model,” Samuels writes (“Body” 248).

⁷⁰ Disability studies’ pattern of detaching disability from suffering was discussed in Chapter 1.

⁷¹ A key term in this feminist disability studies project is Garland-Thomson’s “sitpoint theory,” which puts a crip spin on the concept of feminist “standpoint theory” (“Integrating” 33-34). For a fat disability studies adaptation of Garland-Thomson’s “sitpoint theory” see my concept of “setpoint epistemology” (Mollow, “Disability”).

⁷² Following Margaret Price, I employ the terms “mental” and “physical” not to reify a dichotomy between minds and bodies but rather to suggest that “a provisional recognition” of

these concepts as separate “acknowledges the way that they generally operate in everyday life” (“Bodymind” 280-281, n. 4). Price notes that, in formulating a mental-physical distinction in these terms, she draws on work by Lewiecki-Wilson and by Nagatomo.

⁷³ Freud incorrectly gives 1899 as the year of his treatment of Dora.

⁷⁴ Hardly a “deadbeat,” Hillenbrand is the author of the bestselling and critically acclaimed books *Seabiscuit* and *Unbroken*.

⁷⁵ As recently as 2012, malingering was listed in the DSM-IV as a mental disorder; the condition was categorized along with other mental illnesses under the rubric of “Somatoform Disorders.” When the DSM-V was published in 2013, “Malingering” was moved to a new section titled “Other Conditions That May Be a Focus of Clinical Attention”; this section lists factors that are not mental disorders but which may come up in a clinical setting. Malingering remains linguistically and diagnostically close to other conditions that can be seen as heirs to hysteria; it differs from Factitious Disorder (which falls under the heading of “Somatic Symptom Disorder”) “in that the motivation for the symptom production in malingering is an external incentive, whereas in factitious disorder external incentives are absent” (American Psychiatric Association, “Other”).

⁷⁶ In *An Autobiographical Study*, Freud refers to an “error” that he believes he made early in his career: “Under the pressure of the technical procedure which I used at that time, the majority of my patients reproduced from their childhood scenes in which they were sexually seduced by some grown-up person. With female patients the part of seducer was almost always assigned to their father. I believed these stories, and consequently supposed that I had discovered the roots of the subsequent neurosis in these experiences of sexual seduction in childhood... When, however, I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up or which I myself had perhaps forced upon them, I was for some time completely at a loss... When I had pulled myself together, I was able to draw the right conclusions from my discovery: namely, that the neurotic symptoms were not related directly to actual events but to phantasies embodying wishes, and that, as far as the neurosis was concerned, psychical reality was of more importance than material reality” (57-59). For critiques of Freud’s retraction of his seduction theory, see Masson; D. Russell; Brownmiller; Herman; and Rush.

⁷⁷ Sedgwick makes a similar point in regard to male homosexuality: “once there is known to exist a system by which the authority of the classified invert to say what in him is voluntary and what compelled, what authentic and what imitative, what conscious and what unconscious, can be not only abstracted from himself but placed in an ironclad epistemological receivership, the result is that not only the medical expert but *anyone* who witnesses and identifies the invert feels assured of knowing more about him than he knows about himself. The very existence of expertise, to whomever it belongs, guarantees everyone who is not its designated object an empowering and exciting specular differential of knowledge” (*Epistemology* 225). Although this passage is extremely illuminating, its construction of “the invert” as male exemplifies queer theory’s masculinist bias, which was discussed in Chapter 1. As a way of countering this bias, I would suggest that Sedgwick’s compelling arguments about what she calls “differential[s] of knowledge” apply to women as well as to men. They certainly apply to lesbians; and as I have been attempting to show, they also apply to people marked as hysterics. Indeed, as we shall see, the concepts of female homosexuality and hysteria are intimately linked in Freudian theory. In an article coauthored with Michael Moon, Sedgwick further advances her arguments about

imbalances in the social distribution of epistemological authority, bringing her insights to bear on cultural constructions of fatness; this essay will be discussed in Chapter 4.

⁷⁸ The influence of Showalter's claims about undocumented disability extends beyond the field of feminist theory. For example, Ian Hacking lauds Showalter as "one of the most distinguished feminist historians of hysteria" and concurs with her classification of CFIDS and Gulf War syndrome as forms of hysteria (89). Following Showalter, Hacking argues that "our recent hysterias have one thing in common, a tormented fear of some evil other, from outer space, or from the depths of the soul, or from federal agents, or from the vicious patriarch, or from poisonous gas cocktails in the desert" (89). Examples of contemporary cultural critics who diagnose undocumented disabilities as hysteria are far too many to list exhaustively, but see Shorter; and Gilman et al.

⁷⁹ Wilson is interested in expanding upon Freud's notion of "somatic compliance," a concept that I will interrogate later in this chapter. Wilson does not question Freud's premise that undocumented disability results from the conversion of psychological distress into physical symptoms; she seeks to understand the precise biological mechanisms by which this alleged conversion occurs.

⁸⁰ Deutsch incorrectly gives Dora's age as forty-two.

⁸¹ See Cixous and Clément.

⁸² See Lacan, "Intervention."

⁸³ See Rose; Cixous and Clément; Gallop.

⁸⁴ I am of course alluding to Gayatri Spivak's famous essay, "Can the Subaltern Speak?" Like Spivak, I want to complicate the assumption, common to many identity politics movements, that speaking on behalf of oppressed groups is a straightforward route to liberation. But as noted in Chapter 1, I diverge from some poststructuralist thought in that I do not see identity or identity politics as formations that can or should be overcome.

⁸⁵ For a discussion of this passage in *Dora*, see Schweik 81-83; and Siebers, *Disability Theory* 39.

⁸⁶ Some members of the psychiatric survivor movement do not describe themselves as mentally ill and reject the concept of mental illness. See Mollow, "When."

⁸⁷ See Hillenbrand; Munson.

⁸⁸ See Alaimo 113-40; Abod; Mollow, "No Safe."

⁸⁹ Peggy Munson, who has suffered from both CFIDS and depression, provides an informative account of the differences between the two conditions ("Life" 156-57, 160).

⁹⁰ The notion that autism was caused by emotionally cold mothers, or "refrigerator mothers," was introduced by Leo Kanner in 1943 and was popularized by Bruno Bettelheim. Bettelheim was a student of Freudian psychoanalysis, and Freud's emphasis upon psychogenic causes of impairments influenced his mistaken belief that emotional coldness on the part of parents led their children to become autistic. For discussions of the medical profession's mistreatment of people with autism, see Rodas; and Cohmer. Whether autism should be regarded as a disease that causes suffering or as a benign form of neurodiversity is a source of controversy among autistic people themselves and, sometimes, a question about which autistics and their parents strongly disagree. For a discussion of this controversy, see Solomon.

⁹¹ For discussion of these coalitional possibilities, see Mollow, "Mad."

⁹² Freud's concept of somatic compliance is similar but not identical to the term "psychosomatic," which was coined by Samuel Taylor Coleridge. Whereas somatic compliance figures the body as manifesting the contents of the psyche, psychosomatism can potentially refer to either a process in which the mind exerts control over matter or, conversely, to a process in

which material or organic processes influence mental experience. This double way in which “psychosomatic” can mean is in keeping with Coleridge’s various accounts of the body-mind relationship. In a letter to Henry Crabbe Robinson, Coleridge writes: “What is the Body, but the fixture of the mind?...Is Terror in my Soul—my Heart beats against my side—Is Grief? *Tears* form in my eyes. In her homely way the Body tries to interpret all the movements of the Soul” (*Biographia* 151, n. 1). This formulation is consistent with Freud’s notion of somatic compliance, as it depicts the body as subservient to the mind or soul. But when Coleridge writes about the effects of opium addiction upon his mind, he reverses this mind-body hierarchy, suggesting that material conditions may affect his mental experience. In regard to his “impotence of the *Volition*,” he wrote to his friend Joseph Cottle: “You bid me rouse myself—go, bid a man paralytic in both arms rub them briskly together, & that will cure him. Alas! (he would reply) that I cannot move my arms is my Complaint & my misery” (qtd. in Bate 128).

⁹³ See McRuer, *Crip* 103-45 for political possibilities of disabled subjects’ “noncompliance.”

⁹⁴ My thanks to Celeste Langan for pointing out this connection to me.

⁹⁵ The trope of the disabled avenger, Mitchell and Snyder argue, serves as a “narrative prosthesis,” supplying villainous fictional characters with a motive that moves the plot forward; for example, captain Ahab’s urge to avenge himself upon the whale who made him disabled propels the plot of *Moby Dick* (*Narrative* 119-39). In *Dora*, however, the temporal sequence linking disability and revenge is the reverse of that which Mitchell and Snyder delineate: instead of disability giving rise to revenge, revenge gives rise to disability.

⁹⁶ *Dora* derives from the Greek *doron*, while *Dose* comes from the Greek *dosis*. The two words form part of a constellation of terms surrounding gifts and giving (“dosis”; Kittel 166).

⁹⁷ The word used by Hesiod in his story of Pandora was actually *pithos*, which refers to a very large jar, sometimes used as a container for human burial. But ever since a sixteenth-century scholar, translating the story into Latin, rendered *pithos* as *pyxis* (a small box), the phrase “Pandora’s Box” has been used (Harrison 100-01).

⁹⁸ In the *Three Essays*, Freud describes “early infantile masturbation” as an activity that “scarcely a single individual escapes” (54).

⁹⁹ I am of course alluding to Eve Kosofsky Sedgwick’s essay “Jane Austen and ‘The Masturbating Girl,’” a text in which *Dora* makes a cameo appearance (126).

¹⁰⁰ See Siebers “Tender” for a disability studies analysis of Freud’s “On Narcissism.”

¹⁰¹ This is not to suggest that one couldn’t, or shouldn’t, want gray hair. On the possibilities of “going gray,” see Kreamer.

¹⁰² Freud’s complex constructions of the drive’s relation to the somatic and the psychic have been the source of much discussion and disagreement. But as Lacan and Laplanche have each persuasively argued, the drive cannot be understood as existing *only* in the realm of biology (see Laplanche, *Essays* 125 and *Life* 3; and Lacan, “Function” 205). For an informative discussion of Freud’s ambivalence about the psychical versus the somatic nature of the drive, see de Lauretis, *Freud’s* 58-87.

¹⁰³ Among the most influential of these critiques is Laplanche’s argument that Freud’s embrace of a “biological idealism” in *Beyond the Pleasure Principle* constituted a “going astray” of his original, “revolutionary” project (*Essays* 125).

¹⁰⁴ Elsewhere, Freud describes his theory of the drives as “mythology”: drives “are mythical entities magnificent in their indefiniteness. In our world we cannot for a moment disregard them, yet we are never sure that we are seeing them clearly” (*New* 118).

¹⁰⁵ Wendell notes that similar observations have been made by Cheri Register (315) and Nancy Mairs (*Voice* 127) (qtd. in Wendell, *Rejected*, 186 n. 2).

¹⁰⁶ See Chapter 2 for a fuller discussion of the social oppression of people with undocumented disabilities.

¹⁰⁷ The “Take Tiny Tim” section of this chapter is adapted from Mollow, “Is Sex” 291-96.

¹⁰⁸ “Laws with capital *ls*” refers to former Boston Cardinal Bernard Law’s contention that healthcare benefits should be denied to same-sex partners of city employees on the grounds that “society has a special interest in the protection, care and upbringing of children” (Edelman, *No Future* 29). Unless otherwise noted, subsequent citations of Edelman in the text refer to *No Future*.

¹⁰⁹ See Mollow, “Is Sex” 288.

¹¹⁰ For disability studies analyses of eugenics, see Davis, *Enforcing* 35-37; Pernick; Longmore, *Why* 37-46; and Garland-Thomson, *Extraordinary* 34-35. Eugenicist ideology is not solely a historical phenomenon. For critiques of eugenicism in the work of contemporary philosophers and policy makers on disability, see Longmore, *Why* 149-212; and H. Johnson, *Too Late* 201-28.

¹¹¹ Although the phrase “useless function” does not directly designate any specific disability, the words are evocative of contemporary western medical understandings of the factors underlying some diseases and impairments. For example, autoimmune disease is described as resulting from an excessive or misdirected immune system function; instead of conforming to the uses that it would serve in a state of health, the immune system is believed to undertake functions that have no apparent purpose and indeed cause harm. The notion of a useless function also informs medical and cultural constructions of impairments involving “hyperactivity” or muscle “spasticity,” in which bodily movements and functions are performed in excess of any clear purpose. Similarly, “stimming,” or self-stimulating practices associated with autism, are stigmatized because, from a neurotypical vantage point, they appear to have no purpose.

¹¹² The online journal *Bent*, which features “True Stories of Disabled Gay Men,” plays on the dual connotations of this term (Guter). For analyses of the inextricability of ableism and homophobia, see McRuer, *Crip*; Kafer, “Compulsory”; and Wilkerson.

¹¹³ Susan Schweik offers a thorough analysis of the connections between disability and “ugliness,” as manifested in the “ugly laws” (antivagrancy ordinances that targeted visibly disabled people) in late nineteenth- and early twentieth-century American cities.

¹¹⁴ Of course “grafting” does not *only* invoke impairment (one could graft a tree or plant, for example); but the word may bring to mind medical procedures such as skin grafting as a treatment for burns or bone grafts as treatments for mobility disabilities.

¹¹⁵ See Chapter 1 for a discussion of this remark that Edelman attributes to Lacan.

¹¹⁶ In this context, the following remark by Kafer is useful: “As much joy as I find in communities of disabled people, and as much as I value my experiences as a disabled person, I am not interested in becoming more disabled than I already am” (*Feminist* 4). Although Kafer does not describe feeling pity for people with impairments other than the ones she has, her remarks candidly point to the difficulty, if not the impossibility, of conceiving of disability only in positive or neutral terms.

¹¹⁷ Sharon Snyder provides a useful discussion of the “cure-or-kill mind-set” in artistic representations of disability (180-81).

¹¹⁸ The film *F**k the Disabled*, which features performances by Greg Walloch, plays on these two meanings of “fuck.”

¹¹⁹ Joseph Shapiro provides a thorough documentation of the disability rights movement's resistance to pity.

¹²⁰ As I hope the previous chapter will have made clear, I do not concur with the "penis envy" part of Freud's castration theory.

¹²¹ See Chapter 2; see also Mollow, "Cripistemologies" 199-200.

¹²² "On Narcissism" was published in 1914; "Mourning and Melancholia" was published in 1917. The "Editor's Note" to "Mourning and Melancholia" explains that the latter essay may "be regarded as an extension of the one on narcissism," as both papers describe the operations of a "critical agency," the precursor to Freud's concept of the superego (240).

¹²³ For a story about being on the receiving end of this question, see Hockenberry 96-97; for my discussion of this passage from Hockenberry in relation to the concept of the disability drive, see Mollow, "Is Sex" 304-05.

¹²⁴ The term "bodymind" has been brought to bear on disability studies by Margaret Price, who notes that she took the term from texts in trauma studies (for example, Rothschild) ("Bodymind" 269). The term allows for an expansive approach that encompasses both "physical" and "mental" disabilities and blurs distinctions between these two categories. Price points out that nonwestern philosophies have also theorized "mind" and "body" as deeply integrated (for example, see Nagatomo).

¹²⁵ For disability studies texts emphasizing the importance of pride, see Linton; and Garland-Thomson, *Extraordinary*.

¹²⁶ All quotations in this paragraph can be found in *No Future* 165 n. 10.

¹²⁷ These quotations from Freud are brilliantly dissected by Irigaray (25-26, 48-49).

¹²⁸ "Body mass index, or BMI," refers to a formula for measuring the ratio between a person's height and her or his weight. BMI is the primary measurement employed by medical authorities who classify the population into categories of "normal," "underweight," "overweight," and "obese."

¹²⁹ To avoid wordy repetitions of the phrase "weight loss diet," I will employ the colloquial use of "diet" to signify a weight loss regimen. It should be noted, however, that many diets (for example, anti-allergy regimens) have nothing to do with weight loss.

¹³⁰ Although my investigation of fatphobia in contemporary cultural contexts focuses on the US, fears about fatness are a global phenomenon.

¹³¹ My article, "Disability Studies Gets Fat," brings fat studies and disability studies together. Schalk also invites the theorization of fatness and disability together. Kafer briefly touches on the topic of fatness, citing fat scholars' critiques of the before-and-after trope in weight loss advertising (*Feminist* 30). And the influential work of Kathleen LeBesco often considers intersections between disability and fatness.

¹³² J. Oliver astutely comments on the uses of fatness as a potent symbol across the political spectrum: "Among conservatives, [fatness] is evidence of the growing moral degeneration of America: the fact that we are getting fatter only shows that we are getting lazier, and more lustful, and moving farther away from the Anglo-Protestant tradition that defined American greatness. Among liberals, obesity represents the increasing power of international corporations and food companies in making us heavy against our will" (77).

¹³³ The assumption that fatness is equatable with poor health will be challenged later in this chapter.

¹³⁴ For Berlant's discussion of Critser, see *Cruel* 111-12. Berlant follows Critser in arguing that the result of the growth of corporations such as McDonald's has been "to fatten up the world

population scarily” (112). The notion that fatness should incite fear will be challenged later in this chapter. The oft-heard claim that fast food makes people fat overlooks the facts that many thin people consume fast food and many fat people do not.

¹³⁵ See, for example, Campos; J. Oliver; Kolata; Gaesser; Fraser; Gard and Wright; and Brown.

¹³⁶ For discussions of these data, see Kolata 203, 205, 209; Campos 57-69; Brown 15, 27; and Saguy 16.

¹³⁷ For discussions of confusion about correlation versus causation, see Campos 17, 27; Saguy 16; and Brown 21-27.

¹³⁸ On anti-fat discrimination in medical contexts, see Saguy 23-24, 42-43. Saguy observes, for example, that fat women are less likely to receive routine examinations to screen for cervical cancer because many healthcare providers dislike performing these examinations on fat women (16).

¹³⁹ On genetic contributors to fatness, see Kolata 122-23, 157-58, 176-81. On the inefficacy of weight loss dieting, see Campos 28-33; Kolata 188; Brown 36-41.

¹⁴⁰ On financial conflicts of interest among “obesity” researchers, see Fraser 14, 210-14, 229; Kolata 204; Campos 43-46, 60, 221-23; J. Oliver 29-31; and Brown 105-114. Brown notes that many of the researchers whom she interviewed told her that “the easiest way to get a study funded is to include the word ‘obesity’ in the proposal. Even better, cite ‘childhood obesity’” (9).

¹⁴¹ Tellingly, when Berlant says that these authors get their statistics from fat activists, she places the phrase “fat activists” in scare quotes; unlike, say, queer theory or Marxism, fat activism is figured by Berlant as not quite real. Many people think of fat activism as a recent political development; for example, Moon describes fat activism as “much younger than gay/lesbian liberation” and claims that the fat justice movement owes a “profound and unacknowledged historical debt” to gay and lesbian liberation movements (Sedgwick and Moon 234-35). In fact, modern lesbian and gay political movements do not significantly predate fat liberation. The publication of Llewellyn Louderback’s *Fat Power*, an inaugurating event in the fat justice movement, occurred in 1970, and the formation of the National Association to Advance Fat Acceptance (NAAFA) took place in 1969. Nor has fat justice historically been solely a heterosexual movement; on the contrary, lesbian feminists made foundational contributions to fat justice. The Fat Underground, which grew out of the Los Angeles Radical Feminist Therapy Collective, issued its “Fat Liberation Manifesto” in 1973. Aldebaran and Judy Freespirit, who founded this group, were also active participants in lesbian and feminist politics.

¹⁴² Freud makes this claim in numerous places; see, for example, *Dora* 43; *Three* 31; and “Civilized” 189, 191.

¹⁴³ The phrase “civilized sexual morality” forms part of the title of Freud’s essay on this topic; although Freud places the word “civilized” in quotation marks to signal his skepticism about the bourgeois European sexual moralism that, he believes, leads to neuroses, his work nonetheless upholds a distinction between primitivity and civilization, which depicts “civilized” people intellectually and culturally more advanced than “primitive” people.

¹⁴⁴ According to Freud, the sublimation of sexual drives that are “unserviceable for the reproductive function” is the basis of the “cultural activities” that define civilization (“Civilized” 188-89). Freud divides the phylogeny of sexual renunciation and cultural development into “three stages”: “a first one, in which the sexual instinct may be freely exercised without regard to the aims of reproduction; a second, in which all of the sexual instinct is suppressed except what serves the aims of reproduction; and a third, in which only *legitimate*

reproduction is allowed as a sexual aim. This third stage is reflected in our present-day ‘civilized’ sexual morality” (189).

¹⁴⁵ Freud’s defenses of his binary are at some moments vague and at other moments tangential. On the vague side, Freud asserts: that since he is engaged in “empirical interpretation” rather than “speculative theory,” he must content himself with “nebulous, scarcely imaginable basic concepts”; that his analyses of people with hysteria and obsessional neurosis “compelled” him to distinguish between “ego-libido” and “object-libido,” “all attempts to account for these phenomena by other means [having] been completely unsuccessful”; and that his distinction corresponds to the biological distinction between hunger and the sexual drive (“On Narcissism” 77-78). On the tangential side, Freud engages in an extensive refutation of Jung’s claim that Freud’s libido theory had “come to grief in the attempt to explain” schizophrenia (79).

¹⁴⁶ As Freud himself repeatedly points out, the erotic cathexes of childhood are seldom, if ever, wholly left behind; indeed, he asserts that even “normal” individuals do not entirely escape perversion (*Three* 26). Thus, as Bersani has argued, “alongside the teleological argument of the *Three Essays on the Theory of Sexuality*, a wholly different argument runs its course” (*Freudian* 39). According to this submerged argument, the “undeveloped beginnings of our sexual life constitute and exhaust its essence” (Bersani, *Freudian* 40).

¹⁴⁷ When I refer to “the object that we refind in a relation of love,” I am paraphrasing Freud’s famous claim: “The finding of an object is in fact a refinding of it” (*Three* 88). This assertion is a generalized expression of the statement that immediately precedes it: “There are thus good reasons why a child sucking at his mother’s breast has become the prototype of every relation of love” (88).

¹⁴⁸ Like almost all weight loss diet books, *Skinny Bitch* claims not to be a diet book. Its introduction announces: “This is not a diet. This is a way of life” (12). In other words, it is a diet one is expected to follow for the rest of one’s life.

¹⁴⁹ This is not, of course, to say that everyone can or should eat dairy; but talking about lactose intolerance, milk allergies, or environmental or ethical concerns about the way that some dairy products are produced is not the same as labeling milk, and sucking, as poisonous or immoral.

¹⁵⁰ Such a depiction was discussed in Chapter 1 when we considered Berlant’s description of a character in Mary Gaitskill’s *Two Girls, Fat and Thin* as having “regressed to her adolescent bubble of . . . culinary self-consolation” (141).

¹⁵¹ To be clear, I have no idea whether this study is correct in concluding that African Americans like salty flavors more than other racial or ethnic groups do. What I object to is Moss’s glib lumping together of “kids and African Americans,” as well as his claim that there is something wrong with liking these flavors. The othering of Black people continues when Moss reports on food industry research ostensibly showing that “African Americans tend to like drinks that are not only sweeter but fruit-flavored too” (113). For a challenge to the assumption that eating salt endangers one’s health, see Planck 234-38.

¹⁵² Contemporary US American culture’s preoccupation with the putative dangers of fatness has become so intense that nowadays the sight of a child blissfully enjoying being fed can provoke parental alarm. This can be seen in a story recounted to Brown by a psychotherapist who focuses on eating disorders: “One mom brought in a seven-month-old girl who was eating well and whose weight was steady. The problem, said the mom, was that the baby loved food too much. She would literally moan with pleasure and wiggle her legs as she ate. The mother was mortified by the moaning and, more importantly, scared of her daughter’s appetite, afraid the girl would eat so much” that she would become fat (75).

¹⁵³ Of course, I am not denying that eating facilitates self-preservation; rather, I wish to underscore that the passage under discussion images a fusion of hunger and love, which complicates Freud's earlier construction of eating as merely a utilitarian means to the end of survival.

¹⁵⁴ See Bates for a discussion of a series of tweets, sent to the Everyday Sexism Twitter handle, in which women describe being disciplined by strangers who say things like "You shouldn't be eating that." See Birch for a typical article advising readers on how to avoid eating "for a reason other than your body needing nourishment."

¹⁵⁵ In Mollow, "Fat" I respond to these readers' comments.

¹⁵⁶ For a critique of the classist implications of the concept of "trash food"—a term similar to "junk food" but with a specific connotation of "white trash food"—see Offutt.

¹⁵⁷ The distinction between grammar and rhetoric is from de Man.

¹⁵⁸ The term "headless fatty" was coined by Charlotte Cooper.

¹⁵⁹ Personal communication, April 2014.

¹⁶⁰ Anne says at the end of the novel that she did not make a mistake by following Lady Russell's advice to decline Wentworth's marriage proposal before he had acquired his fortune (198); however, the narration makes Anne suffer as if she had committed an error that needed to be repented.

¹⁶¹ In his explication of what he calls "Austen Style," Miller describes Austen's writing as "pointed, impersonal, elegant, authoritative, and altogether regular in its lexicon, syntax, and rhythms" (*Jane* 102 n. 22).

¹⁶² The phrase "illiberal and cross" is from *Emma*.

¹⁶³ For a discussion of Kant's vision of taste in terms of *sensus communis*, see Lloyd 65. Later in this chapter, I will address the relationship between fatphobia and the notion of aesthetic "taste."

¹⁶⁴ Fat activists and scholars often remark that our culture's reliance upon stereotyped images of fat people evinces an intellectual laziness, which is ironic given the frequency with which such stereotypes link the terms "fat" and "lazy."

¹⁶⁵ Although the shifting historical meanings of hysteria and hypochondria have never been identical, they have both often involved complaints about physical symptoms that are assumed to lack biological causes. Nowadays, the term "hypochondria" most often references excessive worry about illness; contemporary correlatives of "hysteria" refer to physical distress for which no organic cause has been established.

¹⁶⁶ One might imagine that today the enjoyment of "warm rooms" would not be linked to the pathologization of fatness; but as Hamblin reports, a new trend in weight-focused American culture is the use of cold rooms—and an icy vest called the "Cold Shoulder"—to burn calories (29).

¹⁶⁷ As Mr. Parker and Diana are frequently shown saying foolish things, their characterizations of "West Indians" as lazy spendthrifts cannot be taken as authoritative. However, nothing in Austen's text undermines these characterizations, and Austen's own depiction of Miss Lambe reinforces negative associations with the West Indies.

¹⁶⁸ The novel describes Marianne's symptoms as "hysterics," but Austen does not use this term with the diagnostic specificity that Freud employs; for Austen, hysteria seems to reference excessive emotionality (268).

¹⁶⁹ I am of course alluding to the first sentence of *Emma*: "Emma Woodhouse, handsome, clever, and rich, with a comfortable home and happy disposition, seemed to unite some of the best

blessings of existence; and had lived nearly twenty-one years in the world with very little to distress or vex her” (5).

¹⁷⁰ Brown explains: “Dieting *can* make people thinner for a while—six months, a year or two, maybe three. Which, coincidentally, is about how long most studies follow dieters, and how they claim success. In reality, your chance of maintaining a significant weight loss for five years or more is about the same as your chance of surviving metastatic lung cancer: 5 percent” (36).

¹⁷¹ Why are we collectively fatter than we used to be? No one knows for sure, but the assumption that we eat more and exercise less is only one of many hypotheses. Other possibilities include: a decline in smoking rates (smoking makes people thinner); an aging population (as the Baby Boomer generation has gotten older, the age of the average person in the US has increased, and people tend to get fatter as they get older); better childhood nutrition; higher rates of vaccination; the increase in popularity of weight-lifting (statistics about “obesity” are based on BMI, a ratio of height to weight, and this system of classification categorizes Matt Damon as “overweight” and Tom Cruise as “obese”); an increase in the use of SSRIs and other mental health medications (many of which cause weight gain); the proliferation of environmental pollutants (many of which are endocrine disruptors and may therefore contribute to weight gain); and, paradoxically, the fact that more people are attempting to lose weight (dieting raises one’s set point, as the body follows a period of semi-starvation by slowing its metabolic rate in preparation for the next “famine”). Regardless of the reasons for the increase in our collective size, it hardly constitutes an epidemic: we are on average only about fifteen to twenty pounds heavier than we were twenty-five years ago. And it’s not true that US Americans are “getting fatter”; the increase in our average body size leveled off around 2000. It’s also worth noting that during the same time that we’ve gotten fatter, we’ve also gotten taller (yet one does not hear media reports about an epidemic of “overheight”) and are living longer. For discussions of this information, see Kolata 60, 208-09, 222-23; Brown 12; Campos 29; and Saguy 45-46.

¹⁷² The real take-home message, Kolata suggests, is missed by almost everyone: as with virtually every other clinical weight loss study, no one lost very much weight, and almost all participants gained back the weight that they did lose (4).

¹⁷³ The acronym “LEARN” stands for “Lifestyle Exercise Attitudes Relationships Nutrition” (Kolata 10).

¹⁷⁴ See Kolata 37 for a discussion of these remarks by Brillat-Savarin.

¹⁷⁵ Interestingly, although in *Food Rules* Pollan advises readers to chew their food until it turns into liquid (109), in his book *In Defense of Food* he pokes fun at Fletcher for issuing much the same advice (56-57). Perhaps Pollan’s competing advisories about chewing could be reconciled with this maxim: “Chew food. Not too much. Mostly liquid.” (I am of course alluding to Pollan’s ubiquitously circulated recommendation: “Eat food. Not too much. Mostly plants.”)

¹⁷⁶ Some individuals may lose a lot of weight, only to regain it within a few years; others may lose a small amount of weight and keep it off for a long time. But it is extremely rare for a fat person to become permanently thin.

¹⁷⁷ I say that the *Huffington Post* article is implicated in racist social structures because it contributes to the pathologization and disciplining of black women’s bodies, for example by approvingly quoting this comment made by a hairstylist to her African American clients: “If you don’t have a healthy body, then you aren’t going to have any hair to fix” (Nelson). It should also be noted that the medical study interviewed only black women.

¹⁷⁸ In “Disability Studies Gets Fat,” I point out that, in her analysis of fatness as a form of “slow death,” Berlant overlooks weight loss dieting culture’s potential to be understood as a form of cruel optimism (204).

¹⁷⁹ In her book, Kolata never says that she is thin, but the photo on the cover jacket shows a slender woman.

¹⁸⁰ In my essay “Disability Studies Gets Fat” I take up Schalk’s argument with the aim of persuading disability scholars of all sizes to identify with fatness—or, as I frame it in this article, to “get fat” (200).

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