



Universiteit
Leiden
The Netherlands

Disability and its affective affordances: deformity, decay, disruption, distortion

Hiskes, A.R.

Citation

Hiskes, A. R. (2024, April 16). *Disability and its affective affordances: deformity, decay, disruption, distortion*. Retrieved from <https://hdl.handle.net/1887/3736068>

Version: Publisher's Version

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/3736068>

Note: To cite this publication please use the final published version (if applicable).

Decay

1. Disability and the Affordances of Decay

In the introductory chapter, I argued that in the medical model, disability is often defined as a defect of the body. A defect of the body points to a lack, or absence, of bodily function. Through this definition, disability is considered a loss, privation, or negation of function, precisely because such a definition presupposes that a function be present in order for the body to be available for use of any kind. When disability is conceptualized on the basis of this presupposition, as the negation or privation of this type of use, this may consequently also disqualify it for a second type of use: a body that does not function properly in relation to what it is supposed to be used for.

In this chapter, I consider the dynamic between those two notions of use in relation to the concept of decay. Etymologically, decay stems from *cadere*, to fall, coupled with the prefix *de-*, off or out. This chapter examines how bodies that fall or come apart relate to how that body is used, or can still be used, and how the process of the body falling apart affects both the subject whose body it involves as well as how decay affects others. I explicate the body's relation to use by discerning between two different kinds of use: uses *in* and *of* the body on the one hand, and what the body is used *for* on the other. By uses *in* and *of* the body, I mean the different functions a body is ordinarily, and often normatively, deemed capable of. This includes functions such as breathing, walking, speaking, etc. By what the body is used *for*, I refer to the various activities in which a body can engage, such as labor or play, for example.

I thus posit decay here as the deterioration of the living body rather than the decomposition of corpses. If decay is marked by the deterioration of the body, this is coupled with the fact that the body continually strives to preserve itself. The body that comes apart is caught in the struggle of simultaneously being broken down and striving to recuperate, where the breaking down of the body and its functions influences ways of imagining what that body could or should be used for. This struggle of the body is marked by affect in several ways. When a body is in a state of decay, it can affectively move other individuals. They might want to help or restore that body, or they might react to it aesthetically, through being repulsed by it. Building on the previous chapter, I further explore how affective responses to the decaying body afford different forms of relationality. While a body in decay loses its functionality,

this is then not only a concern for the subject whose body it involves but also for the way in which others relate to that body.

In the previous chapter, I showed how Jane, moved by Rochester's disability, could imagine her body engaging in a prosthetic relation to Rochester's—to be his hands and eyes. Decay affords a different mode of relationality in that not only do others react to the decaying body, but the subject whose body comes apart responds affectively as well. Decay limits both the actual bodily capacity and evokes uncertainty regarding what one imagines one's body to be capable of. Consequently, the subject needs to somehow reconcile with the loss of function and the breaking down of one's own bodily capacities, while other people who care for the decaying body respond affectively in their attempts to want to care for, conserve, or (ab)use that body.

The relevance of examining decay for disability studies lies in the questions and issues decay provokes. As I showed in the introductory chapter, disability advocates and scholars have argued that while a relationship between pain and disability is often too hastily established, this argument should and cannot deny that many disabilities can be evocative of pain. In relation to disabled embodiment, I take here as my point of departure Tobin Siebers' notion of complex embodiment. In Siebers' perspective, complex embodiment theory needs to involve itself with and find ways to account for the corporeal reality of the lived body, particularly since disability can be accompanied by chronic conditions (like chronic pain). He argues that the economy of representations and accounts of embodied experiences like pain inform our understanding of pain, therefore arguing against a unidirectional model wherein pain would only inform its cultural representation (2017: 325).

Decay, understood as the affective struggle of the concurrent breaking down and persevering of the body, invites me to question how bodily autonomy can be practiced while the body comes apart and how that relates to embodiment, which I will understand here as three ways of relating to the body: that of having a body, being a body, but also ways of "doing" the body, i.e., enacting or performing it. To practice bodily autonomy suggests a modicum of control over how that body is used by a subject, which involves objectification of the body, that is, to instrumentalize it toward the use of some end.

Use connotes a sense of purpose. When we use someone or something, there is a perceived end to that use. As Sara Ahmed explains in her study on use: "Use is a relation as well as an activity that often points beyond something even when use is about something: to use something points to what something is for" (2019: 23). Decay, however, is often accompanied by an increasing lack or inability of bodily use. While use cannot but evoke a sense of purpose (or in the latter's case, purpose's

explicit absence) when we relate it to human bodies, we associate decay as the inevitable consequence of the lived human body. A decaying (and by extension, increasingly disabled) body can become more difficult to find uses for. As such, this can be used as an incentive to “restore” the body, which in turn makes it available for use. Ahmed’s reading of the relationship between body parts and wholes offers insight into this matter. Through a reading of a myriad of texts, Ahmed’s argument traces how parts can come to be perceived as being “rebellious” (2014: 100). Ahmed draws on the work of Blaise Pascal, who proposed the following: “If the foot and the hands had a will of their own, they could only be in their order in submitting their particular will which governs the whole body. Apart from that, they are in disorder and mischief; but in willing only the good of the body, they accomplish their own good” (2003, 132 [1669]).

Pascal’s argument gives way to a reading of the body where parts become mischievous and disorderly if left to their own devices, yet by allowing them to be subjugated to the bodily whole, they will ultimately also serve themselves. As Ahmed notes: “Implicit in the drama of Pascal’s description is how the will binds memory and utility: the part in willing only the good of the whole body must remember that body by becoming useful to that body” (100) and she continues that “A willing part would be *for* what it is assumed as *for*. To become part is to inherit this prescription; it is to acquire a function” (101). By the parts’ being of use to the body, the body in turn may become productive, a means to an end.

The capacity of the disabled body to become productively able towards an end may then become a matter of restoring that body back towards normative ability, as in the medical model of disability. In an overview article concerning critiques of both the medical and social models of disability, Justin Anthony Haegele and Samuel Hodge show that the medical model is centered on “fixing” the perceived impairments of persons with disabilities “toward function and independence” (195). Such an understanding of independence would render it conditional on whether the body in question conforms to a preconceived notion of what a “healthy” body is. This not only would subscribe to a normative understanding of “health” (a common critique of the medical model), but rather does not question how bodily autonomy could be practiced by rebellious bodies that, from one perspective, may not appear to function as a “whole.” When bodies are perceived as being unruly, this implicitly carries with it the normative connotation that bodies would otherwise be “under control.” What I argue is that, instead, the way in which bodily autonomy can be asserted is itself connected to ways in which bodily capacity turns into (dis)ability. As bodily autonomy evokes the notion of the possibility of a degree of control over the body, this in turn reifies the ability/disability dichotomy, as bodies less in control appear as to be more

disabled. Subsequently, my argument is that disabled and decaying bodies emphasize and dramatize the struggle for bodily autonomy.

In order to explore how different relational forms—having, being, and doing—to the disabled and decaying body can be exercised, I will do a close reading of the novel *A Little Life*, by the American author Hanya Yanigahara. Divided into seven parts over 720 pages, *A Little Life* initially appears to trace the development of the lives of four friends, who are in their mid-to-late twenties and live in New York City at the start of the novel: Malcolm, JB, Willem, and Jude. Malcolm starts out as an architecture student from a wealthy family who eventually establishes his own practice. JB is a visual artist who creates a project in which he follows the lives of all four of them through his paintings, with an emphasis on the lives of Willem and Jude. Willem is an aspiring actor and part-time waiter who eventually becomes successful in film, and Jude is a student of both law and mathematics who becomes a successful litigator at a private law firm. As the narrative unfolds, it becomes clear that the character of Jude turns into the focal point of the story and that the events in the lives of his friends come to revolve around his in the narration.

Jude is introduced as something of an enigma: not only is he an eminent and prolific student of two separate academic fields (mathematics and law), he is also multi-talented (excelling at singing, playing classical music, and cooking) and a private tutor in a variety of subjects. Simultaneously, Jude has a limp due to what is initially disclosed by him as the result of a car injury, episodes of intense pain which leave him paralyzed, painful wounds on his legs as a result of the aforementioned injury, and we eventually learn that he cuts himself. As the novel progresses, Jude's past slowly becomes disclosed to certain characters within the novel, and consequently also to the reader. We learn that he grew up in a monastery where he was physically and later also sexually abused, and that the car injury was not an accident but rather the result of an intentional collision by one of his many abusers. Both his body and personal situation slowly but steadily deteriorate over the course of the novel, and he increasingly needs to start using a wheelchair. Ultimately, after decades of an intermingling of care, use, and abuse, his body is nearly fully exhausted and decayed by the end of the novel, when he commits suicide.

In my reading of *A Little Life*, I argue that Jude's body becomes the nexus of different kinds of use and abuse: friends that want to help and care for him and his body (albeit largely on their terms), as well as abusers who punish, force, and damage his body. The novel's title occurs in its narrative, when Brother Luke—Jude's caretaker and confidant in the monastery he grows up in, who becomes an abuser and prostitutes him—tells Jude he has to “show a little life” (417) when Jude is being raped by Luke's

clientele. The phrase “a little life” is used here in its affective sense, what I referred to in the previous chapter as aliveness, the aesthetically sensible quality of liveliness sensed in another body. It is exactly the performance of this quality that decay complicates, since decay involves a body that is in a state of deterioration while the body simultaneously tries to persevere, limiting the ways its capacities may become abilities. This dramatization of the body as caught between two different forces—perseverance and decay—also offers a second reading of the novel’s title, namely a little life in the formal and representational sense; a life that is ostensibly “small,” inevitably in part because of the challenges of the representation of bodily use and abuse.

The use and abuse of Jude’s body self-harm and disability raise the question how the pain of his disabled and decaying body can be represented through language, for which I engage with Elaine Scarry’s account of pain, who argues that pain destroys language. I suggest that while Jude’s self-harm is damaging his body, it is concurrently a practice of bodily autonomy. The representation of the practice of self-harm in turn requires me to explore how disabled embodiment challenges notions of having, being, and doing the body, and the objectification of the body. I then move on to explore how the body in decay relates to an increase in inaction. As decay decreases bodily capacity and consequently the ability to act or use itself, I argue that the body in decay, through its inaction while also needing to persevere, becomes an abject bodily condition. Decay is then posited as the condition of the body wherein it expels the body’s subject, while the occurrence of this expulsion simultaneously constitutes the I, or subject, who inhabits that body.

2. Caesural Cuts: The Literary (in)Articulation of Pain

The novel introduces Jude’s self-harm when Jude tells Willem that there has been “an accident” (68) and that he needs to take him to Andy, Jude’s physician. Upon arriving at Andy’s, Willem is finally able to see Jude’s wound, which is described as a “choking of blood, as if Jude’s arm had grown a mouth and was vomiting blood from it, and with such avidity that it was forming little frothy bubbles that popped and spat as if in excitement” (68). Through simile, Jude’s wound as a mouth that is vomiting blood with excitement evokes the sensibility of a body that is bursting and desiring to come apart. Willem drives Jude home in silence, while the past events beg for an explanation. Back home, this then leads to Willem exploring Jude’s body with his hands while Jude is resting, wanting to know the history of his wounds:

Under his hands, the fabric didn't so much yield as it did bend and crease, like cardboard, and although he was only able to fold it to the inside of Jude's elbow, it was enough to see the three columns of neat white scars, each about an inch wide and slightly raised, laddering up his arm. He tucked his finger under the sleeve, and felt the tracks continuing onto the upper arm, but stopped when he reached the bicep, unwilling to explore more, and withdrew his hand. He wasn't able to examine the left arm—Andy had cut back the sleeve on that one, and Jude's entire forearm and hand were wrapped with white gauze—but he knew he would find the same thing there. (73)

The "neat white scars" suggest a formal arrangement in their "neatness" of all being a similar length and slightly raised, which indirectly refers to the type of use to which the body has been submitted. The arrangement of form here is what cancels out the possibility of coincidence or accident, precisely because arrangement is evocative of intent, thereby acting as an itinerary. Willem's tactile exploration turns into haptic feedback: "feeling the tracks" of the scars on Jude's arm results in an "unwillingness to explore more". Pablo Maurette posits affect as "our most primordial form of proprioception" (9–10), as what affords a primary orientation with regard to how the parts of a body, or different bodies, relate through being affected via touch. Willem's proprioceptive exploration consists of the tracing of his own fingers over Jude's arm, using his own body's sense of touch to assimilate how the scars form an arrangement. Following Jude's scars, an interval opens between the knowledge the scar's arrangement affords and Willem comes to sense the contours of a history of (ab)use through the formal arrangement of scars in three columns, divulging that they were not the result of an accident, yet all the while not disclosing their full history or etiology.

The above events take place right before a New Year's Eve party to be held at Jude and Willem's apartment, which Willem wants to cancel due to Jude's condition, but Jude successfully convinces Willem to let it continue to take place because they are unsure who JB has invited. Before the guests arrive, the four friends go to the roof of the apartment building for fresh air and a smoke, but accidentally lock themselves out. Willem's thoughts are focalized as follows:

But idiotically, no one had his phone: they were down in the apartment, where they themselves should have been, were it not for fucking JB, and for fucking Malcolm, who so unquestioningly followed every-

thing JB said, every stupid, half-formed idea, and for fucking Jude as well, for last night, for the past nine years, for hurting himself, for not letting himself be helped, for frightening and unnerving him, for making him feel so useless: for everything. (77)

To feel useless here means to be unable to apply oneself, to be unable to have one's help accepted the way one wants that help to be applied to someone else. This in turn affectively leads to being frightened and unnerved. The lack of ability to apply oneself and to be of help turns into frustration. Jude then proposes the idea of them lowering him down the side of the apartment and dropping him on the fire escape in order to reach the window. Unsurprisingly, Willem contests this idea but is ultimately won over because Jude locked the windows with a contraption of his own devising, and only he knows how to open it. Willem and JB lower Jude, who drops on the fire escape, followed by Willem:

The drop was scarier, and the landing harder, than he had thought it would be, but he made himself recover quickly and went over to where Jude was and wrapped his arms around his waist, tucking his leg around a spindle to brace himself. 'I've got you,' he said, and Jude leaned out over the edge of the railing, farther than he could have done on his own, and Willem held on to him so tightly that he could feel the knuckles of Jude's spine through his sweater, could feel his stomach sink and rise as he breathed, could feel the echo of his fingers' movements through his muscles as he twisted and unkinked the twigs of wire that were fastening the window into its stile. And when it was done, Willem climbed onto the railing and into the bedroom first, and then reached out again to pull Jude in by his arms, careful to avoid his bandages. (80)

Willem's own body moves from being initially useless to becoming of use: by extending Jude's body via his own, Jude is able to gain entrance into their apartment. As mentioned, Sara Ahmed noted how use establishes a relationship between things and what they are meant for. Ahmed offers that this relation points "beyond something even when use is about something" (2019: 23). What Willem's help to extend Jude's reach is about, is gaining entrance to their apartment. Yet what does it point *beyond*? What Willem's body is *for* is not limited to the gesture of holding Jude's body, thereby extending it, but rather that through this, Willem's own body can become of use.

Willem's earlier acquisition of tactile knowledge through exploring Jude's body is iterated while concurrently differentiated: the tightness of his grasp around Jude's waist is connected to rise and fall of his breath, the feeling of his spine, and the "echo" of his finger's movements.

The echo of his fingers that Willem feels in his muscles necessarily involves a repetition of something, ordinarily a sound. I read the echo as metonymic repetition that is connected to Willem's sensation of becoming useful—metonymic because his own body has become congruent to the task that Jude's body is involved in. The rhythms of two bodies (the rise and fall of Jude's breath, the echo in Willem's fingers) are evoked through the service of a shared task and are necessarily connected to the other body also engaged in the same task. The "for," or direction, of Willem's use thereby lies in the desire where the use of the body becomes autotelic.

The quote ends, however, with Willem being careful not to touch Jude's bandages and, by extension, the fresh wound underneath. Once they are inside the apartment, something else becomes apparent:

Willem saw that on the inside of his wrist his bandage was stained with a deep-burgundy splotch, and recognized, belatedly, that the rapidity of Jude's breathing was not just from exertion but from pain. He watched as Jude sat heavily on his bed, his white-wrapped hand reaching behind him to make sure he would land on something solid.

Willem crouched beside him. His elation was gone, replaced by something else. He felt himself weirdly close to tears, although he couldn't have said why.

'Jude,' he began, but he didn't know how to continue.

'You'd better get them,' Jude said, and although each word came out as a gasp, he smiled at Willem again.

'Fuck 'em,' he said, 'I'll stay here with you,' and Jude laughed a little, although he winced as he did so, and carefully tipped himself backward until he was lying on his side, and Willem helped lift his legs up onto the bed. His sweater was freckled with more flecks of rust, and Willem picked some of them off of him. He sat on the bed next to him, unsure where to begin. 'Jude,' he tried again. (81)

Willem's elation of having been able to be helpful becomes replaced by "something else." Since "something else" signifies the presence of something unknown, it is this lack of reference itself that becomes evocative of affect, as Willem feels himself close to

tears. Kathleen Stewart proposes that “Affects are not so much forms of signification, or units of knowledge, as they are expressions of ideas or problems performed as a kind of involuntary and powerful learning and participation” (40). Involuntary participation can also involve the confrontation of the impossibility to participate; to be confronted with the problem of not being able to be of use. Willem’s body is overcome with wanting to cry without him being able to articulate a clear or definitive reason, in attempting to try and become an extension of that other body, with Willem lifting up Jude’s legs on the bed.

But the limits of his usefulness, of his ability to be an extension of another body, are drawn sharply by his inability to share in or alleviate the pain experienced by that body. Instead, what he learns is the uncertainty that comes with facing the limits of his ability to help while facing Jude’s pain. Stewart further states that “Ordinary affects highlight the question of the intimate impacts of forces in circulation. They’re not exactly ‘personal’ but they sure can pull the subject into places it didn’t ‘intend’ to go” (40). Intimate but not personal: for Willem to witness Jude’s pain is to learn of it but not be able to share in it. His intention of being useful and helpful is not only limited by this inability to share in the pain of another but also productive of an affective whelm, as the epistemological uncertainty of not knowing how to help or continue is coupled with an affective certainty of his own body being moved close to tears. The scenes therefore suggest a gap between the desire to be of use and the possibility to be of use, whereby this limitation of one’s ability to help is what becomes evocative of affect.

While this scene is marked by the uncertainty, and by extension, inability, of what to do when facing the pain of another, it is also an exposition of the limits of the language surrounding pain’s articulation. Jude’s words each come out “as a gasp,” while Willem repeats Jude’s name when he is unable to say something else. The limits pain may place on language have been described by Elaine Scarry in the following way: “Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language ... Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned” (1985: 4). By “actively destroying” language, Scarry refers to the capacity of physical pain to render the body unable to speak coherently *because* it is overcome by pain, therefore only being capable of uttering cries, wails, and the like. One of Scarry’s main supporting arguments for the thesis that physical pain actively destroys language is that:

Physical pain—unlike any other state of consciousness—has no referential content. It is not of or for anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objectification in language. Often, a state of consciousness other than pain will, if deprived of its object, begin to approach the neighborhood of physical pain; conversely, when physical pain is transformed into an objectified state, it (or at least some of its aversiveness) is eliminated. A great deal, then, is at stake in the attempt to invent linguistic structures that will reach and accommodate this area of experience normally so inaccessible to language; the human attempt to reverse the de-objectifying work of pain by forcing pain itself into avenues of objectification is a project laden with practical and ethical consequence. (1985: 5–6)

The lack of referential content that Scarry links to pain sets it apart from other states of consciousness. When Willem's elation was replaced by "something else," I suggested that the inherent referential nature of "something else" itself becomes the content; but it thus also divulges the lingual limits caused by pain, since Willem cannot fully share in Jude's pain either physically or in language.

Yet if we read Scarry's argument closely, it suggests not so much the claim that pain "actively destroys" language, but rather that it prohibits its articulation. Scarry's claim that pain actively destroys language has, consequently, been contested. Susannah Mintz writes that "So axiomatic has this idea become that until recently, accounts of pain in literature have tended to flounder in the apparent contradiction of literary artifacts depicting an experience that cannot be written" (4), while Anna Jurecic has responded to Scarry's argument that "Her claims may be valid with regard to extreme forms of torture. But her argument has foreclosed a discussion of less extreme forms of pain. The very fact that there is an abundance of literature about pain, however, calls into question the validity of her argument in relation to milder or chronic pain" (44). Somewhat nuancing these critiques is Martha Stoddard Holmes, who notes that Scarry references the McGill Pain Questionnaire and is careful to acknowledge that not all physical pain eradicates language. (2005: 133). Stoddard Holmes's reference to the pain questionnaire correctly reminds us that indeed Scarry *does* argue that, while pain can be language destroying insofar as it refrains the body in pain to articulate words and sentences, pain can become generative of other language through the acts of witnessing or tending to another's pain, particularly in medical contexts (1985: 5). The body in pain may thus become generative of discourse surrounding or referring to that body.

In my own critique of Scarry's claim, I want to place emphasis on the notion of the supposed destruction of language that she argues for, in order to propose and subsequently elucidate a more nuanced understanding of this account, insofar as it pertains to the formal features of the literary representation of physical pain. It was observed that Scarry's argument concerning the destruction of language in the experience of physical pain is rooted in the idea that this experience may render a body incapable of articulating intelligible words and sentences, where the ability of the voice is reduced to solely uttering screams, shrieks, and so on. But this incapacity of the body in pain is itself best understood as an apparent lack of the voice's otherwise generative force. The claim that language is destroyed, in contrast, would suggest that language (as representational artefact) is in fact already in existence; for how else could we suggest that it be destroyed? This conceptualization allows us to distinguish between the absence of the otherwise generative feature of linguistic invention during the experience of bodily pain and the destruction of language—already in existence—as artefact or discourse. My motivation to make this distinction is that in attempts to give accounts of pain (such as the many parts of *A Little Life*), this distinction allows us to make pain legible through reading for the ways in which language falls short of directly representing or giving accounts of pain.

What I suggest is that absences through, about, and of pain become present absences when examining the legibility of the formal dimensions of the textual artefact. Moreover, absences of statements of pain as formal caesura in literary accounts of pain may run parallel to the ways in which bodies can be made undone. Jude's cutting in his body is accompanied by a cutting off of language, an inability to speak of and articulate this pain. Isobel Armstrong notes in a reading of the functioning of caesura that:

The break opens up the meaning of nothing, of negation, and tries out different meanings of devastation and its consequences. It asks for a moment of withdrawal into self and the moment of self-cancellation in despair, of making the self nothing, of seeing the self as negated object, in order to understand what 'nothing' could mean, the caesura of death. But the break does not terminate thought, despite its severity. The ambiguity of the pause asks the reader to interrogate it. (2011: 135–136)

Armstrong connects the caesura to negation but articulates this negation as being productive. To her, the caesura may ultimately be connected to the possibility of

interrogating what it could mean to make the self nothing in the present absence created by the caesura. Her emphasis on the caesura's negating force can itself be productive of a new possibility of reading. If the despair evoked by a break or a cut metonymically relates to the unmaking of the self toward a "nothing," as the undoing of the legible relationships that would hold a self together, this process might become something that we can think through via the literary account, given its employment of caesuras. As such, in reading for articulation's absence created by and through formal breaks and cuts, we can read how, when, and where pain is not articulated or addressed, and why that may be the case.

3. Helplessness and Accessorial Alteration

In the scenes above, Willem found a use for his non-disabled body through being helpful to Jude's disabled body. But his ability to help met its limits when it could not share in that body's pain, resulting in how the limits of the articulation of pain also allows me to elucidate a limit in how a body can be of use to another body. Apart from exploring use's limits through being of help, *A Little Life* is equally interested in how the limits of use can be transgressed by venturing into abuse. Halfway through the novel, Jude enters into a relationship with a man called Caleb, who starts abusing him physically and psychologically. Their first moment of (forced) physical intimacy is narrated as follows:

Caleb leans in and kisses him, very hard, so that his back is pressed against the door, and Caleb's arms make a cage around him. In that moment, he goes blank, the world, his very self, erasing themselves. It has been a long, long time since anyone has kissed him, and he remembers the sense of helplessness he felt whenever it happened, and how Brother Luke used to tell him to just open his mouth and relax and do nothing, and now—out of habit and memory, and the inability to do anything else—that is what he does, and waits for it to be over, counting the seconds and trying to breathe through his nose.

Finally, Caleb steps back and looks at him, and after a while, he looks back. And then Caleb does it again, this time holding his face between his hands, and he has that sensation he always had when he was a child and was being kissed, that his body was not his own,

that every gesture he made was predetermined, reflex after reflex after reflex, and that he could do nothing but succumb to whatever might happen to him next. (314)

This citation opens with the metaphor of Caleb shaping his own body into a cage with his arms, trapping Jude's body. Being locked in a cage reconfigures intimacy in the act of a kiss, not pertaining to the kiss's often convivial nature but rather as trigger for a "sense of helplessness." Caleb's forced kiss in turn forces a recollection of what Brother Luke would tell Jude to do in the monastery, namely to do nothing but let his body be used. The abuse of the body triggers that body to do nothing but let the body be invaded by another body—"the inability to do anything else." Importantly, Jude's objectification of his body is done through the free-indirect narration of the action being described. With respect to this, Scarry notes that "The body tends to be brought forward in its most extreme and absolute form only on behalf of a cultural artifact or symbolic fragment or made thing (a sentence) that is without any other basis in material reality: that is, it is only brought forward when there is a crisis of substantiation" (1985: 127).

I introduced Scarry's argument concerning how it lies within the power of pain to destroy language, but here she offers a different perspective on that relationship, as language that distances itself from the body's material reality. A discursive act of objectification of the body—a body that does nothing and is thereby made available as an object to be acted upon—is accompanied by a description of disembodiment. The crisis of substantiation encompasses the erasure of everything except the body: the world and Jude's "very self." This involves the free-indirect narration that Jude's body is "not his own," which reifies the notion that the self, conceived as a linguistic construct, can negate and separate itself from the material reality of the body to which it is attached.

It is this combination of objectification and disembodiment coming together that is constituent of our understanding of the body as being in a state of helplessness. Italian philosopher Adriana Cavarero considers the helpless through the Italian term for helpless, namely *inermi*: "As its etymology suggests, the 'helpless one' (*l'inermi*, literally 'the unarmed one') is he who does not bear arms and thus cannot harm, kill, or wound. But in everyday usage, rather than this incapacity to take the offensive, the term 'helpless' tends to designate a person who, attacked by an armed other, has no arms with which to defend himself" (2009: 30). Cavarero's description highlights the passivity and inability of the helpless to harm another body and the lack of arms to defend one's own. Both incapacities refer to the same initial incapacity, namely the

inability to weaponize one's body for either offensive or defensive purposes.

Simona Forti has further expounded on this notion of helplessness, which she calls the Dostoevskian paradigm, which she describes as "the clear distinction between the omnipotent action of the evil actor and the totally passive inaction of a subject who is deprived of any capacity to react" (119). In Forti's formulation, absolute polarization in the dispersal of power is the ground of the Dostoevskian division of evil demons versus absolute victims (35). Forti's paradigm presupposes a specific distribution of action among the involved parties, where perpetrators and abusers are necessarily the bodies that act on the bodies of the victims. Helplessness therefore becomes congruent with an absolute lack of bodily ability, with a body deprived of any capacity to act in its own defense, and which is thus the object of action and use by other bodies.

With respect to helplessness' etymological roots in taking up arms, Sara Ahmed elucidates how "There are two noun versions of the word "arm." The first derives from the Old English word for upper limb (*earm*), and from the Latin for shoulder (*armus*): the second derives from the Old French word "for weapons of a warrior" (*armes*) and from the Latin for tools of war (*arma*). These two senses meet in the idea of a meeting, as words for that which is fitted together" (2014: 192). The notion of bodies without arms, without the means to attack or defend ones that have arms, is implicitly but inevitably congruent with the notion of disability. A body without arms is unable to act in its own defense and is condemned to a state of helplessness. In my reading of Ahmed and Pascal, I noted that rebellious parts, which may be conceived of as either individuals or limbs, can be designated as rebellious when they do not submit to the will of the larger body of which they are, or are being made, a part. Helplessness, proposed here as the outcome of the combination of objectification and disembodiment, is understood as the passive and receptive pendant to acting as a rebellious part. It is the bodily state that is antithetical to action.

As the narrative continues, Caleb learns that Jude occasionally uses a wheelchair, to which Jude responds that he sometimes needs it but then adds, "Rarely. I don't use it that often." To which Caleb's responds, "Good, see that you don't" (319). During a meet-up for dinner in which Jude arrives in his wheelchair, Caleb says to Jude that he must clearly not be feeling well and calls it off. Caleb later elucidates his response to Jude's disability by tracing it back to his own ill parents, his father having had multiple sclerosis and his mother having an unknown disease:

'She had face pains, headaches: she was in a sort of constant low-grade discomfort, and although I don't doubt it was real, what bothered me so much is that she never seemed to want to try to get better. She

just gave up, as did he. Everywhere you looked there was evidence of their surrender to illness: first canes, then walkers, then wheelchairs, then scooters, and vials of pills and tissues and the perpetual scent of pain creams and gels and who knows what else.' He stopped. 'I want to keep seeing you,' he said, at last. 'But—but I can't be around these accessories to weakness, to disease. I just can't. I hate it. It embarrasses me. It makes me feel—not depressed, but furious, like I need to fight against it.' He paused again. 'I just didn't know that's who you were when I met you,' he said at last. 'I thought I could be okay with it. But I'm not sure I can. Can you understand that?'

He swallowed; he wanted to cry. But he could understand it; he felt exactly as Caleb did. 'I can,' he said. (320–321)

Illness is rhetorically conceived as something one *should* resist ('she never seemed to want to get better'), which is in turn connected to and contrasted with "giving up" and "surrendering" to illness. This sets up a divide between health and illness, whereby it is made implicit that the latter is a non-desirable bodily state. Caleb then moves to name different tools and technologies that may aid the sick or disabled body and extend functions that are considered to be lost or to lessen pain. Yet their very presence is congruent with the "surrender" to illness because they inevitably show a body unable to function the way it should on its own. Therefore, the presence of these items is described by Caleb as "accessories to disease" in contrast to, for example, accessories to health. Rather than making it possible for a body to regain lost functions or alleviate pain, they emphasize the body not being in a state of health and not being able to function without them.

Caleb's speech undermines other understandings of the relationship between health and illness, like imagining the possibility of being healthy while disabled, and furthermore proposes that health is a state in which one is free from illness and disability. As such, a disabled person could never be qualified as being healthy or lay claim to health. Caleb's attitude toward accessories to the body envisions a way of reading the body in which it must be readymade to function without the use of accessorial objects, since these are explicitly linked to illness. Yet as Scarry argues, it is not only sick or disabled bodies but all bodies that can imagine their accessorial relationship to objects, natural or artificial, as being extensions of those bodies: "Long before man extends himself out into the world by making other artifacts, he extends himself out into the world by holding onto a found object (stick, stone) that increases, extends, the length and strength of his arm" (1985: 173). The cruciality of

the ability of the imagination to establish this accessorial relationship to outside objects is elucidated further: “A person using a weapon or a tool can therefore take credit for, ‘experience’, a large alteration without himself ‘experiencing’ any direct bodily alteration; he experiences alteration without himself risking the aversiveness that ordinarily accompanies self-alteration; he objectifies his presence in the world through the alterability of the world” (175). In Caleb’s polemic, it is the body itself that is being imagined as an object that can be altered via the accessorial, turning Scarry’s statement inside out. Rather than referring to the alterability of the world, Caleb’s argument refers to a reading that suggests a definitive dependency of the body on accessories, where the “risk of self-alteration” that Scarry mentions becomes precisely what Caleb rejects.

Caleb’s assessment of the “accessories to weakness and disease” rests on it being a matter of preference, as he tells Jude: “I just didn’t know that’s who you were when I met you.” This sentence evokes a disabled body that is weak, incapable, and does not want to get better. By introducing the notion of what a disabled person wants, this in turn conceptualizes the use of the wheelchair as a matter of personal preference, which in turn is a choice for what is deemed weak. Later, Caleb tells Jude, “You’re disgusting. I couldn’t even look at you, not ever” (334). This aesthetic judgement connects weakness with the evocation of disgust. In an essay that explores the role of taste in aesthetic judgement, Jerrold Levinson argues that “One’s taste, in the sense of personal preferences in matters aesthetic, arguably not only partly reveals who one is or what sort of person one is, but also partly constitutes who one is or what sort of person one is. Let us term the totality of such aesthetic preferences an aesthetic personality” (228). The aesthetic judgement as the ground on which Caleb can base his assertions is important precisely because it is subjective—to use a wheelchair becomes a matter of preference of how one wants to appear as the choice of one’s accessory, and thus contributes to one’s aesthetic personality. The relationship between weakness and disgust through one’s chosen accessories shapes an aesthetic personality that connotes everything that is not healthy or robust. Timothy Aubry has argued that: “To maintain that the aesthetic is inevitably impure is to recognise that it is not in fact categorically innocent. The aesthetic can and must be put to all kinds of uses, some more defensible than others” (20). One understanding of the impurity of the use of aesthetic judgement lies in its ability to be (ab)used as a determining ground for one’s tastes, whereby different qualities (perceived physical weakness and bodily disgust) may become connected. On the grounding of the judgement of taste, Sianne Ngai posits that:

Even if one agrees with the judge of beauty, but in a way that becomes especially conspicuous if we disagree, her emphatic judgement's primary reference seems to be to itself, calling attention to itself as an emphatic judgement in a way that seems to make any other potential judge's response to that judgement (and thus the relationship between aesthetic judges) irrelevant to what the experience ultimately includes or means (2012: 169).

Our convictions regarding aesthetic judgement are based on its tautological argumentative structure (e.g., "It is beautiful because I think it is beautiful"). Ngai notes that the judgement of another aesthetic judge is ultimately irrelevant to what was included in the experience and judgement of the first aesthetic judge, since the secondary judgement can never fully refute the tautology of the first. The power of the tautological aesthetic judgement, therefore, is that it is inexhaustible. Though one could give supporting arguments for one's judgement, this does not necessarily derail or strengthen the proclaimed conviction, but it certainly further roots the position of the aesthetic judge with regard to the judged object or subject. As Scarry proposes, self-alteration may occur in the willing act of objectifying the body. But objectification itself may happen when a body becomes the object of aesthetic judgement.

4. Objectification and the Self-Harming Body

Moving from the way in which Jude's disabled body is aesthetically judged by other people, I now examine how Jude relates to and judges his own body. Previously, I discussed how objectification relates to the relationship between two different bodies; however, acts of objectification can also be applied to one's own body. I understand the combination of objectification and disembodiment as the act of perceiving one's body as object coupled with the notion that one's body is not one's own. The term objectification has been elucidated by Martha Nussbaum, for whom the main underlying idea of objectification is that "one is treating as an object what is not really an object" (257). That is to say, any act of objectification seemingly entails ways of reducing the subjectivity of the subject in favor of foregrounding what Nussbaum refers to as instrumentality (257). The "not really" part in the phrase "what is not really an object" concurrently establishes that any act of objectification necessarily involves the imagination, as one needs to imagine a human body as an object to which instrumentality can be assigned.

The overarching concept of instrumentality is pivotal because it accentuates the relationship an act of objectification has with an idea of purpose for the object, thus tying the act of objectification directly to the notion of use the object may have. As acts of objectification involve the body, the instances of the acts become the site of negation between subjectivity and objectification. In *Volatile Bodies* (1995), Elizabeth Grosz notes that “the body provides a point of mediation between what is perceived as purely internal and accessible only to the subject and what is external and publicly observable” (20). This point of mediation is important in any act of objectification because it can implicitly establish an “inside/outside” conception of the body, where the subject resides within the body, thereby making it easier to objectify the body, since it becomes the outside, which is not only observable to outside parties but also an object with which those parties can engage.

Now how does the dynamic described above relate to a self that considers itself an object, as appears to be the case with Jude’s practice of self-harm? After having been raised in a monastery in his youth, Jude flees the monastery with Brother Luke, who, as mentioned above, prostitutes Jude in order to make money to stay at motels. In order to cope with being raped time and again, Luke teaches Jude how to cut himself:

But then the brother said that he would teach him a secret, something that would help him relieve his frustrations, and the next day he had taught him to cut himself, and had given him a bag already packed with razors and alcohol wipes and cotton and bandages. ‘You’ll have to experiment to see what feels best,’ the brother had said, and had shown him how to clean and bandage the cut once he had finished. ‘So this is yours,’ he said, giving him the bag. ‘You let me know when you need more supplies, and I’ll get them for you.’ He had at first missed the theatrics, the force and weight, of his falls and his slams, but he soon grew to appreciate the secrecy, the control of the cuts. Brother Luke was right: the cutting was better. When he did it, it was as if he was draining away the poison, the filth, the rage inside him. It was as if his old dream of leeches had come to life and had the same effect, the effect he had always hoped it would. He wished he was made of metal, of plastic: something that could be hosed down and scrubbed clean. He had a vision of himself being pumped full of water and detergent and bleach and then blasted dry, everything inside him made hygienic again. (419)

The passage marks a series of important developments in comprehending the act of cutting. There is a transition in the way Jude harms himself, from slamming his body into walls, which he did in the monastery, to cutting into his own body. The theatrics of the slams and falls are contrasted by the secrecy and control that the cuts offer. These are decisively different techniques of undoing the body. When Jude slams his body into a wall, this is often narrated as being compulsive in nature and can be read as metonymic for a desire to break out of both the physical and social spaces that confine him. By contrast, cutting into the body necessarily involves the penetration of the body by an external object. The relevance of this change of orientation (body towards object, or object penetrating body) is that the act of penetration itself is congruent with the rape of Jude's many abusers. But the cutting differs in that it allows a modicum of control as to how much damage one wants to inflict and where and when one wants to inflict it, and ensures it can be a private act, whereas slamming one's body into an object may draw attention. One manifestation of objectification that Nussbaum suggests is violability, which involves the permissibility to break into the body perceived as an object (257). The treatment of the body as lacking boundary integrity, when it involves objectification of the self, here involves not the permissibility of the damaging of an external body but rather reasserts control to the acting subject since here control is asserted over one's own body through the act of cutting.

Whereas slamming his body is simply something Jude started doing himself, cutting is expressly narrated as something that he is taught. Through Brother Luke's offering that Jude should experiment with what "feels best," the cutting becomes readable as coping mechanism, as something that can contrast with the abuse done to his body by others. Self-harm as coping mechanism is *about* something, as it suggests that there is something that needs to be coped with. In a study that examines how different meanings are attributed to practices of self-harm, sociologist Kesherie Gurung writes that "Self-harm is obviously 'about' certain things; specifically, it is 'about coping' with 'things' that the individual finds overwhelming and feels self-harm is the best or only coping mechanism available" (34). The things that an individual finds overwhelming, that very individual may then experience as falling outside their control. The "aboutness" of self-harm therefore involves control over one's own body. In this scene, the aboutness of cutting has a different aesthetic concern: cleanliness. Cutting becomes connected to what would allow poison and filth to be washed away and allow Jude's body to become "hygienic again." Self-harm as coping mechanism thus functions as that practice whereby Jude is able to manage the "filth" his body has been exposed to through rape. Cutting here connotes bloodletting, the promise that Jude's body could be drained of filth and subsequently fully cleansed.

What the passage delineates is how abuse “sticks” to the body as affective residue, something that one cannot be cleansed of in the way one would wash filth of the body’s surface. The incisions created by cutting are thus metonymically related to an act of cleansing because, through creating a physical incision, they allow “filth” to be spilled from a “dirty” body, even as this act cannot be final—affect cannot fully spill in this way.

In a study that examines different ways in which self-harm can be understood as having signification, Angela Failler has noted on repetitive cutting that it “tests and retests the skin’s capacity for containment: Will it hold this time? Thus, cutting and marking the skin may be understood as an effort to define the self or the boundaries of the self, especially when one feels under threat of emotional disorganization or at risk of ‘falling to pieces’” (16). Cutting as a way of testing, of at once testing the limits between the boundaries of self and body and whether the body “will hold,” is simultaneously an act of reestablishing the boundaries of the body on one’s own terms. While the practice of self-harm is concerned with regaining a sense of control over the body, through which the acting subject can distinguish autonomous control over the control of abusers, it is important to note that the body itself can do things (like “fall to pieces”) over which the subject has no absolute control. Consequently, any act of self-harm posited as an exercise in bodily autonomy is always subsumed in what the body is already doing or affected by on its own accord.

This point is especially relevant in relation to both disability and decay. Disability may emphasize not only a limit of control over the body but also the inability to estimate how one’s bodily capacities become abilities. Or, the limits of bodily capacities may become known only when that limit is somehow reached in practicing abilities. The subject whose body is disabling them does not choose how or where the limits of the disability are set. Similarly, a body that is in decay finds itself at the intersection of the struggle between the body itself trying to persevere while it is concurrently falling to pieces.

Some time after Jude’s relationship with Caleb has ended, Willem finds himself becoming romantically attracted to Jude. After telling Jude about his attraction, Jude is initially startled and surprised, but the two enter into a romantic relationship. The narration details that:

That night, though, as he lay in bed, he thanked his body for keeping itself in check, for controlling itself for so long. For those months he secretly thought of as his and Willem’s courtship, he hadn’t used his wheelchair once. His episodes had been seldom, and brief, and never

in Willem's presence. He knew it was silly—Willem knew what was wrong with him, he had seen him at his worst—but he was grateful that as the two of them were beginning to view each other in a different way, he had been allowed a period of reinvention, a spell of being able to impersonate an able-bodied person. So when he was returned to his normal state, he didn't tell Willem about what had been happening to him—he was so bored by the subject that he couldn't imagine anyone else wouldn't be as well—and by the time Willem came home in March, he was more or less better, walking again, the wound once again mostly under control. (478)

If previously bodily capacity was linked to Jude's ability to hurt himself and exercise autonomy, this quote further explores the relationship between bodily capacity and control. The episodes of pain caused by Jude's legs that have been largely absent are here narrated as a matter of control—not as the subject controlling his own body (as in a sense of ownership or possession over the body), but as the body “controlling itself for so long.” Control here implies not only a body that is free from pain, but a body that, because it is free from an experience of pain, manages to *behave* itself according to the subject's hopes and wishes, not because control over the body can actually be asserted by that subject. This lack of control is subsequently made congruent with disability, where the “spell of being able to impersonate an able-bodied person” inevitably connotes the degree of bodily capacity that one has control over.

The ability referred to in the phrase “able-bodied person” points to the connotation of a normative conception of bodily ability, of a body that is available to act free from pain and toward a normative conceptualization of the body. Ability in the phrase “being able to impersonate,” meanwhile, points to a conception of ability that is dependent on the capacity of the disabled state of the body. It concerns the very need to pass as able-bodied in the first place, which is relevant *because* of Jude's disability since the disability might block that ability to pass. Thus, the success of such an impersonation relies on how well one is able to perform with one's body, which is in turn dependent on how much a disability is “under control.” Tobin Siebers has noted how such an act of impersonation is called “passing,” the successful act of the disabled individual who passes as abled: “Passing is possible not only because people have sufficient genius to disguise their identity but also because society has a general tendency to repress the embodiment of difference” (2004: 3). I do not necessarily link the repression of the “embodiment of difference” to Willem but rather to Jude

himself. His own boredom at the effects of his disability is projected onto Willem as something that would also bore another person.

Jude being thankful for his body itself signals the interval between objectification and embodiment. To be thankful for one's body for staying under one's control connotes that the disabled body is on the cusp of losing control. Since the control referred to here is not the subject's control over the body, the body's control of itself suggests that there is a decisive interval between the body's capacity for agency and the subject's power to direct that body. Earlier in this chapter, I examined how both Ahmed and Pascal argued that bodily parts can be interpreted as being willful, as not subjugating to the demands of the whole of the body. But this conception of the body as being rebellious (because it does not submit to do what one wants it to do) implicitly extends (separate) agency to the body itself, while at the same time one still embodies it. Jude being grateful of his body distances himself from that body, since thanking it differentiates the body from necessarily coinciding with it. Here, the act of objectification of the body alludes to the inevitability of having to be embodied, depicting that pain and the lack of bodily control that may accompany disabled embodiment cannot always be a matter of choice.

In an article that explores the relationship between embodied action and how bodies are enacted, Annemarie Mol and John Law ask: "We all have and are a body. But there is a way out of this dichotomous twosome. As part of our daily practices, we also do (our) bodies. In practice we enact them. If the body we have is the one known by pathologists after our death, while the body we are is the one we know ourselves by being self-aware, then what about the body we do?" (45). The way of relating to the body by *having* it and *being* it has, in my discussion of the novel, been connected to objectification and embodiment, respectively. "Doing" one's body, according to Mol and Law, involves enacting that body.

The recurrent tension that arises in the previously discussed scenes can be understood as the interval that exists between the ability to exercise control over one's body and the capacity to enact that body itself, to "do" one's body in the first place. A particular conception of decay is relevant in developing an understanding of that interval, which is delineated by Cavarero (2002):

Thus, if action, in the crucial form of killing—regardless of the promise of intention of revenge—is always an act of the body, suicide is also such an act. Even that which, with self-procured death, robs action of its necessary bodily dimension, is itself an action. Here we may

also discern that the choice is between consciously robbing oneself (or another person) of life by an act of the body, or dying (entering nonbeing) by the internal bodily decay that is completely independent of our will ... It is exactly the expectation of this internal decay that opens up the space of inaction. (132).

The “space of inaction” that is opened, according to Cavarero, consists of the interval (or expectation) between bodily action and the internal bodily decay that consequently sets the limit on the very possibility of bodily action. Cavarero points to an important difference between action and inaction in that she asserts decay as being “completely independent of our will,” which suggests that bodily action is generally considered to be primarily directed by the will of the subject. Thus, even acts of apparent harm to the body, such as self-harm or suicide, are still directed acts, and it is their status as directed acts that allows one to distinguish them from being understood as a form of decay, since decay is an involuntary process. But as I have argued earlier, the ability to act is always reliant on bodily capacity, which is in turn determined by the state of bodily decay, as the quote shows. This also makes decay congruent with disability, as the more decayed a body is, the more disabling it becomes to enact the body. The question that remains to be explored from Cavarero’s quote is how decay “opens” a space of inaction. This phrasing suggests that decay, while diminishing the bodily capacity to act, is generative of something else, which allows me to question what that space of inaction may be.

5. Disability, Decay, and the Abject

To expound on the generative potential that is opened up by decay, I want to further examine the tension between action and inaction in the body. In his *Aesthetics of Ugliness* (2015 [1853]), the German philosopher Karl Rosenkranz offers an expansive overview of aesthetic categories and judgements associated with the ugly, including decay. For Rosenkranz, decay is a repulsive sight because it shows us a form that was once self-determining and in control of its basic presuppositions surrendering to the elementary powers it once appeared to dominate. This is repulsive because it is a paradox of apparent freedom existing in a state of unfreedom through disintegration (117). Repulsion for Rosenkranz is that which “repels us from itself, in that it awakes distaste through its clumsiness, horror through its deadness, and disgust through its hideousness” (173). Decay, which is a constraint on the freedom of bodily capacity, or

freedom in unfreedom, is generative in that it forces us to react aesthetically to that body, in that it affects us with repulsion—decaying bodies drive other bodies away.

A Little Life takes up the question of how a person can be affectively expelled from their own body. As Jude grows older, his body slowly starts to atrophy and degenerate as a result of his disability:

As he had grown older, the wounds—their frequency, their severity, their size, the level of discomfort that attended them—had grown steadily worse. Long gone, decades gone, were the days in which he was able to walk any great distance when he had them ... When he was younger, it might take a few weeks for one to heal. But now it took months. Of all the things that were wrong with him, he was the most dispassionate about these sores; and yet he was never able to accustom himself to their very appearance. And although of course he wasn't scared of blood, the sight of pus, of rot, of his body's desperate attempt to heal itself by trying to kill part of itself still unsettled him even all these years later. (583)

The narrative relates how the wounds on Jude's legs grow in size and severity, which connotes and strengthens the lack of control Jude has over his body that was explored in the previous section. These wounds can be contrasted to Jude's cutting as they are not the result of Jude's inflicting these wounds upon himself but rather an effect of Jude's progressive disability. The wounds' affective force is related through Jude's inability to "accustom himself to their very appearance." This inability to relate to what his body does emphasizes the lack of enactment of the body, as enactment of the body faces a limit in its decay, having to reckon with the body's deterioration and subsequently one's increasing lack in capacity to enact the body as one wants. Jude's unsettlement evoked by "his body's desperate attempt to heal itself by trying to kill part of itself" connects this affect to the lack of Jude's ability to enact the body. It is his bodily affective response to a body that is experienced as being at odds with itself. For to save itself by killing a part of itself shows how the body is interpreted as a persevering whole that is stopping the wrong parts (the wounds) from dissolving the bodily whole.

The affective force ushered by the onset of decay thus depicts Jude's inability to reckon with his emaciating body. This inability to relate to one's decaying body in turn makes decay legible as being abject. Julia Kristeva, in *Powers of Horror: An Essay on Abjection* (1982), has elucidated the abject as follows:

When I am beset by abjection, the twisted braid of affects and thoughts I call by such a name does not have, properly speaking, a definable object ... What is abject is not my correlative, which, providing me with someone or something else as support, would allow me to be more or less detached and autonomous. The abject has only one quality of the object—that of being opposed to I (1).

In Rozenkranz's account of repulsion, repulsion affectively distances the repulsed subject in its capacity to evoke distaste or horror. By contrast, the abject in Kristeva's formulation is neither purely epistemological nor affective in nature, but rather, as she writes, something that can beset a self. Her conceptualization of the abject as something that besets a self resists a notion of the abject as something (an object) from which one could distance oneself in order to retain one's autonomy, and therefore retain a distance through one's autonomy in relation to what would be considered abject. The abject is that which is opposed to an I because it violates autonomy, which Kristeva goes on to expound as that which is against myself: "I expel myself, I spit myself out, I abject myself within the same motion through which 'I' claim to establish myself" (3). Kristeva's choice of verbs strongly connotes the separation of a self from a body, yet as shown in the previous quote, Kristeva does not consider the abject as having a proper or defined object by which a self could contrast it. Since there is an I that necessarily experiences itself as being expelled from itself, in the logic of the abject the I is concurrently partly established through such bodily expulsion, as the I is necessarily embodied. Kristeva explains this bodily dimension of the abject further:

A wound with blood and pus, or the sickly, acrid smell of sweat, of decay, does not signify death. In the presence of signified death—a flat encephalograph, for instance—I would understand, react, or accept. No, as in true theater, without makeup or masks, refuse and corpses show me what I permanently thrust aside in order to live. These body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being. My body extricates itself, as being alive, from that border. (3)

Kristeva's distinction here between death, which is not necessarily abject, and bodily decay, which is abject, relies on the possibilities of how one can relate to death. Signified death, such as death as being signified by an image, allows one to conceptualize

death as a sign and thereby relate to it as an object. In contrast, decay does not allow one to “understand, react, or accept,” as the body extricates itself from the border of still being alive, or as formulated in the previous quotation, the body’s “desperate attempt to heal itself by trying to kill part of itself.” For Kristeva, “It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite” (4). The abject in relation to disability is therefore not so much tied to the extent to which Jude identifies as disabled, but rather that the abject destabilizes what can be expected of the body, thereby also destabilizing one’s imagination of one’s bodily capacity.

As Jude’s body deteriorates further, his physical incapacity increases his inability to walk long distances. What I read as abject about that experience is his inability to react and accept this decrease in his ability. By this I do not mean an outright refusal of having to reckon with decreased physical ability, as such a conceptualization would turn the decrease itself into an object to which one could relate. Since the abject is that which destabilizes borders, it destabilizes the horizons of what Jude can even imagine his body as being capable of. To feel as if one knows one’s bodily capacity, or to have a clear conception of one’s limits, already posits that capacity as something that is framed and bordered. Kristeva’s “twisted braid of thoughts and affect” that defines the abject should be understood as disrupting the borders of what is knowable about one’s body, and allowing for an understanding of decay as that which is experienced as increasingly *disabling*, rather than a homeostatic conception of disabled embodiment.

In the two essays Kristeva has published on disability, she does not explicitly tie disability to the abject. Kristeva argues for a way of relating to people with disabilities that substitutes the term “integration” for the to her preferable “interaction,” as the latter “expresses a politics that has become an ethics” (2010: 256). She goes on to relate that disability “awakens a catastrophic anxiety that in turn leads to defensive reactions of rejection, indifference, or arrogance, when not the will to eradicate by euthanasia” (257–258). For Kristeva, this anxiety is produced because “the disabled person opens a narcissistic identity wound in the person who is not disabled; he inflicts a threat of physical or psychological death, fear of collapse, and, beyond that, the anxiety of seeing the very borders of the human species explode” (251). Kristeva’s language here evokes a kind of infectious metonymy: exposure to disability opens a wound in the non-disabled, but this wounding itself is a kind of disabling of the non-disabled subject. Furthermore, if disability holds the power to “explode” the borders of the human species, this begs the question of how Kristeva’s approach to disability relates to the abject, given that the abject is characterized by its destabilization of borders,

as we saw earlier. Kristeva evokes congruency between disability and the awareness disabled people have of their own mortality, and she argues that disability is often perceived as deficit: “The so-called solitude of the disabled person has inevitably an absolute companion, a permanent body double: the pain of mortality. Even if this person is not sick, even if they do not feel specific pains, their disabilities remind them permanently—they or at least those around them if the deficit deprives them of consciousness—that they are not like others who are able to live in denial about their mortality” (2013: 122).

Josh Dohmen has commented the following on Kristeva’s conception of disability: “when Kristeva attributes isolation and awareness of mortality to disabled subjects, it is unclear whether this is her isolation and awareness of mortality or that of disabled others. Abjection in the face of disability renders any such determination unstable.” (772). Linking Kristeva’s conceptualization of disability to that of the abject, Dohmen argues that being confronted with disability becomes linked to abjection through the expulsion by the non-disabled other. Moreover, disability conceived as abject renders it unclear where such expulsion begins or ends. Criticism of Kristeva’s approach to disability is also offered by Jan Grue, who writes that “when arguing that human vulnerability is visible in its most prominent and disturbing aspect in the bodies of disabled people, Kristeva is simultaneously implying that vulnerability is a totalizing characteristic of the disabled experience” (53). I acknowledge Grue’s critique that Kristeva’s continued emphasis on vulnerability and mortality in relation to disability may be problematic in that it risks strengthening the notion of disability as something undesirable or weak because vulnerable. However, my reading of *A Little Life* shows that this novel does relate to its reader a narrative wherein pain and infirmity become explicitly connected to disability. Furthermore, it allows for a reading where disability becomes conceived as abject because of its congruence with the decay of the disabled body itself. The power of the abject in decay destabilizes the borders of disability in such a way that disability’s disabling effects on the can no longer be a matter of accurate estimation.

The infection in Jude’s legs persists, and the intensity of treatments increases, but these fail as Jude continues to lose weight, grows weaker, and his ability to walk is almost completely gone while the pain in his legs never recedes. Andy suggests amputating Jude’s legs in order to avoid the possibility that Jude may potentially develop sepsis, to which Jude eventually concedes. Willem then dies in a car accident in which Jude is not involved, leaving him behind. Jude does not see a reason to continue living without Willem, and he starts to eat less and less, drugging himself to sleep through his days, his life reaching its nadir. As Jude goes through the motions of his life, the narrative emphasizes simple actions and events:

He gets up, he totters downstairs. He swims, but poorly, slowly. And then he comes back upstairs, he makes himself breakfast. He sits and eats it, staring into the apartment, the newspapers folded on the table beside him. He opens his mouth, he inserts a forkful of food, he chews, he swallows. He keeps his movements mechanical, but suddenly he thinks of how grotesque a process it is, putting something into his mouth, moving it around with his tongue, swallowing down the saliva-clotted plug of it, and he stops. Still, he promises himself: I will eat, even if I don't want to, because I am alive and this is what I am to do. But he forgets, and forgets again. (683)

The list-like quality evoked by the series of actions the scene relates is elucidated by the logic related at the end of the quote. Eating when one does not want to is accompanied by the act of eating anyway, because one is alive and this is what a person who is alive does. Not wanting to eat is a willful and positive negation, since while it is a negation of an action (eating), it is concurrently a desire—a desire not to eat anymore. This negating want is willful because it is subjugated to the will (“I will eat,” “I don't want to”), and this will in turn is connected to the logic of being alive, which encompasses eating in order to continue living. The quote also relates how this situation is judged as being grotesque. Justin Edwards and Rune Graulund elucidate how the grotesque can involve extravagance, “to be wasteful and excessive,” as well as a “lack of moderation” (71). Food getting stuck down the throat can be read as being metonymically connected to Edwards' and Graulund's reading of the grotesque as being extravagant. But here, the swallowing of the food as something that gets stuck is grotesque because Jude does not want to eat; what has become excessive is the will of wanting to live. What is judged as wasteful and excessive follows the inverse logic of what otherwise would generally be deemed moderate, the simple necessity of eating. Jude's actions appear grotesque to himself as his own denial of a negating want, of not wanting to eat, is subjugated to the will of staying alive.

Earlier, I explored how Jude understood his body as killing part of himself to save himself. Here, the will to eat subjugates the want not to eat, the desire to stop eating, and thus the desire not to be alive. Decay thereby involves a particular type of struggle, the struggle of the body that occurs when it, or part of it, has given up and is simultaneously still subject to the striving of being alive and remaining alive. A body in conflict with itself when undergoing decay becomes affectively marked through exhaustion, which finds its etymological root in *exhaustus*: to be drawn off or used up. A used-up body is a body that comes to see its desires, its wants, to be subservient to

the body's innate striving to push on. To push on, the body moves from one action to another (sitting, opening the mouth, chewing, swallowing), where the representation of the registration of these otherwise ordinary actions emphasizes the exhaustion that stems from being subjugated to the bodily will of staying alive. As became clear from the quote by Cavarero, decay opens the space of inaction, or disuse, of the body. But not only does inaction lead to decay, but decay simultaneously involves the question of how a body can be disused in the first place, since in its striving to persevere the body necessarily enacts itself. In this striving to persevere and preserve itself, a subject that desires the body's own negation, the desire not to use that body any further, now transforms the relationship to the body into a site of struggle, since this too involves a lack of control over the persistent bodily will to stay alive.

For Kristeva, abjection was marked by it being a bodily state in which borders are transgressed, where the "I" is expelled while it is concurrently established in that act of expulsion, and as such, abjection is defined by its ambiguity. As the body extricates itself in decay, it becomes an object insofar as that is not an act of willing bodily objectification. Nussbaum's understanding of objectifying the body was marked by its instrumentality, the notion of using the body toward some end. Objectification therefore necessarily preemptively understands the body as having a degree of capacity to be enacted, including to be turned or turn itself into an object. When the body becomes an object in its own decay, this does not follow the same logic of objectification. Since abjection does not know an object to which it relates, it has a different way of relating to what is considered an object. Sara Ahmed argues that "objects become object only insofar as they threaten the identity of the 'subject,' of 'who I am' or 'who we are.' As such, the border object 'stands in for' the threat of the 'not' to the 'I' or the threat that the 'I' might become the 'not'" (2005: 103). From this argument it would follow that, since decay is marked by the body negating itself, the body itself is the threat of the not. But what is so provocative about Jude's reaction to his own decay is not that his body is failing him, but rather that it does not fail him *enough*. Abjection is not the decaying body standing in for the I becoming the not, since the not, the not wanting to eat, is itself what is desired and subsequently negated by the body. The not that is negated, or the "myself" that is extricated from the body as it is constituted, is a self that desires its own negation. Decay is marked as an understanding of a body that finds its capacity to enact itself waning, including how it might choose to objectify itself, and subsequently limits how a subject wishes to embody that body in the liminal situation that decay affords.

6. Conclusion

I have not only followed the narrative of *A Little Life* as it tells the story not just of how a disabled body becomes used and abused time and again, but I have also traced how that use and abuse concerns the person whose body it involves and his attempts to assert a modicum of bodily autonomy through the act of self-harm, while cutting concurrently incapacitated Jude's body further, besetting a state of decay. My reading of *A Little Life* should not be understood as offering either a therapeutics or a pathology of disability and decay, but rather an argument for how these concepts can destabilize the ways in which bodily capacity turns into bodily ability. It is through this destabilization that decay becomes generative in its evocation of affect, both in the body it concerns as well as the bodies that need to relate to it. Rather than decoupling pain from disability, the novel narrates episodes of pain that involve Jude's disability, and those grow increasingly worse over time as his body deteriorates further.

One way of reading the novel's ending, which closes with Jude committing suicide, could also be interpreted as a simplistic synecdoche for the narrative arch as a whole, that for some individuals life does not "get better." Such simplicity of the narrative's ending is contrasted by the complexity of what such an ending may disclose to its reader. If life does not get better, what does it do when it gets worse? One of the things *A Little Life* importantly does is resist the narrative of overcoming, which would be Jude prevailing over the events that happened to him, prevailing over his disability, and would involve him being restored back to physical and mental health as the people around him would see fit—even while some of these people do love and care for him. I read the novel's ending as resistance, as an overcoming of overcoming, as resistance to the need or desire for a story to end in what might traditionally be conceived of as a "happy end." In a study and critique of the concept of happiness, Sara Ahmed writes that "It is not just that we can be happy about something, as a feeling in the present, but some things become happy for us, if we imagine they will bring happiness to us" (2010: 26). The term happy end involves the desire of a story to conclude by bringing happiness to its reader, delivering her from the conflict and drama that the novel entailed. As Ahmed explains, happiness is often regarded as the "end of all ends" (26), and as such, the desire of the happy end subjugates the story to being instrumental in offering a saccharine conclusion. The overcoming of overcoming, however, should not be equated with unhappiness or even with an unhappy ending. Moreover, one of the issues raised by the absence of a happy end is that we may be inclined to start thinking of happiness and unhappiness in binary terms, where the absence of the first would necessarily involve the emergence of the second.

What I have aimed to make legible through my reading of *A Little Life* is the way in which it offers understanding and insight into “difficult” subjects, such as objectification and decay, as valued alternatives to the pleasurable sensation evoked by a happy end. In terms of its affordances, I have aimed to elucidate several concepts and the relationships between these concepts that the novel engages with through its vast narrative. While many aspects of the novel have been purposefully left untreated in my reading (including matters pertaining to issues of economics and class, race, religion, and gender), given that one of this novel’s concerns involves how the disabled body is culturally made and unmade, I want to suggest that stories concerning disabled bodies do not need a happy ending, i.e., an acceptance of or coming to terms with disability as the novel’s conclusion, or alternatively, a restoration back to normative health. Instead, stories that diverge from overcoming have much to offer and teach us concerning how we continuously culturally shape, relate, and think through our bodies. As the concept of disability allows me to think through the values and insights a lack of satisfaction in the absence of a happy end affords, in the next chapter I will consider how disability’s affordances to rupture life may connote dissatisfaction and what the affordances of disruption may involve.

