

WHOSE REALITY IS IT ANYWAY?

Deconstructing Able-Mindedness

Sanity is that combination of perceptions, interpretations, teachings, and beliefs that we share with others of our community.

Sanity is the tool with which we build worlds around ourselves. The smoother our interface between our personal worlds and those of others, the more sane, the more human we perceive those others to be.

—OCTAVIA E. BUTLER, unpublished verse from *Earthseed: The Books of the Living* (Octavia E. Butler Papers)

“Reality” is promiscuous, at the very least.

—WAHNEEMA LUBIANO, “But Compared to What?”

The short-lived television series *The Tomorrow People* (a 2013 remake of the British television series that aired from 1973 to 1979) focuses on a high school student, Steven Jameson, who, viewers are initially led to believe, is a young man with a mental disability who hears voices and sleepwalks.¹ In the opening of the first episode, viewers see Steven taking medications at the behest of his mother because Steven’s now-absent father also had a similar mental disability. By the end of the first episode, however, Steven learns

he is not disabled, but is instead one of the Tomorrow People, a group of genetically evolved superhumans, or “homo superiors,” with the powers of telepathy (thus Steven’s hearing voices), teleportation (thus the “sleep-walking”), and telekinesis. Very swiftly, therefore, the series erases any semblance of Steven as disabled by his experience of an often frightening, confusing, and stigmatized differing reality. Instead, the show positions Steven as not only hyper-able, but also as part of a community of superhumans. This quick transition from potential disability to super ability is common in speculative fiction, particularly within the superhero genre. This type of representation also occurs in the comic and film versions of the *X-Men* series in which individual mutants are initially represented as feared, pitied, or isolated due to their abilities, perceiving themselves as “freaks,” until they are brought into the mutant family fold by Professor X or Magneto, who help them harness and control their abilities.² But what if Steven and the X-Men’s differing experiences of reality did not include abilities that are later valued by the rest of the world or that give them the ability to better protect themselves and others? What if these characters lacked a community of others with the same experiences or abilities, people with similar realities? What if Steven Jameson, white, male, heterosexual, hyper-able chosen one of the Tomorrow People, was black and female and alone in this particular experience of reality? How would the story be different?

Phyllis Alesia Perry’s *Stigmata* is the story of Lizzie DuBose, a black woman in her thirties living in the American South in the 1990s. The book switches between this present setting and the past to relay Lizzie’s narrative. The timeline of the text begins when a fourteen-year-old Lizzie receives the trunk of her deceased grandmother, Grace, and begins to have flashbacks to the experiences of her ancestors, including a former slave, Ayo. As the text progresses and the flashbacks become more vivid, readers come to understand that Lizzie is experiencing what Lisa A. Long calls multiple or communal consciousnesses (470–71). That is, the spirits (or souls or disembodied subjects) of Grace and Ayo each reside within Lizzie’s body-mind alongside Lizzie’s own separate mental existence. As Lizzie struggles to come to terms with her multiplicity, she begins to physically experience parts of Grace’s and Ayo’s past lives, including Ayo’s wounds from slavery. When Lizzie experiences these particular wounds, her parents interpret them as suicide attempts and institutionalize her. Indeed, the book opens with an immediate representation of disability, as an adult Lizzie sits in her psychologist’s office about to be released after fourteen years of forced in-

stitutionalization. *Stigmata* further demonstrates how disability can take on both metaphorical and material meanings in a text in equally compelling and complex ways. Disability in this novel is an allusion to the historical legacies of slavery. Lizzie's disability is also a real and, at times, incredibly painful experience impacting her bodymind and the trajectory of her life. The novel uses disability as metaphor and materiality to critique the racist, sexist, and ableist construction of able-mindedness and the racist, sexist, and ableist practices of the psychiatric medical-industrial complex.

In my discussion of the epilogue of *Kindred* in chapter 1, I briefly explored how the book's multiple references to mental hospitals and sanity suggest that if Dana were to tell the real story of how she lost her arm, she would risk being labeled as mentally disabled and potentially institutionalized.³ This is because those who do not claim to experience time and space within the rules of our contemporary reality may be considered mentally disabled due to their claims of living in a differing reality from others—as viewers see briefly in the first episode of *The Tomorrow People*. A label of mental disability in contemporary culture, with its accompanying stereotypical associations with threat, violence, and instability, can cause an individual to be subjected to discrimination, violence, and possibly institutionalization or forced treatment. As Sherryl Vint writes, however, “Butler’s novel reminds us that there is more to truth and sanity than what survives in the official historical record” (“Only by Experience” 254). *Kindred* gestures toward the fact that our contemporary notions about able-mindedness—and the privileges and oppressions which result, depending on which side of the binary one falls—are influenced by cultural context and time period, as well as by gender, race, class, and sexuality. What *Kindred* suggests, *Stigmata* makes explicit. As another speculative fictional neo-slave narrative, *Stigmata* continues *Kindred*'s insistence on the metaphorical and material relationship of (dis)ability, race, and gender both historically and contemporarily, while focusing more specifically on critiquing the social construction of able-mindedness and the practices of the psychiatric medical-industrial complex. By able-mindedness, I mean the socially constructed norm of mental capacity and ability that is typically posed in binary opposition to mental disability. Able-mindedness includes concepts such as rationality, reasonableness, sanity, intelligence, mental agility, self-awareness, social awareness, and control of thoughts and behaviors. Though I use the terms *able-mindedness* and *mental disability* throughout this chapter, I do so only to acknowledge and engage how these concepts are understood in society at

large. I still assert that the bodymind is not two separable entities, as is indicated even by the fact that physical behaviors (such as the ability to control actions) are considered indicative of able-mindedness.

In this chapter, I argue that by challenging the rules of reality—particularly the assumption that there is only a single reality—black women's speculative fiction has the potential to deconstruct able-mindedness, revealing how this (dis)ability concept is deeply dependent on racial and gendered norms. I demonstrate not only how race and gender are often embedded in metaphoric uses of mental disability, but also how people who experience realities considered dramatically unlike the realities of the majority are labeled and treated differently, depending on their race, gender, and (dis)ability statuses. Using the example of *Stigmata*, I contend that black women's speculative fiction can engage our cultural association of differing realities with mental disability in order to critique the ableism, racism, and sexism that socially construct able-mindedness with real material consequences, especially within the psychiatric medical-industrial complex.

By making arguments about how black women's speculative fiction can deconstruct able-mindedness, I am neither claiming that mental disability does not exist nor denying the realities of people with mental disabilities. Instead, I am doing two things. First, I insist that race and gender are important factors in who gets labeled mentally disabled and how a person is treated as a result of such a label. Second, in line with approaches from postpsychiatry and various mental disability rights movements, I challenge the notion that mental disability is a purely biological and readily apparent phenomenon of the bodymind.⁴ I fully recognize that for some people psychiatric labels and treatments are useful and that, as my example of *Stigmata* will demonstrate, the experience of differing realities can be frightening or painful and thus something that an individual may seek to be rid of or experience less. Through the deconstruction of able-mindedness, black women's speculative fiction insists that the possibilities and meanings of bodyminds are experienced—and thus must be interpreted—in the context of race, (dis)ability, gender, and other vectors of power. In particular, *Stigmata* demonstrates how these discourses, systems, and identities impact our experiences of reality and how a lack of recognition for differing realities has more punitive and dangerous results for some populations than others. The novel draws attention to these issues in order to critique the psychiatric medical-industrial complex and its frequent pathologizing denial of how experiences of oppression can have a material, nonmetaphorical

impact on the bodyminds of people of color, women, trans- people, gender-nonconforming people, and disabled people, especially those who fit into more than one of these categories.

Race, Gender, and the Social Construction of Able-Mindedness

In order to understand how *Stigmata* deconstructs and critiques able-mindedness and the psychiatric medical-industrial complex, it is important to first understand how race and gender have historically been enmeshed with the concepts of able-mindedness and mental disability, thereby shaping psychiatric practices. Again, I define able-mindedness as a socially determined label of mental ability that broadly encompasses a wide range of concepts such as rationality, intelligence, social awareness, self-control, and more. The concept of able-mindedness shifts based on not only time and place, but also the identities of the individuals considered to be within or outside of that category. As Bradley Lewis argues, “Models of madness frame and select certain aspects of a perceived human reality and make them more salient than others. . . . the choice of model or frame depends not on science but on the perspectives and values of the person and persons involved” (107–8). Mental disability is framed as the outside or opposite of able-mindedness. As a result, understanding the gendered and racialized histories of mental disability also helps us understand the social construction of able-mindedness. After all, as black feminist theorist bell hooks asserts, the margins define the center.

The marginalized space of mental disability, which defines the center space of able-mindedness, is currently officially constructed in the psychiatric medical-industrial complex with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Work by scholars of the history of medicine and science demonstrates, however, that “no diagnosis is actually unproblematic or freed from social and cultural issues” (Davis, *The End of Normal* 82–83). Since the DSM was originally published in 1952, in an attempt to standardize the practice of psychiatry, categories and labels of mental disabilities have appeared, shifted dramatically, and sometimes disappeared entirely. Some changes in diagnostic criteria have occurred due to changes in socially accepted behaviors and norms around sexuality, gender, and race, as well as through lobbying by activists. For instance, activism by those both within and outside of psychiatry removed homosexuality from the DSM and, more recently, changed the diagnosis of gender identity disorder to gender

dysphoria—neither of which was without controversy. Even as practitioners and researchers attempt to remove bias from the manual, they cannot account for all the ways cultural and individual bias impacts the perception of behaviors and states of mind in the diagnosis and treatment of mental disability. Due to the conflicting social norms and stereotypes of various genders and races, certain behaviors and states of mind are interpreted in divergent ways when expressed and interpreted by differently situated individuals. In other words, a black woman behaving in one way is likely to be interpreted differently than a white man behaving the same way. Further, interpretations of a black woman's behavior may also vary depending on the identity of the interpreter, whether that person is another black woman, a black man, a white woman, and so on.

There are many historical examples of racial and gendered bias in the creation of categories of mental disability. Take, for instance, the flexibility of the term *feeble-minded* in American eugenics. While the term may now connote mental disability, Wendy Kline writes that in the early twentieth-century United States, feeble-mindedness was often used to describe anyone whose behaviors were thought to be “inappropriate,” “threatening,” or otherwise deviating from social norms, particularly those regarding race, gender, and sexuality (22). For example, one supposed indication of feeble-mindedness in white women in the 1920s was the lack of an appropriately adverse response to overtures or kindness by black men (Roberts 69). A more recent example is the history of schizophrenia. Jonathan Metzl details how until the 1960s schizophrenia was considered a primarily white, female, and relatively benign mental disability, but after the civil rights movement “research articles from leading psychiatric journals asserted that schizophrenia was a condition that also afflicted ‘Negro men,’ and that the black forms of the illness were marked by volatility and aggression” (xii). Several leading psychiatrists in the period began conflating schizophrenia with the perceived anger and instability of groups such as the Black Panthers and Nation of Islam, sometimes going so far as to claim that participation in “black liberation movements literally caused delusions, hallucinations, and violent projections in black men” (100).⁵ These examples illustrate how deviance from social norms, especially norms of race and gender, has historically been construed as mental disability, with its related material consequences such as institutionalization, incarceration, social exclusion, and forced treatment. Only those who adhere to social norms are considered able-minded. Able-mindedness, however, does not exist merely in the absence of an offi-

cial psychiatric diagnosis. Able-mindedness and mental disability are also constructed in more unofficial and quotidian spaces.

While it may seem simplistic or obvious to say, our experiences of reality within a shared time and place vary significantly by our cultural locations within the systems of (dis)ability, race, gender, class, sexuality, and more. Experiences of differing realities, however, are often denied and dismissed through discourses of able-mindedness. Katherine McKittrick argues that even “the built environment and the material landscape are sites that are intensely experiential and uneven, and deeply dependent on psychic, imaginary work”—work structured by history, identity, and experience (2). Black women’s speculative fiction suggests the possibility that individuals, such as black women and others with extended histories of oppression, may experience time, events, interactions, space, and place in distinctly different ways than people without such histories. In other words, the experience and interpretation of reality by a racial, gender, sexual, or (dis)ability minority may dramatically differ from those in the majority.

The history of cultural bias in psychiatric diagnosis extends into the everyday when marginalized people speaking about their experiences of differing realities are positioned outside of able-mindedness. While marginalized people may not (always) be explicitly or officially labeled mentally disabled when discussing their differing experiences of reality, they are often threatened with such labeling. Ashley Taylor argues that “the specter of the disabled mind is deployed against those who fail to conform to dominant gendered and racialized roles and behaviors, and used as a way to bring dissenters back in line” (188). This is illustrated time and time again when marginalized individuals are accused of overreacting to, being too sensitive about, or reading too much into the actions and behaviors of those around them; when marginalized people who attempt to call out, name, and share their experiences with oppression are told that the way they experienced an event is not the way it really happened or the way that others experienced it, that they are missing something, that their interpretation was not what was intended, and so on and so on. The line between able-mindedness and mental disability is not stable. Accusations of being “too sensitive” can easily become labels of “paranoia.” Allegations of being “too emotional” can swiftly move into categorizations of “hysterical” and “volatile.” The dismissal of marginalized people’s individual and collective experiences, contemporarily and historically, often positions us in an able-mindedness borderlands of sorts, close to being pushed even further into

the margins.⁶ In other words, both disabled and nondisabled people from marginalized groups are accused of behaving outside the realm of able-mindedness as a way of denying or erasing marginalized experiences of the world.

To take an example, in her extensive history of the medical abuse of black people, Harriet A. Washington writes, “Historically, African Americans have been subjected to exploitative, abusive, involuntary experimentation at a rate far higher than other ethnic groups. Thus, although the heightened African American wariness of medical research and institutions reflects a situational hypervigilance, it is neither a *baseless* fear of harm nor a fear of imaginary harms. A ‘paranoid’ label is often affixed to blacks who are wary of participating in medical research. However, not only is *paranoid* a misnomer but it is also symbolic of a dangerous misunderstanding [of this history of African American experiences with medical professionals]” (21; original emphasis). Washington argues there is a cultural misunderstanding of the historically valid reasons why African Americans may not trust doctors and hospitals; however, in his history of schizophrenia, Metzl writes that in the 1950s doctors “reflexively read mistrust of medical authority as a symptom of mental illness” in black men (87). These two quotes illustrate how marginalized people’s reactions toward institutions which have historically inflicted violence on them have not only been dismissed, but have also been used as indicators of mental disability. It is only possible for this racist tactic to be effective if ableism, which discriminates against and devalues those considered to be disabled, is also in effect. That is, labeling black people’s distrust of medical authority as mental disability can only be a dismissal of the legitimacy of this distrust if mental disability is, via ableism, understood as something that negates the validity of an individual’s experience of the world. This then is how both able-mindedness and mental disability (and the borderlands in between) are shaped not only by ableism, but also racism, sexism, and other oppressions. I want to be clear here that I am not equating race and gender with (dis)ability, nor am I denying that experiences of oppression can cause or exacerbate mental disability; rather, I am arguing that these categories mutually inform one another.⁷ Ableism is used discursively in the name of racism and sexism against nondisabled people of color, women, trans- individuals, and gender-nonconforming people so that “racialized and gendered bodies are marginalized by norms of able-mindedness and used as markers against which able-minded normalcy is upheld” (Taylor 183). When black feminist, critical race, and gender studies

scholars leave unchallenged the social construction of able-mindedness, accepting that able-mindedness is a necessary precursor to having racialized and gendered experiences of reality validated and recognized, we leave intact the very ableism being used against us.⁸

Like the discursive use of (dis)ability in antebellum scientific racism, the deployment of mental (dis)ability in contemporary discourses of race and gender also has material effects on bodyminds, including, as *Stigmata* suggests, subjection to the psychiatric medical-industrial complex, and, as I will discuss more in the conclusion, the use of extreme force by police when encountering black people. By representing a variety of differing realities, speculative fiction has the ability to critique the denial of individual experiences of reality without suggesting that mental disability is not real and without denying that different experiences of reality can be painful, frightening, or otherwise difficult. As my reading of *Stigmata* demonstrates, black women's speculative fiction can engage cultural associations between differing realities and mental disability in order to critique the ableism, racism, and sexism that collectively socially construct able-mindedness with real material consequences.

Stigmata

Stigmata has received very little critical attention in comparison to texts like Butler's *Kindred* and Toni Morrison's *Beloved*—likely because Perry has not published work since *Stigmata*'s prequel, *A Sunday in June*, came out in 2004. When scholars have engaged the text, however, it is typically in connection to these other two major black women's speculative fictional neo-slave narratives. Similar to the interpretations of *Kindred* discussed in chapter 1, the main character Lizzie's disability has been frequently interpreted as a metaphor for the impact of slave history on contemporary black people and on black women in particular.⁹ Some scholars, however, emphasize the material nature of Lizzie's scars. Camille Passalacqua, for example, contends that "Lizzie's body and its scars are concrete" and not "merely symbols of traumatic memory," while scholars such as Lisa A. Long, Pamela B. June, and Stefanie Sievers have each drawn attention to the non-metaphorical role of medicine and psychiatry in the text (Passalacqua 115). In this section, I respond to and build on this existing scholarship by bringing the role of (dis)ability to the foreground of the analysis.

In my interpretation of *Stigmata*, I focus primarily on Lizzie, but also

include discussion of her ancestors Ayo and Grace. I argue that disability here takes on a multilayered representational pattern that cycles between metaphor and materiality. First, Lizzie's multiple consciousnesses are symbolic of the legacy of slavery on contemporary African Americans, and they are, in the speculative fictional context of the novel, literally real within and upon her bodymind. In this literal sense, Lizzie experiences her multiple consciousnesses as disabling, but unlike *Kindred's* Dana, who loses an arm and knows she cannot tell anyone how, Lizzie tries to explain her experiences and is read as delusional, as disabled in a different way. Lizzie is then interpreted as mentally disabled by those around her and institutionalized. As a result, in this second layer of metaphor and materiality, Lizzie's experience of a psychiatric institution provides an additional metaphor for the dismissal of historical knowledge and the afterlife of oppression as well as a direct material critique of the social construction of able-mindedness and the ableist, racist, and sexist practices of the psychiatric medical-industrial complex. My reading of the novel is divided into two parts: the first part briefly addresses Lizzie's experience of multiple consciousnesses and its consequences, and the second part more fully details outsider interpretations of Lizzie's experience of multiple consciousnesses and their consequences.

Lizzie's experience of being mentally and physically inhabited by her ancestors and experiencing moments from their previous lives has been referred to by critics in various ways: as reincarnation, stigmata, "communal consciousness," "simultaneity of experiences," "re-embodiment," and even "supernatural powers" (Long 471; Sievers 136; June 51; Duboin 295). I choose to refer to Lizzie's experience as multiple consciousnesses because Lizzie is neither Ayo nor Grace, but Ayo and Grace are within Lizzie as something akin to spirit or souls, multiple and separate within one bodymind. That said, there is a fluid connection, an unstable blending and separating of consciousnesses that occurs throughout the novel. At times, Ayo, Grace, and Lizzie seem distinct and at other moments, they seem to be one, or at least have influence on each other. For example, at times Lizzie speaks to and behaves in a motherly way toward her own mother, who is Grace's daughter. The word *multiple* within the term *multiple consciousnesses* therefore represents not only when Lizzie, Grace, and Ayo exist as three distinct entities, but also when they blur together, and thus the multiple ways in which their consciousnesses exist separately *and* together.

Lizzie's experience of multiple consciousnesses also includes *rememory*,

a term that originally comes from Morrison's *Beloved* and has been taken up as a theoretical concept for understanding both fictional and real-life experiences. Ashraf H. A. Rushdy defines rememory as "a mental-spatial structure where what happened in one place at one time to one person becomes experientially available at another time for another person" (*Remembering Generations* 6). While in *Beloved* rememory represents something a bit less tangible, more internally visual and emotional, in *Stigmata* rememory becomes more literal, direct, and physical.¹⁰ After receiving a trunk containing a quilt once owned by her grandmother, Grace, and journals once owned by her great-great-grandmother, Ayo, Lizzie begins inexplicably to have vivid visions of Grace's and Ayo's life experiences (though she does not realize that they are specific to these women initially). As mentioned above, Lizzie also hears the voices of Ayo and Grace speaking to her as if inside her head. Each of these ancestors experienced multiple consciousnesses as well, so this nonrealist disability is hereditary, although it skips a generation, only appearing in the next individual after the last ancestor with multiple consciousnesses has died. At first Lizzie fights to make the visions and voices disappear as she begins to experience their fear and anxiety, but later she starts to physically relive experiences, which leaves fresh bruises and cuts on her body. I refer to these experiences collectively, the visions, voices, emotions, and physical moments, as *rememories* both because I think the term is particularly appropriate to describe a connection across generations that cannot be explained in religious, spiritual, psychological, or metaphysical terms alone and because using rememory emphasizes how Perry draws on a genealogy of black women's speculative fictional neo-slave narratives to construct her novel. When Lizzie experiences a rememory, she recognizes the experience as that of Ayo's life or Grace's, but once Lizzie has lived through the rememory, the experience is also now hers as well. Similarly, even after death, Ayo and Grace gain new experiences through Lizzie. In *Kindred* only Dana and, inadvertently, Kevin, travel back and forth in time between two specific periods. Through Perry's take on rememory, however, Lizzie, Ayo, and Grace all move in multiple ways among and between their three respective time periods and lives. This representation of time travel is not only multidirectional, but also simultaneously psychic and physical. Although Lizzie and Grace have the rememories of Ayo's past, they do not live through it themselves. Instead, they reexperience it as Ayo did, with no ability to act different or change it, inevitability enduring the physical consequences of this reliving as well.

Lizzie experiences her multiple consciousnesses and psychic time travel as disabling. From her first rememory in the form of a dream to her experience of Ayo's slave chains on her wrists which causes her parents to institutionalize her, Lizzie experiences pain, memory loss, lack of control or awareness of her behavior, terrifying feelings of being trapped, damaged relationships, and disruption of life activities, such as her inability to finish college or hold a job. These effects of Lizzie's multiple consciousnesses lead me to read her experience as a disability in the text. It is a mental difference with physical, emotional, and social effects that Lizzie experiences as impeding her daily life activities. As will be discussed, Lizzie's multiple consciousnesses are also medicalized and pathologized by many people around her and considered a nonnormative way of being in her society (the American South between 1974 and 1996). The pathologization and institutionalization of Lizzie is foreshadowed by Grace's narrative. In portions of the novel devoted to Grace, readers learn that once Grace began having her rememories from Ayo she was so afraid that she was losing her mind and that her husband would institutionalize her that she ran away from home, leaving her three small children behind (57).¹¹

Throughout the rest of my analysis I will refer to Lizzie's multiple consciousnesses as her disability, which is later misread and pathologized by other characters in the text as a different, unnamed mental disability. In calling Lizzie's multiple consciousnesses a disability and not putting disability in scare quotes to trouble or discount it, I am taking the speculative fictional world of *Stigmata* on its own terms and recognizing the reality of Lizzie's experience in the text, even though this experience breaks the rules of our contemporary reality. As discussed in the introduction to this book, this approach is an important part of reading speculative fiction, particularly nonrealist representations of (dis)ability in which bodyminds do not adhere to our expectations in a variety of ways. It is completely plausible that Lizzie's experience of multiple consciousnesses *could* have been represented as simply exciting or indeed as a sort of superpower, but it's not. It is represented as a disability with mental, physical, and social manifestations, and in order to understand Lizzie's disability in all its complexity, we must read within the representational structure and rules set up by the text. Note here that I am referring only to Lizzie's experience of multiple consciousnesses as a disability. For Grace, during her life, sharing consciousness with Ayo was also disabling, but it seems that in afterlife, both she and Ayo share consciousnesses with Lizzie in ability-enhancing ways. Grace and Ayo do

not seem to automatically reexperience their past pain when Lizzie experiences one of their memories—though at one point Grace is described as stepping in to take a blow for Lizzie during an Ayo memory (125). Further, Grace uses her shared consciousness with Lizzie to obtain forgiveness from her daughter—Lizzie’s mother—for leaving her. Ayo and Grace are able to communicate and connect with their family members through this shared multiple consciousness even as Lizzie experiences it as a disability. By calling Lizzie’s specific experience a disability I am not marking her with a medical or pathological label; rather, I am acknowledging the materiality of her experience without claiming that this experience is inherently negative or should automatically be subject to outside treatment. Further, this label of disability does not preclude my ability to similarly recognize the metaphorical power of Lizzie’s experience of multiple consciousnesses. Like Dana’s amputated arm, Lizzie’s disability can also be understood to represent how present-day African Americans are impacted by the legacy of slavery—a history that is deeply undergirded, as discussed in chapter 1, by the mutual constitution of blackness and disability.

In addition to the concrete disabling experience of multiple consciousnesses in the text, Lizzie also has to endure how her disability and its symptoms are interpreted by those around her. When Lizzie manifests on her wrists the wounds of Ayo’s experience of being chained, her parents believe she has attempted to kill herself. Lizzie is subsequently institutionalized at age twenty and not released for fourteen years. She is read and labeled as disabled in a different way than she is actually disabled, resulting in forced psychiatric institutionalization and treatment. This is not to say that if the doctors had recognized her disability for what it was—if her diagnosis was “correct,” as it were—that institutionalization would have been appropriate. Lizzie’s experience of multiple consciousnesses is denied and dismissed because it does not fit into societal understandings of reality in regard to time and subjectivity. Lizzie’s disability can only be understood by others in the text when it is labeled as mental disability. As a result, Lizzie is not given support in a way that could have been beneficial for coping with her multiple consciousnesses since her reality is presumed to not actually exist. The possibility of treatment here is not the issue; rather, the problem is the inability to understand differing realities as anything but insanity that must be contained and eradicated through institutionalization, isolation, and forced pharmaceutical treatment. Lizzie’s narrative commentary throughout the novel provides an ironic and wry response to the consistent misrecognition

and outright denial of her multiple consciousnesses and her resulting differing reality, creating a critique of the psychiatric medical-industrial complex and the social construction of able-mindedness.

Lizzie's fourteen years of institutionalization, between November 1980 and June 1994, are not frequently represented in the text. Only four of twenty-six chapters depict Lizzie during her institutionalization.¹² Of the twenty-two-year span of Lizzie's life represented in the novel (ages fourteen through thirty-six), twelve years go unrepresented, and eight of those twelve years take place during her time in psychiatric hospitals. This relative quiet about Lizzie's experience in institutions is not mentioned in other critical work on the novel, although Duboin has claimed that the narrative disruptions in time are "suggestive of Lizzie's failing memory" (296). I argue, however, that the narrative structure and gaps in timeline emphasize not Lizzie's faulty memory, but rather the difficulty of or hesitancy toward representing her experience of institutionalization since the majority of the gaps are from that period of her life. These narrative gaps then are not disruptions, but purposeful silences that replicate Lizzie's choice to not speak for several years while in the psychiatric hospitals. Further, the structure of the novel creates a nonlinear narrative that, as Sievers argues, "blurs the distinctions between normalcy and insanity by placing Lizzie's thoughts before, during, and after her hospitalization next to each other" (134). Similarly, Passalacqua contends that "Lizzie's first-person narration makes it difficult for readers to believe that she is as crazy as the doctors in the mental hospitals suggest" (144). I argue, therefore, that the silences and nonlinear timeline together demonstrate how both the narrative structure and content of *Stigmata* critique the psychiatric medical-industrial complex and the social construction of able-mindedness. Additionally, similar to the way *Kindred's* narrative structure represents Dana as disabled, then nondisabled, and disabled once more, the narrative structure of *Stigmata* also allows for a disruption of a linear conceptualization of disability as unidirectional loss.

From the four chapters that do represent Lizzie's institutionalization, readers learn some important information. During her time in three different hospitals, Lizzie spends two years not speaking. At some point during those two years, she has a rememory of Ayo being whipped and manifests those wounds on her back. After this rememory occurs, its effects are interpreted as another suicide attempt and Lizzie is given four shots of an unnamed drug per day while being supervised twenty-four hours a day for two weeks (*Stigmata* 175). Also during her period of silence Lizzie receives

recognition of her multiple consciousnesses from another institutionalized woman who says she saw Lizzie “leave” and another woman take her place when Lizzie experiences a rememory (162–63). Multiple times during her institutionalization Lizzie is represented as not being believed by the doctors and being angry about the way they treat and talk to her. Finally, at one hospital Lizzie meets a visiting priest who introduces her to the concept of stigmata, the manifestation of the wounds of Christ on the bodyminds of true believers. While Lizzie is not religious, she relates to the concept of having bodily effects from a deep psychic and affective connection with the traumatic and painful experiences of another. It is then implied that the concept of stigmata helps Lizzie begin to understand and live with her disability better since she brings it up to her doctors as an explanation for her experience that she finds more acceptable than their psychiatric diagnoses.

Critics of *Stigmata* have found the pathologization of Lizzie’s experience by her family and doctors to be representative of larger social and theoretical issues, particularly regarding race and gender. These black and women-of-color feminist approaches insist on what disability studies scholars might resist: an understanding of *Stigmata*’s representation of the treatment of Lizzie’s disability as a metaphor for the experiences of black and female bodyminds within medical discourses historically. For example, Duboin argues that Lizzie’s father and doctors “epitomize the hegemonic scientific mind, the patriarchal will to control one’s environment through ‘objective’ and reassuring rationalization,” and that the nonrealist elements of the text allow it to challenge this “gendered Cartesian discourse that tends to ‘hysterichize’ rather than ‘historicize’ the uncontrollable black female body that remembers” (285). June contends that the doctors’ refusal to believe Lizzie’s explanation of her experiences “may be indicative of a systematic white guilt and/or denial of the severity of slavery and its legacy” (57). Similarly, Long’s interpretation, which includes a comparison to *Kindred*, also points toward concerns with Western medical discourses historically and contemporarily. Long writes, “Both Butler and Perry illustrate the way that those who insist on the less savory aspects of American history are pathologized by our culture. . . . But the turn to fantastic history and their characters’ concomitant ‘sickness’ is not surprising when one considers the many ways that African Americans have been scripted as diseased, enfeebled, infantile, or hyperviolent by the American medical community” (247).

Each of these interpretations of Lizzie’s institutionalization and pathologization gesture toward the intersectional historical relationship of West-

ern medical discourses and the treatment of black and/or female subjects. Yet they also read Lizzie's treatment due to her disability as emblematic of racist and sexist tendencies within the history of American medicine in a way that skirts (dis)ability as an intersecting social system in that history.¹³ Scholarship on *Stigmata*, therefore, tends to read the violence inflicted on Lizzie as racist and sexist rather than as ableist and racist and sexist. That is, they interpret the discourses of (dis)ability being used to institutionalize Lizzie as nonexplicit enactments of racism and sexism—as methods of oppressing black women without directly indicting blackness or femininity. Such purely metaphorical readings of disability occlude the ways discourses of (dis)ability, race, and gender are always already implicated in the others. The novel's insistence on the mutually constitutive nature of these systems is even more evident in its more literal and material critiques of the social construction of able-mindedness and the psychiatric medical-industrial complex.¹⁴ Once again, black women's speculative fiction reimagines the possibilities of bodyminds in a fashion that changes the rules of analysis, insisting on disability as metaphorical and material and as intimately tied to race and gender.

There are numerous ways in which *Stigmata* attempts to deconstruct able-mindedness and critique the psychiatric medical-industrial complex. Throughout the novel Lizzie is critical and skeptical of the mental health professionals around her. From the start, Lizzie shows annoyance with her therapist, stating that she can recognize “that certain note in a shrink's voice that says, ‘You're crazy and I'm not’” (*Stigmata* 2). She even seems to pity his smug sense of accomplishment in her release, narrating, “He is so sure he's cured my madness . . . Poor guy. He doesn't know there is no cure for what I've got” (6; original ellipsis). During her institutionalization, Lizzie initially resists the doctors' diagnoses and endures forced pharmaceutical therapies. Eventually, however, she realizes the futility of her resistance and begins to play along, stating that “all you have to do is a little pretending and bam!”—privileges result (206). This pretending is ultimately what gets Lizzie released. She gathers “up the lies necessary for [her] escape,” saying, “I've polished my story of redemption and restored mental health—the one responsible for my impending freedom” (4, 5). This polished story is Lizzie's false admission that she indeed made up everything, that the memories were just bad dreams, and that she herself had inflicted her wounds. Sievers argues that by deciding to fabricate a story that adheres to the normative expectations of the doctors, Lizzie gains some measure of control and self-

protection in a situation in which her agency is severely restricted (135). This control and self-protection, however, are still limited, and the novel makes this clear to readers.

While Lizzie's lies do get her family visits, offsite privileges, and eventually her release, the chapters representing the period after her discharge remind us that the power and control of the psychiatric medical-industrial complex still loom over her life. In a postinstitutionalization therapy session, Lizzie tells the doctor that she is angry at him for taking her father's money to ask inane questions and, she continues, "because on a whim you can decide that this outburst warrants another visit to the crazy house for me" (91). Here the critique of the psychiatric medical-industrial complex is evident. Not only do mental disability labels keep Lizzie in the system and continually drain her father's money, but too much resistance to her continued follow-up treatment could be considered grounds to reinstitutionalize her and keep her isolated, drugged, and confined for good. This critique aligns both with postpsychiatry approaches to bodyminds and with the arguments against the psychiatric medical-industrial complex made by survivors, consumers, and ex-patients movements which reject the notion that pharmaceutical treatments should be the first line of treatment and insist that there should be no forced treatment of any kind.¹⁵

In the same moment in which Lizzie expresses anger with the doctor's ability to reinstitutionalize her "on a whim," she continues by saying, "And yes, I can still get angry without getting crazy, if you know what I mean" (91). Lizzie's insistence on the difference between being/getting angry and being/getting "crazy" is a prime example of how *Stigmata* deconstructs able-mindedness. Lizzie's emphasis on her right to sane anger also alludes to the trope of the angry black woman who is represented as outside the confines of socially sanctioned able-minded behavior and instead within "the territory of pathological resistance, embodying a lack of self-control, an unwillingness to cooperate, or an inability to be reasonable" (Taylor 186). Here *Stigmata's* critique of the social construction of able-mindedness, therefore, includes reference to its racialized and gendered nature. That is, the novel highlights the ways in which certain emotions and behaviors—here anger—are represented as pathological and dangerous, yet also inherent and natural among particular populations such as black women.

Throughout the novel Lizzie refers to herself and her situations as "crazy" in wry and ironic ways. For example, when questioning the intentions of Anthony Paul, a man who wants to date her, Lizzie thinks, "Perhaps

the crazy girl is a novelty to him" (*Stigmata* 108). Adult Lizzie takes up the term *crazy* throughout the novel, but never in a way that seems defeatist or compliant to psychiatric norms. It is only young Lizzie and young Grace who, when first experiencing and trying to understand their rememories from Ayo, question their experiences of reality (119, 38). Through ironic self-uses of the term *crazy*, Lizzie challenges the meaning of the word and disidentifies with it. When her mother won't say the word, Lizzie completes the sentence for her, saying, "Crazy? You can say that if you want, Mother. Of course, just because I know you think I'm crazy doesn't mean I think I'm crazy" (67; original emphasis). Here Lizzie reveals her nonplussed awareness of others' perceptions of her as well as her own rejection of such views.

The novel's critique of the social construction of able-mindedness comes to the fore in a moment between Lizzie and her cousin Ruth, the first person whom Lizzie tells about her multiple consciousnesses. After listening to Lizzie recount her rememories and question her own sanity, Ruth says that sanity "is a mutual agreement between folks trying to control their world" (192). She further elaborates, "Men used to lock up women in asylums because the woman wanted to wear trousers or because they decided they didn't want to be good Christian matrons anymore. The definitions of sanity change every day" (192). Here the novel clearly indicates that it is not only Lizzie who challenges the definition of able-mindedness and mental disability. Others in the text also insist that able-mindedness is socially constructed by hegemonic powers of race and gender as well as (dis)ability.

Eventually, Lizzie performs a socially acceptable version of able-mindedness in order to get out of the institution, but she is still disabled because she still experiences multiple consciousnesses; she has simply learned how to live with her acquired nonrealist disability. As Lizzie states at the beginning of the novel, "I'm acutely aware of having made it to the end. I'm at the end of the pain and the yelling, the crying and the cringing. The voices no longer hound me. My world is neat and unstained. There is no more blood, but there are scars" (2). This quotation illustrates that Lizzie is still disabled, still marked by her bodymind differences, but her disability is no longer as debilitating and difficult now that she has gained control of—or perhaps created peace with—Ayo and Grace. And also, of course, now that she is no longer institutionalized against her will. At the culmination of the plotline, Lizzie is not cured, but she has adapted.

Stigmata ends, in terms of the linear timeline, with a functioning disabled black woman protagonist, but the book's closing chapter indicates that per-

haps life after the novel will not go so well. The last chapter of the book does not depict a present-day adult Lizzie postinstitutionalization as one might expect in a traditional linear plot. Instead, the final chapter is set in March 1988 in Birmingham, Alabama, in the middle of Lizzie's fourteen years of institutionalization. This brief final chapter depicts Lizzie in art therapy group, painting a dark picture of a brown girl standing at the railing of a ship, assumedly a young Ayo on a slave ship. This representation of Lizzie in therapy is interspersed with italicized memories from Grace. The final chapter depicts disability in both Lizzie's and Grace's disabling experiences of multiple consciousnesses with Ayo and in the traumatic experience of Lizzie's disability being labeled as a mental disability requiring institutionalization and forced treatment. *Stigmata* closes with Lizzie still in the midst of her oppressive and frightening experiences rather than at the end of it.

Sievers suggests that the book's ending is an indication of potential negativity in Lizzie's future (138). I would argue, however, that the final institutionalization setting can be read in several ways, not all of which are negative. The scene could be interpreted as a potential return of the disabling consequences of Lizzie's multiple consciousnesses, either for Lizzie or for her descendants. It could also indicate a possible return of forced institutionalization which, as noted above, Lizzie recognizes is a real possibility if she does not continue to adhere to social expectations of able-mindedness, including attending therapy. However, I contend that, as part of the novel's critique of the psychiatric medical-industrial complex, this final scene additionally suggests alternative modes of emotional and psychic healing available to black women outside the traditional confines of the psychiatric system.

The final chapter is chronologically the latest of the chapters that take place in Lizzie's past and marks the beginning of a five-year gap in time, the largest one in the plotline, since the next chronological chapter would be the first present chapter, chapter 1, set in June of 1994. This structure gestures toward the circularity of time and experiences in the novel. The final chapter therefore marks the beginning of the largest gap or silence in the novel's timeline, and I read this particular sustained silence through Kevin Everod Quashie's concept of quiet. According to Quashie, quiet can be understood as a metonym for "the full range of one's inner life—one's desires, ambitions, hungers, vulnerabilities, [and] fears," which stands in contrast to the highly public, loud, and visibly resistant nature typically associated with black culture (6). Chapter 26 of *Stigmata* likely represents part of the two-

year period in which Lizzie chooses not to speak and thereby accesses her quiet in a purposeful, conscious, and sustained way.¹⁶ At the same time, the chapter shows Lizzie engaging in artistic practices, painting the shared memory that she is not—within the psychiatric institution—able to speak about openly as part of her reality. I read this chapter then as primarily suggesting that part of what helped Lizzie move from a debilitating experience of multiple consciousnesses to an adapted place of peace with Grace and Ayo—and thus with her disability—is her chosen quiet and engagement with alternative forms of expression through art.

As Quashie contends, “The act of imagining is the practice and willingness to dream, speculate, or wonder, and it helps us to move beyond the limits of reality . . . imagination is interiority, an aspect of interiority that constitutes an essential agency of being human” (42; original emphasis). In art therapy Lizzie is able to use her interior space to process her memories without making claims that those experiences are her own, since claims to such a reality would position her outside the boundaries of able-mindedness. It is through the quiet process of this creative medium that Lizzie is able to do her own healing and get to a place where she is prepared to effectively navigate the restrictions of the psychiatric medical-industrial complex through her performance of socially sanctioned able-mindedness. This final scene then not only indicates the possibility of negativity in Lizzie’s future, but also suggests that black women’s need to deal with the reality of their bodyminds and social circumstances might be alternatively satisfied through quiet and art rather than through the psychiatric medical-industrial complex. The relationship of art/craft/imagination and healing is further apparent in the fact that both Ayo and Grace also use artistic expression—journal writing/storytelling and quilting, respectively—to process their experiences.¹⁷ Lizzie herself uses quilting to help heal the relationship between herself and her mother and between her mother and Grace. This point about alternative methods of healing and well-being outside of the medical and psychiatric industrial complexes seems particularly important for black feminist theories of (dis)ability. Ann Folwell Stanford writes that authors such as Toni Cade Bambara, Paule Marshall, and Gloria Naylor depict what she calls “unnamed,” and what I would call nonrealist, illnesses and diseases among black women characters in order to “challenge medicine to look at the context in which patients live and from which their illnesses may spring, and . . . raise the question of medicine’s limits and of its place in the healing enterprise” (“Mechanisms of Disease” 41). I argue that

Stigmata is an additional example of how black women writers of speculative fiction address the “socially bound nature of” (dis)ability, disease, medicine, health, and healing (29). This closing with art therapy is additionally important from a disability studies perspective because it suggests a way of operating outside of the medical or disease models of disability by presenting an ending that does not cure or eradicate disability, but rather comes to find peace, balance, and acceptance within it—suggesting that representations of healing are not inherently ableist.

Conclusion

Stigmata uses nonrealist conventions of speculative fiction, such as time travel, and theories and concepts from a genealogy of black women’s writing, such as rememory, to critique the social construction of able-mindedness and the psychiatric medical-industrial complex in direct connection to the legacies of slavery. *Stigmata* demonstrates how able-mindedness is constructed through racial and gendered norms and the resulting effect of this construction on black people, especially black women. Additionally, by insisting that experiences of reality are impacted by (dis)ability, race, and gender and also revealing how discourses of able-mindedness are used to discount disabled, racialized, gendered experiences of the world with often damaging material results, *Stigmata* engages with issues deeply important to our time. In 2012, after the murder of Trayvon Martin, a black teenage boy in Florida, the Black Lives Matter movement began, which was at first primarily represented by the hashtag #BlackLivesMatter on Twitter. The movement then became active in more-public demonstrations, including marches, protests, and die-ins, in 2014 after the highly public murders of Michael Brown in Missouri and Eric Garner in New York and the lack of indictments or guilty verdicts in their, and Martin’s, cases.

Although the Black Lives Matter movement responds to the general lack of respect for and valuing of black lives in America, it has been particularly focused on police violence. While many mainstream and conservative media outlets wish to dismiss recent events as singular and unrelated, many people of color recognize that this violence is learned, systemic, and indicative of the racism still alive in this country. Black people, especially black men, are regularly represented and perceived as threats, as inherently existing outside or on the boundaries of able-mindedness because they are somehow dangerously lacking in self-control. In his 2015 grand jury testi-

mony, police officer Darren Wilson, who shot and killed eighteen-year-old Michael Brown, stated that Brown “looked like a demon” before Wilson shot him (quoted in Cave). Also, in 2014, twelve-year-old Tamir Rice, who was shot and killed by Cleveland police within seconds of their arrival on the scene, was later described as “menacing” by Steve Loomis, president of Cleveland’s police union (quoted in Schultz). Black people’s positioning outside and on the borders of able-mindedness allows for violence justified through recourse to these often dehumanizing discourses of apparent danger and threat. Not unlike how discourses of disability were used to justify slavery and its related violence.

Black people’s positioning outside of able-mindedness also allows for us to be disbelieved about our experiences of oppression, violence, and even of our own bodyminds. For example, in 2015, fifty-seven-year-old Barbara Dawson died outside of a hospital after medical professionals inside, unable to find the source of Dawson’s pain and breathing difficulties, called the police to have her forcibly removed from the hospital despite her continued insistence that she was sick and unable to breathe (Gast et al.). Dawson collapsed on the ground in police custody due to, it was later determined, a blood clot in her lung; yet for twenty minutes police assumed she was faking and being “non-compliant” so they continued to order her get up and threatened her with jail as she slowly died before them (Gast et al.). The bulk of the encounter, including Dawson’s heart-wrenching plea “Please don’t let me die,” was caught on the dashboard camera audio. Here, police and the medical-industrial complex come together in their biopolitical authority and in their interpretation of black people as being on the boundary of able-mindedness and thus not to be believed, again with deadly consequences.

While not all black Americans are directly, physically, impacted by police and medical violence in such extreme and deadly ways—though far too many of us are—the impact of violence against black people and its justification through discourses of able-mindedness and mental disability impacts even those of us whose class, skin tone, education, and other privileges might otherwise provide some semblance of protection. That is, as social media and other internet sites allow for the intense documentation and sharing of violence against black people by police and others, the emotional and psychic toll these events have on black people across the country and the world is material and real. As Venetria K. Patton writes, “A distinguishing component of cultural trauma is that one need not directly experience an event that induces trauma” (116). We have all seen and heard too many

images—from the widely shared and viewed videos of the choking death of Eric Garner to the body-slammings of a black female student by school security at Spring Valley High School in South Carolina; from the audio of Barbara Dawson’s death to the video of Philando Castile bleeding to death in his car after being shot by police in Minneapolis as his girlfriend and her four-year-old daughter watched. In our contemporary moment, smartphones, dashboard cameras, body cameras, and more allow for video and audio recording of violence against black people in exceptional, yet also quotidian ways. These video and audio recordings are then quickly shared and viewed widely via twenty-four-hour news stations and social media, making the concept of “direct” experience of cultural trauma more difficult to define when we can see and hear so clearly what has occurred (again and again). I remember clearly sitting in the Indianapolis airport on a four-hour weather delay a few days after the Castile murder. I sat charging my phone near an airport television on which CNN was playing. They played and replayed the video, showed and reshown still images, again and again as a summer storm outside grounded all flights for hours. I had already seen the video. So each time, I turned my head and pumped up the music in my earbuds because I did not need to experience that trauma again. Not again. Yet even having to turn my head, having to look around to see so many people around me unmoved, either not even paying attention to the death on-screen or looking at it casually—even these things made me want to despair. There is the trauma of violence against black people—often justified through discourses of (dis)ability—the trauma of witnessing violence against black people, and the trauma of witnessing people not care about, be dismissive of, or shift the blame back onto us for violence against black people. Our contemporary age brings trauma in layers upon reverberating layers for black people.

The traumatic rememories of the murders of Martin, Brown, Garner, Rice, Dawson, Castile, and others whose names pile up faster than I can revise this conclusion each impact how contemporary black Americans experience reality. We have now all lived it and relived it. We live in various levels of fear of it. These rememories catch me whenever I see a police car behind me on the road or another black person pulled over or stopped on the street by police. Each time I wonder if it is about to happen again. Unlike Lizzie’s reality, which was highly individual and difficult to show to or share with others, this reality of mine, of ours, is one that is readily evident in the news and on social media. Black fear of violence, especially police violence,

is real, valid, and justified. Black anger about the implicitly sanctioned violence against black bodyminds in the United States is real, valid, and justified. As the Black Poets Speak Out members repeatedly insist in their videos and performances, we have a right to be angry.¹⁸ But our cultural position outside or on the border of able-mindedness allows our fear and anger to be discounted and ignored. *You're just being paranoid. You're overreacting.*

Denials of systemic violence and dismissal of black fear and anger serve to deny the reality of black people and to continue to position us outside of able-mindedness through accusations of paranoia, overreaction, and unreasonableness. Ableism against those positioned outside of able-mindedness—people with mental disabilities—is therefore used to dismiss our reality as false and allow for the continuation of racist violence. In order to resist this racist dismissal of black realities, we must also challenge the ableism inherent in it. To be clear, I am not saying that black people's realities are equivalent to the realities of people with mental disabilities, but rather that some of the discourses used to discount and disbelieve both black people and mentally disabled people are based in ableism. As Metz writes, "In unintended and often invisible ways, psychiatric definitions of insanity continue to police racial hierarchies, tensions, and unspoken codes in addition to separating normal from abnormal behavior. Sometimes, the boundaries of sanity align closely with the perceived borders of the racial status quo" (ix). Ableism and the social construction of able-mindedness have been and continue to be used as weapons of racist violence. A similar argument could be made in regards to contemporary rape culture and the constant questioning of the mental stability of sexual assault survivors before, during, and after their experiences of sexual violence in order to discount or dismiss their realities. Ableism and the social construction of able-mindedness are used here in the continuation of patriarchal sexual violence. Like *Stigmata*, these real-life examples demonstrate how ableism, racism, and sexism not only can intersect, but also can be deployed in service of one another. To interpret and respond to these overlapping, intersecting, and mutually constitutive oppressions, we must change the rules of academic and activist approaches to better include anti-ableism in antiracist and antisexist movements.

Perry's speculative fictional neo-slave narrative, *Stigmata*, highlights the role of (dis)ability, race, and gender in experiences of reality and critiques the discursive and material consequences of the social construction of able-mindedness. The novel engages how able-mindedness is upheld through

racial and gendered norms and how such norms impact practices within the psychiatric medical-industrial complex. By representing (dis)ability, race, and gender in realities distinctly different from general expectations of the rules of reality, black women's speculative fiction demonstrates how ableism, racism, and sexism can not only interact in the lives of those multiply marginalized by these systems, but can also support, supplement, or act in place of one another in the lives of those typically oppressed by one system, but not another—as my discussion of contemporary violence against black people indicates. It is through reimagining the possibilities and meanings of bodyminds in nonrealist contexts that black women's speculative fiction highlights the mutual constitution of (dis)ability, race, and gender and its impact on so many of us in often oppressive and violent ways. In the next chapter, I shift the temporal focus from how black women's speculative fiction represents the relationship of (dis)ability, race, and gender in the past and present to how black women's speculative fiction imagines the ways these systems might operate in the future, requiring us to change how we interpret representations of future worlds.

THE FUTURE OF BODYMINDS, BODYMINDS OF THE FUTURE

The futures we imagine reveal the biases of the present; it seems entirely possible that imagining different futures and temporalities might help us see, and do, the present differently.—ALISON KAUFER, *Feminist, Queer, Crip*

In response to a series of questions about writing, including the question, “Is there a particular picture of the world which you wish to develop in your writing?” Octavia E. Butler wrote, “Only the picture of a world, past, present, or future, that contains different races, sexes, and cultures. All too often in the past, sf writers made things easy for themselves by portraying a white, middle class, male dominated universe, even attributing white, middle class, male values to their ‘alien’ races. I am not comfortable writing about such a universe, behaving as though it represented the one true way . . . I want to portray human variety” (Octavia E. Butler Papers, “OEB 2390,” 1978). Butler is known for her ability throughout her corpus of novels and short stories to address social issues in explicit and material ways. Patricia Melzer writes that within “Butler’s work, difference is used as a tool of creativity to question multiple forms of repression and dominance . . . She always remains critical of unambiguous and seemingly unproblematic approaches to dealing with difference and power” (*Alien Constructions* 69). In Butler’s futuristic and fantastical worlds, such as that of the *Parable* series, difference is not erased, but addressed directly. Since Butler is one of

the most prominent black science fiction writers, one who also mentored and inspired many other writers from marginalized groups, her work is an important place to explore how black women writers of speculative fiction represent a diversity of bodyminds in the future.

By explicitly representing issues of (dis)ability, race, and gender in the future, Butler's work diverges greatly from many speculative fictional—and especially science fictional—representations of the future. In speculative fiction, visions of the future have traditionally been hopeful and positive, particularly when produced by early writers in the field, most of whom were male and almost all of whom were white. In an early critical study of science fiction, Robert Scholes and Eric S. Rabkin write that “because of their orientation toward the future, science fiction writers frequently assumed that America's major problem in this area—black/white relations—would improve or even wither away” (188). Mark Bould critiques this statement, claiming that by presenting racism as a problem of the past, nonapplicable to the genre's constructed futures, speculative fiction both excludes “people of color as full subjects” and “avoids confronting the structures of racism and its own complicity in them” (177, 80). Similarly, s. e. smith argues that, in “imagining a world that is better for humanity or hypothesizing about the grim consequences of our current society's misdeeds[, speculative fiction writers] can't seem to find a place in their framework for disability rights and dodge the issues by avoiding disability at all” (95). Absence of marginalized people has been common in the history of the genre and has been widely critiqued.

When speculative fiction has addressed issues of privilege and oppression in the imagined future, this has typically occurred in one of two ways. The first is by creating future worlds in which difference is not entirely erased; however, explicit issues of (dis)ability, race, gender, class, sexuality, and nation get displaced onto aliens, robots, and other nonhuman creatures who stand in allegorically for the Other without acting as a direct representation of any specific marginalized group.¹ The second way in which speculative fiction has traditionally addressed privilege and oppression in the future is through stories that take place not in the midst of struggling with the complexity of ableist, sexist, racist, classist, and homophobic oppressions, but rather after such problems have been resolved. For example, in Marge Piercy's much celebrated feminist, speculative-fictional utopian novel, *Woman on the Edge of Time*, sexism is eradicated by eliminating sex and gender roles, racism is solved by mixing all the races into one, classism

is solved by a socialist structure of shared, equal resources, and ableism is erased by removing or curing all people with disabilities.² Discrimination and oppression based on difference is resolved here and in many speculative fictional futures through the erasure of difference altogether, or what Smith refers to as an “eliminationist ideal” (89). This supposed solution to oppression, De Witt Douglas Kilgore argues, “enshrines white [nondisabled, heterosexual] masculinity, unmarked or troubled by culture . . . as the norm to which all ‘difference’ must assimilate” (231). While multiple forms of difference are erased in much speculative-fictional visions of the future, disability is perhaps the most unquestioned erasure.

In the contemporary United States, the cultural impetus when thinking about the future is to assume that technology will allow people to live longer while remaining stronger, healthier, and simply more (if not hyper-) able. A disability-free future, it seems, is a better future. Feminist disability studies theorist Alison Kafer argues that while this vision of the future is generally understood as positive and hopeful, underlying it are the ableist assumptions “that disability destroys quality of life, that a better life precludes disability, and that disability can and should be ‘fixed’ through technological intervention” (“Debating Feminist Futures” 234). The acceptance of the positive nature of a disability-free future, therefore, stems from the fact that many people cannot imagine the benefits or value of disability to society nor the benefits, value, or possible social contributions of disabled people.

New Wave and contemporary speculative fiction writers, particularly feminist writers and writers of color, have increasingly challenged traditional genre conventions of representing the future as one of sameness by insisting on the presence of marginalized people. These contemporary representations of the future by feminists, people of color, and, increasingly, disabled people tend to be dystopian, or at least less hopeful, than their earlier white male counterparts. This dystopian tendency of marginalized speculative fiction writers is connected to the history of technological, medical, and other scientific abuses of poor, female, nonwhite, and disabled people’s bodyminds, knowledges, and lands. Writers from these groups have less reason to assume a utopian tomorrow and more reason to contemplate the many possible ways that power will be dispersed in our imagined futures.

In this chapter I argue that Butler’s *Parable* series actively resists the concept of a technologically created, disability-free future and its assumed inherent value through the representation of a nonrealist disability called hyperempathy. Unlike representations of a disability-free future which un-

derstand disability as incompatible with a desirable or livable future, the *Parable* books represent a black disabled future heroine and theorize alternative possibilities of bodyminds that have important implications for scholars of (dis)ability, race, and gender collectively.

The *Parable* series (also referred to as the Earthseed novels) includes two texts, *Parable of the Sower* and *Parable of the Talents*. These books represent the life of Lauren Olamina, a black woman with hyperempathy, and her family and friends. *Parable of the Sower* depicts Lauren as a teenager between the years 2024 and 2027 through her first-person narrative journal entries. During this time Lauren is living in a dystopic California as America's social infrastructure is in decline and her walled-in community is destroyed, causing her to flee with a few other survivors and move north. The book details how Lauren, in the midst of this crisis, develops a belief system she calls Earthseed. She uses this belief system to ground and guide herself and others as they travel in an uncertain and dangerous environment. *Parable of the Sower* ends with Lauren and her small group of companions beginning a new community in northern California called Acorn. *Parable of the Talents* picks up on Lauren's story, but the structure of the novel disperses the narrative voice. In this second novel, Lauren's journals are interspersed with the first-person narratives of her husband, Bankole, her brother, Marc, and her daughter, Asha, depicting their experiences as well as the development of the Acorn community and Earthseed between 2032 and 2090.

Throughout the novels hyperempathy is experienced as disabling and understood as a disability by those characters who have it. Hyperempathy is also mostly understood as a disability by medical professionals and most other characters without hyperempathy. As a result, throughout this chapter I refer to Lauren's hyperempathy as her disability even while discussing how other scholars have interpreted hyperempathy in the novels. Most of the scholars I cite here, however, do not use the term *disability* at all. Instead, they tend to refer to hyperempathy as an affliction, condition, or disease—language that resides in the medical model of disability and is counter to the work of the disability rights movement to understand disability as simultaneously social, relational, and material. I refer to hyperempathy as a disability not only because I am working from a disability studies perspective, but also because differences in bodyminds in speculative fiction must be read within the rules of reality of the text. I use *disability* and *hyperempathy* interchangeably for linguistic variety throughout the chapter and only use other terms when directly quoting an author.

On a basic level, hyperempathy is a congenital disability in which visual and auditory perceptions result in drastic sensations of pleasure or pain without any actual touch or contact with something or someone. Or, as Lauren explains it, “I feel what I see others feeling or what I believe they feel” (*Parable of the Sower* 12). Although doctors in the *Parable* series refer to hyperempathy as an “organic delusion syndrome,” hyperempathy is not exclusively mental (12). Even the term *psychosomatic* does not do this fictional disability justice because the “somatic” of hyperempathy is not singular; rather, it is Lauren viscerally responding to her visual and auditory interpretation of another person’s bodily experience. The way hyperempathy exceeds our understanding of a mental versus physical disability makes using the term *bodymind* especially important in this chapter. As discussed in the introduction to this book, I draw my use of *bodymind* from Margaret Price to reference the ways in which mind and body are not distinct yet connected components of our being, but a single entity. In particular, Price writes that the bodymind is “a sociopolitically constituted and material entity that emerges through both structural (power- and violence-laden) contexts and also individual (specific) experience” (“The Bodymind Problem and the Possibilities of Pain” 271). Price’s emphasis on sociopolitical circumstances, individual experience, violence, and pain, as she later discusses in the article, is especially important in understanding hyperempathy. My use of *bodymind* here is particularly apropos because Butler’s papers reveal that she was very much aware of this concept in terms of her own life as a person who experienced a variety of health concerns and disability.³ In a journal entry dated June 22, 1969, Butler used the hyphenated term “mind-body” (Octavia E. Butler Papers, “OEB 928”). In a later journal entry dated March 17, 1999, she argued that “dichotomies that become so important to us are false. Mind and body for instance” (Octavia E. Butler Papers, “OEB 1069”). Butler’s engagement with the concept of the *bodymind*—well before it was a theoretical term in disability studies—is clear in her representation of hyperempathy and therefore essential to my reading of the *Parable* series.

The representation of hyperempathy in the *Parable* novels theorizes the possibilities and meanings of bodyminds, especially disabled bodyminds, in a number of important ways which require a change in how we read and analyze these texts and their implications. The series resists preconceived notions about disability, emphasizes the importance of context to understanding a person’s experience of disability, and, finally, challenges the assumed inherently progressive value of a technologically created, disability-free fu-

ture. As a result, this series demonstrates another way that black women's speculative fiction imagines (dis)ability differently—indeed makes us interpret (dis)ability differently—and the benefit of such reimagining to not only theories of (dis)ability, but also theories of race and gender.

In what follows, I first discuss previous scholarly interpretations of hyperempathy, which I refer to as “totalizing” approaches—meaning that these interpretations emphasize clear intelligibility over ambiguity in reading this nonrealist disability. I explain how these interpretations limit understandings of the importance of (dis)ability to both the texts and the larger political and theoretical concerns of the *Parable* series. Second, I provide a close reading of hyperempathy in context in order to underscore why this approach is so necessary in speculative fiction. This second section demonstrates how reading disability in context—within the rules of reality of the texts—opens up new modes of analysis. Having introduced these new modes in regard to the *Parable* series, I then parse out the various theoretical and thematic implications of this particular representation of disability in the future. In this third section, I additionally demonstrate how my disability-focused reading draws attention to issues of the bodymind pertinent to theorizations of race and gender as well. By doing so, I provide further evidence as to how disability studies can provide essential theories and frameworks that benefit black feminist theory and related fields of inquiry. Finally, in the conclusion, I return to the idea introduced in the epigraph of this chapter, which connects our visions of the future to the biases and behaviors of the present. I explore how black women's speculative fiction, and speculative fiction by other marginalized people, finds value and possibility in futures with diverse bodyminds and how such fictional visions of the future can have real-world implications and impact.

Interpreting Hyperempathy: The Limits of Totalizing Approaches

In most discussions of hyperempathy, scholars explain that Lauren feels or experiences the pain and/or pleasure of those around her. This basic symptom-based description of hyperempathy does little to reveal its nuances or implications. This approach also does not prioritize Lauren's personal understanding and experience of hyperempathy beyond its manifestations within her bodymind. Lauren takes a very measured and, at times, ambivalent position regarding her disability, yet critical interpretations of hyperempathy have typically taken one of four totalizing approaches that

present hyperempathy as having a clear meaning and impact. Generally, critics of the *Parable* series tend to ignore hyperempathy as disability entirely, read it as primarily negative, read it as primarily positive, or read it as a metaphor for something not related to disability. Very few scholars have taken the more nuanced approach that Lauren herself seems to embrace and which, I argue, demands changing the rules of interpretation in ways that expand our conceptualization of (dis)ability, especially in regard to its practical, political, and theoretical relationships to race and gender. In this section I will discuss each of the four common totalizing approaches to hyperempathy in order to demonstrate how they reduce the complexity and importance of disability in the series. This will thereby set the stage for my own argument that the texts insist on the contextualized nature of disability and reject cultural assumptions about the value of a technologically created, disability-free future.

The first totalizing approach is to ignore or erase hyperempathy as a disability entirely. There are different ways this occurs. First is when scholars do not mention Lauren's hyperempathy at all.⁴ Second is when critics mention hyperempathy in passing as a character trait of Lauren, but do not include discussion of her disability in their interpretation of the texts. In both cases hyperempathy is understood by the critic to be of minor importance to Lauren's character and to the text as a whole, so much so that it's hardly worth mentioning. Another manifestation of the critical erasure of hyperempathy appears when critics do not register hyperempathy as a disability or outright deny Lauren being disabled. An example of this version of ignoring hyperempathy occurs in an interview with Butler by Juan Williams on National Public Radio's *Talk of the Nation*. In the interview Butler speaks about the smart pills in *Parable of the Sower*, explaining that Lauren's "mother was addicted to them, and as a result [Lauren] has a birth defect" (quoted in O. E. Butler, *Conversations with Octavia Butler* 163).⁵ Williams responds in a fashion that reveals his ableist perspective. He retorts, "Well, hang on a second. What do you mean a birth defect? I think, in fact, she's very smart" (163). Butler replies. "Yes. Oh, I didn't say that she wasn't smart" (163). Here Williams denies that hyperempathy is a disability or "birth defect" because Lauren is smart. I understand such a denial of hyperempathy as disability to be part of the totalizing approach of ignoring hyperempathy because it operates from a related perspective. If, as I contend above, those who do not discuss hyperempathy much or at all understand Lauren's disability as an unimportant detail, then those who refuse to recognize hy-

perempathy as a disability do so because Lauren does not fit stereotypical notions of disabled people and therefore assume she cannot actually be disabled or, more colloquially, readers do not *think* of her as disabled. In both cases, disability is not viewed as a critical part of Lauren's character or essential to our understanding of the series as a whole. As a result, in these interpretations hyperempathy is essentially ignored.

A second approach scholars often take toward hyperempathy is to read it as a disability, which is primarily negative. In this approach scholars either read hyperempathy itself as mostly negative, painful, or burdensome for Lauren or they read Butler's inclusion of disability negatively. Those who view Lauren's disability as primarily negative includes scholars like Melzer, who refers to hyperempathy as an "affliction"; Jeff Menne, who refers to it as a "pathology" and "psychological delusion"; and Teri Ann Doerksen, who reads Lauren as a martyr due to her disability (Melzer, *Alien Constructions* 98; Menne 731, 32; Doerksen 22). Those who read Butler's use or creation of disability as negative include Trudier Harris, who claims that Butler makes Lauren disabled in order to force the reader to sympathize with or pity her, thereby coercing the reader into being forgiving of the fact that Lauren has to kill and does so, according to Harris, in an emotionally detached way (159–61). Collectively, these negative readings of hyperempathy reveal an entrenchment in hegemonic cultural narratives of disability as inherently bad, negative, painful, and difficult, whether the critic is making such claims directly or claiming, like Harris does, that Butler is attempting to play on the affective results of such stereotypes for pragmatic purposes. Either way, negative readings of Lauren's disability tend to do little to confront the stereotypes of disability that the novels actively resist. These negative readings also often do not engage with the ways in which Lauren's particular dystopian context impacts her experience of hyperempathy by increasing exposure to pain—something I will discuss in more detail in my own analysis.

The above types of negative readings of hyperempathy are generally fewer than the positive readings of Lauren's disability. This is likely because Butler is considered a progressive political writer and critics are invested in locating and revealing her work's liberatory potential. The tendency toward positive readings of Lauren's hyperempathy may also stem from what I would call a subtle or passive ableism. Representations of disability tend to provoke emotion, particularly pity or inspiration, and the positive readings of the *Parable* series may be influenced by a liberal compensatory desire to recast disability as "specialness," to incorporate it without actually grappling

with the challenges of inclusion or the negative aspects that can accompany some experiences of disability. Many scholars have read Lauren's disability as something primarily positive. Benjamin Robertson refers to Lauren's hyperempathy as "otherwise enhanced physical abilities," while Kate Schaefer calls it "an odd psychic gift" (Robertson 370; Schaefer 184). Marlene D. Allen refers to hyperempathy as both a "gift" and the "ultimate power" because it is an "innate biological and psychological propensity for sharing and empathy" (1363). Gregory Jerome Hampton positions hyperempathy as an ability rather than a disability, writing, "Although Lauren initially views her ability as a disease, she does learn to appreciate her difference and uses it to help her become a more efficient leader and matriarch by the end of the narrative" (104). Scholars take this primarily positive approach despite the fact that Lauren insists that hyperempathy "isn't some magic or ESP" (*Parable of the Sower* 11). In *Parable of the Talents*, Lauren writes, "It is incomprehensible to me that some people think of sharing as an ability or a power" (33). Later in the second book, when Lauren meets Len, another sharer, this sentiment is repeated when Len says, "Some people think sharing is a power—like some kind of extrasensory perception," and Lauren responds, "You and I know it isn't" (341). All of these instances clearly indicate that Lauren and other sharers in the novels reject an inherently positive power/ability kind of reading of hyperempathy because such readings downplay the reality of their pain and vulnerability.

In addition to calling hyperempathy a gift and a power, scholars taking a positive totalizing approach have also emphasized how this disability supposedly makes Lauren a unique leader. Allen writes that hyperempathy makes Lauren "uniquely suited to lead her people out of bondage on Earth," while Isiah Lavender insists that hyperempathy "creates in her a profound sense of compassion . . . [which] grants her the wisdom to lead people" (Allen 1363; Lavender, *Race in American Science Fiction* 21–22). Similarly, Sandra Govan writes that Lauren "shows an ability to achieve difficult tasks . . . because of her disability," and Lauren J. Lacey argues that because Lauren "experiences the process of becoming other" through feeling others' pain and pleasure, her "'hyperempathy' makes her uniquely positioned to understand becoming, [and] creates an alternative discourse that answers to dominant power structures and that works from the concept of becoming" (Govan 116, original emphasis; Lacey 390, 91).⁶ These scholarly claims that Lauren is uniquely situated to create the alternative belief system of Earthseed and lead people due to her disability ignore the fact that there are other

sharers in the books who don't survive or don't become leaders like Lauren. Lauren writes that there were once tens of millions of sharers in the world, but that they generally have a "high mortality rate" (*Parable of the Talents* 13, 33). This information makes clear that hyperempathy itself is not inherently something that positions Lauren to become the shaper of the Earthseed belief system. By reading Lauren's disability as *the* reason for her life perspective and choices, these scholars reduce Lauren to her disability alone, and this approach, despite the positive spin, denies the complexity of Lauren's specific experiences which help her become a future leader in contrast to the many other sharers in the text who do not achieve such a position. On the surface, the positive readings of Lauren's hyperempathy seem useful and important for disability studies since they seem to be resistant to the stereotypes of disability to which the negative readings conform, but singularly or predominantly positive readings of hyperempathy are also problematic since they neglect important information about hyperempathy supplied by both Lauren and other sharers in the series. Some of these issues with positive totalizing readings of Lauren's disability are repeated in the metaphorical interpretations of hyperempathy as well.

Due to the nonrealist nature of hyperempathy, some scholars take a purely metaphorical approach to it, thereby obscuring the materiality of disability and its role in the plot, character development, and themes of the series. For example, Peter G. Stillman writes that Lauren "is the living embodiment of the subversion of differences; her hyperempathetic syndrome, where she feels what others feel, symbolizes the suspending of barriers and the creation of unity across them" (28). Taking a different metaphorical interpretation, Jerry Phillips argues that Lauren is "a symbolic negation of the psychopathology of atomized, corporate society" (306). Finally, using strikingly medicalized language, Jim Miller writes, "By turning profound compassion into an illness, Butler defamiliarizes our current indifference toward each other. Rather than something which needs to be healed, perhaps Lauren's 'syndrome' is the right medicine for our present 'compassion fatigue'" (357). Each of these metaphorical readings of hyperempathy understands Butler's choice to make Lauren disabled to be a pragmatic move not intended to demonstrate anything about (dis)ability or ableism, but to make readers think about other issues such as social barriers, cultural indifference, the need for connection, and the sociopolitical value of empathy. While these readings all hold important truths about the implications of Lauren's disability and Butler's authorial choices in constructing hyperem-

pathy as she did, reducing disability to simply metaphor erases the material importance of hyperempathy to the series. As discussed in chapter 1, disability metaphors are not inherently ableist, but they function most effectively and least problematically when used to highlight the relationship of disability to other social issues, oppressions, and identities. Here, metaphorical readings of hyperempathy obscure what this speculative fictional disability might indicate to us about disability in the real world, especially in relationship to race and gender and visions of the future. As a result, this totalizing metaphorical approach to Lauren's disability tends to be reductive and to deflect from the centrality of disability to the *Parable* series.

All of the above scholarly interpretations of Lauren's disability ignore hyperempathy or overemphasize its negative, positive, or metaphorical aspects. These readings limit our understanding of disability in the novels by interpreting hyperempathy in relatively static ways that often ignore or contradict important information about this nonrealist disability provided by Lauren and other sharers in the novels. In the next section, I analyze the representation of hyperempathy in the *Parable* series within the specific context of Lauren's future dystopian world—that is, within the rules of reality of the novels. While my interpretation of the series connects to these previous approaches in various ways, it diverges greatly by insisting on the centrality of disability to the plot, character development, and thematic content of the series.

Disability in Context: A Close Reading

As we already know, hyperempathy is a nonrealist disability from a speculative fiction futuristic world. I argue that Butler's creation of hyperempathy encourages a non-, or at least less, ableist understanding of what disability entails and means particularly due to its nonrealist nature and futuristic setting. The nonrealist nature of hyperempathy, that is, the fact that it is not a disability we recognize in our current reality, disallows readers the ability to overlay preconceived notions about disabilities we recognize from our own world. In an article on the contemporary representation of autism in sentimental narratives, Stuart Murray contends that the increased cultural awareness of autism is tied to the increased representation of autism in contemporary fiction and film ("Autism and the Contemporary Sentimental"). These two cultural phenomena impact each other, creating a cycle of social knowledge in which nondisabled writers and actors supposedly know the

experience of autism enough to recreate it and audience members similarly supposedly know enough about autism to recognize it in a character's behaviors and mannerisms. In the *Parable* series, readers cannot use such cultural knowledge, assumptions, or stereotypes to interpret Lauren and her disability since we have no previous knowledge of hyperempathy to apply. It is unlike anything in our reality thus far. Readers and critics are therefore forced to learn about and understand hyperempathy within the terms of the novels, which are primarily narrated by Lauren herself.

To fully understand Lauren's character and actions we must put her and her disability into the specific social, cultural, and historical context of the novels because one's experience of a disability is not only about physical and mental manifestations, but also about one's environment and the interaction between bodymind and society. Lauren is living in a dystopian California in the mid- to late twenty-first century where social infrastructures such as schools, police, fire services, and utilities are failing; where only the very rich living in walled-in communities can afford clean water, safe food, and effective medical care; where the middle class is nearly nonexistent; and where the growing poor population lives in either dangerous, squatter settlements or in company towns, working for room and board or confined as debt slaves. This context impacts how Lauren experiences her disability and her disability impacts how she experiences and negotiates this context. In addition to the direct bodymind effects of hyperempathy, which produces pain and pleasure for Lauren and other sharers when they witness such sensations in others, hyperempathy also indirectly influences Lauren's growth, behavior, and choices throughout the series. The first portion of my analysis, therefore, relies on close reading and examines how hyperempathy impacts Lauren beyond mere symptoms. I place Lauren's hyperempathy in the context of her dystopian futuristic setting and demonstrate how disability matters both to Lauren's character development and to the plot and themes of the novel overall.

The dystopian context of the *Parable* series is important for understanding Lauren's experience of hyperempathy because, as Lauren writes, "I'm supposed to share pleasure *and* pain, but there isn't much pleasure around these days" (*Parable of the Sower* 12; original emphasis). At the beginning of *Parable of the Sower* Lauren lives "in a tiny, walled fish-bowl cul-de-sac community" where she is "the preacher's daughter" (12). In this setting Lauren is protected from the major violence that occurs outside her community, but her pleasure is also limited—primarily coming from sex, first with a

friend in the community and later with her (eventual) husband, Bankole. Lauren recognizes that the walled community protects her from experiencing the extremes of her disability, and that this protection is somewhat an illusion since the community is highly unprepared to protect itself from attacks, always teetering on the edge of survival. Lauren's brother, Keith, who runs away from home and lives outside of the walled community, confirms Lauren's concern, telling her, "Out there, you wouldn't last a day. That hyperempathy shit of yours would bring you down even if nobody touched you" (110). Indeed, Lauren learns much about the effects of context on her experience of hyperempathy once her walled community is attacked and she must survive in the outside world.

Outside her walled community Lauren quickly learns the necessity of killing a person (or animal) who is in great suffering near her in order to stop sharing the pain in her own bodymind. An injured or dying person can cause Lauren severe pain to the point of unconsciousness—something which would put her in extreme danger of being robbed, raped, and/or kidnapped. The dangers of being around the injured or dying also means that when dealing with hurt friends and loved ones, Lauren knows she may not be able to provide support or protection because she can become just as incapacitated as the injured person. Lauren admits that she may only be helpful to her travel companions for a few good shots when defending from attacks by other groups and then be "useless" afterward due to the pain (251, 78). As a result, Lauren discloses her disability to those who need to know, but is otherwise secretive about it since hyperempathy is not externally visible on the bodymind, but can easily be taken advantage of by others.

An example of such potential abuse is revealed later in *Parable of the Sower* when Lauren learns that sharers, especially children with hyperempathy, are targeted by company town bosses and kidnappers because they are considered easier to control. Company towns are supposed to be safer and more stable. As a result, company towns are theoretically places where people with hyperempathy who lack the security of a walled community might want to go. The knowledge of abuse, however, confirms Lauren's belief that company towns are just revitalized versions of indentured servitude and slavery. In *Parable of the Talents*, Lauren comes to learn from personal experience that abuse can further complicate her experience of hyperempathy when she is illegally imprisoned in a Christian America "re-education camp."⁷ In the camp, Lauren learns to expect high levels of pain since prisoners are frequently overworked and lashed with electronic slave collars. Thus

Lauren must endure her own pain as well as that which she shares with the prisoners around her. However, in the context of the “re-education camp” Lauren also learns that even the sharing of pleasure can take on negative and traumatic valences in a dystopian setting. Her first instance of experiencing pleasure in a negative way occurs when she recognizes the sadist pleasure of her captors, referred to as “teachers” in the camp. She writes, “There have been times where I’ve felt the pleasure of one of our ‘teachers’ when he lashed someone. The first time it happened—or rather the first time I understood what was happening, I threw up. . . . it never occurred to me that I had to protect myself from the pleasures of our ‘teachers.’ . . . There are a few men here, though, a few ‘teachers,’ who lash us until they have orgasms” (233). Here Lauren reveals how this new context has made her aware of the need to protect herself from not only pain, but also pleasure that is derived from abusing someone—pleasure that, when shared, sickens her. The particular context of the Christian American camp—an even more dangerous and violent environment within the larger dystopia—produces a new experience of hyperempathy for Lauren that shapes how she negotiates and survives this setting, ideally without revealing her disability to her captors.

Lauren’s sharing of pleasure is made even more negative and traumatic in a second instance during her illegal detainment by Christian America. Not long after being imprisoned in the reeducation camp, Lauren is one of four women taken by their captors at night and raped. She writes, “Of the four of us, only I was a sharer. Of the four of us, only I endured not only my own pain and humiliation, but the wild, intense pleasure of my rapist” (234). These two moments demonstrate how the context of Lauren’s dystopian environment and her specific experience of imprisonment and rape shape her experience of her disability and vice versa. Overall, as Butler succinctly stated in an interview, “This is a rough disability *for her time*” (quoted in O. E. Butler, *Conversations with Octavia Butler* 42; emphasis added). Hyperempathy could theoretically result in more positive experiences of shared pleasure than shared pain, but the context in which Lauren is living makes her experience more prone to pain, abuse, and trauma.

My discussion of hyperempathy in the context of a future dystopian California here might seem to support the negative readings of hyperempathy from the previous section. Indeed, Lauren’s experience of being a sharer in this time and place is highly negative, and yet, Lauren is the heroine of the series, a black disabled woman who becomes the leader of a powerful national belief community. Reading hyperempathy closely must thus entail

understanding not only how Lauren's experience of this disability is impacted by her context, but also the ways in which her disability impacts her negotiation of that context as well.

One impact of hyperempathy is that Lauren is less likely to be violent and produce pain in other people or animals because she feels each act of violence as if she had done the harm directly to herself. Lauren views this as a sort of virtue of herself and other sharers. She cannot comprehend how people without hyperempathy can so easily do violence to one another. Regarding torture specifically she writes, "It's beyond me how one human being could do that to another. If hyperempathy syndrome were a more common complaint, people couldn't do such things. They would kill if they had to, and bear the pain of it or be destroyed by it. But if everyone else could feel everyone else's pain, who would torture? Who would cause anyone unnecessary pain? . . . I wish I could give it to people. Failing that, I wish I could find other people who have it, and live among them. A biological conscience is better than no conscience at all" (*Parable of the Sower* 115). In early drafts of this series, Butler's papers reveal that she originally considered making hyperempathy a contagious disease spread by fluid or skin contact. She wrote several drafts and fragments of chapters experimenting with this idea, but ultimately chose to make the disease genetic rather than contagious.⁸ As a result, the ways in which hyperempathy impacts Lauren's experience and understanding of the world cannot be transmitted to others literally via bodily contact, but only intellectually through her faith community of Earthseed.

The tenets of Earthseed are influenced by Lauren's experience of hyperempathy. Some scholars, however, have read hyperempathy as being the exclusive or dominant impetus for Earthseed's development and success. For example, Phillips, noting Lauren's idea about the possibility of giving hyperempathy to people, writes that "in a hyperempathetic world, the other would cease to exist as the ontological antithesis of the self, but would instead become a real aspect of oneself, insofar as one accepts oneself as a social being. Earthseed is the practical ethics of this heightened consciousness of what it means to experience being as, irreducibly, being-with-others" (306). Like the predominantly positive readings of hyperempathy, Phillips's interpretation reduces Lauren, and also Earthseed, to disability alone and ignores the other important influences in Lauren's individual life and larger social context, which cannot be untangled from her experience of her disability. After all, Lauren is not the only person in the text who has hyper-

empathy, but she is the only one to become such a clear leader. Lauren's development and leadership of Earthseed is influenced by the fact that she grew up a precocious, well-educated black girl from a middle-class background. Lauren was also the oldest child in her family, always responsible for others, including other children in the walled community. Lauren served as a teacher for the youngest children in the neighborhood while her stepmother, who ran the community school, taught the older kids. This personal history influences Lauren's development and cannot be easily or clearly separated from how she is influenced by her experience of hyperempathy. It is important to read Lauren's creation and leadership of Earthseed in the context of the totality of her life and intersectional identities as a black disabled woman from an educated middle-class background. Hyperempathy is not the sole reason for Lauren becoming such a prominent figure by the end of the novels. That said, it is possible and desirable to read Lauren's disability as strongly influencing her development of the specifics of the Earthseed faith.

The influence of hyperempathy is particularly apparent in two of the primary tenets of Earthseed: adaptation and change. Sharers are forced to adapt to the unruly sensations of their bodyminds and to change their relationship to the world in order to protect themselves from harm. As Lauren notes, "Sharers who survive learn early to take the pain and keep quiet. We keep our vulnerability as secret as we can. Sometimes we manage not to move or give any sign at all" (*Parable of the Talents* 33). Although there is no direct parallel between hyperempathy and any contemporary realist disability, there is a definite connection between hyperempathy and chronic pain. In her discussion of pain and theories of transcendence, Susan Wendell writes how she has learned to recognize her chronic pain as "meaningless" pain, that is, pain without an exact cause or problem which can be attended to or fixed (173). This is not exactly the case for hyperempathy, since witnessing severe pain can cause real injury for a sharer, but Wendell insists that by coming to understand pain as meaningless she is able to free herself from thinking about pain to pay attention to other things, to undergo "a reinterpretation of bodily sensations so as not to be overwhelmed or victimized by it" (173). In the series, Lauren has the ability to focus, pay attention, and do work while in pain, an adaptation with living *with* pain or the possibility of pain. Specifically, Lauren writes that she has learned to handle higher levels of pain than most people without visibly reacting, but as a result she is also sometimes read as seeming "grim or angry" while trying to mask pain (*Par-*

able of the Sower 13). On an individual level, therefore, hyperempathy helps Lauren recognize the value of adapting, and this then gets translated on a more communal, species, and abstract level in the values of the Earthseed communities.

Connections between the tenets of Earthseed and disability are also evident in terms of larger disability rights and disability cultural values. Concepts such as adaptation and change can be found in both the Americans with Disabilities Act and the processes of universal design.⁹ The Americans with Disabilities Act, which was passed in 1990, just three years before the publication of *Parable of the Sower*, requires accommodations for people with disabilities in areas such as employment and public transportation. The law has necessitated the adaptation of many buildings to include accessible features like ramps and push buttons to open doors. Similarly, universal design—originally an architectural concept that has since expanded into areas like education—seeks to create spaces and environments that are accessible to as many people as possible. Price argues that accessibility is a process not a product, something which is never done—thus the emphasis in universal design is on frequent, contextual, and relational adaptation and change based on who is present (*Mad at School* 88–102). We see similar emphasis on contextual and relational adaptation and change within the Earthseed communities, which encourage people to contribute to the community in the ways they are most talented. Earthseed communities like Acorn also make all decisions on a communal basis, allowing everyone to express their needs, desires, and concerns before taking a vote.

My interpretation of hyperempathy in the *Parable* series demonstrates the complex interaction between (dis)ability, individual lives, and social contexts. Lauren's hyperempathy impacts her in material ways. Often her dystopian context exacerbates the negative effects of her disability, and yet, there are clear ways in which hyperempathy makes Lauren an admirable person within her dystopian setting and impacts how she navigates her world, including her creation of Earthseed. One of these statements is not prior to or more important than the other; rather, Lauren's disability and her context mutually inform her experience and understanding of the other. This close reading of hyperempathy in context demonstrates that totalizing approaches that seek to understand hyperempathy as primarily positive, negative, or metaphorical do not do justice to the complexity of Lauren's experience of this nonrealist disability. Rather than simply applying our contemporary realist assumptions about what disability means or entails,

the *Parable* series encourages readers and critics alike to read closely and understand this disability in its physical, mental, social, and environmental contexts. This is particularly due to the nonrealist nature of hyperempathy and the speculative fictional futuristic context of the series overall. The interactions between Lauren's experience of hyperempathy, her dystopian future world, and her behaviors and choices within that world—especially in regard to Earthseed—demonstrate the importance of disability to the texts. This contextualized reading of hyperempathy also sets the stage for my arguments about how the series resists the assumed value of a technologically created, disability-free future, a resistance that has important race, gender, and class implications as well.

Resisting a Technologically Created, Disability-Free Future

In addition to the role of disability in shaping plot and character development in the *Parable* series, there are larger thematic, political, and theoretical implications of hyperempathy that challenge the cultural assumption that a technologically created, disability-free future is an inherently desirable, positive, and achievable future. I argue that the representation of hyperempathy resists this assumption through depictions of the unpredictable nature of future technology and the possibility of disability-related pleasure. The *Parable* series is an example of what Kafer refers to as a crip vision of the future, a theory which suggests “that disability cannot ever fully disappear, that not everyone craves an able-bodied future with no place for bodies with limited, odd, or queer movements and orientations” (“Debating Feminist Futures” 236). Butler's crip vision of the future also has important implications for and intersections with issues of race, gender, and class. Yet my argument here is strongly based on a contextualized reading of hyperempathy as disability in the *Parable* series. This section therefore also demonstrates how a disability-focused analysis can lead to broader theoretical discussions concerning other social vectors of power.

Butler's construction of hyperempathy in a future dystopian California challenges the notion that a technologically created, disability-free future is an inherently good future. Recall that the notion of a technologically created, disability-free future assumes that disability prevents the possibility of a full and valuable life, that technology can and should be used to “fix” or “cure” all disabilities, and that the eradication of all disabilities (and thus all disabled people) is as an unquestionably positive aspect of what technology

can do for humankind in the future. This sort of representation of disability in the future is common in speculative media and can be found in popular films such as *Avatar* and *Source Code*, as well as the acclaimed science fiction novel *The Ship Who Sang* by Anne McCaffrey, all of which represent disabled people significantly enhanced—and essentially erased as visible figures—through technology in the future. The *Parable* series resists this trend in speculative media that assumes the positive nature of a technologically created, disability-free future by representing disabled people existing in the future, particularly in the case of Lauren as a black, disabled, woman protagonist and future leader.

When analyzing the *Parable* series, it is important to note the position of these texts as critical dystopias.¹⁰ Kafer argues that in contemporary American culture, dystopian representations of the future are often based on the proliferation of disability, understanding this proliferation as a primary sign of how the future and future uses of technology have gone awry (“Debating Feminist Futures” 223). Critical dystopias, however, present a dystopian, even apocalyptic future, in order to comment on the problematic elements of the present and to suggest that if things do not change, then such a future is possible. At the same time, critical dystopias present the hope of change, of a different, more utopian future if the present problems are addressed and behaviors altered. As a critical dystopia, the *Parable* series does not present a negative future *based* on the proliferation of disability; rather, it presents a dystopian future that *includes* the proliferation of disability, without representing disability as inherently negative. There are two key ways that hyperempathy in particular allows the *Parable* series to include disability in its dystopian future without falling into the stereotypical traps of reading disability primarily or exclusively as loss or suffering. First, it does so by revealing the unpredictable nature of technology, and second, by insisting on the possibility of disability-derived pleasure.

In speculative fiction, technology is most often presented as something that enhances human life and produces more abilities and powers, rather than as something which produces disability or which reduces or alters ability in a way that is not ultimately understood as positive and powerful. Perhaps this is why critics tend to read Lauren’s disability so positively as a “power” despite the fact that Lauren does not understand her hyperempathy that way. Melzer writes that in contrast to “paranoid rejections of post-human subjectivity” by “Marxist and feminist critiques that focus on bodies alienated by technology . . . queer sf erotica celebrates bodies and

sexualities that are enabled and enhanced through technology (“‘And How Many Souls Do You Have?’” 177). Melzer here takes a primarily celebratory, posthumanist approach to technology, viewing it as that which enables and enhances bodyminds, pleasures, and quality of life and understanding the representation of technology in speculative fiction as a challenge to notions of a “natural” unadulterated body. In her critique of posthumanism, Sherryl Vint makes a related argument, contending, “Technological visions of a post-embodied future are merely fantasies about transcending the material realm of social responsibility. . . . The ability to construct the body as passé is a position only available to those privileged to think of their (white, male, straight, non-working-class) bodies as the norm. This option does not exist . . . for those whose lives continue to be structured by racist, sexist, homophobic, and other bodily-based discourses of discrimination” (*Bodies of Tomorrow* 8–9). Scholars and writers of science fiction, therefore, are often divided on the radical possibilities and limits of technology. The independent documentary, *Fixed: The Science Fiction of Human Enhancement*, discusses the various ethical concerns involved in the belief in and pursuit of continuous technological enhancement of human bodyminds by posthumanists, especially in relationship to disability and the future of disabled people. These ethical issues include financial access, continually increasing competition, and reduction of individual bodymind choice when technological enhancement possibilities become requirements. As *Fixed* suggests, technology is neither benign nor objective, but rather is created and used within particular social and historical contexts of privilege and oppression.

Butler effectively demonstrates the ambivalent, unpredictable, and contextual nature of technology in the *Parable* series. In the novels, gasoline vehicles are rare and fairly useless, while water sanitation tablets and guns, including outlawed military-grade weapons, are essential for survival. The downfall of the public education system means that educated and trained doctors and nurses are few and far between. As a result, advanced medical technologies are inaccessible to all but the very rich because of both finances and the dearth of trained professionals who can operate them. The poor end up in company towns or as debt slaves with new technology like electronic slave collars used to keep them submissive and controlled, while the rich spend the bulk of their time in virtual-reality rooms, having incredible, pleasurable experiences as the real world around them collapses. Perhaps most important, however, is how Butler’s representation of hyperempathy challenges the notion that technology which prevents, reduces, or

cures disability provides an automatically positive move toward a disability-free future.

In the series, hyperempathy is the result of an individual's parents' (or grandparents', since hyperempathy is hereditary) abuse of the drug Paracetco, a designer "smart pill" intended for the treatment of Alzheimer's, but that has been used by college and graduate students to increase concentration and productivity (*Parable of the Talents* 13). Since new pharmaceutical creations are forms of technology, the representation of hyperempathy's origin therefore demonstrates how a technology intended to cure one known, realist disability—when misused by the public—unintentionally creates a new disability.¹¹ In "A Few Rules for Predicting the Future," published in *Essence* magazine in 2000, Butler shares a story about going to her doctor to discuss unwanted side effects of a new medicine he had prescribed her. The doctor responds by telling Butler that he can give her a new drug to counteract the side effects of the first drug, stating that this second drug has no side effects whatsoever. Butler writes, "I realized that I didn't believe there were any medications that had no side effects. In fact, I don't believe we can do anything at all without side effects—also known as unintended consequences" ("A Few Rules for Predicting the Future" 166). Butler then closes this portion of the essay with a quotation from *Parable of the Sower*.

Through the origins of hyperempathy, Butler demonstrates how modern technology can have unpredictable effects, particularly technologies applied to human bodyminds. Such a speculative fictional representation is not far from impossible given the incredible rate of prescription drug consumption in contemporary American culture and our increasing interest in genetic testing, selection, and manipulation of embryos. The representation of hyperempathy suggests, in its critical dystopian form, that we cannot know in advance what our widespread cultural use of pharmaceutical treatments, genetic alterations, and other disability-preventing/curing technologies might have on our bodyminds in the long run, let alone on the bodyminds of future generations. Butler's papers reveal that she planned to extend this theme in the unfinished third book in the series, often referred to as *Parable of the Trickster*. Drafts, notes, and outlines for this text show Butler was exploring the idea of having an Earthseed community travel to start a new colony on a planet in another solar system. When the community members arrive, people begin to experience different forms of disablement, which vary from draft to draft, including blindness, epilepsy, paralysis, and hallucinations. The idea that she continued to experiment with, based on these

drafts, outlines, and notes, was that either the technology used to keep the Earthseed community members alive on the trip, or the toxins in the air of the new habitable planet, caused these changes, and the community must learn to live with their altered bodyminds.¹²

Butler's engagement with the effects of technology in the future is not simply limited to (dis)ability, but also has important material intersections with issues of race, gender, and class. When imagining a disability-free future perpetuated by technological advances that will supposedly prevent congenital disability and "fix" or "cure" all acquired disabilities, it is important to ask, who will have access to these advanced medical technologies and who will not? On whose bodyminds will new and experimental drugs and devices be tested? Who will perform the labor to extract raw materials for and construct these new technologies? Who will benefit the most and who will be barred from participation? If the history of medical experimentation such as the Tuskegee experiments or the work of Dr. Marion Sims tells us anything, people of color, women, working-class people, and people in poverty will benefit the least from technological advances and will be most at risk for harm in the development, production, and consumption of new technologies.¹³

In the *Parable* series, Butler emphasizes that technology is neither inherently liberatory nor destructive. In a journal entry dated April 23, 1999, Butler writes about this directly, stating, "Technology isn't good or bad. It's part of who we are, part of what we do. It's how we use [e] it is [w]hat matters, of course" (Octavia E. Butler Papers, "OEB 1069"). Technology does not have inherent value; rather, it is how we as a culture use, misuse, and make available technologies that produces technological enhancements and/or harm. Further, the line between enhancement and harm is not always clear—nor are the two mutually exclusive. Enhancement for whom and harm to whom? What kind of enhancement and how much? What kind of harm and how much? As Butler writes, "Consequences may be beneficial or harmful. They may be too slight to matter or they may be worth the risk because the potential benefits are great, but the consequences are always there" ("A Few Rules for Predicting the Future" 166).

Technology, the *Parable* series asserts in the face of the ideal of a technologically created, disability-free future, is an ambivalent cultural tool which is subject to both use and abuse, availability and unavailability, and a variety of unintended consequences. Hyperempathy is used as a primary example of this position on technology. As a result, Butler encourages readers to un-

derstand that one's critical position in relation to technology need not be either purely celebratory or, in Melzer's words, "paranoid rejection" ("And How Many Souls Do You Have?" 177). Instead, we can evaluate particular technologies within specific contexts of creation and use. We can do so in solidarity with people with disabilities, people of color, the working class, the poor, and others who are more likely to participate in the creation and testing of such technologies while being less likely to be the beneficiaries of the results of such developments. Butler's published and unpublished writings argue that technology guarantees neither a disability-free future nor any other supposedly desired outcome since we cannot predict its long-term effects, especially when it comes to biomedical technology. In particular, the *Parable* series demonstrates how marginalized groups, especially people of color and the poor, are less likely to have access to healing/curing technologies and are much more likely to be the targets of destructive technologies of violence and war.

The suggestion that we cannot know in advance what our impulse toward a technologically created, disability-free future might lead to may seem problematically foreboding because it potentially suggests that the problem of disability-prevention technologies is that they might simply create more disability. However, the second way that the representation of hyperempathy resists our cultural idealization of a technologically created, disability-free future is through the representation of disability-related pleasure. Butler's creation of hyperempathy insists on pleasure as an inherent aspect of the experience of this disability, a type of pleasure that nonsharers can never experience. For example, Lauren states that when having sex, "I get the guy's good feeling and my own" (*Parable of the Sower* 12). During her early travels with her friends Harry and Zahra, Lauren also shares their pleasure when they have sex near her during their watch, writing, "I got caught up in their lovemaking. I couldn't escape their sensation" (200). Later, when she meets Bankole, Lauren again discusses sharing pleasure in sex, explaining, "Best of all, he took a lot of uncomplicated pleasure in my body, and I got to share it with him. It isn't often that I can enjoy the good side of my hyperempathy. I let the sensation take over, intense and wild" (266). While these moments of Lauren's shared pleasure are few in comparison to the many representations of shared pain, they are incredibly important to Butler's representation of disability in the future. The representation of disability-related pleasure in the *Parable* series shifts the ableist ways in which our culture typically understands disabled bodyminds as both nonsexual and as always more dif-

ficult and limiting than nondisabled bodyminds. Importantly, Butler does this without making Lauren come across as magical or as the perpetually overcoming, superpowered supercrip.¹⁴

Butler's representation of pleasures specific to hyperempathy aligns in many ways with the experience of some people with disabilities who find specific pleasures with and through their disability, such as the use of residual limbs or "stumps" for penetration or erotic stimulation. Wendell writes that if "people's genitals are numb or paralyzed, they may discover things about the nature of intimacy and sexuality that remain unknown to people who can participate in cultural obsessions with goal-oriented, genital sex" (69). Despite the fact that Lauren has few opportunities in the texts to experience the pleasurable aspects of hyperempathy—due to her context, not her disability—the representation of pleasure produced by and through disability rather than *despite* disability represents a critical aspect of Butler's crip vision of the future. This representation not only allows oppressed people the possibility of pleasure in the face of difficult circumstances and injustice, but it also suggests that pleasure may arise specifically in the context of or as a result of different bodyminds or experiences. That is, Lauren's sharing of pleasure stems on a material level from her hyperempathy, but her relishing and appreciation of that pleasure also comes from the fact that she has experienced so much pain, and she knows how precious these moments of pleasure truly are in the context of her environment. I will return to and say more about the importance of pleasure in the context of oppression in the conclusion of this book.

Through the representation of unpredictable effects of technology and the possibility of disability-related pleasure, the *Parable* series adds to a broader theoretical understanding of the limits of and problems with the uncritically accepted notion of a technologically created, disability-free future as an inherently positive goal. These disability-based theorizations have additional important implications for issues of technological (ab)use and access in relation to racial/ethnic minorities, women, and people in poverty.

Conclusion

Butler's *Parable of the Sower* and *Parable of the Talents* are prime examples of how black women's speculative fiction can create alternative possibilities and meanings of bodyminds in ways that require attention to the context

her body of work inspired the editors of *Octavia's Brood* to work with activists, many of whom did not previously consider themselves writers, to create the collection. Imarisha and Brown's concept of visionary fiction connects with the second portion of the Kafer epigraph, which suggests that imagining different futures might impact the way we behave in the present. As Imarisha writes, "Whenever we try to envision a world without war, without violence, without prisons, without capitalism, we are engaging in speculative fiction" ("Introduction" 3). Imagination, representations, and the real world influence each other cyclically. As authors and activists imagine better futures, they create representations of that future—in words, in text, in images—which influence people to not merely hope for and believe in such futures, but work for them as well. They open up for us new ways of being in the world that may not yet exist, but could.

Butler was particularly aware of how, though a disparaged genre, speculative fiction can be incredibly important for marginalized people. In response to the question "What good is science fiction to Black people?" she rhetorically asks, "What good is any literature to Black people? What good is science fiction's thinking about the present, the future and the past? What good is its tendency to warn or to consider alternative ways of thinking and doing? What good is its examination of the possible effects of science and technology, or social organization and political direction?" (*Bloodchild and Other Stories* 134–35). Butler understood that representation matters and can have real-world implications and impacts, and she sought to do that with her work. As she wrote in one of her notebooks, "I don't want to write *about* what's wrong with us. I want to help right the wrongs. Through my writing I will help. Perhaps I can leave something 'permanently' useful behind" (Octavia E. Butler Papers, "OEB 3180," 1982–83). For her many fans who mourn her far-too-early death, it is incredibly clear that she left us so much to use in our lives and imaginations.

Butler's particular influence on the imaginations, futures, and self-images of many people, especially Black women, was documented on Twitter in the summer of 2016, shortly after the tenth anniversary of her death. Using the hashtag #BecauseOfOctavia, people shared what happened in their lives because of Butler's writing or influence, such as "#BecauseOfOctavia & the futures she created with her speculative fiction especially, I dared to dream bigger, aspire higher out of comfort zone," "#BecauseOfOctavia I grew up reading science fiction and always understood the genre to be a forum to produce calls to action," and "#BecauseOfOctavia I believe I have the power

to sculpt and write and speak my future into being.”¹⁵ Truly, representation matters and visionary fiction can be powerful—and this is exactly what Butler hoped for and believed in as well.

On August 2, 1983, shortly after her home was robbed, Butler ended a letter to a friend with the following sentiments, “I’ve got to get back into my writing. All this damned reality is getting to me. I can create a better world than this!” (Octavia E. Butler Papers, “OEB 4115,” 1983). For Butler, creating a better world in her writing did not mean making a perfect world. It did not mean utopia. She was far too practical and pessimistic for that. But she believed a better world was clearly possible. In the *Parable* books Lauren is a young, black, disabled woman who manages to not merely survive but to create a belief system and lead a community that brings together and helps thousands in the midst of chaos. As a result, this series is one example of how a better future can include those of us whose lives, bodyminds, and perspectives are often devalued and discounted.

More specifically, Butler’s critical and contextualized representation of technology and diverse bodyminds in the future in the *Parable* series is fostered by and through her representation of hyperempathy. This nonrealist disability resists the application of contemporary disability stereotypes and emphasizes the importance of context by having no real-world equivalent. A close reading of hyperempathy in context reveals its broader thematic, political, and theoretical resistance to the notion of a technologically created, disability-free future as an obviously positive and desirable future. Through Lauren and hyperempathy, Butler suggests that technology is neither inherently good nor predictable; that disabled, poor, and racialized people are least likely to benefit from advanced technologies yet are more likely to be victims of technological abuse; and that disability itself can produce experiences, perspectives, and even pleasures that are useful and desirable. The visionary representation of the future in the *Parable* series is not a disability- or even oppression-free one. Instead, Butler represents a future in which systems of privilege and oppression continue to operate and impact bodyminds. This speculative fictional future stands in stark contrast to both traditional speculative fiction futures and to our more general contemporary cultural assumptions about the future in the United States. As a critical dystopia and visionary fiction, the *Parable* series presents readers with a worst-case-scenario future, but does so in order to critique contemporary practices, present areas of hope, and theorize possibilities for positive change. From these texts, we can further understand how black women’s

speculative fiction can provide new and complex representations that challenge ableist, racist, and sexist assumptions about bodyminds and societies in the future. As I have suggested above, this kind of representation, imagining a future for ourselves and people like us, also truly matters in intellectual, emotional, psychological, and material ways. In the next chapter I continue to explore how speculative fiction can challenge ableist, racist, and sexist assumptions of the bodymind, but there I shift the focus to fantasy texts and their nonhuman characters. I explore how this form of nonrealism can challenge cultural assumptions by altering the meanings and boundaries of the categories of (dis)ability, race, gender, and sexuality in the first place.