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Taxonomy of an Enslaved Heart

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Abstract "Taxonomy of an Enslaved Heart" opens up the figuration of heartache, so common to sentimental writings, to consider how it can signify anatomical pain as well. What does it mean to read figuratively—accepting that every instance of a heart broken or throbbing or heavy indexes emotional pain addressing the reader's sympathy—and, at the same time, to literalize these instances, so that each one refers to a specific episode in the history of a circulatory system? This essay attempts to hold both in tension, even as they resist each other. Attending to texts by Harriet Jacobs, Mary Prince, Sojourner Truth, and James Baldwin, the essay argues for what it calls the *story of the heart*: a minoritized account of pain that deforms sentimental language to register at once somatically, mentally, and intersubjectively. Because of its insecure legibility, the story of the heart subverts the biopolitical logic of legitimacy that traps many patients who are Black, disabled, or both today. What emerges from holding figuration with literalization subtly shifts the illnesses we know and the conditions by which we know them.

Keywords figuration, embodiment, bodymind, disability, malingering

Heartache

Harriet Jacobs writes of a hurting heart. There are pangs, throbbings, bleedings, and breakage. Such heartache constitutes the figurative stock and trade of the sentimentalist writing she employs. Its purpose is to index emotional distress, motivating the reader's exercise of sympathy: according to the conventions of the genre, each and every iteration of heartache signals emotional pain and its capacity for relay.

Yet Jacobs insists throughout *Incidents in the Life of a Slave Girl* (1861) that the pain she experiences is not reducible to a single dimension. As she describes ongoing illness through Linda, the protagonist that portrays her history, emotional distress never arrives alone. While pregnant with her first child, Linda "was too ill in mind

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and body to enjoy my friends as I had done" (Jacobs 2019: 55).[1] Then when she vacillates about escaping, "I had lived too long in bodily pain *and* anguish of spirit" (126). Finally, reflecting on her time in the garret, "my body still suffers from the effects of that long imprisonment, to say nothing of my soul" (124). These sentences arrange purposeful relationships, suggesting that there is no record of mind or spirit or soul pain that does not also speak to the body's. These realms of pain are conjointly present. Jonathan D. S. Schroeder (2018: 671, 672) has recently argued that her text demonstrates "how spiritual anguish produces bodily pain," so that "affective health [is] a catalyst for organic illness." While this causal relation is also represented in the narrative, the sentences above offer a different account of illness. Unlike the psychoanalytic discourse of symptomology that was on the medical-historical horizon, in these lines neither dimension causes the other, even as both are consequences of the same conditions.[2] Jacobs doesn't exclude the possibility that the two dimensions of pain are connected—ricocheting off of each other, exacerbating each other—but she asserts that they are distinct concerns, each requiring address.

Jacobs's refusal to isolate emotional pain invites an interpretation of heartache, and heartbreak, that exceeds the convention that limits it to generic emotional distress. If mental pain always arrives with bodily pain,[3] her account of heartache might resonate in the physical body, registering the affliction of the physical organ. For example, when Jacobs (2019: 36) writes of the moment when Dr. Flint refuses Linda's marriage, "I did not want him to know how my heart was bleeding," we know that we are to register the emotions attending to the difficulty of her separation and her need to hide it. Yet what else might this specific phrase—my heart was bleeding—express about the moment? Does it indicate a feeling of loss of circulation? Does she feel faint and need to hide that? We can still discern the figure of the heart according to our recognition of sentimental writing. Yet anticipating Jacobs's ongoing illness that crosses from mind to body and back again, we may also read the literal heart, falling into anatomical trouble. Each instance of *heart*, Jacobs's lines on multidimensional pain suggest, may do both at once, figure the general and distinguish the specific.

I propose this duality indebted to P. Gabrielle Foreman (2009: 6, 42), who imagined the *simultext* to describe how *Incidents* could "exhibit [its] multivalent meanings *on the surface*," "challeng[ing] the supposed transparency of sentimental fiction." Foreman's circumvention of transparency in favor of simultaneity means that the

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text may offer more than one storyline with the language it uses, even if—especially if—that language is conventional. In this way, I read the familiar heartache as signifying an unfamiliar, particular condition. Yet as Branka Arsić (2016: 12–13) explains in a different context, bringing literality to bear on what is usually taken metaphorically is not always additive; it can threaten to undo the very genre that bears it. In her words, "Literalization is the critique of the literary. . . . To maintain the very being of the literary, its own generic specificity, literature must interrupt the flow of the particular. Literary forms thus do for literature what concepts do for philosophy: they classify, segregate, bind, regulate" (Arsić 2016: 12–13). In other words, sentimentalism's purpose is to trade in convention. To resist its regulations, and instead insist that heartache can indicate an instance of anatomical trouble, is to risk losing the form one analyzes. We seek the holistic sick body at the expense of the text that records it.

How, then, to follow Jacobs's "too ill" bodymind, and hold in tension the figurative heart and the literal heart? How to read figuratively written pain as literal, even when doing so forces it to skate on the edge of legibility? Indebted to Michael D. Snediker's (2021: 12) proposal that disability studies might be reconfigured as formalism, especially to study chronic pain, my analysis is animated by these questions. Attending to texts by Mary Prince, Sojourner Truth, Jacobs, and James Baldwin, I argue for what I call the *story of the heart*: a minoritized account of pain that deforms sentimental language to register at once somatically, mentally, and intersubjectively. Because of its insecure legibility, the story of the heart subverts the biopolitical logic of legitimacy that traps many patients who are Black, disabled, or both today. Reading the figurative and the literal at once, holding them in tension, has the potential to subtly shift the illnesses we know and the conditions by which we know them.

Wild Beats

The sentimental heart is such a rich site from which to study figuration and literalization because it has vacillated between the two beyond Jacobs's theorizing of mind-body illness. In the eighteenth and nineteenth centuries, medical practitioners and theorists repositioned the heart's anatomical role, from unifying the physical body under the humoral model to supplementing the centrality of the brain and nervous system (Alberti 2010: 17–20). "In most cases," as Fay

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Bound Alberti (2010: 38) relates, "the organ of feeling had become the brain, rather than the heart." Yet the heart's association with feeling, and its figurative resonance as a site of emotion subject to injury, was by no means eradicated. Figurative hearts, drawn from sentimental literature, continue to show up in medical discourse of the nineteenth century. For instance, Kirstie Blair (2006: 1) opens *Victorian Poetry and the Culture of the Heart* with an 1851 quote from philosopher and physiologist James Garth Wilkinson: "Violent feelings not only agitate, but may kill the heart in a moment; in short, broken hearts are medical facts."[4] While the doctor may have been revealing new research into the cascading power of emotions, his invocation of the literary trope of the broken heart muddies the extent of the problem. Are broken hearts, understood as the feeling one has after a breakup, his specified concern? Or have the broken hearts of novels moved into the realm of medical study?

This confusion was evident in Civil War hospitals as well, where a condition known as *soldier's heart* afflicted patients with soreness and pain, digestive disorders, and difficulty breathing and sleeping. Because no gunshot wound or lesion accompanied these complaints, they ended up being studied by the doctors who were also studying the nervous system, such as S. Wier Mitchell and surgeon general of the US Army W. A. Hammond. Jennifer Travis (2005: 33) relates, "What nerve doctors such as Mitchell and Hammond were often hard-pressed to explain in medical terms came to be translated into a literary idiom." Hammond seems to be resisting the idiom when he states in *The Galaxy* in 1868, echoing Wilkinson, "Death from a broken heart is no sentimental idea, but a terrible reality" (quoted in Travis 2005: 23).Yet the very "idea" that he rejects betrays the fact that he has no better way to explain what he was witnessing among soldiers who continued to be affected by apparently metaphorical organic distress.

A glimpse at how such distress was thought to manifest appears in Philadelphia doctor Jacob Mendes Da Costa's comment that he was noticing in the hospitals "a peculiar form of functional disorder of the heart."[5] According to Alberti (2010: 5), we should register *functional* as opposed to *structural* disorder: Da Costa was witnessing not a physical injury directly to the heart's tissues but a disruption in function following some other, likely "nervous," distress. As Alberti observes, another way of phrasing the heart's responsiveness is to say that it was operating sympathetically (38). The logic underpinning the medical textbook, then, is perhaps the same as the logic underpinning the sentimental novel. As the heart becomes envisioned less as a force

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driving the body and more as an anatomical unit, the kind of unit that it is becomes closer and closer to that featured in literary texts. Wilkinson and Hammond, each insisting that erstwhile tropes had emerged as veritable threats, could only insist that sentimental language described "facts," described "reality." Figurative hearts were killing their patients. The medical history of hearts, then, supports Jacobs's sense that the physical and the mental ought not to be collapsed, even as it adds the caveat that it is not always easy to tell them apart.

Like the history of medicine, the history of literary criticism observes the heart's polysemy throughout the nineteenth century. Karen Sánchez-Eppler (1993: 26) describes reading sentimental fiction as "a bodily act, and the success of a story is gauged, in part, by its ability to translate words into heartbeats and sobs." Sánchez-Eppler refers to the way that the emotions of literary subjects (characters, speakers, or narrators) become transferred to the bodies of readers: the heart that is described on the page is met by the heart that turns it. The "bodily act" thus names an effacement of the difference between a figurative heart that beats in fictional phrases and a literal one that beats in anatomical pulses. Yet the effacement works to emphasize the lived experience of the reader, not the sick bodymind to which Jacobs gestures. The heartbeats and sobs indicate the reader's ribcage and tear ducts; the genre is singled out as an enlivening experience that occurs for the reader. Thus while the merging of figurative and literal is acknowledged, I detect room for attending to their coexistence without assuming that the figurative heart only gives rise to the literal heart's enlivening. If, as Gillian Silverman (2012: 85) puts it, sentimental discourse harbors the belief that "all hearts beat the same," we might imagine what lives in the paper ribcages ordinarily construed as mere catalysts for the reader's expression.

Heart tropes appear throughout narratives of enslavement, especially those focused on women's or femme experiences, suggesting that they may depict, in Lauren Berlant's (1993: 558) words, the "supernumerary nervous system . . . inscribed specifically and sexually on the bodies and minds of slave women." *The History of Mary Prince* (1831), for instance, renders the pain of national, local, and intimate violence in heart language shot through with both convention and literalness. Mary Prince (1831: 4) begins the scene in which she will be sold at auction by noting, "my heart throbbed with grief and terror so violently, that I pressed my hands quite tightly across my breast, but I could not keep it still, and it continued to leap as though it

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would burst out of my body." A throbbing heart is conventional, but the extended description of how she presses the agitated place gives the sentence more somatic weight: she is almost as afraid for the unfamiliar bodily sensations she is experiencing as she is of the future. As her account progresses, she asks rhetorically if the bystanders thought "of the pain that wrung the hearts of the negro woman and her young ones?" (4) and here *wrung* does not appear to have the same somatic drama as the earlier *throb*. Yet she goes on to charge that the bystanders also commented on her family as they stood defenselessly, and "their light words fell like cayenne on the fresh wounds of our hearts" (4). It is likely that when Prince writes this line, she has in mind the feeling of hot pepper smarting on an injured hand. Was the phrase "wrung the hearts," then, also determined with such specificity? Is she taking us through a trajectory in the scene, from wild beating to twisting to burning?

Sojourner Truth's biography similarly employs heart tropes to depict violence, but her sympathetic images may be read as somatically grounded. Her mother's memories of her sold children "crucif [ied] her heart afresh," which is difficult to picture as an embodied sensation both because it is so painful and because "afresh" suggests that it happens over and over again; the phrase is meant to account for her frequent tears and "many circumstances respecting them" (Truth 1850: 17). Later, an image with quite a different valence is similarly inventive. Truth soliloquizes at a camp meeting, "I felt as if I had three hearts! and that they were so large, my body could hardly hold them!" (116). Naomi Greyser (2018: 2) reads this striking line as describing an interior emotion in spatializing terms, but I am more interested in what it feels like to have, and nearly be overwhelmed by, three hearts: does it express anxiety, like Prince's wild beating, or is it a performative claim to bravery, a surge of circulatory power? The image suggests a sensation far from faintness, of blood's sudden rush.

When we come upon the hearts of sentimental discourse in narratives of enslavement, on one level, "we are recognizing that a trope from the immense repertory of sympathy and domesticity has been deployed" (Howard 1999: 76). Yet I am making a case for emphasizing these hearts' literal meaning, if literal means anatomical, referring to the physical heart, the heart as organ. Following Arsić (2016: 11), "literalization [unfixes] clichés" insofar as it refuses to read every instance of *heart* as indicating emotional suffering with which the reader is supposed to sympathize. Instead, each instance of *heart* refers to itself: the subject's heart at a given moment, requiring

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context, nuance, and interpretation. Each instance is a new occurrence of the heart worth noting. Such literalization resonates with the resistance to metaphorization found in many disability studies readings, but it complicates them too. The resistance has been to readings in which evident impairments (less often symptoms of illness) are taken as metaphors or abstractions, rather than lived experiences of disability. Reading sentimental hearts as anatomical partakes of this impulse to follow archives of disability where they appear. Yet as I mentioned earlier, Arsić makes the point that literalizing sentimentalism entails evacuating the conventions that generate it. A heart belongs to both registers at once—conventional and literal—only fleetingly.

This fleeting heart, belonging to a fictional archive and a historical archive, is what I attempt to hold. I am not on the track of forensic cardiology; I am not offering retrospective diagnoses. But neither am I willing to dismiss each specific reference to an enslaved heart as mere convention for wrenching emotion. All three of the works I have cited, Jacobs's, Prince's, and Truth's, are narratives of recurring or chronic sickness, and I take their hurting hearts to compose part of those narratives. Even in a text like Prince's, in which her account of ongoing rheumatism is explicit, the heart language can be understood to reflect an accruing physical and mental toll on a body constantly exposed to violence. In this way, the fleeting heart occupies the crux of two systems that usually rely on opposition to make distress legible, the rhetorical system of the conventional and the literal, and also the pathological system of the physical and the mental.

I focus below on *Incidents* because of Jacobs's stated investment in multidimensional pain, and because, once Linda's children are born, hardly a page goes by without a reference to her heart.[6] Jacobs's text taxonomizes the ways that a heart can feel, specifying the distinctions among a heart lacerated, heavy, or full. The taxonomy also distinguishes the ways that heart pain accumulates, so that damage expands and is shared among family. What the heart means is no one thing: it is formed from sentimental discourse as much as it deforms into testimony.[7] Through this slippage, a story of the heart comes to signify several types of pain—physical, mental, interpersonal—that accrue in a context of violence, that lodge in a chest, even as a single person's chest knows no ordinary bounds.

Taxonomy of an Enslaved Heart

Jacobs refers to Linda's heart frequently and variously, but when collected her references begin to suggest a taxonomy, an orderly way of

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thinking through specific types of distress. I will discuss six main aspects of Jacobs's taxonomy: laceration, weight and pressure, fullness, accumulated damage, intersubjective pain, and care. It is my sense that she generally has in mind inducement, sensations, and consequences associated with each aspect; sometimes these cross over onto one another, and sometimes she offers remedies for discomfort, as the care section also tries to address. As I argue, while the term *heart* has an important anatomical resonance, it does not merely invoke a symptom for other—mental and interpersonal—dimensions.

Lacerations. An optimally functioning heart beats and bears blood flow in a state of equilibrium. Harriet Jacobs never narrates, and hardly refers to, an optimally functioning heart. From the moment when she directs the reader's attention to a fair white child paired with "her slave, and also her sister," we are to understand that such subject positions are physically dangerous: "I foresaw the inevitable blight that would fall on the little slave's heart" (Jacobs 2019: 29). When she specifies the blight as violence or threats of violence, she also spells out how the heart suffers accordingly. The bleeding heart I cited above is clustered with other metaphors of breakage and puncture in response to acute fear or uncertainty. Flint's promise to sell her children "lacerated my heart" (68). Worry for Peter sends "many a sharp pang through my heart" (128). Ellen's crying on the plantation "makes a mother's heart bleed" (76); in another image of force, before Ellen departs for New York, "it seemed as if my heart would burst" (118). When Linda finally sees Ellen again in Brooklyn, the sense of stabbing is repeated: following the comment that Ellen was given to Mrs. Hobbs's daughter, Linda wonders, "how *could* she look me in the face, while she thrust such a dagger into my heart?" (139). Her "wounded heart" (142), in turn, requires soothing from the new baby in her life, Mrs. Bruce's. These lacerations, bleedings, bursts, and stabbings index a heart assaulted by a threatening world; if Linda is not narrated as otherwise ill as a result of each of these events, Jacobs logs here the toll they take: a heart attacked, blood lost, and a bodymind scarred.

Weight and Pressure; Fullness. Jacobs juxtaposes with her harshest images a more nuanced taxonomy of weight and pressure. These terms signify burdensome discomfort but also expansiveness, speaking less to the "acute sensations" (162) that respond to violent threats and more to ongoing stresses and their capacity for management. For instance, Jacobs uses heaviness to describe the worry she bears for her safety and that of Ellen: "When they told me my newborn babe was a girl," she writes, "my heart was heavier than it ever had been

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before" (68); when she travels to England and when her freedom is purchased, she likens the feelings to having stones lifted from her breast and shoulders respectively (151, 166). This uncomfortable weight, which becomes part of Linda's ordinary existence until it is alleviated, is differentiated from a feeling of fullness, which designates momentary gratitude or desire. Finding herself safe after the snake bite incident, "my heart was too full for me to care much about supper" (87). This fullness is not a weight that drags her down but a comfortable pressure. It substitutes for hunger precisely because it occupies both body and mind and because its sense of plenitude means that she doesn't also feel the need for food. The distinction between heaviness and fullness is also evident in the scene in which Linda escapes New York and reunites with Benny and Ellen in Boston: "for the first time during many years, I had both my children with me . . . I watched them with a swelling heart. Their every motion delighted me" (151). Here, the swelling indicates not a near explosion but a pleasant expansiveness, as if to compensate for some of the loss earlier experienced, as if her wounded or burst heart had begun to fill again.

Thus Jacobs details the discomfort of breakage and unwanted loss but also the discomfort of heaviness and unwanted burden. It is distressing not to have enough in one's chest and to hold too much. In contrast to both states is the joyous lift of fullness. But Jacobs suggests that having a full heart is not a sustainable state of being. Her full heart is "poured out" to Mrs Bruce (149), and the narrative as a whole seems oriented to the same relief: "my heart is so full, and my pen is so weak!" (29). The balance required between not enough and too much, then, is also indicated by plenitude: like heaviness, fullness, too, must be relieved. She rebalances injury in part with pressure: in the scene before Ellen leaves for New York, when the heart "had been so long desolated" (117) but is now throbbing and ready to burst, Linda "folded her to the heart" (117) and "hugged her close" (118). The gesture offers an appeasement to Linda's panicked heart, as if her daughter's presence against it could slow its wild beat, even as it offers Ellen comfort.

One might conclude from these many examples of stress and relief that Jacobs has in mind no system but only delivers a string of tropes. On the contrary, I conclude that Jacobs is portraying a nuanced set of states that demand constant monitoring and attention. Jacobs has learned to distinguish a piercing from a weight from a fullness because she is unremittingly subject to the discomfort that lodges in her heart. When she writes, after overhearing a conversation about her children,

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"my heart was on the watch all the time" (82), I believe that she is recording the physical sensation of having an alert and alarmed heart, a heart that is never at rest. But I also hear in "my heart was on the watch all the time": I was watching my heart all the time; I learned to watch my heart all the time. In other words, I learned the symptoms of my heart, and its language, and how its pain was the barometer of my life.

As I read her, Jacobs employs so many of these phrases because there are so many ways that her heart can feel. On one level, this account of heart damage and strain indexes physical symptoms that follow from stressful conditions: threat, anxiety, anticipation, and hope. In this way, they follow the directionality of psychosomatic logic. Yet because these statements are delivered through the sentimental lexicon, it is impossible to say that mental pain is entirely excluded from the experience described. By ensconcing an evolving account of an unwell organ in language that refers to its affective register, Jacobs refrains from establishing *heart* as either embodied or psychological. Rather, *heart* slides between the two, meaning both. Unlike the earlier line I quoted, in which she specifies pain in mind and body, in these instances pain in mind always comes with pain in body.[8] As soon as the reader comprehends the emotional affect of the broken heart, its simultaneous meaning—which is not to say its symptom—of embodied pain is present as well. *Heart* names the places where emotional affects, mental concern, and physical feeling come together.

Accumulated damage. Jacobs insists that the physical pain of the heart is not merely a symptom when it comes to writing about her grandmother, whose affected heart is her primary risk. Jacobs presents her grandmother's illness as largely a result of anxiety, yet both anxiety and the pain of her heart become problems to treat in their own right, with neither overshadowed by the other. Twice, Jacobs phrases plans to leave—Benjamin's and Linda's—as threatening to "break your mother's heart" (22, 125). Elsewhere, her narration of her grandmother's poor health clarifies that the phrase is meant to convey a worrying if gradual physiological decline. Linda's concealment in the garret is presented several times as introducing anxiety that is dangerous for her grandmother's overall state: "In the midst of my illness, grandmother broke down under the weight of anxiety and toil" (104); "I knew that my concealment was an ever-present source of anxiety . . . She was trembling on the brink of the grave" (126–27). In lines like these, the threat of breaking her grandmother's heart is a

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dangerous possibility: her heart breaks down, her systems become unstable, as a result of her family's insecurity. Jacobs spells out the causation with regard to Aunt Nancy, whom, she says, "had been slowly murdered, and I felt that my troubles had helped to finish the work" (122). Jacobs worries about causing her family distress, yet she worries more about the effects of that distress. Now that anxiety has come to stay—now that it is "ever-present"—her concern is for the death it presages.[9]

Intersubjectivity. Jacobs also complicates her thinking about bodymind pain by associating the risk across hearts. When her grandmother's heart is in distress, Linda feels it: she initially delays her escape attempt because "my heart was not proof against her extreme agony" (127). Linda suffers not because of her own "extreme agony" but because of her grandmother's: the one's pain has become too much for the other's bodymind to resist. The broken heart now threatens *both* women. Beyond modeling sympathetic connection, or even what Rachel Ablow (2017: 1) calls "Victorian writers' interest . . . in what it would mean to experience pain as something that is not self-evidently one's own," the emphasis is on how heart damage can be passed on. Trauma theory would eventually catch up to what Jacobs already sensed, that intense psychological distress lodges in the body.[10] Yet here she also theorizes that trauma's physical component can be intersubjectively contagious. If shared trauma is now a buzzword, she describes sharing not the cause of trauma but its disabling effects. Similarly, she models no harbinger of epigenetics; the effect she describes is a somatic disorder common to bodyminds living in the same environment, at the same time. She submits that the stress that becomes impairment can be passed along in that form—as, in effect, a death sentence.

Care. Just as the hearts she describes operate via contagion, their capacities for sympathetic engagement are subject to strictly embodied limits. When she associates a feeling in the heart with a sympathetic act of care, she underscores the physical immediacy of the encounter that prompts it. For example, Linda's trust in Mr Sands's promise of care is secured "by degrees, [as] a more tender feeling crept into my heart" (Jacobs 2019: 50); when Mrs. Durham meets her kindly, "I was sure that she had comforted other weary hearts, before I received her sympathy" (135); when she finally confides in Mrs Bruce about her fugitive status, "She listened with true womanly sympathy, and told me she would do all she could to protect me. How my heart blessed her!" (149). In each of these cases, the heart must be in

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physical proximity to receive, and potentially to catalyze, the care to come. Stacking the last two examples, by facing the heart of the other, the heart can behave reciprocally, taking warmth but also extending gratitude.

I contrast the terms of these relationships to the limits Jacobs sets on the experience of the reader's heart. When narrating the Dodges' pursuit of Linda, Jacobs puts sympathetic identification off limits: "Reader, if you have never been a slave, you cannot imagine the acute sensation of suffering at my heart" (162). "You cannot imagine" means my experience is beyond your mental scope but also, in the context of the analysis I have presented, your body does not know this acute sensation of suffering. The very premise of sentimental narrative, that "all hearts beat the same," is rendered a fallacy here, because her heart has different sensations, a different history. So it is not apt for the reader to imagine herself, like Mrs Durham or Mrs Bruce, a kindly listener with a reciprocal heart relation. Jacobs spells out this point early in her narrative: "Reader, it is not to awaken sympathy for myself that I am telling you truthfully what I suffered in slavery. I do it to kindle a flame of compassion in your hearts for my sisters who are still in bondage, suffering as I once suffered" (29). Jacobs does not seek to tie her heart to the reader's; indeed, she does not seek sympathy for herself, the usual reason for writing all of those sentences about the state of her heart. She professes to write so that her readers will cultivate compassion for the enslaved, a complicated proposition given the heart dynamics she has outlined, given that sympathy seems to require embodied proximity. Yet perhaps her point is to insist that *her* heart remains framed within the circuit of her body, unavailable for sympathetic appropriation by readers. Readers can work on their own hearts. She has enough to do with her pain, and her kin's.[11]

Discerning the Story

Incidents taxonomizes the heart to describe a number of ways that it can hurt. None of these may be reduced to an indication of emotional suffering intended to elicit the reader's sympathy, as a generic reading of them as sentimental tropes would have it. Emotional pain is hardly absent from the feelings that are documented within the taxonomy, but Jacobs is both comprehensive in layering dimensions of pain and precise in distinguishing types of sensations that accumulate and interact with the bodyminds within which she is proximate. In

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elucidating layers and types of pain, the taxonomy enriches our sense of what illness means in the narrative. The events of illness are easy to recognize in the incidents of the title: in Linda's fever or feebleness or her swollen limbs. But the various aspects of the taxonomy condition and punctuate her illness with ongoing, multifaceted experiences that traverse body, mind, and person.

Although I have presented the taxonomy organized in a list, Jacobs weaves it within her narrative, so that the heart is lacerated and then heavy and then weighty and then lacerated again. Thus I want to suggest that while we discern the taxonomy, it perhaps makes more sense to call what she has written a story of the heart. I want to propose that other stories of the heart exist, even if every one does not provide a taxonomy of pain's operations. Collectively, they may amass a certain pressure against the biopolitical mythology of the malingering patient, which has for decades limited care for a range of minoritized patients. These stories of the heart are distinguished by three features. First, the story of the heart narrates an illness that operates on several registers at once—physical, mental, intersubjective—as we have seen.

Secondly, the story of the heart does not culminate in healing. *Incidents* includes moments of sympathetic care, as I noted, but they cannot address the ongoing effects of Linda's abuse and confinement. As Elizabeth Freeman (2019: 59) points out, in her final desire for a hearth of her own, Linda still seeks "physical well-being—shelter, warmth" at the conclusion of the narrative. In this way, the line from the midpoint of the book with which I opened—"my body still suffers from the effects of that long imprisonment, to say nothing of my soul"—resonates at the end, underscoring the health that remains outstanding. Jess Libow suggests that when Jacobs (2019: 167) notes in closing, "it has been painful to me, in many ways, to recall the dreary years I passed in bondage," one of those ways might be "the physical pain that the act of writing occasions," for she suffered, as she wrote, from rheumatism, a uterine tumor, and congested lungs (Libow 2022: 342). Thus the catharsis and relief promised to the sympathetic reader are absent when our attention turns to the embodiment of the text's subject. Instead, illness is chronic; broken hearts may be treated but not fully repaired, and shared pain may be comforting but also dangerous. Or, perhaps it is more accurate to say, given Linda's grandmother's death, that the illness presented may be chronic or fatal, depending on the conditions, depending on the strength of the heart.

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Finally, the story of the heart is a way of writing that holds sentimental figuration and the literal anatomical record together, even as the two are in contradiction. The story of the heart flickers, working through possibility, insecurity: is it figurative, or is it anatomical? Instead of choosing one or the other, instead of refusing their conjunction, the story of the heart disregards unity without dismissing experience.[12] Here is Jean-Luc Nancy's (1992: 162): after he learned that he would need a graft on his heart, "the physical sensation of a void already opened up in the chest, a sort of apnea where nothing, absolutely nothing, even today, could help me disentangle the organic from the symbolic and imaginary. . . . Was it even an organ?" Nancy's heart has slipped out of the realm of singular identification and into the literary corpus he reads.

This flicker of the heart is the very opposite of Susan Sontag's (1990: 3) insistence that "illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is the one most purified of, most resistant to, metaphoric thinking." In the case of *Incidents* as I have presented it (and as Nancy echoes it), the reader only receives the most complete account of the illness through metaphoric thinking. There is no regarding illness or being in pain without it.

So to acknowledge the story of the heart is to open up terms for articulating pain and bodymind illness that, as Snediker (2021: 13) puts it, do not understand "realness and figuration as mutually exclusive." Although a literary intervention, such writing has revolutionary biopolitical implications. These hinge on the figure of the malingering patient, who is so often, and with dire consequences, denied proper care.[13] Stretching relentlessly from Jacobs's day to our own, the figure of the malingering patient inculcates the idea that a person testifying to their own pain may instead be fictionalizing their experience. The figure does so by suggesting a true/false binary: can we believe you about your pain, or are you faking? In every case, the specter of the question is enough to decide against the patient. Yet, as I explain, the specter of the question is precisely what the story of the heart refuses to entertain.

I will highlight just a few historical examples. One nineteenth- and early twentieth-century version of the malingering patient is the "sham cripple," who displayed themselves and their disabilities on city streets as they begged for money. Susan M. Schweik (2009: 110–11) examines the cultural anxiety about sham cripples—that they were wealthy imposters, or conniving lazybones—as evidenced in

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film, fiction, newspaper articles, and exposés. Yet as she reveals, whether one's body was impaired or not, the conditions of begging were such that theatricality, or even invention, was expected: "disability might be performed," she writes, "might be overacted and hyperbolized, by both fakers and those who could claim to be the real thing" (117). The fear of fakery was pervasive because the terms of being disabled and poor demanded that one speak their pain in a dramatic manner—essentially in a register of fakery.

In the 1910s, the malingering worker appeared as another version of the malingering patient. "Employers' most frequent argument against compulsory health insurance," Beatrix Hoffman (2001: 101) explains, was that workers would malinger for cash benefits. She details that what was called malingering was sometimes a tactical vacation in opposition to a contract with too-few days off, or "the attempt of workers to participate in medical diagnosis"—to assert that they were not prepared to return to manual labor, regardless of the doctor's determination (103). Yet the employers' lobbying campaign held that malingering was an essential characteristic of workers, a strategy so successful that even the advocates of health insurance ended up accepting it (104).[14] In effect, it would ever after be suspect to be too sick to work.[15]

More recently, philosopher Yolonda Y. Wilson finds this figure in an ordinary Black woman seeking medical attention in western Florida. Barbara Dawson insisted on being examined at an emergency room; hospital staff called the police, and Dawson died soon after of a pulmonary embolism. Although she had collapsed, "the officer assumed she was faking" (Wilson 2019). Wilson summarizes, "negative behavioral traits like faking or exaggerating symptoms are more likely attributed to black patients."[16] While not an identical phenomenon, Anna Mollow recognizes a similar tendency to attribute imagined illness in place of organic disease in what she calls *hystericization*. She identifies the figure of the malingering patient in people who have "undocumented," or undiagnosed, disabilities or illnesses: "people with undocumented disabilities are routinely hystericized . . . treated as if our impairments were 'hysterical' symptoms rather than legitimate diseases—by the mainstream Western medical profession and the culture at large" (Mollow 2014: 186). Altogether, what emerges is an ongoing willingness to dismiss minoritized patient narratives as illegitimate on the basis of their being invented, unreliable, fake, or imagined.

The story of the heart constitutes a response to the idea of invented pain. The charge of fakery in these examples follow from what Ablow (2017: 5) identifies as an "'epistemological' approach to pain—that is,

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an approach that takes the unknowability of the pain of the other as its central problematic." Because the reformer, insurance agent, police officer or physician assumes that they know the patient's pain, or its lack, and because they are wrong, the patient suffers. But also, because the patient believes that the other person can know the pain, and its presence, the patient keeps trying. The two parties revolve around the question of whether the pain is really there. The dance goes on while the patient gets sicker.

The story of the heart advances a different logic. The epistemological approach, as it plays out in the examples, is about how to communicate pain truthfully. But the story of the heart cannot accept the true/false binary, for its text does not register as literal record or conventional metaphor. It cannot speak of heartache in direct articulations of pain—in a stripped down, medicalized language—but neither can it speak of heartache in figures of speech, in an image-rich language. Its heartache is not knowable at either of these poles, not because it is an epistemological mystery but because it renders both at once. When we hold them together, it doesn't make sense to evaluate the account on the basis of accuracy: is it faked? is it exaggerated? Illness cannot be debunked for its proximity to fantasy when its expression requires fictional formulation. Put differently, the formulation couched in fiction becomes real, or real enough. Ann Jurecic (2012: 60) argues, "illness and pain [can] overturn experience and expectations, as well as language."[17] As she demonstrates with regard to Sarah Manguso's memoir, in the case of unfamiliar sickness, figurative language may not be figurative, odd formulations may be exactly factual.

I am not arguing that Dawson required a story of the heart, that sentimental tropes would have been convincing. The story of the heart is not a script to take to the dismissive doctor, but a text to examine alongside the dismissal. In undermining the logic of patient fakery, the story of the heart changes the terms of what qualifies as an account of pain or illness. Swerving away from clinical symptomology, it refuses to solely recognize a medical lexicon volleyed between professional and patient. It also refuses to minimize sentimental discourse as indexing emotional pain so as to facilitate the reader's practice of relieving sympathy.

My Life, My Real Life

As I mentioned at the outset, hearts appear frequently in narratives of enslavement. To read these texts as stories of the heart, as accounts of

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pain and illness in the way I have outlined here, might be a way to think with Saidiya Hartman (2008: 13) about how to hold open the possibility of "deranging the archive so that it might recall the content of a [person's] life or reveal a truer picture." If *metaphorical*, or *figurative*, or *imagined* were not words that could be waged to minimize a depiction of how violence felt, what writings of pain and illness might be known to flood through the texts we collect? How might what Hartman calls "a truer picture" of those multidimensional illnesses we call trauma emerge?

In closing, I want to broaden my scope, to bring forward a story of the heart that appears not in a narrative of enslavement but in the mid-twentieth century. James Baldwin's essay "Notes of a Native Son" (1955) does not share the specific historical, political, and aesthetic conditions that mark Prince's, Truth's, and Jacobs's texts. Baldwin's earlier "Everybody's Protest Novel" (1949) is known for its hostility to sentimentalism; Baldwin's intellectual essays hardly drew from the genre. Yet Baldwin does not shy away from the language of the heart. In his case, too, this language develops an account of illness that might easily be taken as figurative but that also represents life-threatening symptoms coursing through a bodymind. By jumping forward in time to this instance, my point is not to collapse the two stories of the heart as identical, but to observe how the layering of conventional and figurative hearts persists decades beyond the nineteenth century to speak to endangering pain. If we are to derange the archive, it turns out there are many texts, historical and literary, that might be so deranged to expand our understanding of minoritized experiences of illness.

In "Notes of a Native Son," Baldwin presents a series of afflictions that, like Jacobs's, skate the line between figurative expressions of intensity and descriptions of somatic distress, ultimately arriving at the state of his heart. For instance, when Baldwin (1955: 65) speculates toward the beginning of the essay, "the bitterness which had helped to kill my father could also kill me," the quality of both the attribution and its consequence do not appear to be exactly literal. His father, we learn, was ill with paranoia and tuberculosis, quite concrete conditions in contrast to bitterness. Baldwin is just celebrating his nineteenth birthday, heedlessly, drunkenly—he is no endangered invalid. Yet as the essay unfolds, a number of experiences and sensations that also do not appear to be exactly literal begin to suggest that "the weight of white people in the world" may be hastening his death (65).

The sense that the essay asks us to hold both the figurative and the literal arrives when he narrates his experiences in Jim Crow New Jersey. Baldwin recounts, "I first contracted some dread, chronic disease,

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the unfailing symptom of which is a kind of blind fever, a pounding in the skull and fire in the bowels. Once this disease is contracted, one can never be really carefree again, for the fever, without an instant's warning, can recur at any moment. . . . There is not a Negro alive who does not have this rage in his blood" (70). The terms "chronic disease" and "symptom" are associated with hospital-speak, even as "rage in his blood" sounds like a metaphor for anger; the summarizing sentence makes "fever" and "fire in the bowels" slip either way. Yet the slippage, in these sentences that build to a description of a horrifying permanent condition, also seems to be the point. Baldwin manifests a disease borne of anger but coursing through the body as heat and stomach distress. It begins as affect and manifests physically, destroying the intestines. That is, I am arguing for a somatic interpretation of the dynamic that Lindon Barrett attributes to the operation of culture in the same essay. Barrett (2018: 67) defines culture as "the aggregate point of imagination beyond material circumstance that nonetheless imbues material circumstance." Baldwin's organs, in my reading, are part of the material circumstance that have been imbued, even as he is also presenting their symptomology.

The essay builds the idea that potentially figurative disorders may have intensely dramatic effects on the desired functioning of a bodymind. Baldwin (1955: 79) narrates, at his father's funeral, his "mind was busily breaking out with a rash of disconnected impressions" in the midst of a nausea which makes him think he "was going mad." Abstract as they are, minds don't develop rashes, except that Baldwin has already contracted the fever in his skull that might recur at any moment, and who is to say that it doesn't break out in haunting images in difficult times? One of the questions of the essay is about the tipping point at which the fever becomes his father's madness, and here he is tracking its progress, like Jacobs, on various levels. Similarly stretching the limits of figuration, the question of how to relate to the white American (82), with attempted love and peacemaking or with consuming hatred, is presented as "having to decide between amputation and gangrene" (83). Neither option is "uncomplicated and satisfactory" (82), and so what makes these conditions infective is that they serve as an impossible choice, never leaving one at ease. As he writes, "the trouble, finally, is that the risks are real even if the choices do not exist" (83). I take this to mean that even if Baldwin is not exactly making a prognosis of, say, type 2 diabetes, he is underscoring that one will get sick as a result of this entrapment. D. Quentin Miller (2015: 230) argues that the disease Baldwin presents is an "American disease. . . . the disease is hatred." But this metaphorical interpretation misses the way that his

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language specifies a human bodymind, not the abstraction of hatred, that falls compoundingly ill.

Indeed, throughout the essay, Baldwin insists that the threats he is listing have consequences that *are* death—that they could kill him, just as the sentence with which I opened my analysis, the sentence that appeared to be not very literal, promised. It is for Baldwin's (1955: 72) "real life" that he fears: "I saw nothing very clearly but I did see this: that my life, my *real* life, was in danger, and not from anything other people might do but from the hatred I carried in my own heart."[18] The bitterness he observed at his father's death—the hatred that infects—he underscores, is really what kills you. And, echoing Jacobs, despite and correcting the sentimental impulse: it lodges in the heart. There may be fever in the brain, fire in the bowels, rashes in the mind, and infection in the limbs, but life is ultimately determined by what is or is not carried in the heart. At the close of the essay, arguing that one must fight injustices, Baldwin insists, "The fight begins, however, in the heart and it now had been laid to my charge to keep my own heart free of hatred and despair. This intimation made my heart heavy" (84). What we might now call the work, Baldwin suggests, is not only publicly political but the intimate gesture of maintaining one's own heart, of keeping it healthy. Yet the problem is that even to think about this task makes it heavy, because this is the way of hearts. They respond to the conditions in your life. Their discomfort marks your state in a world that wants to harm you.

If we consider the figure of the malingering patient, especially Wilson's late entry, Baldwin is telling a story about the absence of protocol for the raging heart, endlessly destroying the mind and the gut. These are symptoms unclassified by ordinary medical textbooks, and he monitors his own heart because he avoids seeking care from the systems that force decisions like amputation or gangrene—leaving him with his own hatred, if he is left alive at all. For him to present his pain in an emergency room, the raging heart would have to be recognized as common illness. Which is to say that the figurative language of the story of the heart would have to be recognized as medical necessity.

How many hurt hearts are out there in the literature that grapples with white supremacy, or with other systems of oppression? It is a rhetorical question, by which I mean that it is a question that wonders about rhetoric and the extent to which it might be literalized, and what the consequences of such interpretation, such deformation or derangement, would be. There would be new narratives of pain and illness, or new dimensions to the narratives that exist, and new conditions we might come to know: the raging heart, the heart on the watch, the

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heavy heart, the blind fever. Stories of the heart are not quantitative data; many would probably not even be classified as qualitative data. Yet they might be more valuable for that reason. Sari Altschuler (2018: 11) writes about imaginative medical writing that, in the nineteenth century, experimented where science did not, "Genre was the grammar of this experimentation. Literary genres were excellent forms for exploring theories of the body." Waging experiments as literary texts, as simultexts, stories of the heart are written in genre and out of it. We can read them beating wildly.

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Notes

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1 Emphasis mine here and immediately following.

2 The psychoanalytic logic that operations of the mind cause physical effects was already developing in theories of the nervous system that preceded and were contemporaneous with Jacobs's alternate both-at-once proposal. See Murison 2011.

3 Drawing from Jacobs's body/mind pairing, I use the term *mental* here and throughout to indicate nonphysical pain, encompassing emotional as well as what Jacobs calls spiritual and soul pain.

4 Indeed, in *The Narrative of Bethany Veney* (1889), the narrator writes at one point, "I had never in my life felt so sad and so completely forsaken. I thought my heart was really breaking" (Veney 1889: 29).

5 Ibid.

6 Libow (2022: 337) points out that some critics have deemphasized Jacobs's bodily experience, on the logic that she "minimizes Brent's physical suffering while in hiding to combat the perception of Black women as hyper-embodied." Like Russ Castronovo (2002: 121), I find that Jacobs's representation of Linda's body tends to undo commonly held oppositions of what constitutes the body and what does not. See his point that, for Jacobs, "spirits are not dead but full of historical life" (134), as well as Erin Forbes's (2016: 454) argument that Jacobs "deter[s] readers from interpreting her story as a coherent, linear movement . . . from figurative death to a fully realized life."

7 I follow several scholars who indicate how Jacobs invokes sentimental discourse only partially. See, for instance, Constantinesco 2022; Freeman 2019; Greyser 2018; Herndl 1995; Sánchez-Eppler 1993.

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8 Thomas Constantinesco (2022: 86) is helpful on this point, arguing that pain in the text "does not circulate between body and mind and it cannot be erased in the move from one to the other." The lack of circulation is due precisely to the pain's occupation of both realms.
9 Libow (2022: 349) quotes an 1864 letter about Louisa's impending illness from overwork in which I interpret a similarly endangered heart: "The doctor says my daughter will have to give up; but her heart is in the work." In addition to the point that Louisa cares about teaching, I also sense Jacobs worrying that her daughter risks her physical heart.
10 See van der Kolk 2014; Menakem 2017; Goldberg 2019.
11 See Koritha Mitchell's (2020: 41–42) point that Jacobs's grandmother is taking care of herself even when her care for others is more prominent.
12 Dorri Beam's (2010: 15) formulation on highly wrought style was helpful to me here: she writes that its practitioners "reject a false division between eloquence and truth, as they do between fantasy and the political or real."
13 I do not have the space here to consider what proper care might mean in the abstract or the concrete, but I want to note that this phrase requires further analysis.
14 The employers' opposition actually stemmed from fears that they would become financially and morally responsible for their workers' health (104).
15 See Adler-Bolton and Vierkant (2022: 43–44).
16 Debra Walker King (2008: 9) observes that such deficient treatment is a result of abstracting representations of what she calls *blackpain*, in which "Black people [and their individual pain] disappear while their bodies are constantly renewed as memorials to suffering and as tools for lessons benefiting systems of American acculturation."
17 I was once asked by a doctor to provide a description of my symptom that was not metaphoric, that was, in his words, "something I can write down in my chart."
18 I cannot help but think here of Barbara Christian (1998: 77) in "The Race for Theory," even though, again, the context is completely unlike: "What I write and how I write is done in order to save my own life. And I mean that literally."

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