

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—OCTAVIA E. BUTLER, unpublished verse from *Earthseed: The Books of the Living* (Octavia E. Butler Papers)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 ‘hystericize’ 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 memories 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 memories 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 rememory 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 Metzl 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.