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Chapter 3

Colonial Discourses of Disability and Normalization in Contemporary Francophone Immigrant Narratives: Bessora's *53 cm* and Fatou Diome's *Le Ventre de l'Atlantique*

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In the French social context, violent resistance to social injustice is a long-standing tradition. Although the recent riots have died down, one can identify milder but no less vehement signs of resistance in the writings of immigrant women. In particular, the novels *53 cm* (1999) by Swiss-Gabonese writer Bessora and *Le Ventre de l'Atlantique* (2003) by Senegalese Fatou Diome underscore the complex and complicated position of female immigrants living in France. Their experiences are grounded in their race, gender, and often, the particularities of their bodies. As immigrant bodies subject to French surveillance and (medical) examination, the protagonists of Bessora's and Diome's novels, Zara and Salie live a series of inspections. Although they are not 'technically' ill or disabled, their bodies defy Franco-French normalcy in various ways, and so the protagonists contend with colonial and contemporary assignations of bodily abnormality, excess, and deficiency. For Zara and Salie, their corporal dimensions disobey cultural standards and challenge accepted readings of normalcy. Despite the apparent 'normative health' of the protagonists in question, their bodily configurations encourage a vested interest in the realities of the ill or disabled and the discourses that surround them.

Like many of the resistance writings Edward Said examines in *Culture and Imperialism* (1993), these narratives are both in dialogue with, and in resistance to those colonial discourses of illness and disability that have at one time or another served to define and circumscribe African spaces. In this paper, I will argue that Diome's and Bessora's novels interrogate the anthropological, scientific, and medical discourses which constructed the illness and disability of the Black female body. In so doing, these writings underscore the ways in which these fields of discourse haunt contemporary discussions of immigration and integration. Nevertheless, Bessora and Diome seem less interested in "healing" or "rehabilitating" the discursive figure of the disabled black woman than in challenging the 'tyranny of the norm,' in Lennard Davis' (1997) words. In Western consciousness, the figure of the immigrant—s/he who migrates from elsewhere and penetrates the host country—represents the archetypal 'foreign body' which can usher in dangerous maladies and which cannot be incorporated into the 'national body.' As 'foreign bodies', these protagonists circulate between French and African spaces. Both novels illustrate the perceived cultural and corporal dangers that the 'foreign body' can pose and manifest a deep concern for the problematic conditions of normalcy and integration. In their literature, I identify a marked interest in reworking and refiguring oppressive discourses of illness and disability in order to challenge the paradigms of normality and homogeneity which undergird French treatment of immigrants.

In general, the critics who have introduced disability-centered perspectives into postcolonial studies have remained within the medical model of disability as lack, excess or deviance, and argue that authors strive through their writing to imagine wholeness, coherence or normative health.¹ While health and healing seem a natural goal for any ill, disabled, or

¹¹ See for example Sanjeev Kumor Uprety (1997).

unusually embodied subject, I want to consider reading these realities in *different* terms, and to dissociate them from necessary tragedy and an ‘unhappy ending.’ Some might read their experiences through the lenses of multiple oppressions: after all, they are black, female, (de)colonized, and unusually embodied. However, the unique responses that Zara and Salie offer in their narratives belie the additive model of oppression. In their daily lives, they navigate through these modes of domination and exclusion, once failing, once coming out the other side triumphant. Following Chandra Talpade Mohanty (1991), I seek to read these figures not in terms of a monolithic ‘third world woman’, at once “homogenized” and “systematized” under oppression, but instead with attention to the contradictions and conflicts that can arise from their distinct historical and material relationships to class, religion, culture, and patriarchy (p. 214). This paper will explore the multiple and varied ways these bodily states and their sociocultural meanings *inhabit* the protagonists. How does she negotiate the various discourses which name her as ill or disabled and demand her cure or silence? In what ways does she reject, embrace, or flaunt her own corporal contours? And finally, how do the texts themselves respond to and refigure these discourses? To provide some preliminary responses to these questions, my theoretical framework will be grounded in feminist, postcolonial, and disability studies scholarship.

For the most part neglected by mainstream academia, the field of disability studies has much to contribute to our readings of literary subjects of illness and disability, especially in the postcolonial context. The study of disability and its sociocultural readings is useful because it is concerned with the ways in which the differently-abled or differently-embodied subject is marked as ill, aberrant, and in need of cure before s/he may be ‘integrated’ into society. Consequently, it studies power and subjugation as well as the possibilities of resistance, which often occurs through narrative. In fact, Arthur Frank (1995) reads all narratives of illness and disability as postcolonial since they contest and revise the master narratives of medicine and culture that define ‘the ill/disabled subject’ (p. 10).

Indeed, illness and disability are heavily charged words in the context of colonial and postcolonial literatures and nations. While colonial discourse defined its African subjects as ‘always already ill,’ to borrow Anne McClintock’s (2001) phrasing, the material effects of colonial rule contributed to a number of *real* somatic and psychological crises, as illustrated by F. Fanon (1952).² And in contemporary Africa and the Caribbean, the confluence of corrupt regimes, poor infrastructures, and lasting debt has contributed to ill health and the rampant spread of diseases such as HIV/AIDS.³ While these novels cannot expect to shift the course of social and political response to disease or disability, literary representations of illness and disability have important political implications: intimately engaged with the social, cultural, medical, economic and political discourses of illness and disability, they can re-imagine the nature and function of these discourses. More specifically, these writings represent an interrogation into the discourses that maintain the ‘otherness’ of illness and disability and see the ‘the ill/disabled other’ as s/he who should be kept at a distance, or kept under control, requiring quarantine and absolute healing to fit into her/his community. The ideas surrounding illness and disability are often deeply invested in relations of power and control, and cannot be examined

² Fanon’s (1952) clinical study of the detrimental psychosocial effects of colonial rule on the Black subject later informed his characterization of the colonial system itself. In *Pour la révolution africaine* (1964), he compares it to “un germe de gangrene”, and “une source d’épidémie.” (p. 71) In this way, colonialism is a self-reproducing disease that infects everything in its path, with the colonized body (and psyche) as its carrier and victim.

³ According to a joint UNAIDS/WHO report (2004) from, 440,000 are living with AIDS in the Caribbean, while 25.4 million are living with AIDS in sub-Saharan Africa.

(http://www.unaids.org/wad2004/EPIupdate2004_html_en/epi04_00_en.htm)

outside of the discursive and material effects of oppression and patriarchy as they present themselves in Western and African contexts.

In *53 cm* and *Le Ventre de l'Atlantique*, the female protagonists must negotiate various cultural norms of good health, womanhood, and belonging. Because of their skin color and somatic and sometimes psychic difference, they are continually marked as 'other.' Indeed, as many disability studies scholars have pointed out, the categories of blackness, femininity and disability often come together in Western conceptions of 'the Other.' As Catherine J. Kudlick (2005) remarks, disability is "crucial for understanding power" for "the ugly, the deformed, and the helpless all serve as reminders of power's opposite." (p. 560) This becomes more clear in light of anthropological, scientific, and medical discourses on the Black female body which issued out of the colonial period.

Colonial readings of the Black female body have long been part of the larger Western discourse on the 'African other,' a biologically and *culturally* inferior being. As Megan Vaughan (1991) and others have illustrated, colonial conceptions of ill or aberrant health could encompass a wide range of physical, psychological and cultural states of being which existed in a dynamic relationship, at once products and producers of multiple deficiencies and excesses. In Vaughan's reading, "'culture' became an entity which could both produce and protect from disease, and therefore a subject of a distinct pathologizing account" (p. 53). Indeed, the French *mission civilisatrice* assumed a cultural superiority that was paradoxically understood to be normative, therefore any 'other' (lower) culture could be labeled as abnormal, pathological. The colonized subject—uncivilized, unclothed, "uncultured"—was deemed abnormal and inherently defective. While all colonized subjects were generally seen as sites of contamination and disability, it is the female colonial subject who is the most implicated in such readings: she embodies an original disability, a 'diseased' and deviant sexuality, and in some cases, a monstrous *métissage* (hybridity). It was perhaps due to the nature of the imperial encounter itself—a specifically masculine adventure—that the Black female body came to represent once excess, once illness. As Anne McClintock (1995) argues, in Africa and the Americas, "women figured as the epitome of sexual aberration and excess" (p. 22).

The Western fascination and revulsion for the woman of color and her excessive sexual parts (body and sexuality) is most clearly illustrated in the case of Saartje Baartman, a Khoi woman 'discovered' in 1810 in Southern Africa by a colonial physician and brought to Europe for public display. Her buttocks and labia, deemed excessive and deformed, came to represent the disabled, freakish nature of the Black female body in the nineteenth century and beyond. Baptized the 'Hottentot Venus' by her European audience, Baartman was a quintessential figure of disability and 'freakery' who served as a foil to normative white sexuality and bodily coherence (Garland Thomson, 1997, pp. 70-73). Her extraordinary body, as Garland would put it, was the subject of numerous examinations both while she was alive and well after her death. The renowned naturalist Georges Cuvier performed her autopsy, after which her buttocks and genitals were dissected and publicly displayed in Paris. In Sander Gilman's (1985) reading, her sexual parts, deemed excessive and 'deformed' were seen as "a congenital error, and thus incorporated into the disease model" (p. 89). He contends that "Black females do not merely represent the sexualized female, they also represent the female as the source of corruption and disease" (p. 109). In Gilman's analysis, disability and illness come together to form the ultimate 'other' of normative female health and sexuality. It should be noted that this 'nineteenth century phenomenon' was an object of scrutiny at Paris' *Musée de l'homme* until only recently: her genitals were removed from public display in 1976. Nearly thirty years later, her remains were finally repatriated to South Africa and buried. The ceremony appropriately marked the centerpiece of the country's Women's Day celebrations (BBC).

In the case of Zara, the half-Gabonese, half-Swiss narrator of *53 cm*, she contends not only with discourses on the African disabled, aberrant, and unhealthy body, but with those on the ‘mulatto’ (*mûlatre*) as well, who was named precisely for her likeness to a mule, a “vitiated and infertile” animal, in the words of eighteenth-century naturalist Buffon (qtd. in Blanckaert, 2003, p. 44). In this characterization, the *mûlatre* is disabled by sterility, spoiled and incomplete. Buffon later revised his claim, arguing that those of mixed blood could reproduce, but only if they coupled with a ‘pure-blooded’ white. Otherwise, they would die out after two or three generations (Blanckaert, 2003, p. 46). In this case, miscegenation promised the breeding out of biological and cultural blackness (savageness). Despite the prodigious proof that those of mixed race could indeed reproduce (as was evident in the French Caribbean), the idea of sterility and aberrance persisted well into the late nineteenth century through the writings of Honoré Jacquinot and Paul Broca. According to Jacquinot, a *métis* (person of mixed blood) was “an abnormal, monstrous being” (qtd. in Blanckaert, 2003, p. 49). According to Blanckaert, not only French, but also British and American anatomists read *métis* as violating the laws of nature. They were unhealthy and disordered border-crossers of sorts, an issue I will return to shortly.

Indeed, many of these ideas carried over into discussions on literal border-crossers—immigrants—many of them former colonial subjects of France. In his study of illness and immigration in the United States, *Silent Travelers: Germs, Genes and the “Immigrant Menace”* (1995), Alan Kraut considers the “double helix of health and fear” (fear of the foreign-born and fear of illness) to be “locked in a timeless embrace” (p. 266). While his remark pertains to the American context, it could easily be applied to France as well, especially in light of the French investment in fictional notions of cultural and ethnic purity. French historian Gerard Noiriel’s (1996) landmark study of immigration in France revealed the unequal welcomes different immigrant groups have received, depending on their place of origin, cultural practices and appearance. In the nineteenth century, the influx of immigrants was often likened to contamination or poisoning of the body of the nation (Noiriel, 1996, p. 158). Kraut points out that appearance alone—phenotypic difference and/or substandard hygienic habits—could constitute a threat to the health of the native-born, and that those who were allowed to stay, “those deemed fit”, were more often than not “similar in appearance and origins to those already [there]” (Kraut, 1995, p. 6). In other words, immigrants had to be “fit” physically *and* culturally or ethnically. As Douglas Baynton (2005) notes, in nineteenth-century discussions surrounding American citizenship, the “issues of ethnicity and disability were so intertwined in the immigration debate as to be inseparable” (p. 565).

In contemporary ‘postcolonial’ France, one of the most pressing issues is how to “fit” these culturally pluralistic and “visibly different” immigrants into the universalist model. In the French republican tradition, citizens and ambiguous ‘others’ living within French borders are expected to shed any and all cultural, religious or identitarian affiliations in the public space in the interest of social integration and cohesion. Leader of the extreme right, Jean-Marie Le Pen maintains that they cannot and will never be able to integrate into the French national body. His emphasis on race and ethnic difference has set him apart as a radical politician; among other offenses, he has put the blame squarely on immigrants for the ‘social ills’ of France as well as for the spread of real illnesses such as HIV/AIDS. Nevertheless, his popularity with voters has steadily increased since the 1984 elections when his National Front party took 11% of the popular vote (Hargreaves, 1995, p. 183). In the 2002 presidential elections, Le Pen lost to Chirac but received an astounding 18% of the vote. And while Chirac is a welcome moderate, his own rhetoric is no less problematic. His famous remark about the “real” problem of “foreigners” conflates the unemployment rate with cultural particularities and unhygienic habits, hence unhealthiness: “Notre problème, ce n’est pas les étrangers, c’est qu’il y a overdose [...] et si vous

ajoutez le bruit et l'odeur, hé bien le travailleur français sur le palier devient fou. Et ce n'est pas être raciste que de dire cela" (1991) ["Our problem is not the foreigners, it is that there is an overdose of them [...] and if you add the noise and the odor, well, the French worker next door just loses his mind. It's not racist to say that."] The "overdose" to which Chirac makes reference, and which I read in medical terms, would perhaps not be a problem if there were no "side effects" such as odor, noise or even visible difference.

As stated earlier, the immigrant represents the 'foreign body' par excellence. As defined in medical terms, a foreign body refers to "a substance present in any part of the body in which normally it is not found, and usually of external origin"; an object "[i]ntroduced from outside; not belonging to the place in which it is found" (OED). The foreign body not only ushers in dangerous maladies, but can distend the normal limits and borders of the (national) body. If in times of conquest the nation is feminized (that which is penetrated, subjugated, and dominated), in contemporary times of national crisis, as Sidonie Smith and Gisela Brinker-Gabler (1997) affirm, "the nation is a masculine body sapped of its lifeblood, corrupted by contaminating influences, weakened, [...] emasculated. In such times, threats to healthiness and purity of the body politic are identified with the "foreign" or "alien" within" (p. 15). In this way, the dangerous, foreign element becomes an implicitly feminine one.

Moreover, in today's globalized world, the circulation of bodies is more frequently seen in terms of infiltration and contamination of the national space.⁴ C. Nadia Seremetakis (2001) considers disease imagery and medical rationalities as "diverse registers of and for viewing globalization" (p. 115). She notes that with globalization comes the internalization of seemingly enigmatic viruses and diseases that ignore national borders, such as HIV; tuberculosis; hepatitis A, B, and C...; not to mention the association of many of these ills with particular transnationalized social categories such as refugees and immigrant groups, ethnic and racial minorities (p. 121). It is not surprising that in this time of HIV/AIDS, Ebola and imminent viruses from abroad (such as H5N1), those seeking legal residency in Western countries such as France must submit to rigorous health examinations. The examinations, a process of filtering out or healing the "undesirables," offer an example of how institutions participate in the disciplinary normalization of bodies (Foucault, 1979).

Explained in detail in an article by the head physician of the Office of International Migration (OMI), Patricia Delavalle (1997), the medical exam that immigrants must pass today has its roots in an ordinance passed in 1946 to regulate the health of migrant workers come to rebuild France. The stated goal was to assure that the worker was healthy enough to carry out his job, usually in construction, agriculture, or the mining industry. While the postwar migrant was nearly always male, the population diversified in the 1950s and 1960s when the wives and children of the workers began to join them in France. However, it was not until 1988 that all 'visitor' categories (immigrant family members, students, and refugees) were required to take (and pass) the medical exam (p. 2). In 1994, the exam became what it is today: a lung x-ray, urine analysis, eye exam, height and weight measurements, and a medical consultation at the doctor's office which has three main goals: "le dépistage d'anomalies méconnues; l'éducation sanitaire des personnes examinées; l'établissement d'un lien entre le service médical de l'OMI et les services chargés du premier accueil au niveau départemental" (p. 2). ["the detection of unknown abnormalities; the health education of the examined persons; and establishing contact between the medical service of the OMI and regional services in charge of the first exam."]

The extensive exam, featured in both of the novels in question, clearly means to access—and assess—all of the patient's body parts. What it seeks to identify, 'abnormalities,' is

⁴For an interesting take on this idea in the form of a literary study, see Mireille Rosello (1996).

ambiguous enough to apply to just about anything outside of the norm. Delavalle goes on to explain that any and all of these ‘detected abnormalities’ are communicated to the head physician of the OMI (in this case, Delavalle herself), who in turn alerts the medical inspector of the Department of sanitary and social issues who “makes sure that the migrant benefits from health and social assistance and receives medical treatment” (p. 2). If medical treatment is prescribed by the doctor, the immigrant must submit to the treatment in order to receive the medical certificate which allows them to reside legally in France. The dizzying succession of surveyors and regulators ensures that no abnormality will go undiscovered, untreated, and undone. Those patients who decide against the better judgment of the physician-enforcer—or those whose bodies resist cure—risk becoming unwelcome foreign bodies or illegal aliens, for under French law, they cannot become legal without submitting to the prescribed treatment (Delavalle). As the texts of Fatou Diome and Bessora illustrate, the obligatory medical exam contains a multiplicity of meanings—and represents only a small piece of the larger puzzle. While both protagonists overflow with ‘foreignness’ and ‘little-known abnormalities,’ their bodies and texts resist normalization and call for new readings of ‘other’ bodies.

The narrator of Diome’s *Le Ventre de l’Atlantique*, Salie, is a Senegalese student living in the French city of Strasbourg. While she is ‘legal’ and seems to possess a clear sense of self on both French and African soil, her narrative is constantly interrupted by reminders of the precariousness of her existence. One evening while taking a bath, Salie is snapped out of her reverie by a knock at the door and a certified letter from the French government: “énième convocation à la Direction régionale des renseignements généraux relative à ma demande de naturalisation” (p. 214) [“umpteenth convocation to visit the Regional Office of General Intelligence about my request for naturalization]. A space of silence, solitude and bodily well-being quickly becomes another space entirely. Upon reading the letter, the memory of her first health inspection in France comes back to her. Naturally, she was required to submit to “une radio intégrale” (a full-body x-ray) before she could receive her residency permit: “Sans gale ni pustules, ne couvant non plus rien d’inavouable, on m’avait adressé, avec une facture de 320 francs français, un certificat médical: *Remplit les conditions requises au point de vue sanitaire pour être autorisé à résider en France*” (215) [Free of scabies and abscesses, and harboring no other unmentionable illness, I was presented—along with a bill for 320 French Francs—a medical certificate: *Meets the health conditions required for residency in France.*”] While the x-ray is meant to identify illnesses and disabilities invisible to the naked eye (such as tuberculosis), Diome expands its gaze to include visible epidermal disorders, scabies and abscesses. Illness and disability come together as defects (abnormalities) to identify and treat. Indeed, the x-ray is the ultimate surveillance mechanism that, in the case of many immigrants, reproduces the unidirectional and omnipresent colonial gaze that wants to look, uncover, inspect, and ‘discover.’ She is accepted into the country as a ‘legal’ entity precisely because she is free of illness or deformity. As she eloquently states, “Ainsi, donc, la maladie est considérée comme une tare rédhibitoire pour l’accès au territoire français” (p. 215) [“Illness, therefore, was the defect that prohibited one access to French territory”]. Salie elaborates the scene by recalling the colonial period when a neat binary of health and illness was established: the white man, a superior being, never fell ill; the African, a base savage, was ‘naturally’ ill. Like the colonial eye, the x-ray surveys the body in order to better subjugate and discipline it, in Foucault’s terms. The machine performs numerous violations upon the body: on the one hand, it permits the doctor (or inspector) a limitless intimacy with the patient’s body; on the other hand, it reinforces the

incommensurable distance between the doctor and this immigrant body, whose very ‘foreignness’ requires healing and domestication, as we will see shortly.⁵

As Salie’s description of her interview illustrates, she is fully aware of the odors, bodily fluids and “noises” of Chirac’s evocation that she herself might produce. It is not insignificant that the evocation of this interview, in which the French interviewers wanted to know “everything about her” (p. 215), immediately follows that of the health inspection. In the interview, Salie juxtaposes the perceived cultural and corporal “dangers” that the foreign body can pose, yet she decides to respond to all their questions. Since she has passed the medical exam, one might imagine that the questions Salie wants to answer bear strictly on her cultural affiliations, her “intentions” in France, and her allegiance to Republican values. Instead, she returns to the subject of the body, thereby underscoring the association made between visible and invisible signs of difference in regards to immigrants and outsiders. Clearly, Salie’s body and mind present a potential threat to the integrity of the French space: her face proudly “wears” its *negritude*, the original intellectual revolt against Western discourses of denigration, and her body claims a place amongst Senegal’s most well-known cultural—and revolutionary—figures, Léopold Sédar Senghor. The questions she must (and does) answer are evidently invasive, and her responses suggest their content, or at least their implications. She explains that she will give them all her measurements to prove to them that she won’t take up too much space; she will make them smell the odor of her armpits, her perfumes and deodorants. Finally, she says, “je les laisserais compter le nombre de trous dans les dentelles de mes culottes, mesurer la longueur de mes poils, et s’ils insistent, je m’éventrerais pour leur désigner à quel endroit de mes tripes l’humiliation a planté ses ventouses” (pp. 215-216) [“I would let them count the holes in the lace of my underwear, let them measure the length of my body hair, and if they insisted, rip my guts open to show them where humiliation had fixed her leeches]. As in nineteenth century anthropometry, where body parts were measured and prodded in order to theorize a hierarchy of the races, the examination is “the ceremony of objectification” (Foucault, 1979, p. 187). However, despite her humiliation, Salie does not remain a mere object of inquiry.

During her interview, Salie exposes her body and its secrets and secretions as if they were under a microscope, evidently parodying the utmost concern with her measurements, her armpits, pubic hair, and guts being in normal, working order—neither offensive, nor “taking up too much space.” As she suggests, a “good immigrant” is one whose body and mind do not sully the fabric of French culture and society. And yet, this ultimate exposure of her anatomy is messy, unorganized, and profane. She dares her inspectors to see her body in all its hairiness, its bloodiness, its stench—precisely because it is a *real* body, living and breathing and forever leaking its fluids.

Before becoming a carefully surveyed immigrant in France, Salie was an unwanted child in her home village of Niodior in Senegal. As she explains, her arrival into the world as an illegitimate child was met with horror and revulsion. In her village, tradition dictates that an illegitimate child, like a diseased, disabled or disfigured one, should be killed and declared still-born to the community (p. 74). Despite her grandmother’s decision to save her from certain death, Salie grew up as an outsider, a “marked” woman whose mere presence troubled the community. While her mother ignored the infant, Salie’s step-father sought her end: when Salie cried at night, he threw her out of house no matter the weather (p. 74). When her mother left in the morning to get water or cut firewood, Salie explains, “il m’emballait dans un pagne et me couchait dans la cour entre les flaques” (p. 74) [“he would pack me into a *pagne* and put me in

⁵ See Djiboutian writer Abdourahman Wabéri’s (2003) novel *Transit* for an ancillary depiction of such treatment. In the case of refugees, whose origins imply an original chaos and aberration, health inspections are preceded by decontaminations (p. 153).

the courtyard in between the puddles”]. His treatment of Salie as a body to dispose of—as that which must be eliminated to restore the family to health—ensures her *real* illness. She tells us that as a child she alternated between bronchitis and conjunctivitis. “Mon beau-père comptait sur mes fréquents maladies pour se débarrasser de l’incarnation du péché, la fille du diable—c’est ainsi qu’il me désignait” (p. 75) [“My step-father counted on my frequent illnesses to rid himself of the incarnation of sin, the devil’s daughter—that was what he called me”].

Her body, sign of her ‘original’ sin (sustained life), is all the more problematic in its gender. For although Salie’s grandmother saves her from death by taking her in and healing her with herbs and her own milk, both she and Salie’s mother frequently warn her of her intended fate. Her mother has a second child, a boy, whom she considers her first (and only) child. Her grandmother, on the other hand, admonishes her for speaking too loudly, wanting too much, or wandering too far from home. One of the secret journeys Salie takes is to the village school, where she quietly steals an education despite the ardent wishes of her grandmother. Although she eventually allows her to continue her studies, Salie’s education makes her even more foreign and troubling in the eyes of the community, especially its women. Salie eventually leaves because the community never conceded her incorporation: “Cette société insulaire, même lorsqu’elle se laisse approcher, reste une structure monolithique impénétrable qui ne digère jamais les corps étrangers” (p. 77) [“This insular society, even when it allows others to come close, remains an impenetrable monolithic structure that refuses to digest foreign bodies”]. While Salie makes reference here to any and all ‘foreign bodies’ (outsiders), it is her own real body that defies normalcy and denies her entry into her community: upon her ‘damned flesh,’ Salie tells us, the village has inscribed ‘indelible marks’ (p. 225). Her body (and mind) is a site of transgression and violation of established norms, and therefore a constant reminder of what does not “belong”—or more accurately, what should not have been allowed to live in the first place.

Yet, despite her move to France, Salie returns frequently to her village, ever disturbing the small community and reminding them of her right to live regardless of her supposed ‘invalidity.’ During her visits, she penetrates the intimate and forbidden spaces of men, introducing herself into their debates. She wanders through the village as she pleases, claiming different spaces as her own. If she does not physically access the world of women, Salie nevertheless maintains a ‘troubling’ presence as she silently writes nearby, embarking on literary journeys into their lives (p. 171). Like her author Diome, Salie lives, writes and publishes, freely transmitting her aberrant self despite the demarcations set out by both societies. In Senegal and in France, hers is the body (and the text) that refuses invisibility, silence, and containment, not only in its ‘color’ and ‘odors,’ but in its very materiality.

For the narrator-protagonist of Bessora’s *53 cm*, Zara, living and surviving in France—let alone contesting its imperatives—is a much more precarious affair. A student and single mother in Paris, she traverses the city in an absurd search for legal papers for herself and her daughter. Given her illegal status, bodily inspections are a much more frequent occurrence and the theme of immigration becomes intimately connected to issues of disciplining the body to be beautiful, normal, and ‘fit’—that is, healthy and in (the right) shape.

It is therefore significant that the novel opens in a gym, where perfect physical form is the “order” of the day. The chapter title, “De l’altérité dans le règne gymnasial...” [“On alterity in the gymnasial kingdom...”], is obviously ironic, for there is no alterity to be found: “Sur tous les murs, des miroirs portent cette inscription: *Et le Gymnasium créa la forme*” (p. 10) [“On all the walls, the mirrors bore this inscription: *And the Gym created good shape*”]. The phrase, projected onto the exerciser/spectator at every turn, marks her or him as an object and subject of the ‘almighty’ gym. The chapter title puns on the biblical phrase “Et Dieu créa l’homme” [“And God created man”], but more saliently on Roger Vadim’s 1956 film “Et Dieu créa...la femme”

[“And God created woman”] featuring Brigitte Bardot, the iconic French female (form) and former *Marianne* (French national symbol of liberty and republican values).⁶ In the gym and beyond, the body is disciplined not only to neutralize ‘unsightly’ flaws, but to take on precise, well-defined shapes; one machine can even swell the dorsal muscles “au millimètre près” (p. 10) [“to the nearest millimeter”]. As the gym members illustrate, the desire for flawless curves and hollows is linked to arbitrary notions of purity. One man simultaneously lifts weights and talks on his cell phone, ordering a “singapora” cat—much less common than the Siamese, he says, it is “un pur sang de race hyperpure” (p. 11) [“an extremely pure race of pureblood”]. Keita, the gym director, might represent the most frightening figure of them all: on the one hand, he boasts of his “pure” Malian blood and derides the ‘mixing of races’ as sinful; on the other hand, his own bodily particularities are effaced beneath ‘white masks,’ a blond wig and “methylene blue” tinted contact lenses (p. 9). His body is ‘standardized,’ in Garland Thomson’s (2004) words. Indeed, the ‘standardizing’ power of the gym has national implications; Zara explains that a gym membership card is a sign of integration: “comme la *c’at de séjou*, elle prouve qu’on a le nombre de millimètres qu’il faut” (pp. 49-50) [“like the residency card, it proves you have the right measurements”].

As Bessora makes clear, outsiders (*exogènes*) are not value-neutral inhabitants of France. They fill up and distend the national *Organisme*: “Ces exogènes étranges surchargent l’*Organisme*, le ballonnent, le constipent” (p. 83) [“These outsiders overload the Organism, bloat it, constipate it”]. If France can not properly digest its foreigners, than illegal aliens (*les sans papiers*) bring far worse consequences. They are dangerous and fearsome, for they carry “le virus *sans*” (p. 92) [“the *without* virus”]. As pathologized beings, however, they not only infect the national *organisme*, they deform it and render it ugly: the invasion of the *sans* can only be remedied by liposuction treatment (p. 93). This harks back to the first scene in the novel where real bodies were dutifully engaged in other beautifying, purifying treatments at the gym.

Just as Keita’s body is standardized by the gym, his assumptions about Black sexuality and bodily contours are modeled on colonial French thought. He claims that his penis is extremely large, and asks Zara if she is a steatopyge (the classification given to Sarah Baartman, the Venus Hottentot). Keita informs her that she is a steatopyge “if and only if, the perimeter of your posterior exceeds 791 millimeters” (p. 9). Although Zara’s body cannot claim similar proportions, it is the subject of ancillary ‘narratives of pathology’ (Garland Thomson, 1997). Indeed, her undersized buttocks are of central concern in the novel, so much so that Zara is finally forced to measure them. Upon confirming their diminutive measurement of fifty-three centimeters, someone asks, “Es-tu bien sûre d’être d’ascendance négroïde?” (p. 168) [“Are you really sure you’re of negroid ancestry?”]. While the size of her buttocks would seem to make her body more standard since they ‘fit’ into the Western model (and establish distance from her African ancestry), they perplex and disappoint, for they are not the excessive buttocks ‘of a

⁶ Vadim’s film launched Bardot’s career as the quintessential “sex kitten.” Her face and bust were endowed with “national” significance when, in 1970, she became the new *Marianne*, the female embodiment of the French nation. In recent years, however, Bardot is better known for her conservative politics. A staunch supporter of Jean-Marie Le Pen, in 2003 she published a book, *A Scream in the Silence*, which blatantly attacks homosexuals, immigrants, and the unemployed. She was brought to court in 2004 for inciting racial hatred, and tearfully justified her writings: “I was born in 1934 [...] There are many new languages in the new Europe. Mediocrity is taking over from beauty and splendor. There are many people who are filthy, badly dressed and badly shaven.” In MSNBC News, “Brigitte Bardot fined for inciting racial hatred,” (2004, Jun 10). Retrieved 20 Sep 2006 from <http://www.msnbc.msn.com/id/5181642/>. Brigitte Bardot is featured on Le Pen’s website among his most important friends and supporters: <http://english.le-pen.info/book/reliations.htm>.

Black woman.’ Faced with the displeasure of those who discover her deficient measurements, Zara ironically speculates that she is “a reverse steatopyge.” Her small size, then, marks her as an abnormal type of an abnormal, pathological body.

In her own quest for legal residency in the chapter entitled “De l’étrangeté dans le règne international...” [“On foreignness in the international kingdom...”], she is called to the OMI for a lengthy medical exam. Her *étrangeté*, as she puts it, was enough to warrant this convocation, and it becomes clear during the exam that Bessora means the word to signify both of its French meanings, foreignness and strangeness. The physician’s motivated inspection of Zara’s person resonates with colonial-era desires; she tells us that he examines “tous mes millimètres” (p. 14) [“all her millimeters”], neglecting only to count her teeth. The naturalist reincarnated as physician pokes and prods and writes the narrative of Zara’s body, finally offering his diagnosis: “Il m’annonce une scoliose triple, et déplore une épaule plus basse que l’autre, légèrement. Mais ça ne suffit pas à m’interdire le séjour en France” (p. 14) [“He tells me I have a triple curve scoliosis, and deplores the fact that one shoulder is lower than the other, slightly. But that’s not enough to deny me residency in France”]. While both he and his patient know that her bodily ‘abnormality’ is “not enough” to keep her out of France, the phrase implies that had the scoliosis seriously altered the shape of her body and ease of her gait, Zara would indeed be considered too strange, too weak, and too foreign to stay in France.

But according to nearly everyone she encounters, she is always-already too strange, monstrous, and too ‘foreign’ to be accepted into France with her impure blood, skinny frame, small buttocks (for a Black woman), natural hair, untuned physique, and uneven spine and shoulders. Given the profusion of negative discourses associated with an immigrant such as Zara, the reader might expect her to attempt to better fit into the ‘national body’ by modifying her appearance or by making claims to normalcy and neutrality. After all, citizenship is only guaranteed with two cards, she tells us: a residency permit and a gym membership. Since she cannot ever truly blend into the culturally and physically Westernized crowd, then she might opt for clandestineness, hiding herself away to avoid attracting the attention of vigilant citizens. And yet, she does neither.

Although Zara is not always comfortable in her body and with her precarious immigrant status, she refuses to “check her identity at the door” and to become a ‘neutral’ body, stripped of its difference. Despite the warnings of others, Zara refuses to engage their remarks, and decides to remain her ‘aberrant’ self. What is more, her unfazed, continuous movement through the French national space troubles the norms of immigrant conduct. As Lydie Moudileno (2005) argues in her work on the literature of *sans papiers* in France, their refusal of clandestineness and their willful circulation in the metropole can be read as modes of resistance against imperial norms of integration. Indeed, in a seeming effort to explode the paradigm of homogeneity and the so-called ‘laws of nature,’ Zara even plays with the possibility of genetic and physiological mutations. When she overhears disturbing talk about an illegal immigrant, she spontaneously transforms into a revolutionary ant with a Phrygian cap—and a large derriere—embodying the queen of the French anti-racism coalition. Her response to this mutation? “Je n’ai plus que m’habituer à ce nouvel état. Que voulez-vous, j’ai l’humour changeante et le gène lunatique” (p. 172) [“I have only to get used to this new state of being. What do you want, I have an erratic sense of humor and lunatic genes”]. This genetic mutation, like Zara’s decision to remain her aberrant self, is decidedly transgressive. In her new form, Zara embodies a novel, non-standard(ized) version of the *Marianne*, known for her revolutionary spirit and her Phrygian cap. Indeed, the Zara’s new contours evoke those of her alter-ego Sartje Baartman, simultaneously inscribing the two women within a narrative of agency and resistance to both imperial and modern oppressions.

To further this reading of the transgressive potential of the disabled body, I turn to Garland Thomson's (1997) work. As she remarks, the excess that is associated with women "also haunts disability and racial discourses, marking subjugated bodies as ungovernable, intemperate, or threatening" (p. 79). Like the disabled, these women could be read as abject figures, in Julia Kristeva's (1980) terms. The abject is not defined by its "lack of cleanliness or health", but by its capacity for "disturb[ing] identity, system, order." It is that which "does not respect borders, positions, rules. The in-between, the ambiguous, the composite" (p. 4). Although Kristeva dissociates the abject from ill health, I would argue instead that ill health and the 'in-between' that troubles order inform one another. The body (or mind) perceived to be without health exists in a realm of ambiguity, lingering somewhere between life and death—a constant reminder of the *other* side of normative life. If the abject is what one must "thrust aside in order to live" (p. 3), then the ill or disabled subject, especially she who resists cure and containment, is by definition abject. After all, as Garland Thomson (1997) notes, the chronically ill or disabled body "is contradiction, ambiguity, and partially incarnate" (p. 100). This idea of lack or deficiency works together with notions of excess so that disability, like illness, becomes indicative of a number of 'disorders.' Indeed, the ill or disabled subject is often read as she who needs to be restored to order or contained. This is why one of the most pressing concerns for disability studies is the 'ideology of cure' that "permeates the entire cultural conversation about disability and illness" (Garland Thomson, 1997, p. 86).

Instead of seeking cure and normalcy, like Donna Haraway's (1991) cyborg, these two characters subvert the Western myth of original unity and wholeness they are subjected to (p. 151). They embody "boundary creatures" whose composite and contradictory identities resist dominant modes of physical and psychical being. As Garland Thomson (1997) writes, "[t]o embrace the supposedly flawed body of disability is to critique the normalizing phallic fantasies of wholeness, unity, coherence, and completeness." (p. 100) If, as Said (1993) remarks, contemporary postcolonial writers "bear their past within them as scars of humiliating wounds" (p. 212), then these works are the products and signs of such scars. What is more, they are the reclaiming, reworking, and rearticulation of the scar. Part of this work is in taking up and displacing the various discourses that named and name the Black female subject as ill and disabled. But it is also in addressing the language that surrounds illness and disability themselves. Here, normative health and physiology is not a goal but a paradigm to move beyond.

Following Gayatri Chakravorty Spivak (1987), I would suggest that these writings reveal a commitment to an ethics of disability. Not only do they respond to the daily struggles in postcolonial immigrant women's lives, but they call for new relationships to all subjects of illness or disability.

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