

Biopolitical Marginalities: A Study of Politicized Disability in Chicana Poetry^(*)

Riham Ahmed Ziady

**PhD Department of English Language and Literature
Faculty of Arts - Alexandria University**

Abstract

The birth of the Chicana feminist movement in the 1970s was the result of Mexican American women's position at the crossroads of a misogynist indigenous culture and an exclusionary Americentrism. Chicana poetry is an eclectic embodiment of Kimberlé Crenshaw's theory of "intersectionality" which posits that the composite nature of identity entails the convergence of various types of persecution, such as ethnicism, chauvinism, classism, and ableism; it is an overarching approach which can encompass Chicanas' multidimensional inferiority. Disability poetry by Gloria Anzaldua, Cherrie Moraga, Ana Castillo, Laurie Ann Guerrero, and Leslie Contreras Schwartz explicates the medical regulation of illness and the governance of indigent Chicanas, illustrating that disability offers its veterans tools for withstanding ableist and sociopolitical discrimination. Disability-related Foucauldian notions, such as "biopolitics," suggest the convergence of disability-centred and political subalternity, emphasizing the concomitance of diverse hegemonic paradigms that is espoused by "intersectionality." Chicana poets subvert ableist preconceptions of the compound limitations afflicting disabled women of colour. The poems propose alternatives to physical and political stagnation, thereby enhancing disability justice and sociopolitical equities. By redefining the otherness of illness and superseding the fixities of medical knowledge, Chicanas strive to alter the perceptions of the biopolitical gaze and carve out disability-accommodating positions for themselves. Supplementing the deficiency of Foucauldian studies of Chicana disability poetry, this study examines the poetic substantiation of Chicanas' biopolitical marginality; explicating the selected poems offers insight into various manifestations of their politicized disabilities and their means of recalcitrance.

Keywords: disability poetry, biopolitics, Chicanas, intersectionality

^(*) **Bulletin of the Faculty of Arts Volume 85 April 2025**

تَهْمِيشَاتُ السِّيَاسَةِ الْحَيَوِيَّةِ: دَرَاةٌ لِّلْإِعَاقَةِ السِّيَاسِيَّةِ فِي الشَّعْرِ التَّشِيكَانِي

لقد كانت بداية حركة التشيكانيات النسوية في السبعينيات نتيجة لوضع المرأة الأمريكية المكسيكية على مفترق الطرق بين ثقافة السكان الأصليين الكارهة للنساء والمركزية الأمريكية الإقصائية. الشعر التشيكانِي هو تجسيد انتقائي لنظرية كيمبرلي كرينشو عن "التقاطعية" التي تقترض أن الطبيعة المركبة للهوية ينتج عنها تقارب أنواع مختلفة من الاضطهاد، مثل العرقية، والتعصب ضد النساء، والطبقية، والتحيز ضد ذوي الاحتياجات الخاصة. إنه نهج شامل يمكن أن يستوعب دونية التشيكانيات متعددة الأبعاد. يشرح شعر الإعاقة الذي كتبه غلوريا أنزالدوا، وشيري موراجا، وأنا كاستيلو، ولوري آن غيريرو، وليزلي كونتيريراس شوارتز، التنظيم الطبي للمرض وحوكمة التشيكانيات المعوزات، موضوعاً أن الإعاقة توفر لذويها أدوات لمقاومة التحيز الاجتماعي والسياسي ضد ذوي الإعاقة. تشير مفاهيم فوكو المتعلقة بالإعاقة، مثل "السياسة الحيوية"، إلى تقارب أساليب التعامل مع الإعاقة والسيطرة السياسية على الأقلية التشيكانية، مؤكدة على ترافق نماذج الهيمنة المتنوعة التي تدرسها "التقاطعية". يقوم شعراء التشيكانا بتخريب المفاهيم المسبقة المتعلقة بالقيود المركبة التي تصيب النساء ذوات الإعاقة وفي الآن نفسه ذوات البشرة الملونة. تقترح القصائد بدائل للركود الجسدي والسياسي، وبالتالي تعزز حقوق الأشخاص ذوي الإعاقة والمساواة الاجتماعية والسياسية. ومن خلال إعادة تعريف اختلافية المرض وتجاوز ثباتات المعرفة الطبية، تسعى الأقلية التشيكانية جاهدة إلى تغيير تصورات النظرة السياسية الحيوية وتشكيل حياة ملائمة لاحتياجاتهم. هذه الدراسة عبارة عن فحص للإثبات الشعري للتهميش السياسي الحيوي للتشيكانيات؛ يقدم شرح القصائد المختارة نظرة ثاقبة لاستراتيجيات المقاومة التي تستخدمها التشيكانيات المستضعفات. وبالرغم من أن إعاقتهن قد تعزز مكانتهن المتدنية، فإنها في الوقت نفسه وسيلة رئيسية للتمرد.

الكلمات المفتاحية: شعر الإعاقة، السياسة الحيوية، التشيكانيات، نظرية التقاطعية

A knowledge of Chicanas' political status is a prerequisite for a study of their disability poetry. The birth of the Chicana feminist movement in the 1970s was the result of Mexican American women's position at the crossroads of a misogynist indigenous culture and an exclusionary Americentrism. Chicanas, therefore, felt alienated by an androcentric Chicano movement which was unsympathetic towards the women's cause and, hence, solely devoted to combatting racism. Concurrently, Chicanas were ostracized by an elitist white feminist movement. Chicanas were stranded between two biased movements that persecuted different aspects of their characters. A comprehensive view of Chicana marginality would comprise the encumbrances of disability. Foucauldian disability-related notions, such as "biopolitics," suggest the concomitance of disabled and sociopolitical identities, emphasizing the intersection of medical and governmental policies. A political statement is derivable from the coincidence of disabled Chicanas' physiological and sociopolitical inferiority. The poems that are exhaustively analysed in this study explicate the political regulation of illness and the governance of indigent Chicanas, illustrating that disability¹ offers its veterans tools for withstanding ableist and political discrimination. The study examines the efficiency of Chicana disability poetry as a backlash against the biopolitical policing of Chicana marginality.

Literature Review

American civil rights advocate Kimberlé Crenshaw's theory of "intersectionality" posits that the composite nature of identity entails the convergence of multiple types of persecution. In alignment with Chicana feminist discourse, Crenshaw writes: "Because of their intersectional identity as both women and of colour within discourses that are shaped to respond to one or the other, women of colour are marginalized within both" (Crenshaw, 1991, p. 1244). Encapsulating Chicanas' social position in *This Bridge Called My Back* (1981), Chicana feminists Moraga and Anzaldúa (1981) write: "We are the coloured in a white feminist movement. / We are the feminists among the people of our culture" (p. 21). The inclusivity of intersectionality

dictates a scrutiny of disability discrimination; this results in a realization that “those who produce narratives of illness and disability are not diverse in terms of race and class. They tend to be white and upper middle class” (Couser, 1997, p. 4).

Although typically unnoticed, several Chicana poets have recounted their corporeal experiences. One of the most renowned Chicana authors, Gloria Anzaldua (1942-2004), whose book *Borderlands* (1987) is a milestone in Chicana literature, suffered from diabetes and a perturbing hormonal imbalance. Another two of the poets namely Cherrie Moraga (1952-) and Ana Castillo (1953-), who are usually considered the foremothers of Chicana feminism, also had strenuous encounters with illness. Celebrated Chicana poet Laurie Ann Guerrero’s collection *A Tongue in the Mouth of the Dying* (2013) further enriches Chicanas’ poetic analyses of disability. Additionally, feminist poet Leslie Contreras Schwartz struggles with autoimmune disease and, ostensibly, mental illness. Commenting on the imperceptibility of Chicana disability, Chicana scholar McMaster (2005) writes: “The framework I had been given for understanding Anzaldua was too narrow. Although I viewed Anzaldua as a feminist, a Chicana theorist, and one of the founders of queer theory, I had not learned also to think of her as a woman with a chronic illness, a person with a disability” (p. 102). This apparently common oversight is attributable to a traditional propensity to regard race or ethnicity and gender as the primary axes of identity. Disability, on the other hand, is usually shrouded. Hence, literary accounts of illness are categorized as “an orphan genre,” like rare “orphan diseases” (Frank, 1994, p. 2) which are never considered worthy of research.

This research gap is attributable to an attempt to defend the credibility of the Chicana Movement against the taint that normally permeates disability. Professor Bost (2010) at Loyola University Chicago, who focuses on the intersection of disability studies, gender studies, and Chicana literature, argues: “Particularly in the case of a political movement that is still battling very real sexism, racism, homophobia, and classism ... identity politics seem to need focus, strength, and coherence. The stigma attached to pain and illness (in a

social milieu that is still unfriendly to disability) keeps these traits away from our political heroes” (p. 12). As Foucault (1975/1995) had predicted, disability has become a modern form of leprosy, “as the image of the leper, cut off from all human contact, underlies all projects of exclusion” (p. 199). “Leper on the Lawn, By the Front Door” describes its speaker’s disability “six months / post coronavirus” and deplores that “the neighbor does not wave” (Schwartz, n.d.-d). Given that anomalies are systematically ostracized, discussing the disability of literary activists is analogous to bringing them down from their pedestals. It is, therefore, understandable that attempts to espouse a political cause could lead both Chicana poets, and subsequently researchers, to eschew reference to their aberrations, so as not to mar their public image. The stigma attached to disability has taught them, ironically, to turn a blind eye to illness, as it could be an obstacle that could further impede sufficiently arduous political agendas; hence disability is often perceived as private and politically impertinent.

Research Questions

Therefore, this study foregrounds the connection between sociopolitical inferiority and disability discrimination. By emphasizing the intersection of ethnic bias, male chauvinism, classism, and ableism, it highlights the impact of disability on the exacerbation of other types of prejudice. Drawing on Foucault’s scrutiny of the political dimensions of disability in a variety of his works, most notably *The History of Sexuality* (1978), *Madness and Civilization* (1988), *Discipline and Punish* (1995), and *The Birth of the Clinic* (2003), the study expounds the separatist policies dividing disabled Chicanas from the American majority. The analyzed poems examine Chicanas’ status quo, demonstrating diverse manifestations of their non-compliance to biopolitical measures. While critical attention is normally paid to Chicanas’ ethnic marginalization, the poems herein extend focus to various types of disability, such as physical and mental illness. Despite the indisposition connoted by disability, the analyzed poems reflect the indomitability of refractory

Chicanas, thereby endowing disability studies with new conceptions of backlash against biopower. Furthermore, the specialized examination of disability Chicana poetry, to the exclusion of other literary genres, remedies the usual preoccupation with prosaic styles that are thought to depict more faithful pictures of political realities.

Disability as a Social Construct

Traditionally, disability has been perceived as a physiological limitation. However, in recent decades, a recognition of the sociopolitical implications of disability has become notable:

I do not define disability as a bodily construction or essence. I emphasize this because, although scholarly inquiry in the humanities now accepts race, gender, and sexuality as social constructs, it is still common to think of disability as a medical condition located in the body and not in the society that refuses to accommodate it. (Minich, 2014, p. 7)²

In other words, sociopolitical expulsion is a more fundamental cause of disability than bodily dysfunction. The concomitance of disability and social deviance is exhibited in the prose poem “Cihuatlyotl,³ Woman Alone” where the speaker conflicts with “father mother church” (Anzaldúa, 1987, p. 173). The title of the poem embodies a feminist affirmation in the face of the patriarchy; the “mother,” which the speaker mentions, could only be a reference to the women who have been conditioned and circumscribed by a male-oriented society. She describes a corporeal dismemberment which is intended to eliminate her non-normative aspects in order to make her socially acceptable: “And as I grew you hacked away / at the pieces of me that were different.” The speaker remarks: “Oh, it was hard, / Raza⁴ to cleave flesh from flesh. I risked / us both bleeding to death.” The ethnic subalternity of the speaker subjects her to a life-threatening tearing of her flesh which aims at eliminating her oddities. She argues that the social values that she is forced to “swallow to stay alive become tumors” in her belly. The question: “Does the root of the sickness lie within ourselves or within our patriarchal institutions?”

(Moraga & Anzaldúa, 1981, p. 230) suggests that disability is socially constructed.

Castillo's (2001) poem "1999" discusses the social paradigm governing disability. As the speaker suffers from convulsions, her involuntary movements could be seen as the corporeal counterpart of sociopolitical coercion: "By the end of the twentieth century / a few months short of its end / I found myself / trembling, trembling / all the time. / I trembled as if with fever" (p. 26). The physical frailty is a mere side effect of Chicanas' lack of political agency:

By the end of the of the twentieth century
I looked around,
was nearly blinded by the
persistent whiteness
all around,
the weight of whiteness
all around
white and powerful

A grinding whiteness - being the cause of the speaker's blindness - emphasizes the connection between ethnocentrism and physical limitations. The intersection of ethnic subalternity and illness suggests that "[c]olonialism used – or attempted to use – the body as a site for the construction of its own authority, legitimacy, and control" (Arnold, 1993, p. 8). The speaker's seizures are, therefore, a symptom of her ethnic inferiority. Underlining this idea is the description of the American-Mexican border as an "open wound" (Anzaldúa, 1987, p. 2). The speaker suggests that virtual forms of interaction with the social sphere exacerbate the speaker's illness, further highlighting the sociopolitical aspect of disability: "If I watched the TV / or put on the radio / or turned on the / computer and / went on-line / before long I / was not only shaking / but feeling a little sick, too" (Castillo, 2001, p. 27). Refuting the inherence of disability and emphasizing its social instigators, the speaker observes: "even the young, / even babies / in their carriages / looked tired / and old."⁵ Dismissing individual incapacitations, the paradoxical elderliness of babies suggests that the prevalent infirmity is caused by a communal catalyst. The absurdity of

infantile subalternity suggests that the alleged innateness of disability is questionable.

Bioethicist Garland-Thomson (1997) coins the term “the normate” to embody socially constructed yardsticks of normality; any deviance from “the normate” signals social inferiority. The definition of disability can, therefore, be any anomalism that leads to subalternity. Writing in the third person about her hormonal imbalance, Anzaldua (1987) confesses: “She felt shame for being abnormal. The bleeding distanced her from others. Her body had betrayed her. She couldn’t not trust her instincts, her ‘horses,’ because they stood for her core self, her dark Indian self” (p. 43). Even at a young age, her physical aberration precipitates her social alienation and a hyperconsciousness of her ethnicity. Underlining her ethnic origins suggests that “a clear parallel exists between the historical treatment of the disabled individual and the conquered/colonized body” (Slack & Rauch, 2019, p. 6).⁶ Anzaldua (1987) describes her illness as “a secret sin” that she “tried to conceal” (p. 42) “because society has a general tendency to repress the embodiment of difference” (Siebers, 2004, p. 3), unless it is set forth by the legitimate authority of medical institutions or the government.⁷

Reactions to Disability

The alternative to indicting disability discrimination involves a depiction of disabled individuals as supercrips who represent disability as easily surmountable. Disabled scholar Wendell (1996) writes: “Some people with disabilities, the ‘disabled heroes,’ symbolize heroic control against all odds, and their public images comfort non-disabled people by reaffirming the possibility of overcoming the body” (p. 64). The speaker in “1999” is afflicted by inexplicable trembling which she willfully overlooks: “I trembled as if with fever / like when I had / walking pneumonia / one summer / and didn’t know what / was wrong” (Castillo, 2001, p. 26). The specified “walking” pneumonia signifies the speaker’s perception of the mildness of their illness which explains the inclination to disregard it: “I didn’t want to talk / about the shaking.” The speaker’s inhibition is

consistent with the “ideology of able-bodiedness” (Siebers, 2004, p. 13). The privacy of the speaker’s illness is a result of a dogmatic suppression of illness and calls for help, which exalts self-effacement as a socially valued behaviour: “I was taught / not to complain. / I didn’t want to alarm / anyone, / those who might / care, who might / worry” (Castillo, 2001, p. 27).

However, the poetry of supercrips could be detrimental to their sociopolitical agendas in more than one respect. Firstly, supercrip poetry is usually dismissed on account of its sentimental superfluities and sympathy-eliciting tones. Secondly, as they conceal their needs and realities and hope to pass for healthy individuals so as to avoid exclusion, they risk endorsing a racist medical system and waiving the right to critique the culture of ableism as “often, illness makes political demands: for better healthcare, different treatment, different placement in the world” (Bost, 2010, p. 5). The social compulsion to whitewash aspects of their characters is evident in the line: “the way we did things then, unobtrusive” (Castillo, 2001, p.5). Contrarily, disability needs to be visible: “Those who pass improve their own life, but they fail to change the existing system of social privilege and economic distribution. They may win greater acceptance and wealth but only by pretending to be someone they are not and supporting the continued oppression of the group to which they do belong” (Siebers, 2004, p. 19).

That is, disability is, paradoxically, a springboard to political activism. The Foucauldian framework of this study suggests that it is impractical for disability poets to attempt any sociopolitical advancement while obfuscating their disabilities. Foucault (1963/2003b) has consistently emphasized the convergence of politics and illness or disability; he argues that “[t]he first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government” (p. 39). Medical institutions, as well as schools and prisons, serve a political purpose of categorizing, controlling, and regulating people since the unhealthy body is disruptive: “unruly, unstandardized, traitorous” (Bost, 2010, p. 146). In other words, the body is colonized by means of the scientific

legitimacy of biology and medicine (Grosz, 1994). The semantic variations of the word “prescribe” testify to the authoritative power exercised by medicine. It is, therefore, unavoidable to accept illness as an integral facet of Chicana feminist politics, which is why the Chicana poets discussed in this study are all keen on flaunting their invisible disabilities. Resistance to ableism and the keenness of some disabled individuals on exhibiting their divergence from the ableist norm. embody “a lived politics of distinction” (Crawford, 2014, p. 232). The feelings of being “marked by this difference” become a source of pride, instead of “a secret sin” (Anzaldúa, 1987, p. 42) that should be concealed.⁸

Foucauldian Biopolitics Explained

The notion of “biopower” which Foucault (1976/1978) introduces proposes that the investment of governments in the biological efficiency of their subjects complements a scheme to enhance their productivity and prolong their lives. The ultimate enemy of biopower is, therefore, illness and death. According to Foucault, there are two models of bio-power.⁹ The first is what he calls “*an anatomo-politics of the human body*” (p. 139). It refers to the regulatory mechanisms and institutions which achieve the body’s “disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic control” (p.139). Deriving its lawfulness from its accountability for the well-being of its subjects, biopower seizes control over corporeal deficiencies. The speaker in the poem “The Alchemy of Mothering” describes the maternal act of transforming her children into bronze. It is inferable that the mother could have only been prompted by a desire to augment her children’s potentials and eliminate their mortality. In that respect, the mother is a familial counterpart of an invigorating governmental biopower. The biopolitical keenness on enhancing productivity is delineated in the speaker’s remark: “Metal permeates youth / quickly. They shine like chain mail” (Guerrero, 2014, p. 59). The comparison to armour connotes their viability. Additionally, the undertones of war

allude to the “discipline” enforced by biopower. The docility instilled by biopower is depicted in the lines: “I hang my babies like shanks of meat, / smallest to largest. My butcher- / white apron smeared with child / mucus.” The juxtaposition between motherly nurturing and butchering suggests that biopower has the whip hand; the smudging of whiteness casts doubt on the ethics of biopolitics. The speaker’s assertion: “My science is the science of war” indicates that biopower involves a science-supported war against infirmity and death.

The other manifestation of biopower lies in the creation of bodies of knowledge that are devoted to tracking birthrates, mortality rates, fertility rates, and genetic predispositions to disease. It is more focused on groups rather than individuals, which is why Foucault (1976/1978) calls it a “*biopolitics of the population*” (p. 139). The contention is that “an entirely free field of medical experiment had to be constituted ... to allow the formation of an accurate, exhaustive, permanent corpus of knowledge about the health of a population” (Foucault, 1963/2003b, p. 45). The creation of a body of knowledge based on anatomical inspection is the topic of “Bone Folder” (Schwartz, n.d.-a) which describes dissecting a brain, the implication being that a knowledge of bodily functions can grant a government power over the volition of its subjects. The medical gaze cooperates with the operations of power, producing a biopolitical institution in the form of a clinic: “One must, as far as possible, make science ocular ... The clinic was probably the first attempt to order a science on the exercise and decisions of the gaze” (Foucault, 1963/2003b, p. 109). The following line describes the piercing nature of the medical gaze: “her soft belly exposed to the sharp eyes of everyone; they see, they see” (Anzaldua, 1987, p. 43).

The speaker’s remark in “Bone Folder”: “But the work *requires manipulation/ upon hidden or interior lines/* the body’s cellular agendas and maps / locked behind glass with the last lady’s skull” (Schwartz, n.d.-a) suggests that anatomical analyses violate the sanctity of human life. Given Schwartz’s ethnicity, it is noteworthy that “colonialism represents a geographical anatomy of the exterior world analogous to the pathological anatomy which sought to expose

the structure of the inner world of bodies” (Turner, 1995, p. 28). The power invested in colonial mapping is equivalent to the biopolitical inspection of individuals; hence, the intersection of postcolonialism and disability illuminates the authoritative ideologies of colonial powers and medical institutions. The hegemonic inclination to supplant people of colour and the disabled is ascribable to the biopolitical detection of ineptitude. The intricacy of the “body’s agendas and maps” suggests a physical defiance of the intrusive gaze. The poem could serve as an elucidation of the mechanism of disciplinary power, which - albeit invisible -

imposes on those whom it subjects a principle of compulsory visibility. In discipline, it is the subjects who have to be seen. Their visibility assures the hold of the power that is exercised over them ... And the examination is the technique by which power, instead of emitting the signs of its potency, instead of imposing its mark on its subjects, holds them in a mechanism of objectification ... The examination is, as it were, the ceremony of this objectification. (Foucault, 1975/1995, p. 187)

Despite the interiority of “the body’s cellular maps and agendas” (Schwartz, n.d.-a) it is subjected to an inquisitive examination which embodies the spectacularization of physicality. The phrase “locked behind glass” epitomizes the notion of “panopticism” (Foucault, 1975/1995), which explores the reliance of disciplinary power on surveillance. The title of the poem “Bone Folder” emphasizes Foucault’s postulation about the objectification and depersonalization attending examination. While the title might suggest a craft-related theme, the poem’s speaker is invested in an anatomical project; the incongruence is an imitation of the subtlety of power.

Given the investment of biopower in the preservation of human life, a rivalry dictates the relationship between state power and death: “Now that power is decreasingly the power of the right to take life, and increasingly the right to intervene to make live ... death becomes, insofar as it is the end of life, the term, the limit, or the end

of power too” (Foucault, 1976/2003a, p. 248) . The speaker in “Bone Folder” expresses frustration at the failure of biopower to rescue its subjects from the grip of death: “There’s no understanding the parts, the ones in body bags, / the ones stepped over to reach storage and make room for the daily dead, exponentially / increasing” (Schwartz, n.d.-a). On the other hand, the speaker emphasizes the ability to see inside the body in order to learn all the possible reasons of its death: “Though, *there is always one way to split a point—cut it into two* / Now bodies give up in turns, a cough, a heart, a lung— /you must incise the mind’s bloody thumb.” The established connection between the mind and thumbprints suggests an awareness of individuality. The speaker alludes to the impersonality of biopower in the last two lines: “You must pin it/ to the cutting board and wait.” The absence of the examined subject’s autonomy and freedom is one of the primary attacks directed against biopower. The action of waiting suggests that a knowledge of disease propensities and mortality rates must extend over life cycles.

The poem “Morning Praise of Nightmares, Two” recounts a similar anatomical project: “When a steak knife fiddled against the sinew of my gut, I heard / the slow whine, felt each ridge, felt the simmering red erupt / like the juice of an overripe plum – the tickle of nectar running / down the body, still warm from the sun” (Guerrero, 2014, p. 28). The ejection of seething blood connotes the suppressed anger of the speaker. The dehumanization of the speaker is implicated by the use of a “steak knife” and the comparison of blood to nectar. The detachment implied by “the body” signifies the objectification that is characteristic of biopower. Thinking about her dissector, the speaker wonders: “... who was that crafter whose face I never saw? / That paper-maker, his teacup hands, his clothespin fingers.” The epithets “crafter” and “paper-maker” are evocative of Schwartz’s “Bone Folder”.¹⁰ The description of unidentified hands and fingers reinforces the overtone of biopolitical discretion. The speaker describes her complete incapacitation in the following lines: “...I could taste my own blood, / though I couldn’t lift my hands to finish the job – put myself / out of misery. I was but remains – a piled heap

of slop.” Her disability is engendered by her subjection to examination.¹¹ She shares Anzaldua’s feelings of vulnerability,¹² saying: “... Even my eyelids / were gone and my spine exposed.”

Medical Authority

Another manifestation of biopower is inherent in the authority of medical personnel; in other words, “it was no longer the gaze of any observer, but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention” (Foucault, 1963/2003b, p. 110). The poem “Since the Creation of My Son and my First Book,” which Castillo wrote about the premature birth of her son, describes the power dynamics of medical authority: “They tested us, tried to drug / us. They took blood from us, / stuck tubes in every orifice, put us / in isolation and watched us for five days” (Castillo, 2001, p. 63). She narrates that she had planned a home birth which reflects her attempt to avoid probing medical procedures as “[h]ospitalization provides a new perspective on one’s body, isolating the body from its ‘natural’ context, hooking it up to medical communications networks, measuring its inner pulsations, and injecting it with outside influences” (Bost, 2010, p. 2). The patients’ isolation and discomfiting inspection are a scathing critique of the medical gaze and the surveillance exercised by biopower.

The attempt of the medical institution to drug Castillo and her new-born son alludes to the biopolitical systematic anesthetization of pain and its “preference for healed, mute, and static bodies” (Bost, 2010, p. 143). Given that the physical and political are intertwined,¹³ the loss of consciousness hampers the political mobilization of disabled patients; their sedation has political implications as it deprives them of the opportunity to voice their needs or take political action. An anesthetized patient appears in the poem “The Bell.” The speaker is only partially lucid as is evident by her use of the phrases “half-dream” and “eyes half-closed” (Schwartz, n.d.-e). Her hallucinogenic drugs incite her to hear “a heavy thumping” which leaves her paralyzed by fear. Similarly, the speaker in “Who Speaks

For Us Here?" discusses the unhinging effect of allopathic medicine on the inmates of a mental hospital: "heads nodding from meds / that could drone a horse / half-living" (Schwartz, 2019). In a group therapy session, Nadia's story is about "the sharp little pill, the hard / lump of bread / those violent invaders / forced down her throat / into her holy stomach / her empty sanctuary." The image of invasion alludes to the analogy of colonialism to biopower.¹⁴ Further indictment of the inertia engendered by drugs lies in the lines: "I took the pill that set /every sound to fade," making the speaker feel "barely there." The resultant verbal and physical idleness are evident in the statement: "But I have nowhere to point / Nor any direction to give – no language." Black (1990) defines the disabled person as one who "lacks legal capacity to act *sui juris* or one who is physically or mentally disabled from acting in his own behalf or from pursuing occupation" (p. 462). This incapacitation is comparable to "what is known legally as 'Civil Death'" (Wilson & Lewiecki-Wilson, 2001, p. 4). Anesthesia could, therefore, be seen as a medically inflicted disability which prohibits political participation.

Biopolitical Perceptions of Mental Illness

The speaker's muteness is akin to the silencing experienced by mental patients as madness is believed to be unequipped to converse with reason; "there was no longer any common language between madness and reason; the language of delirium can be answered only by an absence of language, for delirium is not a fragment of dialogue with reason, it is not language at all; it refers, in an ultimately silent awareness, only to transgression"(Foucault, 1965/1988, p. 262). Another two lines in "Who Speaks For Us Here?" read: "The girl, mute and comatose, frozen animal / made of fear and sick grief" (Schwartz, 2019). The vegetative state of the patient is another testament of the impairment caused by sedation. The girl's comparison to an animal suggests her deprivation of her reasoning faculty. According to Foucault (1965/1988): "It has doubtless been essential to Western culture to link, as it has done, its perception of madness to the iconographic forms of the relation of man to beast" (p.

77).

The convergence of ethnic inferiority and diagnoses of mental illness is noticeable in the contention: "Our speech, too, is inaudible. We speak in tongues like the outcast and the insane" (Moraga & Anzaldúa, 1981, p. 183). The title of the poem "Who Speaks For Us Here?" suggests that Western medicine prohibits the inmates' speech in order to allow medical discourse to represent them. When the speaker is asked a question: "How did you find yourself here? / the interventionist counselor asks," her answer is predetermined: "You are supposed to say, I wanted to die" (Schwartz, 2019). Along the same vein, Anzaldúa (1987) underlines the systemic control over the patients' verbal communication; her physician's stance reveals that medical decisions could be punitive: "'We're going to have to control your tongue' and 'We're going to have to do something about your tongue,' I hear anger rising in his voice..." "I've never seen anything as strong or as stubborn," he says" (p. 53). Survival in the medical institution - which is representative of government - is, thus, dependent on the curtailment of self-representation. In the poem "How I Put Myself Through School," the speaker has to amputate her own tongue: "... and wonder / how many times I'll have to slice the tongue out of my mouth / chop my hands at the wrist" (Guerrero, 2014, p. 26). Guerrero's poem decries her employment as a maid at a wealthy woman's house; her physical self-mutilation, therefore, coincides with her poverty. The persona's attempt to control her own truculence results in a self-inflicted disability because "[h]e who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection" (Foucault, 1975/1995, pp. 202-03).

In contrast to tongue-cutting, the mentally ill patients in Schwartz's (2019) "Who Speaks for us Here?" are encouraged to engage in a confessional exercise that would help medicine to regulate their behaviour because the "absence of language, as a fundamental structure of asylum life, has its correlative in the exposure of

confession” (Foucault, 1965/1988, p. 262). The speaker describes the proceedings of a support group: “We’ve all cracked / into our own ways, are expected to add / to this circle-time story / our own trace of a hair-line split / that turned rift / then cut, split into / body-sized hole.” The rupture indicated by “cracked” – which is an informal allusion to insanity – is evocative of the medical detection of invisible illnesses through the candour of confession. The image of a grave in the phrase “body-sized hole” is a reference to the struggle between biopower and death. The religious imagery of desecration in “those violent invaders / forced down her throat / into her holy stomach / her empty sanctuary”¹⁵ is redolent of Foucault’s analogy between clergymen and physicians; he argues that the 18th century saw the appearance of a “medical profession, organized like the clergy, and invested, at the level of man’s bodily health, with powers similar to those exercised over men’s souls” (Foucault, 1963/2003b, p. 37). Along the same vein, in her 1980 memoir, Anzaldua writes a poem in which she describes her surgeons as “white-robed priests” (as cited in Bost, 2019, p. 1569). An attempt to endow herself with a divine quality that could grant her protection against religious jurisdiction is noticeable in Castillo’s (2001) statement: “I spoke in plural like God in Genesis” (p. 64). Although subject to probing medical examinations,¹⁶ she feels empowered by her new-found motherhood.

More religious imagery lies in the poem “The Bell” in which the drug-induced hallucinations of the home-quarantined speaker include her musings about “a cruel silence / with a terrifying bell inside” and “The giant bell in its cruel silence” (Schwartz, n.d.-e). The communion experienced by the speaker in “Who Speaks For Us Here?” stands in contrast to the isolation imposed on this speaker. The silence which the speaker endures is coupled with a state of alarm or agitation by a disconcerting bell. The religious connotations of bell chimes imply her subjection to the clergy-like authority of medicine. Her house confinement - which she finds tedious - is glaring in the lines: “It had been weeks since I’d left either the bed, or the couch, / laying, blinking, and when awake, staring through the window, / at a wall, at one of the children’s faces.” The “house arrest” of Schwartz’s

persona could be seen as a product of a late 18th century state policy which fell “under the influence of both economists and doctors who believed that the only possible locus for recovering from disease was the natural environment of social life, the family. There the cost of sickness to the nation was reduced to a minimum” (Foucault, 1963/2003b, p. 47). In addition, the risk of contagion was eliminated.

Economic Considerations

Foucault (1963/2003b) postulates that when illness is contained within the family, it is “exposed to the regenerative forces of nature” and “[t]he gaze that is turned upon it by those close to the sick person has the vital force of benevolence and the discretion of hope” (p. 47). Schwartz’s (n.d.-e) persona receives “the gaze of compassion” (p. 47) from her care-giving husband: “My husband woke me to feed me soup, water from a straw.” His hopes for her recovery are noticeable as she says: “At the insistence of my husband, I sat outside wrapped in a blanket.” The speaker’s contemplation of “the tree on the lawn” suggests that her separation from the world is countered by a oneness with nature. The decision of medicine to renounce its control of patients to nature could be dictated by a state plan to reduce expenditures; seeing that the poet is a Chicana, the poem could be seen as an indictment of the absence of affordable health care for ethnically and economically disadvantaged groups; as Bost (2010) puts it: “Seeing disability paired with poverty or minority racial status could present an implicit critique of the (implicitly racist) capitalist medical system” (p. 173).

The persona’s illness in Castillo’s (2001) “Recipes for a Welfare Mother” is a result of squalor, a poor diet, and the unavailability of clean drinking water for economically challenged Chicanas: “Mix: AIDS virus, hepatitis B, tuberculosis, /impurities as a result of a malfunctioning kidney / into your bloodstream, / dissipate slowly. / You can stay home or work for minimum wage, / your diet will be the same / Your life will be the same. / You will climb the same dirty stairs, / drink contaminated tap water,” (p. 56). The absence of medical care is implied by the multiplicity of diseases. The

monotony suggested by the repetition of “the same” is allusive to Chicanas’ captivity within a static status quo. The reiteration of “you” and “your” suggests that Chicanas are blamable for their illness; the references to “contaminated water” and “dirty stairs” indicate that “[i]llness is seen to be in individualistic terms the consequence of a failure to abide by appropriate diets, exercise and personal hygiene” (Turner, 1995, p. 168). In Guerrero’s (2014) “Babies Under the House,” the speaker deplores her financial strain, “having to go to the free clinic, buying gas with food stamps” (p. 17); she blames “the legislators who couldn’t give / medication, education to this poor neighborhood, / this city,” rendering “La Raza with no muscle, no voice” (p. 18).¹⁷ Mirroring the immobility in Castillo’s “Recipes for a Welfare Mother,” the crippling absence of muscle entails a lack of movement, implying social and political stagnation.

The connection between poverty and illness is further discussed in Castillo’s (2001) “Nothing But This at the End:” “My eyes were spellbound / on a well of dark blood / gushing from a black bruised arm / gushing like oil / in a dialysis center. / A woman in house slippers / and a face like an ancient ritual mask” (p. 14). The gruesome image of gushing blood in a medical facility suggests the impossibility of recovery. The contrast between the mundanity of the “house slippers” and the sacredness of the “ritual mask” underlines the humbling influence of disability. The speaker’s fear of a similar fate suggests that illness is the predetermined lot of people of colour: “She made me afraid, / which turned on its head / made me brave. / But it wasn’t me bleeding. / Black and brown flesh / and blood all around. / We have the worst diets / in the nation” (p. 14). The reason for the common sickness of “black and brown” people is a frugal diet. The depiction of dark skin colours as the sources of blood creates an image of racial violence. The speaker continues: “Don’t ever get fat,” Mami told me / from her chair / where she was attached to a machine / with a false kidney. / All it is is a plastic cylinder” (p. 14). One of the findings of the “bodies of knowledge” that are produced by biopower¹⁸ is evident in the mother’s warning which is clearly founded on ethnicity-specific obesity prevalence. The mother’s

oneness with a machine and her habituation of an artificial organ chimes with the objectification that is authorized by biopower.¹⁹ The belittlement of the patient's life and the reduction of its significance to a "plastic cylinder" indicate the purported exhaustibility of disabled lives.

The occupation of the dialysis center by terminally ill people of colour vitiates biopower. The speaker's home quarantine in "The Bell" could also be an indication of the failure of medical science to restore disabled individuals to health and boost their productivity. After the speaker complains of her pain and the drowsiness caused by her medication in numerous lines, the powerlessness of medicine becomes evident in the doctor's response: "You're here, the doctor said one morning on the phone. Be grateful" (Schwartz, n.d.-e). The doctor's reply implies the curtailment of medical authority; even though biopower can stave off death, it cannot always allow the disabled to pursue normal lives; in other words, "[m]edicine may give them continued life, but it cannot give that life meaning" (Couser, 1997, p. 10). The disabled can have a political impact as "constant reminders of the inability of science and medicine to protect everyone from illness, disability, and death" (Wendell, 1996, p. 63); they are an embodiment of the limitations of biopower. The doctor's dismissal of the speaker's malady is interpretable, not as negligence, but rather as an unspoken admittance of defeat.

Resistance to Biopower

The speaker's home quarantine and her telephone consultation with her doctor are attributable to "a 'logic of contagion' [that] suppresses our shared vulnerability, quarantining 'at-risk' groups with cultural stigmas and drawing from boundaries between people to prevent infection" (Bost, 2010, p. 146). Even though the speaker suffers from a non-communicable disease, an ideological barrier severs her connections with the outside world. Concerns about spreading a culture of disability - which concretizes the constraints of medical knowledge and bespeaks unmet needs - necessitates the containment of incurable cases. Speaking in the language of disability,

governments have resorted to amputating the “non-normative” organs of their subjects. The poem “You Call it, Amputation” questions the authority vested in “diagnostic labels” (Wilson & Lewiecki-Wilson, 2001, p. 11): “You call it / am pu tation / but even after the cut / they say the toes still itch” (Moraga, 1983, p. 82). The double meaning of “you call it” reflects the entitlement of doctors to issue medical decrees.²⁰ However, it connotes a disparity of perception; while medicine might conceive amputation as an immobilizing disability, the speaker asserts her ability to swim, thus indicating that disability does not necessarily hinder sociopolitical advancement. Her phantom limb syndrome symbolizes the self-government of corporeality.

The resistance of disabled individuals to medical decisions is noticeable in the lines: “still, I feel / the mutilated body / swimming in side stroke / pumping twice as hard / for the lack / of body, pushing / through your words / which hold no water / for me” (p. 82). The “lack of body” stands for the lack of political visibility. In addition, the drought caused by “the words” - which allude to “culturally disabling narratives about disability” - impairs the speaker’s ability to swim, indicating that medical judgements could be more crippling than disability itself. However, while disability might entail a partial diminution of agility, it does not signify complete maladroitness, thus determining “whether or not it is possible to acknowledge a physically/cognitively limited body that is not automatically viewed as hopeless, unproductive, or benightedly tragic in the social sphere” (Mitchell & Snyder, 2000, p. 247). The speaker’s resentment at the decision of amputation is redolent of the patients’ rights movement which began in the United States in the early 1970s; however, it needed more than two decades of development to reach its peak and pledge to “protect the dignity and identity of all human beings and guarantee everyone, without discrimination, respect for their integrity and other rights and fundamental freedoms with regard to the applications of biology and medicine” (Convention on Human Rights and Biomedicine, 1997). The emphasis on equity suggests a defensiveness against allegations of bias.

The poem “For the Color of my Mother” depicts a deliberate

disability that subverts biopolitical conceptions of health. While medicine retains the right to control the bodies of its subjects, the body of Moraga's speaker maintains its autonomy: "at two / my upper lip split open / clear to the tip of my nose / it spilled forth a cry that would not yield" (Moraga, 1983, p. 60). Her unyielding voice is an attack against the regulations of biopower. While the amputation could be legitimized by the life-preserving objectives of biopower, the speaker's corporeal irregularity is interpretable as a restoration of power to the body by thwarting the rulings of medicine. As Bost (2010) puts it: "In this sense, pain is the measurement of political resistance, tearing flesh beyond normative containments" (p. 117). Highlighting the inefficacy of medicine, Moraga (1983) writes: "the screaming mouth ... sewn back into a snarl" (p. 60); the attempts of medicine to eliminate opposition can never be absolute. The speaker's "snarl" will serve as a constant validation of insubordination to biopolitical authority; the permanent scar symbolizes an exaltation of physical and political autonomy.

"Non-compliance" is the medical term that describes the adversarial relationship between the patients and their physicians.²¹ As the speakers in Moraga's poems challenge medical authority, they explore the possibilities of circumventing the constrictions of biopower. By wresting control over their bodies, they subvert medical expectations and flout the commonality of their illnesses. The following poems illustrate that "[p]ostmodern illness stories are told so that people can place themselves outside 'the unifying general view.' For people to move their stories outside the professional purview involves a profound assumption of personal responsibility" (Frank, 1995, p. 13). Individualistic divergences from the medical sphere, excluding all adamant medical prerogatives, thwart the standardization of disability, thus promoting an affirmation of "one's own body against power, of health against the economic system" (Foucault, 1972-1977/1980, p. 56).

The Incorporeality of Resistance

A personalized narrative of illness can be seen towards the end of "The Bell" as the speaker visualizes her upcoming death: "The giant bell in its cruel silence behind the blue, / and my rollercoaster heartbeat readying me for the terrifying drop / to the ground. I longed to hear the bell" (Schwartz, n.d.-e). Her longing for her death knell is indicative of a favourable perception of death. This is in alignment with the contention that while, in the past, death used to be seen as a nondiscriminatory occurrence which implies the equality of all human beings, now "on the contrary, it is constitutive of singularity; it is in that perception of death that the individual finds himself, escaping from a monotonous, average life; ... Hence the importance of the Morbid" (Foucault, 1963/2003b, p. 213). While the speaker watches her children play, she is put into a trance from which she wakes up saying: "I had already heard the bell. / I had already imagined my children without me" (Schwartz, n.d.-e). Her confinement in her current banal life leaves her yearning for an other-worldly existence where instead of the monotony she experiences in the lines: "It had been weeks since I'd left either the bed, or the couch, / laying, blinking, and when awake, staring through the window, / at a wall, at one of the children's faces," she would see an extraterrestrial blue colour: "this color, not an earthly blue, blue of ocean, / precious stone or gem cut into rock, a sky flanking a horizon. No." She defines it as "the color of sacred," indicating her connection with a spiritual realm. Her isolation and severed connections with human beings are replaced by an incorporeal experience. Her exalted consciousness, a result of her imminent death, rescues her from a normative medical reality which excludes her.

The speaker's fixation on the grotesque sight of gushing blood at a dialysis center in Castillo's "Nothing But This at the End"²² is a rendition of the postulation that "[t]he mor-bid is the rarefied form of death, exhausted, working itself into the void of death; but also in other sense, that in death it takes on its peculiar volume, irreducible to conformities and customs, to received necessities; a singular volume

defined by its absolute rarity” (Foucault, 1963/2003b, p. 212). The speaker’s statement: “My eyes were spellbound / on a well of dark blood / gushing from a black bruised arm / gushing like oil / in a dialysis center” (Castillo, 2001, p. 14) reveals that “the mor-bid” is intriguing. Its peculiarity eradicates the ordinariness of existence: “There’s no smell of freshly cut grass / in that room, / no trio serenading from one / patient to the next, / no baptisms or weddings to plan, / no more menudo²³ on Sundays after Mass / Nothing but the silence of that woman’s / gushing,” (p. 14). The “gushing” – being the sound of impending death – replaces the pedestrian events which normally constitute non-disabled lives. However, the speaker’s mother exhibits a stoic resignation: “Mami’s hand touching mine, / pushing me gently. ‘Go home now’” (p. 15). The mother’s desire to distance the speaker from the scene of death is indicative of her hope for a healthier life for her daughter. A reconciliation with death produces “a culture that saw death as the necessary precondition for birth, a culture that saw bones as seeds” (Markman & Markman, 1992, p. 190).

In the above poems, the speakers’ toleration of death is a demonstration of what Anzaldua calls “the Coatlicue state” – derived from the “serpent skirted” Aztec goddess of fertility and death: “Coatlicue makes life from destruction, breaking down binary oppositions by embodying both ends of the life cycle” (Bost, 2010, p. 94). As Coatlicue is the polarized embodiment of both life and death, she stands for the possibility of regeneration or the recreation of identity, despite crippling disabilities. The mother’s physical connection with her daughter in Castillo’s poem is a life-conferring gesture; as life departs one body, it is passed on to its younger version. The filial relationship could be seen as a stimulus that initiates the life-giving characteristics of death; in “The Bell,” the speaker’s belief that her exceptional visions are instigated by watching her children play impels her to ask her children to “Spin faster” and “Do it again” (Schwartz, n.d.-e) The sacred blue color which Schwartz’s speaker sees is symbolic of a metaphysical resurrection: “This blue which was not blue was the color of sacred, deep, / with a center to it, blood of childbirth, the whitened lips of the dead, / the infant’s purple wail—.”

The paradox immanent in the “blue which was not blue” is an allusion to the coexistence of life and death. The variety of the colour palette – which includes the redness of blood, white, and purple – suggests a deconstruction of the binary opposition that posits disability against health; it indicates the possibility of a heterogenous paradigm that operates independently of medical knowledge. As Bost (2010) puts it: “Spirituality almost always accepts humans’ vulnerability to forces beyond their individual boundaries and their incorporation of some sort of ‘spirit’ or ‘soul’ that transcends mortal limits” (p. 110).

By depicting a metaphorical multiverse, “The Bell” introduces the possibility of sustaining multiple selves: “Was this what ran parallel and twinned to our lives, / a universe linked with a battered rope to this one, / where I had died, and hanging by a thread / to the universe where I lived” (Schwartz, n.d.-e). A spiritual essentialism allows the speaker to overstep corporeal boundaries and explore the possibilities of a parallel dimension. As Anzaldua (2015) posits: “Neither the physical self nor the physical body is the totality of a person. ... [W]e’re going to leave the rigidity of this concrete reality and expand it. I’m very hopeful” (p. 285). As her reverie represents a liberation from her quarantine and her medicine-induced stupor, it could introduce her to the possibilities that are circumscribed by medicine: “Those activities or Coatlicue states which disrupt the smooth flow (complacency) of life are exactly what propel the soul to do its work: make soul, increase consciousness of itself” (Anzaldua, 1987, p. 46). After the speaker sees an empowering alternate reality, she reflects: “I open my eyes, heavy pinned,” which could be seen as an awareness of a former state of oblivion and the celebration of a whetted consciousness that is unanesthetized by medication. The focus of the study on verse particularly reveals the suitability of a poetic imagination to the resolution of Chicanas’ biopolitical conflicts, an idea that is further demonstrated in Schwartz’s poem “Headlong.”²⁴

Findings

The new consciousness manifests itself in a variety of ways in

Chicana poetry. Unlike the isolation experienced by the speaker in “The Bell,” the persona of “Who Speaks For Us Here?” depicts a communal effort to regulate illness; their confessional story-telling provides them with sustenance: “Everybody here with a last-ditch / story that locked us / together” (Schwartz, 2019). The agency of story-telling counters the impotence of “severed tongues”²⁵ and second-hand representations;²⁶ in other words, “[a]s patients seize, or at least claim, more authority over their treatment, they may also be more inclined to narrate their stories, to take their lives literarily into their own hands in part to reestablish their subjectivity in the face of objectifying treatment” (Couser, 1997, p. 11). The cohesion implied by “locked” suggests that disabled communities, medical institutions, and governments should stand as a united front. The speaker adds: “The lady hums / nursing and feeding / tiny sips of water / from a straw to each of them. / All of them / Also humming / Their bright braided / song into my throat –” (Schwartz, 2019). In stark contrast to the callousness of the “invading pill,”²⁷ the compassionate caregiver alters the detachedness of medicine.

The image of a braid emphasizes the proposed consonance; in political terms, it is an untraditional “kind of political filiation that draws from our permeability rather than our strength. If all people were to embrace this openness and brokenness in themselves – as many of Anzaldúa’s mourners have – there could be a radical reconfiguration of physical interaction outside the dominant logic of anesthetized, isolated, and perfected bodies” (Bost, 2010, p. 109). The speaker recounts her bonding experience with the inmates of the hospital, recalling the question of their therapist:²⁸ “My people started chanting. / this aria, / terrible and beautiful, raggedy, / inner bellow and hiss / cut up sound, bells of self / a sieve or a map / to a place no one wanted to know: D” (Schwartz, 2019). The “aria,” normally designed for a solo voice, is sung by a group that the speaker considers her kindred. The song epitomizes an “institutional, social, and political literacy ... a politically informed awareness of the power of language to shape the social world and strategies for using language to further the inclusion and self-

empowerment of the disabled” (Wilson & Lewiecki-Wilson, 2001, p. 12). The patients’ rhetorical agency stands in striking contrast to medical apprehensions about “stubborn tongues.”²⁹

The interiority of the group’s “bellow” and the hissing sound betray suppressed indignation. The diction “raggedy,” “cut up,” and “bells of self” reveals a postmodern fragmentation of the patients’ identities. The use of a “sieve” indicates that the patients’ characters are fluid and uncontainable. In addition, the complexity of identity is compared to the intricacies of a map; the image is evocative of the speaker’s remark in “Bone Folder”: “But the work requires manipulation / upon hidden or interior lines/ the body’s cellular agendas and maps” (Schwartz, n.d.-a). The phrase “to a place no one wanted to know” is allusive to the incommensurability of their identities with medical knowledge, hence allowing patients to elude the dominion of biopower.³⁰ To subvert narratives of invalidism where medicine reigns supreme, patients invent individualistic realities. Frank (1995) postulates: “The quest narrative affords the ill person a voice as teller of her own story, because only in quest stories does the *teller* have a story to tell. In the restitution narrative the active player is the remedy: either the drug itself ... or the physician” (p. 115). The dissolution of identities – which makes them pass through a “sieve” – counters the rigidity of biopower. In lieu of a weaponized “bone folder,” and a corresponding defensiveness “behind glass,”³¹ some representations of disability “embrace corporeal fluctuations and displace the rhetoric of fortresses, defenses, and weapons. A theory of permeable identity – one that includes contact with others – would have no need to be so defensive” (Bost, 2010, p. 107).

The permeability of identity is a trope in a number of Chicana poems which demonstrate that disability could engender expansive identities. The poem “Illness and Origami” explores the pliability of identity: The mind the body the mind the body / I am the object combined in three easy steps: / pre-crease forever, then collapse and collapse” (Schwartz, n.d.-c). In the process of origami creation, the term “collapse” refers to the final step which results in the appearance of the final shape of the model. The analogy between origami and

disabled individuals suggests that both are shapeshifters that are malleable into different subject positions. The illness-related meaning of “collapse,” merged with the origami-specific term, imply that even though disability could lead to demise, the disabled are apt to be reborn in different forms. The lines: “Inside ourselves, we / are folded: / lines for future folds, reference / points, hidden or interior lines,” suggest that an origami-like body harbours a potential to be remodeled into various identities. As Anzaldúa (1987) argues: “And my face, like reality, had a multiple character” (p. 44).³²

The poem “Headlong: *On the photograph “Pleasures and Terrors of Levitation,” by Aaron Siskind*”³³ suggests that the body of a brown disabled woman is contained within the levitating body of a white man: “Headlong, body-long / spun into air-- / a white man containing a woman / containing her crippled / walk, her brown body, / in his limbs, that whip-shaped / hair” (Schwartz, n.d.-b). The impeccability of the white man is equipped to carry within it the disabled, ethnically inferior bodies of Chicanas. The lightness of the white man is contrasted with a Chicana’s inhibitive categorization as a disabled Chicana: “He carries / her freedom in his levity, / that will to never fall to earth, / to be held buoyant by nothing but air and belief in his own brilliance.” The white man’s morale is unhampered by social stigmas that could incapacitate him. Although “the body’s core of muscles, / bone and tissues” could prevent him from flying, his body is seen “toughing its way / through sinew, and blood to move / and be seen, to be allowed to be / a body that moves through the world / at will” The speaker’s emphasis on visibility and mobility, and her indictment of her restriction in the lines: “Not / this life of boxes within boxes / within boxes--,” are indicative of a longing for freedom from rigid ableist, ethnic, and sexist classifications and normative embodiments that are instituted by biopower and underpinned by political paradigms.

Limitations

Her choice to be sheathed within an able-bodied white man signifies her deprivation of the privileges attending his colour and

gender. In Schwartz's words, "the sky of white starlight" should be able to accommodate "the flock of black birds" that does not conform to Americentric notions of normality. The complexity of the disabled identity could be "an effective way to shift politics from essentialist, exclusionary, or homogenizing understandings of identity" (Bost, 2010, p. 21). Exemplifying the inclusion which she advocates, the poem adopts an aspirational stance: "Let me be that. Let all women / and girls, men and boys, / be that, stretching their bodies / along the sun-track to God" (Schwartz, n.d.-b). The act of stretching the body implies a freedom to occupy estimable social and political spaces; that is, deconstructing corporeal boundaries grants Chicanas their emancipation. The speaker's realistic acknowledgement of "the terrors of levitation" indicates that she "surrenders all notions of safety, of the familiar. Deconstruct, construct. She becomes a nahual, able to transform herself into a tree, a coyote, into another person" (Anzaldúa, 1987, pp. 82-83). Her shape-shifting fantasies are analogous to a physical and psychological sublimation of disability. Underscoring a metaphysical essence that underlies ailing bodies³⁴ achieves a physical decentering of a normality-focused fundamentalism. Furthermore, the assumption of a socially acceptable white figure is an attempt to purge disability of its alleged aberration.

The inevitable limitations attending disability attest to her admittance of the probability of temporary defeat: "not caring how many times / we fall apart and break, / that fall-apart dance so familiar / to us all" However, the speaker exhibits a resilience that could allow her to manage her disability: "All those beautiful broken / spines lined up to make a ladder / to find what is missing" (Schwartz, n.d.-b). The construction of a disability-based ladder is redolent of the leftist prospects of special needs.³⁵ The adjective "beautiful" bespeaks the possible refinement of disability. In the same way that the amputation does not hamper the swimming in Moraga's poem,³⁶ the brokenness of the spines does not diminish their utility. Anzaldúa (2015) suggests: "By seeing your symptoms not as signs of sickness and disintegration but as signals of growth, ... by using these feelings as tools or grist of the mill, you move through fear, anxiety, anger, and

blast into another reality” (p. 552). The alternate reality does not eliminate disability; it ingeniously acknowledges its productive potential.

Biopolitical Marginalities Recentered

All the analyzed poems elucidate the political inequities that are intrinsic to medical care. The biopolitical pathologization of Chicana disability amalgamates their physical and ethnic subalternity. Committed to maintaining the welfare of their subjects, governments regulate disability in a manner that adversely involves the diminution of aptitudes. Political and economic challenges exacerbate the indisposition of disabled Chicanas, resulting in their manifold subordination on the social, political, economic, and medical fronts. The state-sanctioned conflation of their medical and ethnic divergence into an overarching impotence debilitates their sociopolitical competence, warranting their subjection to biopolitical authorities. However, the poems that have been discussed in this study exhibit a subversion of the instruments of biopower; the poets’ unfettered exposition of the politicization of disability illuminates a Chicana militancy. As the speakers enunciate their conversion of biopolitical perceptions of disability, they override the absolutism of medical authority. Consistent with the speakers’ atypicality is a singular consciousness which evinces that their metaphysical reincarnations and amorphous identities overflow the curbing margins of physiological disorders. The poems propose alternatives to physical and political stagnation, thereby enhancing disability justice and sociopolitical equities. By redefining the otherness of illness and superseding the fixities of medical knowledge, Chicanas strive to alter the perceptions of the biopolitical gaze and carve out disability-accommodating positions for themselves.

Notes

- 1- The 1990 Americans with Disabilities Act defines disability as a physical or mental infirmity that significantly restricts one or more daily activities.
- 2- Minich's argument is consistent with the social model of disability which distinguishes between "impairments" – which refer to bodily dysfunctions – and "disability" – which denotes the systemic bias and social exclusion endured by disabled individuals.
- 3- In Aztec mythology, Cihuatl is the spirit of a woman who died in childbirth. The Aztec culture considered them comparable to male warriors who died in violent conflict. This could indicate the poet's veneration of her Aztec heritage.
- 4- La Raza is a reference to the Chicano Movement of the 1960s and 1970s.
- 5- The United Nations General Assembly designated 1999 as the International Year of Older Persons (IYOP) to celebrate a demographic maturity that signaled social, economic, cultural, and spiritual adulthood.
- 6- See above, p. 3.
- 7- See below, p. 8.
- 8- See above, p. 4.
- 9- Although Foucault devotes a series of lectures entitled "The Birth of Biopolitics," published in 1979, to providing a definition of the notion, they digress to become a discussion of neo-liberalism.
- 10- See above, p. 5.
- 11- See above, p. 6.
- 12- See above, p. 4.
- 13- See above, p. 4.
- 14- See above, p. 7.
- 15- See above, p. 7.
- 16- See above, p. 7.
- 17- See above, p. 8.
- 18- See above, p. 5.
- 19- See above, p. 6.
- 20- See above, p. 7.
- 21- The journal devoted to this topic is JCHC: The Journal of Compliance in Health Care.
- 22- See above, p. 10.
- 23- A spicy Mexican soup made from the stomach of edible ruminants.
- 24- See below, p. 16.
- 25- See above, p. 8.
- 26- See above, p. 8.

-
- 27- See above, p. 7.
28- See above, p. 8.
29- See above, p. 8.
30- See above, p. 12.
31- See above, p. 6.
32- My translation from Spanish.
33- Aaron Siskind (1903-1991) is an American photographer. Producing abstract photographs, he contributed to the development of avant-garde art in America. His series of photographs "*Pleasures and Terrors of Levitation*" was inspired by divers at Chicago's Oak Street Beach. The photographs feature silhouetted figures suspended in mid-air.
34- See above, p. 13.
35- See above, p. 4.
36- See above, p. 11.

Works Cited

- Anzaldúa, G. (1987). *Borderlands: La Frontera* (First Edition). Aunt Lute books.
- Anzaldúa, G. (2015). now let us shift. In A. Keating (Ed.), *Light in the Dark / Luz en lo Oscuro: Rewriting Identity, Spirituality, Reality* (pp. 540–577). Duke University Press.
- Arnold, D. (1993). *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. University of California Press.
- Black, H. C. (1990). *Black's Law Dictionary* (Sixth Edition). West Publishing Co.
- Bost, S. (2010). *Encarnacion: Illness and Body Politics in Chicana Feminist Literature*. Fordham University Press.
- Castillo, A. (2001). *I Ask the Impossible*. Anchor Books.
- Convention on Human Rights and Biomedicine. (1997, April). www.coe.int/en/web/bioethics/oviedo-convention
- Couser, G. T. (1997). *Recovering Bodies: Illness, Disability, and Life Writing*. The University of Wisconsin Press.
- Crawford, C. S. (2014). Body Image, Prostheses, Phantom Limbs. *Body and Society*, 21(2), 221–244. <https://doi.org/https://doi.org/10.1177/1357034X14522102>
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/https://doi.org/10.2307/1229039>
- Foucault, M. (1978). *The History of Sexuality. Volume I: An Introduction* (Vol. 1). Pantheon Books.
- Foucault, M. (1980). *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*. Pantheon Books.
- Foucault, M. (1988). *Madness and Civilization: A History of Insanity in the Age of Reason*. Vintage-Random House.
- Foucault, M. (1995). *Discipline and Punish: The Birth of the Prison*. Vintage-Random House.
- Foucault, M. (2003a). *Society Must Be Defended: Lectures at the College de France, 1975-76*. Picador.
- Foucault, M. (2003b). *The Birth of the Clinic*. Routledge.

-
- Frank, A. W. (1994). Reclaiming an Orphan Genre: The First-Person Narrative of Illness. *Literature and Medicine*, 13(1), 1–21. <https://doi.org/https://doi.org/10.1353/lm.2011.0180>. PMID: 8007725
- Frank, A. W. (1995). *The Wounded Storyteller: Body, Illness, and Ethics*. University of Chicago Press.
- Garland Thomson, R. (1997). *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. Columbia University Press.
- Grosz, E. (1994). *Volatile Bodies: Toward a Corporeal Feminism*. Indiana UP.
- Guerrero, L. A. (2014). *A Tongue in the Mouth of the Dying*. University of Notre Dame Press.
- Markman, R. H., & Markman, P. T. (1992). *The Flayed God: The Mesoamerican Mythological Tradition*. Harper.
- McMaster, C. (2005). Negotiating Paradoxical Spaces: Women, Disabilities, and the Experience of Nepantla. In A. Keating (Ed.), *EntreMundos / Among Worlds* (pp. 101–106). Palgrave Macmillan. https://doi.org/https://doi.org/10.1057/9781403977137_10
- Minich, J. A. (2014). *Accessible Citizenships: Disability, Nation, and the Cultural Politics of Greater Mexico*. Temple University Press.
- Mitchell, D. T., & Snyder, S. L. (2000). *Narrative Prosthesis: Disability and the Dependencies of Discourse*. University of Michigan Press.
- Moraga, C. (1983). *Loving in the War Years: lo que nunca paso por los labios*. South End Press.
- Moraga, C., & Anzaldúa, G. (Eds.). (1981). *This Bridge Called My Back: Writings by Radical Women of Color*. Women of Color Press.
- Schwartz, L. C. (n.d.-a). *Bone Folder*. The Cortland Review, Issue 88. Retrieved January 10, 2024, from www.cortlandreview.com/issue-88/leslie-contreras-schwartz/
- Schwartz, L. C. (n.d.-b). *Headlong: On the photograph “Pleasures and Terrors of Levitation,” by Aaron Siskind*. Luna Luna Magazine. Retrieved January 10, 2024, from

-
- www.lunalunamagazine.com/blog/tag/Leslie+Contreras+Schwartz
- Schwartz, L. C. (n.d.-c). *Illness and Origami*. Anomaly, Issue 32. Retrieved January 10, 2024, from anmly.org/ap32/leslie-contreras-schwartz/
- Schwartz, L. C. (n.d.-d). *Leper on the Lawn*. Friends of Writers. Retrieved January 10, 2024, from friendsofwriters.org/2023/07/21/leper-on-the-lawn-by-the-front-door-by-leslie-contreras-schwartz-poetry-11/
- Schwartz, L. C. (n.d.-e). *The Bell*. Poets.Org, Academy of American Poets. Retrieved January 10, 2024, from poets.org/poem/bell
- Schwartz, L. C. (2019, September). *Who Speaks For Us Here?* Rogue Agent Journal, Issue 54. www.rogueagentjournal.com/issue54
- Siebers, T. (2004). Disability as Masquerade. *Literature and Medicine*, 23(1), 1–22. <https://doi.org/DOI:10.1353/lm.2004.0010>
- Slack, D., & Rauch, K. L. (2019). Introduction. In D. Slack & K. L. Rauch (Eds.), *Disability in Spanish-speaking and U.S. Chicano Contexts: Critical and Artistic Perspectives* (pp. 3–11). Cambridge Scholars Publishing.
- Turner, B. S. (1995). *Power and Social Knowledge* (Second Edition). Sage Publications.
- Wendell, S. (1996). *The Rejected Body: Feminist Philosophical Reflections on Disability*. Routledge.
- Wilson, J. C., & Lewiecki-Wilson, C. (2001). Disability, Rhetoric, and the Body. In J. C. Wilson & C. Lewiecki-Wilson (Eds.), *Embodied Rhetorics: Disability in Language and Culture* (pp. 1–24). Southern Illinois University Press.