

Adopting the Unadoptable/Disabled Subject in the Posthuman Era

Fu-jen Chen

Department of Foreign Languages & Literature, National Sun Yat-sen Univ. Taiwan

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Abstract: In his article "Adopting the Unadoptable/Disabled Subject in the Posthuman Era," Fu-Jen Chen first examines three memoirs that demonstrate prevalent features of today's narratives by parents with adopted children of special needs and next offers a theoretical and ontological investigation of disability. He suggests that we have to change the way we relate to disability: to recognize it not as an external limitation but an internal as well as pre-existent division and to re-orient ourselves to the ontological truth that we are always already "disabled/otherized" especially in the posthuman era when the body is seen to exceed existing boundaries of human topologies and to reinvent itself permanently along with prosthetic connections, accumulations, or consumption. Such a progress of "becoming," though diversifying against the norm, does not necessarily challenge ableism and could be in tune with the logic of capitalism.

Fu-jen CHEN

Adopting the Unadoptable/Disabled Subject in the Posthuman Era

In this essay, I begin by examining three memoirs that demonstrate prevalent features of today's narratives by parents with adopted children of special needs. The first two memoirs—Patricia Harris' *Loving the "Unadoptable"*, and Jennifer Taylor's *Forfeiting All Sanity: A Mother's Story of Raising a Child with Fetal Alcohol Syndrome*—illustrate the traditional views of disability, one as a medical/biological dysfunction or a religious/moral lapse. Unlike the first two memoirs, *The Question of David: A Disabled Mother's Journey through Adoption, Family, and Life* by Denise Sherer Jacobson distinguishes itself not only because the memoirist herself is disabled, but because she presents unconventional connections of adoption and disability with other sensitive subjects such as class, gender, and sexuality.

Following the textual analysis of the three memoirs, I offer a theoretical and ontological investigation of disability—to examine the psychic work of the ableist that creates the cultural imaginary, rather than to uncover the vulnerability of the disabled people and their "disabled psyche." I suggest that we have to change the way we relate to disability: to recognize it not as an external limitation but an internal as well as pre-existent division and to re-orient ourselves to the ontological truth that we are always already "disabled/otherized." Finally, I tackle the issue of how to deal with the disabled "other" and adopt the otherness. The first two memoirs adopt traditional views on disability and their ways to deal with disability—ones such as pity, tolerance, and recognition—reinforce the disparity between the abled and the disabled, inevitably lapse into paternalism, and avoid encountering the ontological and structural otherness. Rather, beyond the traditional and social models of disability, Denise in *The Question of David* forges a new relationship with what Lacan calls the big Other and, by the end of the memoir, she is able to adopt otherness as a nucleus of being and identifies with the particular form of this *jouissance*. Again, I emphasize the ontological truth that we are always already "disabled" and so is the big Other. This is especially true in the posthuman era in which the body is seen to exceed existing boundaries of human topologies and to reinvent itself permanently along with prosthetic connections, accumulations, or consumption. Such a progress of "becoming," though diversifying against the norm, does not necessarily challenge ableism and could be in tune with the logic of capitalism. It is subjective recoil and a negation—rather than external connections or unlimited affirmations—that help to dis-label disability and forge a new relation with the ableist Other in today's global capitalist economy.

I

As a part of the recently emerging voices of parents of challenging children, *Loving the "Unadoptable"* recounts the experience of the author as an adoptive mother who adopts an "unadoptable" child. In her personal reflection on parenting a son with special needs, Patricia Harris not only responds to the launch initiated by the social worker that "no child is unadoptable," but she also demonstrates her belief in unconditional love and "Christian values with professional guidance" (59) that will help those children lead a normal life. Working in the pharmaceutical industry and involving herself in the Adoption Ministry at her church, Harris decides to adopt a child after years of failed treatments of infertility as discussed in the first chapter. The book then moves on to the lengthy exposition of the adoptee, Cory. With a violent birth father and a cocaine addicted mother, Cory—sent to different foster families—is labelled by his previous foster mother as "unadoptable" (x). When he was seven, he was placed in the foster care of Harris, who legally adopted him three years later. Covering a span of three years, *Loving the "Unadoptable"* charts Cory's movement back and forth between home and schools, between hospitals and residential treatment centers. Acting uncharacteristically (demonstrated by his physical violence, emotional combustion, and intellectual deficit—all of which seem to prove how "unadoptable" he is), Cory has been diagnosed with an "alphabet soup" of disorders: ADHD, ODD, ED, LD, MD, PTSD, Bi-Polar, and even "fishbowl syndrome" (33)—a term Harris herself invents to explain a particular pattern of behavior her son exhibits. Though her son lives in a world of "alphabet soup," Harris believes that love is eternal (as suggested by one of the chapter titles) and that "a combination of science and God's word" will help Cory to grow to be a "mature, responsible adult" (x; 55). The memoir demonstrates Harris's faith in God, confidence in medicine, and wish for a sustainable future for the once-labelled "unadoptable" son.

Similarly, *Forfeiting All Sanity: A Mother's Story's of Raising a Child with Fetal Alcohol Syndrome*, written by Jennifer Poss Taylor, also tells a story of adoption and special-needs parenting. The memoir elaborates on not only how "unadoptable" the adopted child is, but also how unintelligible many issues are to the writer: Why do the birth parents lose their "sanity" to hurt their own child (both are drinking

addicts, abusing their daughter physically)? Why does the child behave strangely? The book title—*Forfeiting All Sanity*—refers to the child's forced loss of sanity due to the lack of malnutrition and medical treatments, next to the author's willing loss of sanity on the decision of adopting the baby, or, more specifically, to her own failure to reason out inscrutable behaviors of children with Fetal Alcohol Syndrome (FAS). In *Forfeiting All Sanity*, Taylor details her frustration in understanding her adopted daughter, Ashley, when handling her daughter's lying, stealing, fear, anxiety, hallucinations, addictive habits, destructive acts, poor personal hygiene, and many other problems. Like Harris, Taylor offers many spiritual references and quotes from the Bible and shows her trust in medications for her daughter. Different from Harris, Taylor does not conclude her memoir with her individual wish for her daughter to be independent in the future; rather, she insists on increasing the social awareness of FAS and demands "legislation to make it illegal for a pregnant woman to drink" (127). It is the religious mission and political cause (progressively revealed to herself in her writing of the memoir) that help finally regain her "sanity" and make meaningful her adoption of Ashley (126).

These two memoirs demonstrate prevalent features of contemporary narratives by parents with adopted or biological children of special needs. In the face of an unadoptable and unknowable adoptee—or, rather, an unlikeable and uncanny "other"—Harris and Taylor experience mixed emotions ranging from pride and excitement to guilt and depression, from gratitude and sanguinity to anger and anxiety. Confronting the "otherness" of their adopted children that evoke strong emotions, they, like many adoptive mothers, turn to the medical profession: as "otherness" becomes meaningful, it also becomes bearable. Medical professionals addressed as subjects-supposed-to-know medicalize those unfathomable manners through an array of "scientific" and "objective" acronyms. On the one hand, the alphabet soup of emotional and behavioral disorders may entitle one to financial benefits, social recognition, or legal protection. On the other, such an act of medicalization of disorders also suggests our "cognitive struggle to forge coherence from the inexplicable" (Garland-Thomson 189) and collective response to the "trans-historical ontological anxiety operating at a psychic level" (Shildrick 52). In an era with readily available advice on building and nurturing a strong, healthy ego, the presence of disability "upsets the modernist craving for ontological security" (Campbell, *Contours* 13) and the images of disabled children, in particular, break up "the model of happy, playing, discovering child" (Burman 157). The threatening lack or excess of disability—either emotional or corporeal—arouses ontological anxiety and needs to be tamed and pacified. Medicalization is exactly a way to make sense of its disruption and to restore the ontological closure. Today, the medical regime functions as one of the postmodern techniques of bio-power that teach us how life is lived and managed. The medicalization of emotional/behavioral eccentrics exhibits how body and mind are regulated in accordance with the interests and discursive affiliations of the State. In these two memoirs, the medical profession translates disability into clinical concepts, reducing the adopted children to a list of symptoms. Yet, when the Medical Other fails—just as Harris observes that "over the years my son has had many diagnoses and his psychologist said there is not a name yet for his illness" (43)—we do not see in the memoir any challenge to the medical profession. In either clinical or linguistic terms, the diagnostic failure in the memoir does not disclose the incompleteness and inconsistency of the biomedical discourse; instead, it proves and even reinforces the image of her "unadoptable" child as an impenetrable other.

When biomedical discourse fails to provide effective explanatory accounts (not necessarily treatment or cures), a failure that results in anxiety, Harris and Taylor turn to their religious faith for answers to problems and to their churches for support. Indeed, in the writing by adoptive mothers/memoirists of disabled children, religious rhetoric is prevalent. It is not surprising to see pertinent connections between the unadoptable/impenetrable others and the most enigmatic Other, God. In the Judeo-Christian tradition, believers are exposed to the terrifying abyss of the divine Other, whose desire and messages always remain unfathomable. And the enigma of His desire hystericizes ones into continuously asking "what you do want from me?" The same question also confronts many adoptive mothers in their encounters with the abyssal dimension of another human being, their adopted child. Like many Christian adoptive mothers, Harris and Taylor try to answer the demand and resolve the anxiety it evokes through love—to be exact, maternal love. Through maternal love, the question—"what do you (the divine God) want from me"—is shifted to "what can I do for them (the impenetrable children)?"

Indeed, Harris' *Loving the "Unadoptable"* and Taylor's *Forfeiting All Sanity* reflect two traditional, yet still influential perspectives on disability: either disability as a religious/moral lapse or disability as medical/biological dysfunction. In these models presented in the memoirs, disability is identified as a problem to be scorned, fixed, and eliminated at worst, or recognized, tolerated, and pitied at best. A social critique of disability is thus absent in the memoirs.

Complicating the already complex subject of adoption, Denise Sherer Jacobson in *The Question of David* provides further insights through the intersection of adoption with disability, sexuality, gender,

ethnicity, class, and motherhood. The memoir begins at the time of adoption when David was six weeks old and suspected of having cerebral palsy. Because of his potential disability, David was given up for adoption even prior to his birth and rejected again by a set of prospective nondisabled parents. Documenting the adoption process and the early childhood of David, the memoir ends at the time when David becomes an energetic, healthy toddler suffering no physical disability but minor language delay.

What distinguishes *The Question of David* from existing narratives of adoption is not the adoption of an infant with a risk of cerebral palsy (CP), but the adoptive parents—Denise and Neil—who were both born with CP and use electric wheelchairs in everyday life. It is precisely the atypical couple—their self-doubt, struggle, and being greeted with skepticism, dismissal, and even contempt—that add a deeper layer to this adoption story. Moreover, Denise in the memoir presents connections between disability and topics like sexuality, and parenthood.

Addressing the convergence of disability with motherhood and sexuality, Denise confronts the reader with the portrayal of an "enjoying (m)other." While the image of adoptees as an "impenetrable other" looms large in the above examined memoirs, in *The Question of David* we see a woman with severe physical disabilities who explores the life of motherhood and, furthermore, has a very active sex life. As a disabled yet enjoying (m)other, Denise, though with self-doubt and lots of frustrations, enjoys the role of primary parental caregiver, diapering and dressing David, sterilizing and filling bottles, and coping with doctors' appointments. A caregiver rather than a recipient of care, Denise rejects the ableist perception of disabled women as deficient in "the dexterity and maturity to mother" (Mintz 144). Her nurturing acts unsettle the normative practice of mothering. Observed through the ableist lens, not only is her role as a desiring and desired (m)other disturbing, but her enjoyment of being sexed and sexual subject could be more threatening. How can a disabled body, considered "failing" or "lacking," gain access to such excessive enjoyment? While the disabled female body is rendered asexual and unfeminine, it is normal/non-disabled body that is viewed as a proper desiring/desirable subject and is granted to access to full enjoyment. But Denise's explicit account of sexual enjoyment challenges ableist norms of sexuality.

As mothers of a special-needs child, the three memoirists face a critical challenge: How can one adopt the unadoptable and deal with its "unadoptable" otherness? To confront the enigmatic desire of the "unadoptable other," we first recognize that the secrets of the Egyptians are also secret for the Egyptians themselves. That is, the "unadoptable" child is nontransparent to himself and an enigma is not only for us but for himself as well. In a similar vein, Žižek comments on the neighboring "other": "the Lacanian 'che vuoi?' is not simply an inquiry into 'what do you want?' but more an inquiry into 'What's bugging you? What is it in you that makes you so unbearable, not only for us but also for yourself, that you yourself obviously do not master?" ("Neighbors" 141). In Lacanian sense, we are all "opaque to ourselves and to each other" (Kotsko 56). In other words, we remain enigmatic and impenetrable not for the other but also for ourselves, because there is always an unfathomable abyss of radical Otherness that forever persists in us and simply because we are a being inevitably with an alien, impenetrable kernel. Accordingly, "what's bugging you" is also bugging us and what is unadoptable in the other also resides within every one of us.

In the face of the unbearable excess/lack of subjectivity, one's first response is often denial. To disavow the foreign otherness that threatens one's humanist notions of the whole, empowered mind-body, the ableist subject may externalize the ontological impossibility and project the otherness onto those disabled figures. Then, the excessive otherness embodied in the disabled would be named, tamed, and further trained in biopower practices. The ableist either otherizes the disabled as deviant or infantizes them as non-divided, totally rhetoricalized. Either way is to mistake the disabled to be an imaginary being—one that embodies a denigrated "otherness" without subjectivity or becomes a subject without "otherness." Any encounter with the disabled signals an over-closeness to the Real, the proximity that mirrors one's vulnerability and lack, provoking deep existential anxiety.

In the cultural imaginary, disability has appeared variously as a stigma, as "the master trope of human disqualification" (Snyder 125), as "the ultimate postmodern subjectivity" (Rohrer 41-42), or as "the ultimate intersectional subject" (Doodley et al. 34). Though we are living in an era in which diversity has become the new normal as Lennard J. Davis observes, disability is not just one of many differences or another add-on to minority classification. Davis emphasizes that disability is "the ultimate modifier of identity, holding identity to its original meaning of being one with oneself. Which after all is the foundation of difference" (14). In view of disability as "the ultimate modifier of identity" or "the foundation of difference," disability plays "a critical role in how we formulate relationships between ourselves and others" (Snyder 34). That is, how does one deal with the disabled without imagining him or her as the "other," a mirroring self, or an abstract human being? Yet, prior to the examination of the

inter-subjective relationship, it is more urgent and vital to ask first how disability demands us to confront head on "within" ourselves—the most foreign as well as most familiar on the ontological level.

II

The ontological examination of disability does not lie with the vulnerability of the disabled people to uncover "the disabled psyche." Just as racism is identified as "a problem of whiteness" (Shildrick, *Dangerous* 15) or sexism as a problem of men, ableism should be examined with consideration given to non-disabled individuals—definitely, to those who identify themselves as the able-bodied majority and compulsorily live up to ableist normativity. Ableism is a network of beliefs, operations, and productions that value health, wholeness, normalcy, and competency on the human faculties. The higher that one rises in the status quo of an ableist society, the more one invests oneself in that order that again demands a pursuit of more recognition, thereby reducing oneself further to a fixed template for identity. To challenge such ableist hegemony, we should understand that dis/ability is not only empirical in scope, but also ontological in nature. Dis/ability is a question that demands a more fundamental, ontological enquiry about the psychic work of the ableist that creates the cultural imaginary.

In Lacan, human beings are fundamentally split subjects, divided, inconsistent, and alienated from themselves, with no possibility of "wholeness." We are what Lacan terms "the barred subject" (258). Daly and Žižek explain that we cannot "achieve full ontological identity" and "always remain as 'a bone stuck in the throat of the signifier'" (4). The subject is "nothing but the failure of symbolization, of its own symbolic representation" and is "nothing 'beyond' this failure" (Žižek, "Class" 120). The subject emerges not when identification (or dis-identification) is made but when it fails to be made. The failure is not an effect of the gap between the ideal and the empirical reality; instead, the impossibility of its full realization is immanent to one's identification.

Correlative with the creation of Lacanian subjectivity, one emerges as an ableist when he or she fails, rather than succeeds, in assuming the ableist norm of perfect bodies and minds. For the ableist, such an ideological normalcy holds out the promise of full *jouissance* and complete mode of existence. Or to put it in a different way, it covers up the impossibility of total *jouissance* and offers the ableist a way to manage its traumatic absence. Similarly to the functioning of fantasy, the ableist ideal is to "convert the subject's traumatic experience of lack into a more acceptable experience of loss [and to] produce the illusion that there is somewhere a satisfying object of desire" (McGowan 199). Today, even though normalcy does not dominate through the promise of wholeness, it still operates through being ceaselessly transgressed and violated as a background of reference for postmodern diverse identities. The postmodern-global-capitalist regime favors a new mode of subjectivity, one characterized by liberating diversification or multiple shifting identifications. The appeal to identification with either normalcy or diversity is, however, still functions as a disavowal of subjective splitness and the structural deadlock. Either way helps persons overcome a sense of alienation and imagine themselves in a state of completeness.

But the image of the disabled other stirs up in the ableist subjects what is in them more than themselves and draws the ableist subjects into too close a proximity with their own disturbing excess/lack. The ableist subjects pretend not to acknowledge what they always "know"—in Žižek's words, the "unknown knowns"—about the ableist world: "the disavowed beliefs, suppositions, and obscene practices ones pretend not to know about, although they form the background of ones' public values" ("Wheelbarrow"). They pretend not to know that desire itself is sustained by the dialectics of lack and excess. Normalcy is created to "avoid any anxiety stemming from lack or loss" with an identification with "a logic of the whole" (Ragland 262). They pretend not to know that one can never fulfil the norms because one always performs more or less due to a sense of loss in mastering an excess of signification of "normalcy." And they pretend not to see the truth that no one is ever normal and there is always something "wrong" with us.

In the face of the threat of otherness—both ontological and structural—the subject constituted by the ableist ideology either turns to embody the impossible/noncastrated position of full *jouissance* or to externalize the abject otherness by targeting the disabled figure posited as the exception, and, thereby, trying to label, complete, or fix the other. The disabled other, as a result, would become the cause of subjective lack and even social disharmony. Without locating otherness (shown as lack/ excess) "within" oneself, the ableist subject is inclined defensively to project one's own otherness onto the disabled other and insistently to locate the disabled other's "difference" and "particularity." Thus, we need to recognize the otherness attributed to disability also as the truth about "ourselves." It is exactly the unbearable sameness—rather than difference—that threatens the ableist's ontological security. "Part of what makes disability so threatening to the non-disabled," Thomas Couser explains, "then may be precisely the indistinctness and permeability of its boundaries (178).

While today's society advocates marginality, heterogeneity, and multiculturalism, one does not naively believe in ableist values and internalize the practices. Ironically, one believes indirectly through the Other—which can believe on his or her behalf. Moreover, the ableist Other doesn't need to exist factually, as long as it is assumed to exist. For example, ableism in the context of adoption may go as follows: "we also love children with disabilities, wherever they come from and whatever they look like. We shall not discriminate people with disabilities. But—the world is still an ableist place. Disability discrimination is still very much a part of our society today. To adopt a disabled child will make one's life a lot tougher and the child's life as well." In an allegedly post-ideological era, such a detachment through the ableist Other enables one to continue to be an ableist and, yet, conceals his or her much deeper commitment to ableism. Today, we are living in a culture of disavowal and ableism operates as a belief or a practice via the assumed existing Other.

Again, how do we combat ableism and adopt the "unadoptable" subject? In the case of disability, we do not merely acknowledge our disavowal of the fantasy about the disabled other or our projection/externalization into the figure of the disabled. We have to change the way we relate to dis/ability: a shift in the subjective position to dis/ability. To be exact, disability is not an external limitation, but an internal division—the prerequisite for ability. We can never be a full one because we are always thwarted by an immanent impossibility/disability. To put it in a different way, there is no pre-existing organic unity preceding loss and what is missing is retroactively constituted through the act to recover its loss. Disability is constitutive of the subject, in the radical sense that the subject does not pre-exist its disability, but emerges through it. The subject emerges through its own loss of ability (or, an original unity). The loss has already taken place and we are living in its aftermath.

Accordingly, disability is not the effect of a norm, but what characterizes and precedes the ableist world. Though the disabled appearing in the form of an error to be overcome or an obstacle to the ultimate enjoyment in the ableist society, they are a people, representing the indispensable internal limit of an ableist society and serving as the fantasmatic frame through which the ableist society can retain its consistency and attain its enjoyment. The ableist world is sustained by disability as a constitutive lack and the ableist enjoys being "abled" and appear "normal" insofar as disability functions as a reflective barrier. If we subtract the fantasy of disability from reality, the ableist world disintegrates. If the disabled do not exist, the ableist world would have to invent them.

When we recognize disability as an internal division and a source of enjoyment, we deprive disability of libidinal investment and create the possibility of the subject's disinvestment from ableist culture. Of course, there still exist disabled people, but they would cease to be "disabled" in the way that we now understand the name. When disability is an internal and pre-existent division, we re-orient ourselves to the ontological truth that we are always already "disabled/otherized." We are always already disabled not merely because humans, compared to other animals, are born biologically premature, but because humans, in order to enjoy themselves as being abled, have to be "disabled" beforehand. In addition, we are "disabled" not necessarily in the temporal sense that we, as temporarily able-bodied persons (TAB), are vulnerable to illnesses and accidents, which can happen to anyone at some point in life, or in the sense of the irreducible gap between the actual and ideal body, as Robert McRuer argues, that "the ideal able-bodied identity can never, once and for all, be achieved" (9). Rather, it is in the ontological, structural context that we are always already disabled: constructed as irrevocably divided, split, alienated against ourselves, we cannot help but desire/articulate/perform more or less and are unable to arrive at enjoyment directly. Disability logically and ontologically precedes ability/normality. To claim that "we are always already disabled," I do not ignore the injustice of social and economic inequality involved with disability, nor do I offer the categorical indistinguishability of dis/ability as an easy solution to ableism. To end ableism, I argue, we have to change the way we relate to dis/ability. As Todd McGowan claims that "A properly psychoanalytic politics would transform it [the deadlock] from an obstacle into a point of identification" (263), we identify with disability, the deadlock of the ableist world, and assume it as a source of *jouissance* and possibility. Rather than targeting disability as the external otherness of the ableist world, we embrace it as our own internal limitation, not as "a state of loss" but as "originary" (McGowan 195).

III

After the textual analysis and the Lacanian theoretical framing above, the question is posed again: how to adopt the unadoptable/disabled subject? Many narratives, including the first two memoirs I examined, adopt biomedical and philanthropic views on disability. These positions are not inherently good or bad. Though often intertwined with the experience of exclusion and discrimination, medical treatments are not straightforwardly discriminatory: for instance, to be more "abled"—through measures such as vision correction from eye glasses to contact lenses, and from laser-assisted in situ keratomileusis (LASIK) to

refractive surgery—does not necessarily amount to a submission to normalcy, thereby a reinforcement of the ableist ideal. It is likewise that charity could not be outright dismissed as an obstruction of a redistribution of resources—the ultimate goal of justice. But without encountering the split subjectivity of modern individuals, without re-orienting toward the ontological truth that we are always already “disabled/otherized,” and without recognizing disability as an internal division and the internal deadlock of the ableist world, the biomedical and philanthropic views on disability are highly problematic. The former would be likely to comply with normalcy, executing a medical power of care and cure on individuals, leading to medical paternalism. The latter will fall into a politics of pity, spotlighting the spectacle of individual suffering via the disparity between the abled and the disabled, and between an observer and a distant sufferer. Neither of them aims at changing the entire cognitive mapping of dis/ability or settling accounts by investigating institutional ableism and violations of human rights.

Without encountering the ontological and structural otherness, Harris and Taylor adopt traditional views on disability; their ways to deal with disability—ones such as pity, tolerance, and recognition—in one way or another reinforce the disparity between the abled and the disabled, inevitably lapsing into paternalism. On the other hand, the character of Neil in Jacobson’s *The Question of David* provides us with an exemplary figure of how the social model of disability is put into practice to create a true social integration. A reaction to the dominant medical model, the social model of disability diverts our attention away from individuals to society. In this way the social construction of disability targets systemic barriers, prejudice, and exclusion by society. While it is the social context that enables or disables people, the removal of attitudinal and environmental barriers helps disabled people to achieve independent living. Taken to its logical conclusion, disability could disappear within a context with proper design and ideological alternatives. Such an ideal barrier-free environment is realized in the bank where Neil works as an esteemed computer engineer and a vice president: in Denise’s words, “the bank was Neil’s haven. He was liked and respected. He provided a service and filled a role. Everything was so clear-cut and well-defined” (183). Of his fully accessible and inclusive workplace, Neil boasts that “if people can’t deal with me, they get fired. It’s their problem, not mine” (183). Characterized as “strong” and “rational,” “logical” and “detached,” Neil is the one who knows “how to handle situations” (39). Having control and full participation in workplace, Neil achieves sustainable, independent living—the essential tenet of the social model that fully accommodates disability.

Though portraying her husband as an exemplary figure within a disability-sensitive environment, Denise shows a limitation of the model arising from the lack of attention to the negative emotions, to the intrinsic disadvantages of the impaired body, and to the transient nature of a barrier-free utopia. As demonstrated in the memoir, Neil can hardly handle emotionally involved situations since, in Denise’s view, “hurt and anger make him sulk” (39), defensively retreating into “his logic [and] distancing himself from the ugly emotions” (104). Besides, rather than a “neutral bodily difference” as defined by the social model of disability, physical impairment represented in the memoir does involve intrinsic disadvantages. Qualified for the role of “super cripp,” who triumphs over adversity and overcomes his disability, Neil still suffers a restriction and limitation in mobility. No amount of social accommodation could completely solve the problem of impairment, as Tom Shakespeare observes: “even in the absence of social barriers or oppression, it would still be problematic to have an impairment” (41). In fact, a demand for the barrier-free Other leads to another demand that demands more demands and counters demands for demands upon or made by the ableist Other. Subjected to the ableist Other, one becomes psychologically immobile/disable, obliged to answer, fulfill, repress, avoid, and enforce the demand from (or on) the ableist Other. The more we rely on a utopian Other that is expected to accommodate all kinds of mind-bodies, the harder for us to break the shackles of the demanding ableist Other. The turn away from individual/clinical essentialism, however, could fall into another trap—“contextual essentialism” (Shakespeare 76).

On the one hand, the medical authorities in the first two memoirs I examine do not encounter any challenge, even when the medicalization of dis/ability into symptoms fails; on the other, the social construction of dis/ability demands an impossible Other, though such a request can never be granted. Despite initially appearing on opposite ends of the policy spectrum, the medical and social models of disability both presuppose the existence of the big Other as a fully consistent, closed totality. Grounded on the disparity of disabled and abled identities, both positions are subjected to the Other, appealing to the Other’s recognition of a particular symptom/identity or a specific need/demand. Interestingly, Denise’s autonomy and agency as a mother is not achieved through self-conscious rational deliberation, but instinct or intuition. Indeed, a genuine moment of subjective agency and autonomy is not grounded on a big Other that fully functions and provides (in the case of people with disabilities) a barrier-free home, direct payments, and choice as well as control they can exercise over the care they receive. Such an illusion of agency and autonomy, even carefully nurtured, could be easily dispelled by external

contingencies. It is when she attends to her intuition and instinct that she is able to recognize the existence of the fundamental lack in the Symbolic Other. This lack not only forms the primary condition for the existence of the subject, but it also "creates a crack—a crack opening up possibilities for (a kind of) autonomy and freedom of the subject" (Watson 10).

By the end of the memoir, Denise not only enters a new relationship with the big Other, but she also fully subjectifies the otherness (shown as lack/excess) within herself and adopts the unadoptable otherness on an emotional as well as intellectual level. An episode in chapter ten, "An Ice Cream Cone," might suggest a possibility of Denise's radical subjective change; that is, Denise, though not once and for all, is not caught up in a dead end of the signifier, CP, and is able to free herself from the gaze of the Other and mobilizes her desire without a fixed association with disability. On a weekend morning, Denise and Neil were greeted by an elderly man, who proposed a treat of ice cream. Denise's depiction of the scene demonstrates an effort to mobilize the meaning of the elder man's intention, to shift a subjective position to dis/ability, to adopt "otherness" as a nucleus of being, and, after all, to identify with the particular form of this *jouissance*. Finally, she can enjoy the symptom of her own that provides her consistency and *jouissance*. Indeed, we constitute our beings in relation to the symptom of dis/ability that produces consistency to the subject and organizes our unique form of enjoyment without the need of the support or promise from the authoritative, ableist Master. Such a new way to relate to dis/ability corresponds a new mode of *jouissance* and inverts the condition of impossibility/obstacle/antagonism into the very ground of change.

Ironically, Denise's assumption of otherness as a nucleus of being and identification with her particular symptoms of *jouissance* might seem inopportune today because the subject is prevalently viewed as one that is no more caught within the spell of repression or lack. The postmodern-global-capitalist regime favors a new mode of subjectivity, one incessantly indulging him- or herself in an activity of contingent identification as well as temporary embodiment. No longer constituted by a lack of some repressed content prohibited by the symbolic law, his or her desire is expansive, productive, and connective. While desire is of abundance rather than of lack, his or her body is seen as an assemblage of machines producing desire. The body, as Margrit Shildrick holds, "needs no longer be thought as either whole or broken, able-bodied or disabled, but simply in a process of becoming through the unmapped circulation of desire" ("Queering"). It is a becoming, not a being. In a homologous way, the disabled body becomes one with seemingly infinite prosthetic extensions: it not only exceeds existing boundaries of human topologies, but reinvents itself permanently, substantively engaged with the transformative potential of becoming.

Along with more prosthetic connections, accumulations, or, rather, consumptions, the body in the posthuman era frees life from limits. Though once downgraded to the status of nonproductive labor, thereby excluded from advertising and society, people with disabilities are now specifically marketed within today's prevailing climate of global consumption. Thanks to the rise of biotechnology and genetic technology, dis/ability is redefined as a commodity and transformed into services, products, rehabilitation, and medical industries. Dis/ability is employed to create a large economic market. To embrace a body with a proliferation of machinic connection, people with disabilities, however, are at risk of being reduced to the role of consumer and their agency to the practice of accumulation and consumption. Clearly, such a celebration of the new mode of subjectivity and a market-based solution to ableism are in tune with the logic of capitalism.

In a constant process of becoming, we are endowed with our relations with human and non-human entities. "No human is self-contained," as Fiona Kumari Campbell claims, "and our lives are constantly changing and (trans)formed through the context in which we move" ("Stalking" 217). In fact, the "becoming" of bodies (by means of connections, accumulations, and consumptions) has been already a daily occurrence for both disabled and nondisabled people: the connections with entities from a voice synthesizer, high-tech spring shoes or hearing aids to a cane, a walker, and a speaker; from an eye typer or electronic reading devices to eyeglasses, binoculars, and cell phones. Some considered as prosthetic assistances for the present time could sooner or later become another conduit, corporeal extension. Such a "progress of becoming" may diversify against the norm or become a new norm, but does not necessarily challenge ableism as already disclosed evidently in our daily life experiences. A practice embedded in the notion of "becoming" is far from a solution to ableism.

Today it is more pertinent and imperative to recognize the ontological truth which I have repeatedly emphasized in the paper: we are always already disabled and so does the big Other that suffers from the same split and self-division. Again, to recognize disability as inherent in both the self and the Other (or, in other words, the subjective splitness and the structural deadlock) could help to thwart our life which is oriented toward an ableist myth of wholeness/lack, dependent on the social organization as a closed totality, and, moreover, complicit with capitalism in perpetuating accumulation. It is subjective

recoil and a negation—rather than external connections or unlimited affirmations—that help to dis-label disability and forge a new relation with the Other. Ableism cannot be easily dismissed out of our hearts and institutions only through unlimited connections or a cure on body. We can only dis-label disability through a cure on “signifier” with a new mode of “enjoyment”—that is, we have to become the subject who can fully “assume the heavy burden of defining one’s own limitations” (Žižek, *Less* 340) and attain satisfaction only through this specific mode of failure.

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Author's profile: Fu-jen Chen teaches American ethnic literature and psychoanalysis at National Sun Yat-sen University, Taiwan. His interests in scholarship include Lacanian Psychoanalysis, disability studies, adoption narrative, and Asian American literature. Chen's latest publication on adoption includes "Maternal Voices in Personal Narratives of Adoption," *Women's Studies* (2016) and a new edited volume on disability, *Chung Wai Literary Quarterly*, (National Taiwan University Press, 2016). E-mail: <fujen@faculty.nsysu.edu.tw>