

“But I’m Not Even in a Wheelchair”

Disability, Im/mobility, and Trauma in Hanya Yanagihara’s *A Little Life*

Dorothee Marx

Abstract

Even after decades of disability rights activism, Americans with disabilities are restricted in both their geographical and social mobility. Access to mobility still depends overwhelmingly on monetary factors, thus linking disability, poverty, and restricted mobility, both in terms of education and employment, and everyday mobility. In my article, I examine the implications of this connection by discussing the representation of disability, trauma, and im/mobility in Hanya Yanagihara’s novel *A Little Life* (2015). I analyze how the decline of both the ambulatory mobility and mental health of the novel’s main protagonist, Jude St. Francis, is represented in *A Little Life*. In a second step, I connect these representations to the novel’s notion of upward social mobility as well as to its spatial organization. Furthermore, I discuss how Jude’s mobility is restricted by his trauma and the forced institutionalization that he experiences in spite of his financial and professional success as well as his social advancement. My analysis highlights how Hanya Yanagihara’s narrative of “a protagonist who never gets better” (as the author has put it) creates a highly problematic representation of disability that is linked to death and loss of humanity. This enables me to shed light on the way *A Little Life* also undermines American narratives of linear progress and continual improvement through its resistance to therapeutic resolutions and its representation of disability. Thereby, I show how American individualism obliterates stories of disability and poverty from its narratives of social and geographical mobility.

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“But I’m Not Even in a Wheelchair”

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The icon of the wheelchair has come to be widely used to symbolize disability, marking accessible parking, public transport or restrooms; however, even though wheelchairs are a *mobility* aid, disability is linked to immobility in several ways. Not only are people with disabilities overwhelmingly restricted and immobilized both geographically and socially, they are also imagined as inherently immobile and dependent. This becomes especially important in an American context because the equation of disability with dependency posits disability as a binary opposite to the American ideals of independence and autonomy.¹ In this article, I examine the connection between disability and im/mobility in Hanya Yanagihara’s novel *A Little Life* (2015). The bestseller tells the life stories of the four male college friends Willem, Malcolm, JB, and Jude. While each of them faces their own struggles, the narrative is centered on Jude St. Francis, who experienced unspeakable sexual abuse over the course of his childhood and suffers from the consequences of this trauma. As one of his abusers ran him over with a car, he lives through episodes of excruciating pain, increasingly has trouble walking and, as he ages, frequently uses a wheelchair.

After a short overview of the interdependence between disability and social and geographical mobility, I analyze how the decline of both the ambulatory mobility and mental health of the novel’s protagonist, Jude, is represented in *A Little Life* and relate these representations to the novel’s notion of upward social mobility and its spatial organization. Furthermore, I discuss how Jude’s mobility is restricted by his trauma and the forced institutionalization he experiences despite his financial and professional success and social advancement. In tandem with my reading of Jude’s trauma, I also address the connections between disability, sexual orientation and sexual violence that the novel generates. My analysis highlights how Yanagihara’s narrative of “a protagonist who never gets better” resists and subverts the trajectory of the “trauma genre” that typically resolves the protagonist’s trauma through some form

of “working-through.”² This often includes a character’s account of a previously inaccessible traumatic memory that simultaneously reveals the events to the reader and leads to the protagonist’s subsequent recovery.³ This enables me to shed light on the way *A Little Life* also undermines American narratives of linear progress, continual improvement, and “compulsory survivorship” after sexual assault through its resistance to therapeutic resolutions and its representation of disability.⁴

Defining Disability, Mobility, and Access

Which bodies are constructed as deviant or disabled has differed over time. This illustrates that disability is a historical and not a “natural” category that intersects with other identities such as gender, race, and sexuality but also depends on “education, levels of industrialization or standardization, access to adaptive equipment or privacy, and class.”⁵ Nirmala Erevelles underscores how ignoring that “becoming disabled” is a historical event conceals the “social relationships that produce disability as lack.”⁶ This construction of disability as lack has been the basis of the so-called medical model of disability that situates disability as an individual medical problem in need of treatment, cure, or elimination—in short, something that should be prevented from occurring in the first place.⁷

In a move away from the medical model, disability scholars have instead foregrounded the social, architectural and attitudinal barriers that disabled people face and that continue to push them to the margins, exclude them from full participation in society and hinder their social and geographical mobility. This social model of disability shifts the focus from the disabled individual and places disabled people’s lack of access at the center of the debate, thus constructing disability as a product of “social injustice” and “enforced systems of exclusion and oppression.”⁸ Disability studies continues to investigate the construction of disability through analyses of the representation and construction of the disabled other. Simultaneously, the discipline also scrutinizes the social, economic, and cultural construction of the seemingly neutral position of the “normal” non-disabled. As Dan Goodley writes poignantly, “Disability only ever makes sense in relation to ability: traces of ability can always be found in thoughts of disability and vice versa.”⁹

Even after decades of disability rights activism, Americans with disabilities are still overwhelmingly restricted in both their geographical and social mobility. More than thirty years after the passing of the Americans with Disabilities Act in 1990, many (public) spaces and public transport generally are still not easily accessible, and urban design still privileges the pedestrian over the wheelchair user, a discrepancy that Mike Oliver has described as “walkism.”¹⁰ This lack of access severely limits the movement of people with disabilities and they often become confined to their homes or to the

immobilizing environment of care homes and hospitals which effectively removes them from public view. Just as architectural barriers and systemic institutionalization continue to hinder the freedom and geographical mobility of people with disabilities, different factors, such as low incomes, additional health care costs, lack of access to higher education, and discrimination impede their upward social mobility.¹¹ Additionally, the acquisition of a disability label may cause or accelerate downward mobility.¹²

However, social and geographical mobility are an intrinsic, intertwined part of American exceptionalism and form part of a particular “American” identity that is interwoven with notions of independence, autonomy, and success.¹³ The disabled figure consequently emerges as a particular antithesis to the white self-made American,¹⁴ hence disability is posited as a binary opposite of the American ideals of independence and autonomy.¹⁵ Thus, American democracy, based on the ideal of the “capable citizen,” equates dependency with “inequality, weakness, and reliance on others.”¹⁶ The medically classified category of disability, established in the nineteenth century, helped exclude disabled individuals from participation in economic endeavors, and, ultimately, from the project of American liberal individualism.¹⁷ Today, social and geographical mobility for people with disabilities still depend overwhelmingly on financial resources,¹⁸ linking disability to poverty and restricted mobility in terms of education and employment, and everyday mobility.¹⁹ Drawing on Marilyn Frye’s definition of oppression as the restriction of motion or mobility,²⁰ the exclusion, marginalization and oppression that disabled people encounter are likewise experienced as immobilizing.²¹

Im/mobility and the Threat of Disability

A Little Life is a highly complex novel that chronicles more than thirty years of relationships and friendship between its four protagonists, from their first encounter as roommates at an Ivy League university, to success and fame in New York City and the deaths of Willem, Malcolm, and Jude. The interlaced, heterodiegetic narrative uses all four friends as internal focalizers and includes several monologues by Harold, Jude’s adoptive father, who is talking to Willem’s portrait. Nonetheless, Jude and Willem focalize the majority of the narrative with frequent perspectival shifts between the two.

The intricate structure of the novel serves to underscore the inaccessibility of Jude’s traumatic past. This becomes evident already in the first part of the novel, “Lispensard Street,” which is focalized exclusively by Willem, Malcolm, and JB, who each reveal their opinions and concerns about Jude before he is given a voice in part two of the novel. While the narrative progresses chronologically, the sections focalized by

Jude are constantly interrupted by flashbacks of his childhood that only gradually reveal the extent of his trauma to the reader: raised as a foundling in a monastery in the Midwest, Jude experiences abhorrent sexual, physical, and psychological abuse by the monks. At nine years old, he escapes with Brother Luke, who subsequently continues the abuse, prostitutes him to strangers in motel rooms, and teaches him to self-harm in order to cope with his feelings of shame and disgust. The novel's title stems from Luke when he tells Jude that he needs to "show a little life" during sex to please his pedophile "clients."²² When Luke is arrested after years of this torment, Jude is placed in a group home where his abuse begins anew. He manages to escape from the group home, only to be imprisoned and raped by the psychiatrist Dr. Traylor. When Jude attempts to run away, Dr. Traylor runs Jude over with his car. After Jude has partly recovered from his injuries, he wins a full scholarship to what can be inferred as Harvard Law School, where he befriends his roommates Willem, Malcolm, and JB. After finishing college, the four of them move to New York City.

When Jude is first introduced as a focalizer in the second chapter, he is roughly thirty years old and about to begin his regular Sunday walk through New York City, which he explores as part of his new ascendance from rural childhood poverty to urban middle-class adulthood and later, upper-class prosperity. Symbolizing endless possibilities, the city functions as the backdrop to his rise to astonishing wealth and success: "The walks had begun . . . when he had moved to the city and new little about it . . . The walks had long ceased to be something he enjoyed, although he didn't not enjoy them—it was simply something he did. For a period, he had also hopefully considered them something more than exercise, something perhaps restorative."²³ At a first glance, Jude seems to adopt the role of the nineteenth-century Parisian flâneur, a figure theorized by Walter Benjamin in *Das Passagen-Werk*. Anthony Kinik describes the flâneur as "decidedly bourgeois" and "male," a man of "privilege and leisure": "He was a figure that emerged out of the extreme social flux that characterized this period . . . who, as the root—in *flâneur*, to stroll—of the term indicates, took to the streets in order to examine the developing city scape of modernity, as well as to inhabit it."²⁴ This definition implies that the flâneur can physically walk the city and explore the urban space on foot, marking the flâneur not only as masculine—since women were often excluded from the public realm which made the figure of the flâneuse impossible²⁵—but also as able-bodied: the flâneur's "physical endurance has to be matched with sensory alertness," that is, the ability to walk, see and observe.²⁶

At this early point in the story, the city remains accessible to Jude since he is still able to walk longer distances. However, it soon becomes clear that these walks are less of a classical flâneur activity, such as an expression of bourgeois dandyism or an inspection of the cityscape.²⁷ Instead, the anonymity of New York's streets allows Jude to access his memories, while the exploration of the cityscape is absent from

the narrative. As Janet Woolf writes of the flâneur, “The anonymity of the crowd provides an asylum for the person at the margins of society.”²⁸ Thus, instead of an observation of “the spectacle of modern life,”²⁹ the narrative turns to introspection: Jude’s walks serve as the starting point for a series of long flashbacks into his past that are only interrupted by the pain of his legs in the present. Walking is part of Jude’s attempts to ignore, or even overcome, his physical pain and assert his continued ambulatory mobility, his independence, and ultimately his able-bodiedness: “It had been important to him to take this walk, which he feared would be the last for some time, maybe months.”³⁰ Even though Jude is characterized as part of the upper social class because his financial security grants him the leisure to take those walks, his disability prevents a full immersion in this identity.

Jude’s insistence on walking despite his pain is linked to his aversion to using a wheelchair, describing the object as “a sullen ogre” that “sulks” “in a corner of his bedroom.”³¹ When he must start using the wheelchair regularly, he instructs his friends to respond to any inquiries with the answer, “It’s not permanent.”³² Jude resists the label of disability that comes with the wheelchair and instead maintains that his inability to walk is a temporary state. Here, *A Little Life* reproduces ableist stereotypes that interpret wheelchair use as a symbol of immobility, as the expression “confined to a wheelchair” suggests, despite the fact that a wheelchair is a *mobility* aid that can have a decidedly positive impact on the quality of life of its users.³³ The novel defines using a wheelchair as tragic, and, thus, disability, usually represented through the icon of the wheelchair user, becomes tragic by association. This characterization is not only created through Jude’s narrative and his inability to accept his disability, but also reinforced in several subplots. In fact, the entire novel is interspersed with a constant undercurrent of negative portrayals of disability that, while they occur almost as if in passing, serve to continuously confirm and substantiate Jude’s fear of becoming disabled.

During Jude’s stay at a group home during his traumatic childhood, his room is described as follows: “A small space with a bunk bed that he shared with a mentally disabled boy, slow and fat and frightened-looking and prone to rages, whom he knew the counselors also sometimes took with them at night—and locked in again.”³⁴ The “disabled boy” serves as a prop to give the space an eerie, gothic appearance and to illustrate the difficulties of Jude’s childhood. Disability becomes abject in this passage, something troubling and “other.” People with disabilities, the passage suggests, are not in control of themselves and pose a danger to other non-disabled people, an argumentation that has been previously employed to justify the institutionalization of disabled people.³⁵ However, the passage also establishes one of the many links between sexual violence and disability in the novel and highlights the vulnerability of institutionalized disabled people to sexual abuse.³⁶

The most obvious threat of disability (and, implicitly, institutionalization) is made by Dr. Traylor, the psychiatrist who abducts and rapes Jude while threatening him with an iron fire poker: “‘You try anything,’ he said, ‘biting, anything, and I will beat you in the head with this until you become a vegetable, do you understand me?’”³⁷ The scene suggests that becoming mentally and physically disabled, i.e., living in a vegetative state, is a worse fate than being beaten to death. Simultaneously, the passage also connects disability to sexual violence because it presents disability as a fate worse than rape. This, however, fails to account for “the effects of embodied violence most certainly can feel *disabling*.”³⁸ Stephanie R. Larson highlights how the “two options—that trauma is disabling and that it is interpreted as disabling—are collapsed in public discourse, but always in ways that stigmatize and disable women [and men] and add to the marginalization of disabled people.”³⁹ Accordingly, the disbelief and mistrust that traumatized victims of sexual assault encounter is directly linked to the dismissal of people with (mental) disabilities.

Ultimately, Dr. Traylor does disable Jude when he runs over an escaping Jude with his car. The injuries he suffers provoke episodes of unbearable pain in his back and legs and lead to the amputation of his legs towards the end of the narrative. The events with Dr. Traylor are the last of Jude’s traumatic experiences revealed to the reader and are, thus, narratively constructed as the “climax” of his torment. They are the source of his increasing loss of mobility in adult life, and the trauma they cause contributes significantly to Jude’s suicide at the end of the novel.

The most central example of negative portrayals of disability is Hemming, the older brother of Jude’s friend Willem. Hemming has cerebral palsy, is non-verbal, uses a wheelchair, and spends his days at an assisted living center. He dies of cancer while Willem is in college after a life that becomes devoid of love and affection once Willem had left the family home in Wyoming for New York: “Their parents were efficient and competent with Hemming, but not, he recognized particularly affectionate. . . . He could tell that they viewed Hemming as their responsibility but no more.”⁴⁰ Hemming, unable to take care of himself, is clearly characterized as a burden. Moreover, he illustrates the pervasiveness of the “cure or kill” trope in the novel: either a character’s disability can be healed or contained, or the character is removed from the narrative, the same fate that ultimately also befalls Jude.⁴¹

Introduced at the very beginning of the novel, Hemming’s story sets the tone for disability representation in *A Little Life*. It fundamentally serves as a plot device to illustrate that disability is connected to geographical and physical immobility and thereby linked to loneliness and isolation as well as dependence and a lack of autonomy. This is underlined by the Midwest setting of Hemming’s life, also the site of Jude’s traumatic abuse, which is continually associated in the novel with poverty,

emotional indifference and loss. The novel's equation of disability with dependence and Jude's aversion to the adoption of a disability identity are consistent with the negative portrayal of disability throughout the novel. Jude describes himself as a "cripple" or "freak" on several occasions in the novel and often depicts himself as "[becoming] less and less of a person."⁴² Even when Jude and Willem become lovers over the course of the narrative, Jude remains afraid that Willem will treat him like his brother Hemming, "as someone who needed care, as someone who needed decisions made for him."⁴³ Consequently, Jude actively hides his constant physical pain from Willem and his friends.

Pain, a constant presence in Jude's life, is portrayed as a punishment in the novel. During his childhood, the monks in the monastery who raise Jude instill a belief in him that he is inherently bad. They beat him until he becomes unconscious, and one of them even lights Jude's hand on fire to punish him for stealing. Jude is convinced that his continued physical and emotional pain is a just punishment; this function of pain is projected onto other characters in the novel. When one of his abusers, Caleb, a man who rapes an adult Jude and almost beats him to death, dies, Jude's friend and doctor Andy sends him a text message: "Assume you've seen that the asshole is dead. Pancreatic cancer = major suffering. You okay?"⁴⁴ Pain, simultaneously, is also linked to being less-than-human, which is underlined by Jude's closeness to the animalistic during his pain episodes, in which he "mak[es] strange animal noises."⁴⁵ The link between pain and the animalistic also extends to the representation of sexual violence Jude experiences in the novel: "As one of the counselors seesawed into him, he left himself and flew above the stalls . . . looking at the scene below him . . . at the two people making a strange, *eight-legged creature*, one silent, one noisy and grunting and thrusting and alive."⁴⁶ Perhaps not surprisingly, then, Jude also envisions his traumatic memories as animals, "a pack of hyenas" that haunt him.⁴⁷

Social Mobility: Privacy and Passing

Jude admits that he is unable to envision a positive disability identity, let alone disability pride: "I still can't think of myself as disabled. I mean—I know I am. . . . I have been for twice as long as I haven't been. It's the only way you've known me: as someone who—who needs help. But I remember myself as someone who used to be able to walk whenever he wanted to, as someone who used to be able to run."⁴⁸ The hesitation before the phrase "needs help" underlines Jude's unwillingness to confront the loss of control over his body and his declining ambulatory mobility as well as his deeply instilled understanding of disability as helplessness and dependence. Not only does Jude himself not want to picture himself as disabled, but he also works hard to appear non-disabled in public. Even when Jude is not using his wheelchair, his disability becomes visible, a fact that is constructed as problematic in the novel, as the follow-

ing exchange demonstrates: “You could walk before?” asked Malcolm, as if he could not walk now. And this made him sad and embarrassed: what he considered walking, they apparently did not.⁴⁹ Initially, Jude’s ability to walk without a cane is deemed an accomplishment that he takes pride in. But, once he moves, his gait—later described by himself as “his ugly zombie’s hobble”⁵⁰—reveals his disability and he can no longer pass as “normal.”

Disability passing usually refers to “the way people conceal social markers of impairment to avoid the stigma of disability and pass as ‘normal.’”⁵¹ The only way for Jude to pass as non-disabled is not to move at all, underlining the constraint that the process of passing as able-bodied creates for him. As Jude cannot conceal his physical disability when he moves in public, he increasingly retreats into luxuriously designed private spaces over the course of the novel. While this allows him to hide his disability, it also limits his mobility and shows that physical mobility is linked to ability and normalcy in the novel, and disability is both envisioned as immobilizing and *causing* immobility.

Toward the end of *A Little Life*, Jude’s legs, a source of excruciating pain and constant infection, have to be amputated. He reacts to this prospect as follows: “He will no longer be able to pretend that he isn’t disabled. Up, once more, will go his freak-show factor. He will be someone who is defined, first and always, by what he is missing.”⁵² Especially Jude’s use of the phrase “freak-show factor” is telling, since it refers to an understanding of disability as a spectacle. Exhibitions of people with disabilities in nineteenth-century freak shows “testified to the physical and ideological normalcy of the spectator” and “challenged audiences . . . to relate the performance to themselves, to American individual and collective identity.”⁵³ Thus, while freaks were stripped of their humanity, the exhibitions satisfied “America’s need to ratify a dominant, normative identity by ritually displaying in public those perceived as the embodiment of what collective America took itself not to be.”⁵⁴

A Little Life uses disability as a spectacle and reproduces an ableist gaze that frames disability as an object of examination through an “oppressive act of disciplinary looking.”⁵⁵ The protagonists frequently gaze at “other bodies,” such as Malcolm and Willem who “admire” a “picture of two sweet-faced girls with Down Syndrome playing for the camera in their too-tight, too-childish bathing suits.”⁵⁶ Additionally, JB, who becomes a successful artist, turns photographs of Jude into paintings that are displayed publicly without his permission. Here, the novel follows the stereotypical representation of aestheticized and eroticized disabled bodies that objectifies disabled people through “mediated staring,”⁵⁷ which is exemplified further by the fact that JB does not ask for Jude’s consent. Implicitly, the paintings also underscore the increasing surveillance of Jude’s body. His friends and his doctor, Andy, each try to monitor

his body with the intent to control or stop his self-harm, for example by counting the cuts on his arms. Meanwhile, the reader is invited to witness the spectacular, grotesque (self-)destruction of the novel's main protagonist, through the almost voyeuristically detailed descriptions of Jude's pain, his body, and the abuse that led to his trauma and disability.

Even though Jude follows an American ascent "from rags to riches," his disability and his trauma prevent his full assumption of the identity of the "white self-made American" in pursuit of his happiness.⁵⁸ Neither his Harvard education, his professional and financial success, his caring friends, nor his adoption by his professor Harold can save him from his self-hatred and his traumatic memories: "[His abuser] had taught him how to find pleasure in life, and he had removed pleasure absolutely."⁵⁹

As a character, Jude's disability and especially his trauma keep him from undergoing any significant development other than his decline in mental stability, increased pain and eventual inability to walk. Such a characterization approximates a so-called "narrative prosthesis" in which a disability is used as a short-hand characterization through "the way in which physical and cognitive differences have been narrated as alien to the normal course of human affairs."⁶⁰

Looking back at the end of Jude's walk that results in his taking a taxi, it becomes clear that, even though Jude's geographical mobility becomes limited by his disability worsening in the course of the narrative, he is able to counteract this limitation through financial means. Not only is he able to afford the medical costs of his treatment, but he can navigate the city in cabs and, later, in a car with a driver. Jude also uses his financial resources to counteract the ascription of a disability identity and to pass as able-bodied. His suits play an especially important role in ensuring his protection from the gaze of others and help him incorporate competence, ability and normalcy at work: "But he often feels as if a suit is the only thing that makes him look normal. For the months he was in a wheelchair, those suits were a way of reassuring his clients that he belonged with the others, that he could at least dress the way they did."⁶¹ Because Jude feels responsible for the years-long sexual abuse he endured as a child and sees his identity and body as permanently damaged, the clothes also provide a protection against the detection of this well-hidden trauma and, thus, help him pass as mentally and psychologically "normal" as well. Here, both physical disability and mental disability—the aftereffects of trauma—become something to be concealed. Jude's clothes function as so-called shells or "armor." As Carol Brooks Gardner and William P. Gronfein write: "Armors are those arrangements, physical or social, which serve to protect the individual with a putative disability from those disruptive contingencies (which, again, can be physical or social) associated with his or her disability that pose a threat to interaction in public."⁶² The intertwining of dis-

ability and social class becomes evident in the expensive, tailor-made suits that help Jude pass as normal and compensate for his disability. The connection between disability and poverty is confirmed by Dan Goodley, who writes that “you are more likely to be labelled as disabled if you are poor.”⁶³ Passing, that is, projecting a non-disabled identity, thus becomes something that can be bought.

In the novel, Jude rises to extraordinary professional success. It is important, however, to underscore that he is characterized not as driven by corporate greed but by his fear of aging with a disability. Despite his career at the U.S. Attorney’s office in public service, he takes a contract with a corporate firm because he dreams of being able to afford an accessible apartment with a working elevator, or to always use a taxi instead of the subway. In fact, his personal American dream is not of accumulating wealth but, rather, that “he would someday have enough money to pay someone to take care of him if he needed it, someone who would be kind to him and allow him *privacy* and *dignity*.”⁶⁴ As in the case of Hemming, disability is linked to loneliness and isolation, but the passage also links disability to poverty and shows that humane, dignified care is not something everyone can afford.

However, as Sean McCann points out in his review of *A Little Life*, even though the success and the wealth Jude accumulates are justified by his being “a model of sobriety, thrift, and deferred gratification,” the novel paints a problematic picture of success that is based in the “gift economy of the rich” in which “characters prosper in part because they are endowed with gifts that are donated to them by fortunate benefactors.”⁶⁵ For example, the first set of suits that Jude receives are a gift from Harold, his then-professor. His friend Richard has inherited three buildings in SoHo from his grandparents in the import business, and he sells Jude a huge apartment in one of these buildings on a “leisurely ten-year payment schedule, an interest-free rent-to-own plan.”⁶⁶ His friend Malcolm, an architect, designs the apartment for free and makes sure it is wheelchair-accessible, even though Jude protests, “But I’m not even in a wheelchair.”⁶⁷ With the help of his rich friends and through his own accumulation of wealth, Jude is able to create his own accessible spaces: he buys an apartment in Soho, a flat in London, and a house in upstate New York, all of which function as luxurious retreats from the gaze of the public in a way that is described as “cocooning” in the novel.⁶⁸ Through these spaces, *A Little Life* “celebrates beauty, art, aesthetic sensibility and queer life styles as both means and symbols of social rise.”⁶⁹

The comfort, peace, and safety these refined spaces provide become all the more important for Jude as his trauma increasingly incapacitates him. These upper-class East Coast spaces with their carefully designed interiors exclude the “white trash” abusers from Jude’s past and function as a contrast to the almost gothic Mid-Western motel rooms and truck cabins in which Jude’s abuse took place, providing a moral

and aesthetic contrast.⁷⁰

Jude's expensive apartments also become the spaces in which he tries to deal with his trauma through self-harm, with their expensive, attentive design functioning as a backdrop for the graphic presentation of Jude's body—both his self-inflicted cuts and the wounds that continually re-open on his legs, “burbling viscous, unidentifiable fluids . . . opening[s] that wouldn't, couldn't be closed.”⁷¹ These abject wounds seem to be exterior manifestations of his multiple childhood traumas that, according to the prophecy of his social worker, Ana, have started to “fester inside” him because he cannot talk about them.⁷² The only way for him to manage his trauma lies in his nightly ritual of cutting himself with a razor blade. These repeated scenes are aestheticized not only through their poetic language but also through their setting in Jude's luxurious apartments: “that night . . . he cuts himself for the first time in a long time; he watches the blood *weep* across the *marble* and into the drain.”⁷³

Immobilizing Trauma—Immobilizing Care

The last representation of im/mobility in *A Little Life* that I will discuss is the topic of trauma and forced institutionalization. Within disability studies, trauma has long been seen as a highly problematic field. The resistance or refusal to integrate trauma into disability studies pertains to emotions generally perceived as “negative” and is deeply rooted in the activist origins of the discipline in the disability rights movement, which continues to fight against common ableist representations of disability as tragic or pitiable.⁷⁴ As James Berger maintains, “Not all instances of disability are traumatic, certainly not in a direct way. But many are, such as those produced by war, accident, and sudden debilitating illness, both for the individuals affected and for their families.”⁷⁵ Daniel R. Morrison and Monica J. Casper suggest that the often-unacknowledged connection between trauma and disability can be sought within “the body itself [that functions as] a link between the categories of ‘disability’ and ‘trauma’”⁷⁶—a connection epitomized in the character of Jude. His body as the site of profound trauma and disability opens up connections between the trauma of sexual violence, disability, and sexuality. Margrit Shildrick explains that “considerations of sexual pleasures and sexual desire in the lives of disabled people play very little part in lay consciousness, and practically none in the socio-political economy.”⁷⁷ And while the sexuality of disabled people is thus ignored—or “fetishized”⁷⁸—the institutionalized settings in which many people with disabilities live, often against their will, “purposefully destroy opportunities for disabled people . . . to express their sexuality” and cause them to feel “worthlessness and sexual shame.”⁷⁹ Likewise, because of power hierarchies between staff and patients, the people living in these facilities are at a much higher risk of sexual abuse.⁸⁰

With its nearly all-male cast of characters and three main characters who enter gay relationships in the course of the narrative (JB, Willem, and Jude), the novel is seemingly set in a diegesis outside of homophobia and compulsory heterosexuality. However, as Garth Greenwell claims, the “abandonment, exploitation and abuse” that Jude experiences place “queer suffering . . . at the heart of *A Little Life*.”⁸¹ The connection between queer life experiences, such as illness and abuse is certainly present in the novel. However, when Greenwell argues that the novel evokes the “long filiation between gay art and the freakish,” he overlooks that disability and its interconnection with traumatic experience also take a defining role in the novel.⁸²

With regard to the connections between queerness and disability, Robert McRuer argues that “the system of compulsory able-bodiedness that produces disability is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness, that—in fact—compulsory heterosexuality is contingent on compulsory able-bodiedness, and vice versa.”⁸³ Being able-bodied and heterosexual is framed as the non-negotiable and desirable norm. Both identities need to be maintained through “repetitive performance,” and both are inherently intertwined “through complex processes of conflation and stereotype: people with disabilities are often understood as somehow queer (as paradoxical stereotypes of the asexual or hypersexual person with disabilities would suggest), while queers are often understood as somehow disabled (as ongoing medicalization of identity . . .).”⁸⁴

While *A Little Life* allows its characters to freely explore their queer identities, its accounts of sexual violence and trauma negotiate and ultimately refute a third compulsion of U.S. culture, namely its demand for “compulsory survivorship,” which “asks those who have been raped or sexually assaulted to overcome trauma and appear non-disabled. . . . Compulsory survivorship, then, is to be free from mental disability [i.e., PTSD or other psychological aftereffects]—to force bodies into conforming to an invisible standard that mandates that some bodies be more mentally fit than others.”⁸⁵ Consequently, contemporary discourses around rape and sexual assault implicitly perpetuate stereotypes that paint people with (mental) disabilities as unfit and unreliable.

Compulsory survivorship is also perpetuated through contemporary trauma narratives, which structurally place the revelation of the protagonist’s trauma as both narrative climax and plot resolution: The narrative arc moves from a slow revelation of trauma to a “redemptive process of working through.”⁸⁶ Once the characters can put their experience into words, they are able to work through their trauma. While *A Little Life* creates structural suspense through the gradual exposure of Jude’s past, the narrative insists on the discursive constraints of verbalizing trauma: “He finds he literally doesn’t have the language to do so. His past, his fears, what was done to

him, what he has done to himself—they are subjects that can only be discussed in tongues he doesn't speak: Farsi, Urdu, Mandarin, Portuguese . . .⁸⁷ Thus, the novel allows for Jude to refuse compulsory survivorship and emphasizes the impossibility of simply “overcoming” trauma. However, while the threat of becoming disabled that *A Little Life* creates is mainly evoked through the association between disability and death, the novel also illustrates the dire consequences for traumatized characters who do not get better: Jude's inability to overcome his trauma puts him under threat of surveillance and institutionalization, a threat that is inherently present in the lives of disabled people. Liat Ben-Moshe conceptualizes this threat as “the institution yet to come, as a looming presence in the lives of all people with disabilities” that she describes as “the ghost of forced confinement” because “institutional life, whether in a prison, hospital, mental institution, nursing home, group home, or segregated ‘school,’ has been the reality, not the exception for disabled people throughout North American history.”⁸⁸

Life in an institution would erase the kind of privacy that Jude so strongly craves and which he can only find in the beautiful homes he inhabits. Jude manages to escape poverty and can retreat to his luxurious private spaces, but the novel also shows that even though “money buys privacy,” Jude's social mobility cannot protect him from the forced immobility of psychiatric and medical intervention that is brought on by his childhood trauma.⁸⁹ Ironically, his trauma is not only caused through confinement in the form of abduction and sexual abuse, first in a monastery where his room is a “converted closet” and then in the foster care system, but also leads to his immobilization through institutionalization and is represented as inherently immobilizing.⁹⁰ This becomes evident in the novel's extensive use of closet-metaphors that serve to illustrate how Jude tries to hide his past and identity from his friends: “Willem had always been careful not to express too much interest in exploring the many-cup-boarded cabinet in which Jude had secreted himself.”⁹¹ When speculating about Jude's past and identity at the beginning of their friendship, JB remarks, “Like Judy here: we never see him with anyone, we don't know what race he is, we don't know anything about him. Post-sexual, post-racial, post-identity, post-past. . . . The postman. Jude the Postman.”⁹² This joke, grounded in JB's desire to know more about his friend, takes on a darker meaning once the narrative reveals that Jude believes that his traumatic past has moved him past humanity and has made him post-human: “How inhuman he was, how deficient, how disgusting, and he was too embarrassed to be around other people, normal people.”⁹³ Jude's “postman identity” does not signify the freedom from binary identity construction but instead marks him as an “other” who is completely unable to become “post-past” and whose identity is defined by the trauma he experienced.

Since “the closet” also serves as “the defining structure for gay oppression,” the

repeated closet metaphors also hint at Jude's sexual orientation.⁹⁴ Because of the years of abhorrent sexual abuse he endured, Jude is unable to find pleasure in sex and, since it began in childhood, he was never able to develop a sexual identity: "He had always had sex with men, and so assumed he always would."⁹⁵ So, the closet metaphors also indicate that the confinement and suppression caused by his trauma extend to his sexual identity: while his physical disability readily discloses itself, Jude is unable to come out as "gay" or "traumatized," because revealing one would also uncover the other. While the discourse of compulsory heterosexuality does not appear pressing in a diegesis with so many openly gay characters, the discourse of compulsory survivorship is implicitly inscribed in the world of *A Little Life*. Jude is unable to speak about his trauma but because he does not get better, he is treated by medical professionals, even without his consent. Jude himself believes that his identity is unalterable: "The person I was will always be the person I am, he realizes. The context may have changed... But fundamentally, he is the same person, a person who inspires disgust, a person who is meant to be hated."⁹⁶ Ultimately, neither his friends nor extended therapy are able to convince Jude otherwise.

As a person with mental health concerns, Jude is under constant risk of involuntary commitment. His friend and doctor, Andy, threatens repeatedly to have him committed. When Jude tries to commit suicide, he is indeed hospitalized involuntarily, placed on medication and made to see a therapist. When he tries to starve himself to death after his friend and lover Willem dies in a horrific car accident, he is first hospitalized only briefly, put on a feeding tube, and then forced to start eating again under the ever-looming threat of long-term hospitalization. This is described in a long paragraph of anaphoric sentences, which underline the inevitability of his treatment. Jude, who has experienced time and again that his body is acted upon against his will, is now put under surveillance and forced to "get better" without his consent. It becomes clear here that even though Jude is in a powerful position in almost every other aspect of his life, once his mental health is compromised, he is put in the powerless position of a "patient" and his mobility is restricted. Normalcy, in the novel, is not only connected to concepts of physical but also of mental or psychological "wholeness."

As indicated above, *A Little Life* resists the common structure of the "trauma genre" in which characters' revelations of their traumatic memories through their own narratives function as healing and instead constructs (talk) therapy and, ultimately, narrative, as a form of physical violence: "How often could [Jude] really be expected to repeat himself, when with each telling he was stripping the clothes from his skin and the flesh from his bones, until he was as vulnerable as a small pink mouse?"⁹⁷ Talking about his traumatic past has no healing effect for Jude but only forces him to relive his painful memories. The narrative reveals his traumatic child-

hood through a series of flashbacks that are embedded in a linear narrative that starts in Jude's twenties which parallels the violence of his childhood including his self-harm and sexual abuse through his short-term partner Caleb in the present. But even the revelation of his abuse by Dr. Traylor, the sad "climax" of his traumatic past, does not function as the story's resolution. Although he finally shares the details of his years-long sexual abuse to his partner Willem, the confession, which takes place in their walk-in closet over the course of an entire weekend, cannot absolve Jude of his self-hatred, heal his trauma or release him from his need for continued self-harm. Instead he remains confined in his "closets."

His memories, which are alternately described as a "metastasized" cancer or material, living creatures, cannot be stopped through talk-therapy or "working-through": "This is a long eel of a memory, slippery and uncatchable, and it whipsaws its way through him, its tail slapping against his organs so that he feels the memory as something alive and wounding, feels its meaty, powerful smack against his intestines, his heart, his lungs."⁹⁸ Instead, the "hyenas," the painful, traumatic memories that "chase him," have to be combatted through constant self-mutilation because "he knows that they will be quieted only by his pain."⁹⁹ It is Jude's trauma that is profoundly debilitating and that restricts his life far more than his physical disability and from which neither his extensive travels nor his luxurious apartments can protect him. Even though the novel suggests that the immobility of disability can be overcome through hard work that leads to success and the necessary financial means, the trauma Jude has experienced is so profound that he remains forever immobilized by his past, unable to develop as a character and only able to escape his trauma through suicide shortly before the end of the narrative, after his confidante and lover Willem has died. Jude's suicide, problematically, is constructed as the only means for him to free himself of both his trauma and the violent attempts to keep him alive through therapy and force-feeding. While *A Little Life* allows for its main protagonist to resist the discourse of compulsory survivorship, the novel's singular, grim alternative to getting better and overcoming trauma is "getting worse" and, ultimately, death.

Conclusion

American culture is well steeped in narratives of social and geographical mobility that construct immobility as an abnormal, even pitiful state that is linked to isolation, poverty, and lack of agency. My close reading of *A Little Life* suggests, then, that disability is deeply connected to immobility and that this immobility must be overcome or erased so that characters can still pass as successful American individuals. At the same time, the narrative suggests that trauma, connected to Jude's disability by means of his body and the fact that he becomes disabled at the end of a series

of profoundly traumatizing events, cannot be overcome, neither through social nor geographical mobility. And while the novel seemingly refutes compulsory survivorship when the narrative denies Jude the chance to get better, it also illustrates the dire consequences of Jude's insurmountable trauma: surveillance, treatment against his consent and institutionalization.

Although Jude moves from the Midwest to the East Coast and from poverty to success and wealth, he cannot escape his past that has seemingly inscribed itself on his body. In *A Little Life*, both disability and trauma, then, are drawn as immobile, static binaries: one is either able-bodied or disabled, either mentally "whole" or too deeply damaged to ever get better. Disability, as my analysis has shown, and profound (sexual) trauma lead to death in the narrative, because therapy does not offer a solution, "nothing will help" the pain (both painkillers and psychopharmaceuticals are painted as unhelpful) and so, suicide, the narrative problematically suggests, remains the only option.¹⁰⁰

A Little Life is a novel that has mostly been reviewed as a tale of friendship, trauma, or as "The Great Gay Novel."¹⁰¹ However, its connection to disability has been overlooked in what Jeffrey Brune calls "abstract passing," which often "suppresses discussions of disability" in literature and the public sphere.¹⁰² Thus, as I have shown, *A Little Life* is also profoundly structured through the mobility and immobility of disability. With its focus on the social ascent of its main protagonist and the framing of physical disability in settings of luxurious lifestyles, the novel shows how American individualism obliterates stories of disability and poverty from its narratives of social and geographical mobility. While the right financial means can absorb the immobilizing effects of disability, trauma remains the one immobilizing obstacle that cannot be overcome.

Notes

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