

Frances Harper and the Figuration of Fugitive Chronic Disability

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In my talk this afternoon, I want to trace out a Black disability politics of the chronic through an analysis of Frances Watkin Harper's 1893 novel *Iola Leroy, or Shadows Uplifted*. By focusing on Harper's use of chronic disability as a social location for imagining a more equitable, just, and inclusive post-Civil War Black community, I want to fill in a gap within African American disability studies around questions of chronic illness, a gap that replicates a larger marginalizing of chronic illness within disability studies.ⁱ The 1893 novel *Iola Leroy* discloses that Frances Harper, in exploring what liberatory community care looked like amidst the post-war health crisis, simultaneously confronted ableism as well as racism, even if she did not necessarily self-identify as disabled per se or center an identity-politics model of disability rights, visibility, and inclusion as she sought to provide bodymind liberation for all regardless of ability. As Sami Schalk argues in *Black Disability Politics* (2022), historically a Black disability politics has pushed beyond a liberal model of access, assimilation, and inclusion to theorize the relation of disability with other forms of racialized state violence and have situated disability as part of larger struggles for Black liberation and justice.ⁱⁱ In *Iola Leroy*, Harper witnesses both Black women's narrative desire to name and find meaning for their chronic pain and fatigue, but also Black women's fugitive figuration of chronic illness outside a medicalized patriarchal language that dismissed or sentimentalized the entanglement of Black women's chronic illness within racialized state violence.ⁱⁱⁱ

Although rarely noted in studies of *Iola Leroy*, Frances Harper's eponymous heroine lives in a complex borderland of racial *and* chronic passing: Iola border-crosses as a mixed raced

character between black and white worlds, but also between strength and being chronically fatigued.^{iv} Plot summaries of Iola's present time storyline frequently reduce the main narrative arch to several key "symbolic" choices that Iola makes: first, Iola refuses to marry the white army doctor, Dr. Gresham, while serving as a Civil War nurse, second, she searches for and reunites with her mother, brother, and extended family separated by enslavement, and third, she finally accepts the Black Dr. Latimer's proposal in marriage to take up a shared duty of racial uplift in the Reconstruction South. In these readings Iola's reunification with her family and her marriage to the Black doctor Latimer are read as an imagining of an alternative self-supporting Black community as well as the mixed-race heroine's embrace of Black consciousness and subjectivity (Foreman 90; Borgstrom 780). Yet, amidst this staging of the tragic mulatta's refusal to pass and commitment to racial uplift work, Harper repeatedly calls attention to Iola's chronic illness and fatigue. When Iola, for example, like Frances Harper herself, returns to the South to teach in the freed people's schools after the war, Harper writes, "before the term was quite over ... [Iola] was forced to resign, her health having been so undermined by the fearful strain through which she had passed, that she was quite unequal to the task" (e-book). Similarly, after fleeing from enslavement and taking up her duties as an army nurse, Harper writes that Iola "after a continuous strain upon her nervous system for months began to suffer from general debility and nervous depression." Through such repeated references to Iola's chronic fatigue (a chronic fatigue, which had I more time I would demonstrate mirrors Frances Harper own chronic complaints in her letters and journals), Frances Harper discloses that debility and chronic illness are the belated, and often denied, arrival of enslavement and racial violence.^v

Yet, Frances Harper representations of Iola's chronic fatigue do not just bring visibility to the problem of chronic illnesses among freed men and women after the Civil War. The novel

also foregrounds a representational crisis surrounding post-Civil War Black disability and, in turn, as I will trace out this afternoon, offers an alternative fugitive language for marking chronic disability into form. Nowhere do we see the overlapping narratives of passing and chronic illness more clearly than in the supposedly sentimental denouement of *Iola Leroy* that signals the heroine's final marriage to a Black identity and community. In his proposal to Iola, her second suitor, the Black Dr. Latimer, woos her with a rehabilitative promise of cure. After first enjoining Iola to "commit yourself . . . to my care," Dr. Latimer diagnoses his beloved:

"As a teacher you will need strong health and calm nerves. You had better let me prescribe for you. You need," he added, with a merry twinkle in his eyes, "change of air, change of scene, and change of name."

"Well, Doctor," said Iola, laughing, "That is the newest nostrum out. Had you not better apply for a patent." (270)

Dr. Latimer's language of "prescribing" for Iola and "committing" her to his care interjoins racialized and masculine power and knowledge with an emergent professional language of health and medicine. Progress during Reconstruction, Dr. Latimer implies, demands that chronically fatigued and disabled freed women like Iola surrender themselves to his promise of treatment and pain management as a racial duty. Not only does such a scene of seduction wed racial progress to a supposedly necessary "compulsory ablebodiedness" (McRuer 9), but it also discloses an anxiety about chronic disabilities, especially among women, within a post-Civil War African American community. In response, it is important to note, Iola "laughs"—a laugh at once surprised, playful, but I would also argue, resistant. The chronically disabled Iola jests that such a proposal (for her future, for a post-bellum reconstructed Black community's progress) is a "nostrum" or a deceptive ineffective ableist assessment of Black post-war life. In a novel haunted by freed men and women's mysterious chronic pains, debilitations, and fatigues, Iola's

resistant laughter points toward an alternative women-centered fugitive figuration of the “chronic.”

After the Civil War, the Freedman’s Bureau (of which Iola’s first suitor, the white Dr. Gresham, was a part) addressed only short-term acute illnesses that prevented people from work, and the Freedmen’s Bureau Medical Division believed, once these acute diseases were treated, that the formerly enslaved ought to be able to return quickly to work. Such resumed labor, moreover, the Bureau claimed, would make freed men and women less destitute and therefore no longer (supposedly) vulnerable to sickness and disease. As Jim Downs notes in *Sick from Freedom*, the Freedmen’s Bureau failed to provide adequate, systematic long-term care for freedmen and women treated in the temporary makeshift hospitals, but they equally failed to “provide a clear language of sickness” (92) that acknowledged the prolonged chronic debilities that lay outside contemporary medical knowledge. In writing from and including the perspective of the chronically disabled and fatigued in *Iola Leroy*, Frances Harper, thus, refuses the erasure of Black people’s chronic illnesses, which if acknowledged at all, only became legible in relation to Black bodyminds’ capacity for labor.

Critics of Harper’s *Iola Leroy* have frequently commented on how the novel highlights an alternative Black literacy—reading, speaking, and perceiving practices—that differ from the white slave holders’ (Foreman). From the beginning of the novel which focuses on the last days of the Civil War, readers see how the enslaved used their own alternative coded language or what Harper calls “invented phraseology” to communicate news from the battlefield and to pass information to the Union soldiers (9). The enslaved worker Uncle Daniel, in particular, introduces fugitive poetic improvisations that foreshadow Iola’s own Black disability politics of the chronic. When the enslaved discuss whether they will flee the plantation to fight once the

“linkum soldiers gits insight” (150), Uncle Daniel does not just apologize that he is too old and sick to fight: he creates his own phraseology for how enslavement has impacted his well-being: “No chillen, I don’t blame you for gwine; but I’s gwine to stay. Slavery’s done got all de marrow out ob dese poor ole bones” (169). By figuring the long-term harm of enslavement in terms of a slow violence that sucked the marrow out of his bones, Uncle Daniel witnesses how disability as an identity, an experience, and political category has been conceptualized and approached differently by Black workers who lived with the material impact of racism, disablement, and neglect.

I want now to look at one key scene in my time remaining this afternoon to trace out how Frances Harper in her fugitive figurations specifically addresses Black women’s chronic illness and communities of care. In these fugitive figurations, Harper testifies to how a Black chronic disability politics requires a focus not only on a resistant representational practice, but on questions about time and on the ableist rhythms and temporal mechanisms within Reconstruction-era social, political, and economic norms that shaped and governed freed women and men’s relation to family, work, and in turn the nation (Kafer, Freeman). When Dr. Latimer and Iola arrive at their new home in North Carolina to begin their Southern missionary work, Dr. Latimer expresses a continued concern about Iola’s health, and he solicits the formerly enslaved, but post-war community leader Linda to “bestow” “tender care” on Iola. In response, Linda, like Uncle Daniel, fashions an alternative epistemology of the chronic for a Reconstruction-era Black community. Linda vows that she “ain’t goin’ to let her [Iola] do nuffin till she gits seasoned” (276).

One of the biggest challenges to reading *Iola Leroy* as a key text bringing together questions of race and disability during Reconstruction is that it can seem so sentimentally

abstract, as Geoffrey Sanborn notes in his reading of Dr. Gresham's amputated arm (Sanborn 691). The specificities of living a disabled life in crip time can seem mystified --the slowdowns, the delays, the pauses to care for others, the periods of unproductivity. But our desire for such realistic depictions of the diurnal experiences of chronic disabilities can function to force the novel into a white disability politics of identity, visibility, and inclusion. Instead, I would argue, Harper intentionally refuses to narrate assumed impairments, while simultaneously and deliberately ignoring the lapses of time that the chronically ill take to realize their "strength" in their "seasons." The various characters' chronic symptoms (Iola's chronic fatigue, her mother Marie's repeated collapses, her brother Harry's post war trauma and disability) are noted, but later have no impact on the outcome and success of their work and duties. In such a seeming inconsistent disability storytelling inimical to a liberal multicultural politics of visibility, Harper omits notions of time, or at least, productive, efficient time, particularly the urgency and moneymaking efficiency that cause the wear and tear on Black bodies. In her fugitive figurations of chronic illness, Harper disappears quantitative chronological measures of time in order to acknowledge crip strength.

In Linda's "Black phraseology" the chronic unfolds in a different time of the "seasons" (and readers have seen that Iola's strength and fatigue change with the seasons in the novel), but that does not imply deficiencies or defects that must be, as Dr. Gresham and Dr. Latimer insist, objects of paternalistic rehabilitation. And Iola's as well as her mother Marie's chronic illnesses are not cured. Instead, reunited daughter, mother, and grandmother care for each other in the "aftermath of life," "rendering [as Harper writes] to others all the service in her [their] power" (281). In Iola's interdependent world, the "aftermath of enslavement" is both chronic disability *and* the collective strength and laughter that come when everyone's work is valued in its

“season.” Drawing a crip color line against Reconstruction-era racial governance in which the chronically disabled body served as a site where beliefs about productivity and consumption, capacity and incapacity, exertion and fatigue determined the fate of racial progress, Harper through Linda refuses to read Black life according to these quantified rhythms.

As a chronically crip novel of African American Reconstruction history, *Iola Leroy*, thus, invites readers to see chronic disability as part of a joyous, “laughing” “brighter coming day,” for to imagine a Black future from the social position of the chronic creates Black communities built around interdependency and practices of care rather than self-sufficient labor and competitive entrepreneurialism. Instead of trying to represent the suffering and pain of the chronically fatigued and disabled to create sympathy from the nondisabled, Harper’s novel invites her readers to understand chronic disability as part of a postbellum “reconstructed” Black community and to ask how they, both abled and disabled, ought to relate to each other.

Fugitively hiding in *Iola Leroy* is a different kind of love story that begins with Iola’s reunification with her chronically ill mother (rather than her “prescribed” and “committed” marriage to Dr. Latimer). In this dynamic of community care/and self-care, capacity/ and fatigue, Iola finds an alternative language in which to feel, know, and find a brighter coming day in relation to her extraordinary body that does not need the “nostrums” of Dr. Latimer’s prescribed cure.

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ⁱ Disability studies has often had a fraught and contentious relationship with chronic illness and pain, as Emelia Nielson, Eli Clare, and Alyson Patsavas note, because chronic disabilities trouble prevailing social models of disability and are not always experienced as proud healthy variations.

ⁱⁱ Building on the insights of other crip of color scholars such as Jina Kim, Theri Pickens, and Julie Minich, as well as Schalk, my talk seeks to recover a history of how Black activists have addressed disability and health as a political concern in ways that are different from mainstream (white) disability rights movements.

ⁱⁱⁱ In using the term “fugitive” to describe Harper’s particular figurations of the chronic, moreover, I am invoking what Marquis Bey’s identifies as a “fugitive Blackness” or an excessive, uncaptured, Black life that refuses to structure itself within a hegemonic normative white ordering of knowledge (29).

^{iv} In “Racial Hysteria,” Michelle Birnbaum offers one of the few readings of Harper’s *Iola Leroy* that focuses on Iola’s “disabilities.” For Birnbaum, Iola’s “hysteria” talks back to a racist discourse that links miscegenation with neurasthenia. In my reading of *Iola Leroy*, however, I highlight how Harper reclaims chronic disability as more than a mulatta’s nervous condition that needs to be cured, or that serves as sign of white supremacist beliefs.

^v Pre-Harlem Renaissance African American literary histories frequently start from the premise that Black disability was, by necessity, invisible, muted, or disguised within “figures of displacement” lest defiant representations of disability disrupt an assimilationist respectability politics and reenforce racial ideologies that always already viewed Blackness as pathological, incapable, or feeble-minded (Green 169). Yet such a starting assumption ignores that an early Black disability politics often operated and manifested itself in a way that does not look the same as mainstream (white) or contemporary disability movements.