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# **Intersections of Disability and Trauma in Hanya Yanagihara's *A Little Life***

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## 1. Introduction

Both disability and trauma studies have a long and rich history that works towards reshaping society's misconceptions of marginalized groups. While disability studies focus largely on activism and breaking down societal barriers that oppress disabled people (cf. Davis 1), trauma studies are interested, inter alia, in forming trauma into a narrative, how language and literature play a role in managing trauma and how trauma can impact a person's life or that of an entire generation (cf. Hawkins 117; Berger 563-564; Tal 5). Interestingly, however, these two fields of study rarely meet. The fear of trauma and loss being the primary frame of disability leads to the lack of acknowledgment of trauma studies (cf. Kafer, *Un/Safe Disclosures* 4). This, on the other hand, leads to disabled people feeling invalidated in their everyday pain or grief being passed over (cf. Crow 210). It even further ignores how structural disablism can also be a form of trauma that could support the formation of internalized disablism (cf. Watermeyer & Swartz 273). However, both fields hold theories that can fill in these present gaps. Trauma studies offer in-depth considerations of pain, loss, and grief that could further strengthen the activist work in disability studies (cf. Barnett 129). Disability studies are a field that can make trauma studies more aware of how trauma is also a structural problem (cf. Carter 15).

The novel *A Little Life* (2015) by Hanya Yanagihara is a prime example of when disability and trauma are so woven into each other that they cannot be separated. The protagonist of the novel, Jude St. Francis, is severely traumatized because of a childhood filled with neglect, abuse, rape, and forced prostitution. He is also disabled, caused by a traumatic event of him being run over by a car after he was raped and held hostage for weeks. While his adult life is filled with significant relationships, wealth, and success, he is haunted by his past and his resulting disability. I therefore argue that *A Little Life* shows how closely interwoven disability and trauma can be and how pain, grief, and loss can be a part of the disability experience. To do so, the novel performs and interrogates unspeakability and ambivalences through content elements, the relation between the narrator and the protagonist, the temporality of narration, and depicts the body in ways that mark it as a sight of trauma, discusses the agency of the body or the lack thereof and foregrounds the bodily quality of the text itself. Questions that will be answered in this thesis are how Jude is impacted by his trauma *and* his disability. How are Jude's body and disability utilized to show the effects of trauma? What effect does the ambivalent use of unspeakability, and other ambivalences, in *A Little Life* have?

I will first introduce trauma and disability studies separately and will then underline the importance of these two fields meeting. The primary scholars that will be considered are Cathy Caruth, Michelle Balaev, Joshua Pederson, Stef Craps, Anne Hunsaker Hawkins, Lennard J. Davis, Tom Shakespeare, Rosemarie Garland-Thomson, and James Berger. This will be followed up by looking at psycho-emotional disablism and the resulting self-disgust, especially considering Donna Reeve's and Brian Watermeyer's works. Thoughts on grief and loss, both in disability and trauma studies, will also be explored, primarily using Brian Watermeyer's and Victor Mckinney's work.

I will then dive into the literary analysis which is split into two parts. First, it will be explored how disability is framed in the novel and how different perspectives can affect its representation differently. This will be followed by a closer look at how and to which degree the social model of disability is present in the novel. This will then lead to a focus on impairment and an exploration of how the body and pain can be connected to trauma. A deeper look into Jude's self-disgust and how it is formed in the novel will further expand the discussion about the connection between the body and trauma. The first part will then be finalized with an exploration into how the body is connected to agency, both on the side of disability and trauma.

The second part will focus on the aspect of unspeakability. Firstly, it will be examined how unspeakability is present in the novel and in which ways Jude's trauma is integrated into the narration. Here the focus will also be on the relationship between Jude and the narrator, which will be followed up by exploring the connection between the body and unspeakability. By, mostly, focusing on Jude's physical body and also looking at the textual body of the novel as well. Finally, the temporality of the novel will be investigated, to show how time is used in the novel to underline unspeakability.

## **2. Intersections of Disability and Trauma Studies**

### **2.1 Disability Studies**

Disability studies is a complex and vast field. There is no one definition of disability since there are many ways to interpret and view it. Lennard J. Davis for example focuses heavily on the aspect of normality and how this creates disability, since "normalcy is constructed to create the 'problem' of the disabled person." (1). As his focus lies on statistics, he underlines how "the average becomes paradoxically a kind of ideal" (2), which therefore leads to disabled people being seen as deviant from the norm. Rosemarie Garland-Thomson looks at the cultural construction of disability and reframes it as another

category next to race, class, or gender (cf. 5). She says: “Disability, then, is the attribution of corporeal deviance – not so much a property of bodies as a product of cultural rules about what bodies should be or do.” (6). Additionally, she also points out how disability can quickly be the dominating attribute to a non-disabled person which “[reduces] the complex person to a single attribute” (12).

While the definitions differ, so do the models about disability. One of the most prominent, and controversial, models in disability studies is the medical model. This model views disabled bodies as atypical (cf. Kafer, *Feminist, Queer, Crip* 5), and focuses on finding a “cure” for disabilities (cf. Watermeyer 29). Meaning, as “the gaze of biomedicine tends to attribute this marginality to bodily shortcomings” (29), any discrimination disabled people may face is seen as their, or their bodies, fault. This also frames disability as an “individual misfortune” (Wendell 17) and casts an entirely negative and tragic light on disability.

However, in the 1970s, especially through the work of Mike Oliver (cf. Shakespeare & Watson 3), the social model of disability emerged. It became clear that “the problem of disability is solved not through medical intervention or surgical normalization but through social change and political transformation.” (Kafer, *Feminist, Queer, Crip* 6). The “problem” that Kafer is referring to is the social and structural discrimination disabled people face. The social model revolutionized the way disability was viewed by splitting impairment and disability. Meaning, that disabled people are not disabled because of their impairment, but because of society disabling, and therefore oppressing, them (Shakespeare & Watson 4; Crow 208). As Liz Crow puts it: “It [the social model] has played a central role in promoting disabled people’s individual self-worth, collective identity and political organization. I don’t think it is an exaggeration to say that the social model has saved lives.” (207). It not only changed the primary view of disability as tragic, but it also shifted away from the only defining attribute of someone being their disability (cf. 207).

Still, it has to be mentioned that the “demonization” of the medical model has also been critiqued. Watermeyer points out how the term “medical model” quickly encapsulates all fields of medicine and “come to be experienced as a slur directed at all medical practitioners” (30). Kafer also talks about how she is not against “prenatal care and public health initiatives aimed at preventing illness and impairment” (*Feminist, Queer, Crip* 4), while also stressing that she is against the general denial of illness as something human.

She recognizes the ambivalence between “simultaneously desiring to be cured of chronic pain and to be identified and allied with disabled people” (6).

Kafer is not the only one who finds herself in this paradoxical situation. As one can see in the previous quote, admitting to pain and identifying as disabled is seen as a conflict. This is one of the biggest critiques that scholars name against the social model of disability. Since the social model focuses heavily on the societal aspect, the aspect of impairment got lost. This leads to people being unable to admit to feelings of weakness, pain, or vulnerability that can come with a disability (cf. Wendell 22). It is feared that if pain is acknowledged, it will lead back to disability being seen as tragic. Therefore, structural oppression will also not be addressed (cf. Abrams & Adkins 117). However, this only leads to impairments being ignored and, as Crow says, it is “much better to say, ‘people are disabled by society, not by their bodies’ than to say, ‘people are disabled by society as well as by their bodies’” (11). As Kafer puts it:

People with chronic illness, pain, and fatigue have been among the most critical of this aspect of the social model, rightly noting that social and structural changes will do little to make one's joints stop aching or to alleviate back pain. Nor will changes in architecture and attitude heal diabetes or cancer or fatigue. Focusing exclusively on disabling barriers, as a strict social model seems to do, renders pain and fatigue irrelevant to the project of disability politics. (*Feminism, Queer, Crip* 7)

Wanting a “cure” or someone to help with the pain creates the problem of possibly not being seen as a “real” disability activist, as seen in: “scholars tend to deny our own feelings of pain or depression; admitting to struggling with our impairments or to wanting a cure for them is seen as accepting the very framings we are fighting against, giving fodder to the enemy, so to speak” (8).

Crow also critiques this movement as, what she calls, “disability as ‘all’” (208), where impairments are framed as irrelevant. She argues that impairments can be successfully integrated into the disability movement if it is not portrayed as a tragedy (cf. 211). Currently, the primary ways to respond to impairments are by avoiding them, curing them, or preventing them, through e.g. vaccinations (cf. 214). But these are all responses dominated by the medical model, and “rather than increasing an individual’s access to and control over the help that they might need, is more about disguising or concealing impairment” (214). Crow insists on shaping impairment as something individual and to stop generalization. Otherwise, she fears that disabled people

may seek treatment to minimise these consequences and, in extreme circumstances, may no longer wish to live. It is vital not to assume that they are experiencing a kind of 'false consciousness' - that if all the external disabling barriers were removed, they would no longer feel like this. We need to ensure the availability of all the support and resources that an individual might need, whilst acknowledging that impairment can still be intolerable. (217)

Garland-Thomson also talks about the way disability is represented in culture, such as in literature (cf. 11). First, disability was ignored in literature studies. Then a wave of scholars started claiming classic novels as disability narratives (cf. Hall 32). However, it was quickly agreed that most disability narratives were stereotypical and only reinforced ableist conceptions (cf. 32). Garland-Thomson puts it that disabled characters were framed “as uncomplicated figures or exotic aliens whose bodily configurations operate as spectacles, eliciting responses from other characters or producing rhetorical effects that depend on disability’s cultural resonance” (9). However, over the years this also changed. While ableist portrayals of disability still occur and are critiqued, the benefits of disability in literature are also highlighted. Narratives can act as a form of mediator between the characters and readers and “[allow] [...] an ‘intimacy’ with disabled characters that is a ‘rare exception’ amid the social marginalization of people with disabilities” (Hall 36). As Donaldson and Prendergast put it: “while distancing disability from reductive narratives of pity and tragedy is politically vital, poetry still seeks to address the tragic, the taboo, the painful, and even the mundanely unpleasant aspect of our lives.” (133).

## 2.2 Trauma Studies

In trauma studies there is, like in disability studies, no one definition of trauma. There are multiple theories and theorists that focus on different aspects. For example, Kalí Tal says: “An individual is traumatized by a life-threatening event that displaces his or her preconceived notions about the world. Trauma is enacted in a liminal state, outside of the bounds of “normal” human experience, and the subject is radically ungrounded.” (159). Scholars like Cathy Caruth heavily focus on the non-verbal aspect of trauma and how trauma cannot be represented (cf. Pederson, *Speak, Trauma* 334). Again, Kai Erikson states that trauma results from,

a constellation of life’s experiences as well as from a discrete event, from a prolonged exposure to anger as well as from a discrete event, from a prolonged exposure to danger as well as from a sudden flash of terror, from a continuing pattern of abuse as well as from a single assault, from a period of attenuation and wearing away as well as from a moment of shock. (457)

The history of trauma studies is just as diverse as its definitions. Trauma studies were developed by Freud, who said that trauma challenges the limits of language and destroys meaning altogether since “suffering is unrepresentable” (Balaev 360). He argues that trauma develops out of an earlier repressed event of sexual assault and that only the remembrance of the event is traumatic, not the event itself (cf. 361). This traumatic remembrance then causes dissociation since “[traumatic] events create conflicts in the ego which ‘split off’ from the unity of the ego and are repressed but return later often in dreams.” (362). The “returning in dreams” characteristic leads to another key aspect of trauma, according to Freud, which is compulsive repetition. The traumatized person repeats the event over and over, especially in their dreams, but cannot “normally” remember it. They must form a narration around it since traumatic events are so abnormal they cannot be integrated into one’s psyche (cf. 362).

Around the 1990’s a new wave of trauma theory arrived, which was, mostly, built on Cathy Caruth’s theory. This wave focused on seeing trauma “as an unrepresentable event that revealed the inherent contradictions within language and experience.” (363). It was said that trauma is so harmful to a person that it wreaks irrevocable damage to one’s psyche and shatters one’s identity. Traumatic memories are outside of “normal” memories, meaning dissociation and fragmentation are direct causes of trauma. While the event does not affect the person on an everyday basis, it is still “preserved just beyond the limits of understanding in a timeless, wordless state and continues to inflict pain on the psyche.” (363). This implies that the actual trauma comes from being “possessed by an image or event” (Caruth 4-5). Additionally, it was argued that trauma produces a crisis of knowledge since there is “the contradictory wish to know the meaning of the past but the inability to comprehend it” (Balaev 364). Even survival itself can be traumatic, and “not only [...] having confronted death” (Bond & Craps 75).

However, Balaev also points out that this wave of trauma theory is not left without critique. She proposes a pluralistic trauma theory, which especially challenges the unspeakable aspect and looks at structural and cultural dimensions of trauma (cf. 366). She argues that while trauma does change one’s perception and identity, it also brings with it new knowledge and ways to think about oneself and the world (cf. 366). Trauma is versatile and is affected not only by the individual but by culture as well. Furthermore, memory is seen differently. Instead of seeing it as this haunted state, it is viewed as something fluid, and the traumatic past is “created and recreated in moments of recollection” (367).



In general, the statement that one cannot comprehend trauma, and therefore cannot put it into words, was disproven by Richard McNally. He argued that “proponents of traumatic amnesia conflate an unwillingness to think about trauma with an inability to do so” (Pederson, *Speak, Trauma* 337), meaning that trauma victims *can* remember and describe their trauma (cf. 338). Stef Craps also argues through a postcolonial lens. Since most of the discussion in trauma theory either is done by Western scholars or discusses Western traumatic events, non-Western trauma is overlooked (*Beyond Eurocentrism* 46). He also critiques how trauma is mostly seen as one shocking event, which is a highly limited view and therefore discredits other forms of trauma (cf. 49).

Another point that he critiques is the way trauma is represented in literature. Especially through the trauma theory wave around Caruth, literature became a focal point in trauma studies. Since trauma is “unrepresentable”, literature helps to frame trauma. Felman and Laub state that trauma can only be worked through or integrated into one’s memory, if “a form of narrative reconstruction or retextualization” (Vickroy 3) occurs. Tal even argues that there can never be a representation of trauma if it is done without literature (15). Metaphors can help express the inexpressible (cf. Hawkins 124), and “might capture the ‘feel’ of traumatic experience even if it does not aim to reproduce facts” (Pederson, *Trauma and Narrative* 99). Trauma fiction’s signature is being filled with gaps, silence, and speechlessness (cf. 101-102). This modernist fragmented narration style is supposed to mimic what experiencing trauma feels like (cf. Craps, *Postcolonial Witnessing* 41). But this is the exact point that is critiqued. By saying that trauma can only be represented through this Western fragmented style, it leads to a very narrow definition of trauma that alienates non-Western trauma (cf. 41). It has to be acknowledged that there are other forms like generational and structural trauma or how silence can also be used as a coping mechanism “to gather one’s strength and memorialize loss” (Pederson, *Trauma and Narrative* 106-107).

Still, the importance of trauma fiction cannot be understated. As Laurie Vickroy argues, it helps to represent individual and public trauma “in elucidating our relationship to memory and forgetting within the complex interweaving of social and psychological relationships” (1). It does more than simply represent trauma, it reveals the depth of trauma such as “silence, simultaneous knowledge and denial, dissociation, resistance, and repression, among others.” (3). Especially, in cultures where there are no rituals or ways to cope with trauma it can lead to victims feeling alienated, different, and riddled with shame (cf. 23). Trauma narratives make aware of trauma, affect the reader, and make them

sympathize and understand the victims (cf. 3). The trauma becomes personal. Exactly as Wendy Steiner says: “One of the great values of literature is that it makes previously private or inexplicable experiences sharable” (343).

### **2.3 Integration of Disability and Trauma Studies**

As mentioned in the introduction, these two fields, disability and trauma studies, rarely meet. Surprising since, as James Berger puts it, “[one] would think that a theory of disability would address such questions of trauma, loss, mourning, and regeneration that seem so closely associated with many people's experiences of disability.” (572). Still, while Berger focuses especially on disability studies’ lack of acknowledging trauma, trauma studies also do not acknowledge disability enough.

One of the reasons for this is the problem of metaphors. As stated before, metaphors are a highly used and praised form of narration in trauma theory. Berger even goes as far as to call trauma theory the theory of metaphors, since “it is a way of thinking about how some extreme event or experience that is radically non-linguistic, that seems even to negate language, is somehow carried across into language” (563-564). However, disability studies are critical of metaphors. While it can be seen as a mediating device to make disability more touchable and understandable, its overuse is frowned upon. Often it is believed that disability is used “in literature as an easy metaphorical shortcut: a marker of pity, vulnerability or, less frequently, the heroic ‘supercrip’” (Hall 36). Especially, since the symbolic use of disability often diverges significantly from the actual experience of being disabled. Therefore, it creates friction between disability and trauma studies. Trauma narratives are prone to using metaphors, even disability as metaphors, while disability studies are opposed to it. However, Hall argues for a change in disability studies. Arguing so strongly against metaphors is counterintuitive to literary studies. Instead of critiquing all metaphors, a new way of reading should be established that “[leaves] space for the interpretation of both the figural and the material presence of disability alongside each other.” (38). This allows for disability to be seen as more than simply a resource for authors.

The second problem is the framing of “loss, trauma, and tragedy as ableist framings of disability” (Kafer, *Un/Safe Disclosures* 4). This problem already resonates with the previously discussed issue of ignoring impairments in the social model and the fear of returning to a primary tragic framing of disability. However, this cannot realistically be split, as Kafer states: “But how has my theorizing also been informed by the things I

am not supposed to talk about, by the feelings and reactions – by the mental and emotional distress – that do not yet fit within disability studies?” (5). In her essay “Un/Safe Disclosures: Scenes of Disability and Trauma” she shares how she became disabled, which was through a traumatic experience of being caught in a burning building and losing her partner in the incident (cf. 5). She is open about how, while she enjoys the disability community and values her experience, she is “not interested in becoming more disabled than [she] already [is]” (*Feminist, Queer, Crip* 4). As Margert Price frames Kafer’s position:

Kafer is acknowledging that not only are there descriptive differences between conditions of disability; there are also evaluative differences. Such evaluation is, of course, subjective; one person's intolerable circumstance could as easily be another's joy. (276)

Disability cannot only be seen as something desirable, especially if one considers the structural and oppressing ways people become disabled. This only leads to invalidating the vastly different situations and emotions people find themselves in. This does not mean that disability should be framed as something entirely negative, but a “crip refusal to see disability as a tragedy, as traumatic, can be just as restricting on our politics and our theories as the ableist insistence that disability is always and only tragic” (Kafer, *Un/Safe Disclosures* 6). There must be found a way to embrace trauma, grief, and pain in disability studies without framing it as something ableist (cf. 6). One of those ways is exactly what is being done here; embracing the theory of both disability and trauma studies, so both fields of studies can enhance each other.

However, trauma studies also need to be aware of their ableist thinking. Trauma studies rely heavily on medicalized language, which purpurates otherness (cf. Barnett 132). Especially, the trauma-recovery narrative is controversial, since a traumatized person is seen as broken and in need of being fixed (cf. 133). This is very reminiscent of the medical model in disability studies and is exactly the reason why it is so heavily critiqued. It sees the disabled, or traumatized, person at fault for their struggles. Therefore, integrating the theoretical work about the medical model into trauma theory could significantly help to decrease such wording about trauma victims.

The third aspect of why trauma and disability cannot always be separated is that being disabled itself can be traumatizing. The social and structural oppression disabled people face can be inherently traumatizing, as seen in: “Working to overcome attacks on the inner self while being subjected to demeaning symbolic assault from the social world presents the dilemma of limited resources against a battle on two fronts.” (Watermeyer &

Swartz 273). Being excluded from social events or environments can lead disabled people to feel like they do not belong (cf. Reeve, *Psycho-Emotional Dimensions* 85). However, if there is this lack of acknowledging trauma in disability studies, this can quickly be overlooked and therefore continue.

## 2.4 Psycho-Emotional Disablism, Loss, and Grief

As became already clear in the previous section, oppression can be a daily occurrence for disabled people. This leads to people feeling uncomfortable with identifying as disabled and perhaps even rejecting the label completely. The reason for this can very likely be internalized disablism. Gregor Wolbring defines ableism as a

set of beliefs, processes and practices that produce – based on abilities one exhibits or values – a particular understanding of oneself, one’s body and one’s relationship with others of humanity, other species and the environment, and includes how one is judged by others [...]. Ableism reflects the sentiment of certain social groups and social structures that value and promote certain abilities. (252-253)

He also states how ableism is more of an umbrella term for “other isms such as racism, sexism, casteism, ageism” (253), and so on. Disablism is therefore different from ableism. Campbell differentiates the two by saying: “Whereas *ableism* can be associated with the production of able-ness, the perfectible body and by default the creation of a neologism that suggests a falling way from able-ness, that is *disability*. ” (4). Meaning disablism is the unequal treatment of people who differ from the presumed “normal” abilities (cf. 4). Disabled people therefore “[receive] messages that to be disabled is to be *less than...*, a world where disability maybe *tolerated* but in the *final instance*, is *inherently negative*.” (3). This can result, as previously discussed, in the view that impairments must be hidden or cured (cf. 6).

Donna Reeve especially looks at how disgust is a form of disablism. Disgust is a way to upkeep social hierarchies and is used to keep disabled people down (cf. *Disgust and Self-Disgust* 56). One form of disgust is called “primary disgust” and is seen as one of the reasons how the “disability/ non-disability binary” (59) is upheld. Reeve describes it as: “Disgust plays a pivotal role in ableism because the body produced by ableism is clean and hygienic, contained and invulnerable, autonomous and independent—free from contamination or reminders of mortality and decay.” (59).

She also focuses on psycho-emotional disablism. While, as mentioned before, there is structural disablism, e.g. through inaccessible buildings, psycho-emotional

disablism occurs on the private, or personal level (cf. 60). This can reveal itself on the interpersonal level where disabled people are being made fun of, assumed the person is asexual or is excluded from family planning (cf. 61). Hence, the disabled person is not fully seen as a functioning person that can be included in their own or other people's decisions.

It can also play out in social interactions (cf. *Psycho-Emotional Dimensions* 86). Garland-Thomson already breached this topic when she talked about how disabled people often get reduced to their disability, or how other abled people are uncomfortable with their disability. They therefore have to “use charm, intimidation, ardor, deference, humor, or entertainment to relieve nondisabled people of their discomfort” (13). Other scenarios are when disabled people must deal with private questions, like how they got disabled, since “non-disabled people may feel that they have the right to ask these kinds of personal questions because disabled people are occupying ‘their’ public space.” (Reeve, *Psycho-Emotional Dimensions* 86).

All these daily occurrences of disablism can lead to internalized disablism. Rosenwasser defines internalized oppression as:

an involuntary reaction to oppression which originates outside one's group and which results in group members loathing themselves, disliking others in their group, and blaming themselves for the oppression – rather than realizing that these beliefs are constructed in them by oppressive socio-economic political systems. (qtd. in Campbell 6)

Minority groups internalize the prejudices of the majority, especially since there is often a lack of positive representation for these groups (cf. Reeve, *Disgust and Self-Disgust* 64). Applying this definition to internalized disablism means there needs to be a “presumption of *compulsory ableness*” (Campbell 9), and the belief that “to be of value, one must be physically, psychologically and mentally fit” (Reeve, *Psycho-Emotional Dimensions* 88). However, the internalization process happens most often subconsciously and can lead to disabled people truly believing these harmful stereotypes about themselves and others. As Reeves puts it, they become “the ‘slave of their archetypes’” (88).

However, these negative beliefs can have even more extreme consequences. For example, disabled children are more likely to be abused, since because of societal disablism they are seen by the abuser as “worthless”. The disabled child internalizes this and accepts it, which leads to adult “men and women tolerating abusive relationships because of their low self-esteem about being disabled and hence unlovable” (88). Another

consequence can be that people fully reject the label “disabled”. Either they don’t think they are sick enough to call themselves that or they do not want to accept the label, and therefore the stereotypes, associated with them (cf. 91). While it is, of course, everyone’s right to not identify themselves with a certain category, the reason, in this case, is quite often internalized disablism. Additionally, if internalized disablism is not addressed it can happen that the person “simulates what it is to be ‘disabled’ and by inference ‘abled’ and whilst morphing ableist imperatives, in effect performs a new hyper-reality of being disabled.” (Campbell 12). Seemingly it is a vicious cycle where the person believes the negative stereotypes about themselves, and therefore reproduces them which supports these wrong beliefs.

Another common response to internalized disablism is “passing” (Reeve, *Disgust and Self-Disgust* 64). Passing means, according to Brown, when “individual members of various minority/ subordinate groups will achieve an identity as a member of the dominant/ superordinate group” (qtd. in Kanuha 27). This can present itself through as little things as hiding one’s impairment through clothes, or fully denying one’s disability (cf. Reeve, *Disgust and Self-Disgust* 65). Kanuha talks about different forms of passing. One type is to dissociate oneself from the group by either changing one’s behavior or avoiding contact with them (cf. 34). Another type is omission where a person responds directly to a question while leaving out key information in fear of being stigmatized (cf. 35). However, as she also points out, the passing process itself is not easy for the person. It is often met with shame and guilt since, as she says: “I suggest that passing always constitutes an intentional performance, and that passers know that their ‘passing’ as performance is temporary and illusory: all passers live with the fear that someone will discover who they really are.” (41). It is simply another way that internalized disablism can affect a person’s life.

All these instances, whether it is disablism, the internalization of it, or the mental struggle of passing, can lead to a negative disability experience. Even, as previously discussed, the way someone becomes disabled can be inherently traumatic. However, these feelings of loss and grief are rarely talked about. One of the reasons for this is that loss is closely associated with the medical discourse (Watermeyer 203). It can be seen as framing disabled people as incomplete. Especially, becoming disabled is built on the grief model, where the impairment itself is seen as the problem (cf. 204). Additionally, disablist societies rarely grant disabled people the space to actually grieve (cf. Watermeyer & McKinney 1). But, as Watermeyer and McKinney argue, it is vital for a disabled person to grieve

their losses so “a new life-narrative can be created, which makes possible the development of new capacities for flourishing.” (2). Otherwise, it can lead to people further denying their true experience with their disability to please their peers, because “cultural stereotypes of damage and tragedy cluster so readily around the disabled figure, people with disabilities may be reluctant to express emotional vulnerability of any sort” (2). It will lead back to the above-described circle of trying not to “seem” disabled, “rather than explore and elaborate who they might be” (2). They argue even further that this will lead to an alienation of loss altogether and the denial that it is part of every human experience. Leading to the continuation of the cultural consensus that disabled people are the primary, “if not exclusive, custodians of loss.” (2).

### **3. Disability and Trauma and its Effects in *A Little Life***

#### **3.1 The Body**

Hanya Yanagihara’s lengthy novel *A Little Life* revolves around the lives of the four college friends Jude, Willem, JB, and Malcolm. The story’s primary focus however lies on Jude. The novel pans from them being in college, until Jude’s suicide at the age of 53. As the narration unfolds, Jude’s trauma is explored. Jude was heavily abused as a child, first in the monastery where he grew up and later by one of the brothers, Brother Luke, who forced him into prostitution at the age of ten. Finally, he was held hostage for weeks, raped and abused by a man called Dr. Traylor, who then ran him over with his car. From this incident Jude became disabled. His spine was injured, which led to him having painful episodes and problems with his legs. Throughout the novel, it is explored how this trauma affects Jude’s mental and physical health, his relationships, and his relationship with himself.

Before we can dive deeper into *A Little Life*, it first has to be established how disability is portrayed in the novel. This will build the groundwork for any further discussion. Dorothee Marx says that in *A Little Life*, there is always an undercurrent of negative portrayal of disability (cf. 81). While this may seem so at first, what Marx forgets to consider is the varying perspectives in the novel. In the first chapters of the novel the point of view switches between the characters JB, Malcolm, and Willem. This not only allows for an introduction to them but also reveals their view on disability. Jude’s perspective, where this negative understanding may come from, is different from that of the other characters. This is also the first discussed ambivalence in the novel; Jude’s self-perception versus the perception of others. Therefore, it is crucial to first highlight the

voices of the other characters to get a fuller understanding of the portrayal of disability in *A Little Life*.

Jude's best friend, and later romantic partner Willem, is one of the other main characters. It is quickly revealed that Willem grew up with an older disabled brother named Hemming. He describes him as: "He couldn't walk or speak, but Willem had loved him and had never thought of him as anything but his older brother." (Yanagihara 53). There is a significant contrast between how Willems describes Hemming and how his parents viewed him. While Willem described his smile and how he feels like they look very similar, his parents "viewed Hemming as their responsibility but no more." (54). His parent's disablism towards his brother is the main reason for his distant relationship with them. Willem felt almost tortured by his parent's lack of emotions after his brother passed away. He describes how he wanted "to scream at his parents, to hit them, to elicit from them *something* – some melting into grief, some loss of composure, some recognition that something large had happened, that in Hemming's death, they had lost something vital and necessary to their lives." (58). While this can be seen as simply a piece of Willem's backstory, it already establishes the dichotomy of disability that we will see throughout the novel. On one side, we have the loving, supporting Willem; on the other, we have his cold, disablist parents. It shows the complexity of disability, and how many emotions and feelings are connected to it. But it also clearly frames disability positively. His parents are seen as wrong and cruel for their disablism, while Willem focuses on the beauty of his brother and the love he holds for him.

In the earlier chapters, Jude's disability is also discussed by the other characters. However, it is never framed as something negative. Despite Jude's fear, which will be explored at a later point in detail, they do not view him as weak or pity him. The only aspect that becomes clear is the early frustration of his friends because of Jude's refusal to accept help, as seen in Willems monologue: "Instead here he was hiding in the bathroom, making busywork for himself as, a few yards away, one of his dearest friends sat alone on a disgusting sofa, making the slow, sad, lonely journey back to consciousness, [...] without anyone at all by his sides." (25). What is underlined is the love and care Jude's friends have for him and how they try to understand and support Jude with his disability as best as they can.

Another way disability is described in *A Little Life* is through art. JB is an artist who creates multiple art series based on his friends. One of his most controversial paintings perfectly encapsulates the difference in how Jude views himself and how others view



him. The painting, called “*Jude, After Sickness*” (198), shows Jude after he had a painful episode, leaning with his forehead against a wall (cf. 196). Jude sees this painting as an extreme violation of his trust, which finally leads to one of their biggest fights. However, the reason why he is so distraught by the painting is *because* it shows his illness and his vulnerability. Before this painting, there was another one called “*Jude with Cigarette*” (198), where JB says:

He knew Jude would hate how fragile, how feminine, how vulnerable, how *young* it made him look, and knew too he would find lots of other imaginary things to hate about it as well, things JB couldn’t even begin to anticipate because he wasn’t a self-loathing nut Job like Jude. (42)

While JB saw this spell of pain as beautiful, something he wanted to encapsulate forever in a painting, Jude despised it. While Jude is validated in his feelings by his other friends, since a very private moment of his was publicly shared without his consent, the essence of what it means is still present. Beauty was crystalized and made the focal point of Jude’s disability.

Finally, on multiple occasions, Jude brings up concerns based on his disability and his work as a lawyer. There was a longer period where he had to be in his wheelchair daily, where he says: “For the months he was in a wheelchair, those suits were a way of reassuring his clients that he was competent and, simultaneously, of reassuring himself that he belonged with the others” (267). However, these concerns, that he is perceived as incompetent, are shut down by his boss Lucien every time, as seen in: “‘Believe me, Jude,’ Lucien had said when he had worried aloud about this to him years ago, ‘the clients think you’re the same ball-crushing asshole whether you’re sitting down or standing up, so for god’s sake, stay in your chair.’” (575). The respect his co-workers or subordinates have for him is expressed multiple times in the novel. Whether it is the apprentices who look up to Jude, or his partners who express their gratitude and pride for his good work (cf. 359), his disability is never portrayed as something that holds him back. His boss, as seen above, fully supports him. One day, Jude had an episode in his office late at night. The janitor found him on the ground and called Lucien. He stayed with Jude, “wiped the vomit from his mouth, tenderly, and then sat on the floor near his head and held his hand” (432-433). Neither this incident nor any other times his disability was prominent at work, did it affect the way people perceived him. Rather, as seen in the above quote, he is supported by his co-workers and friends.

However, as previously said, Marx proposes that the portrayal of disability in *A Little Life* is negative. But where does this assumption come from? In the following Jude's relationship with his disability will be explored. If one takes a look again at the social model of disability, both, structural problems and impairment are prominent in the novel. The structural, or societal, problems discussed in the novel are mostly accessibility based. For example, Willem and Jude have to find an apartment with an elevator because Jude cannot always walk up the stairs (cf. 14). The severity of this necessity becomes clear once the elevator breaks. It happened after Jude's legs hurt him and he described how "by the fiftieth [step], he was shaking so badly he had to stop and sit for half an hour" (272). It is a deep-seated fear of Jude where he imagines himself as an old man "his skin stretched vellum-like over his ribs, still in Lisenard Street, pulling himself on his elbows to the bathroom because he was no longer able to walk. [...] He was an old, old man, and there was no one, and he was the only one left to take care of himself." (270). Barriers, and the evoked feeling of helplessness, lie heavy on Jude's mind. They are multipliers of his fear of loneliness.

His choice of work supports this argument further. Jude started working as a public defender, something heavily admired and supported by his former teacher and adoptive father Harold. However, he later decides to work as a corporate lawyer. This leads to a big fight between Jude and Harold. Harold cannot understand Jude's choice of switching sides to defend people "who think that laws are written for people who make less than nine figures a year" (273), underlining it by calling Jude a "money-grubber" (273). However, Jude points out,

How could he tell Harold that he had to consider wheelchairs, which needed to be replaced every few years, and which insurance didn't wholly cover? [...] How could he tell him about the surgery he wanted on his back, the laser burning his carapace of scars down to nothing? [...] How could he tell Harold that he dreamed not of marriage, or children, but 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? [...] And then, yes, there were the things he wanted: He wanted to live somewhere where the elevator worked. (275)

This enumeration, which is almost a page long, here shortened, of all of Jude's fears, needs, and desires based on his disability shows how much a disabled person must consider. Jude has to choose money over ethics. It has to be mentioned that this stems from a quite privileged point of view. As Amy Rushton points out, Jude becomes very wealthy and is in the end able to overcome his before-mentioned fears of accessibility (cf. 202).

Still, the fact that he had to base such a big life decision on the lack of accessibility and commodity for disabled people, is a significant way the societal aspect has affected him.

Therefore, the societal aspect of the social model of disability is a topic in the novel. However, the attention lies largely on his impairment, contrasting the model's current focus. Through this focus on impairment, it will be shown how prominent pain can be in a disability experience. Especially, since the pain Jude's disability causes him, both physical and mental, is a main aspect in the novel. The severity of it is mirrored in Yanagihara's writing style. Whenever Jude experiences an episode, it is described as an abusive, violent act against him: "that pain that would extend down his spine into one leg or the other, like a wooden stake set aflame and thrust into him" (Yanagihara 116). This is underlined by the animalistic metaphors used; in those episodes, he often transforms into an animal. Either the pain itself is described as one, "and the pain had been so awful – unbearable, almost, as if someone had reached in and grabbed his spine like a snake and was trying to loose it from its bundles of nerves by shaking it" (114), or he is compared to an animal:

He tried to be quiet, but he could hear himself making strange animal noises, so that at times a forest appeared beneath his eyelids, populated with screech owls and deer and bears, and he would imagine he was one of them, and that the sounds he was making were normal, part of the wood's unceasing soundtrack. (115)

He has to actively dissociate himself from his human side to endure the pain. Marx also describes it as being in pain makes him less human and that he is overcome by animalistic traits (cf. 83). Furthermore, one can see Jude's embarrassment. He says how he has to create this scenario in his head to make his screams seem normal. Meaning, the pain alone is not forcing him to dissociate himself from his human side, but his resulting embarrassment, as well.

Since these scenes are set quite early in the novel, they create the basis for how Jude's disability is narrated. The focus is put on his impairment, and it underlines that it is a primary aspect of his life that affects him significantly. As Wendell says, there are people with disabilities who "*are* sick, diseased, ill" (18), and where it can become the primary aspect of their lives. Jude talks about how it affects his entire life, as seen in "he grew fearful that it would arrive at some terribly inopportune time, and before each big meeting, each big interview, each court appearance, he would beg his own back to still itself, to carry him through the next few hours without incident." (Yanagihara 116). This passage, and all of the above mentioned as well, already show that the social model of

disability cannot be generalized to every disabled person. While Jude is affected by societal barriers, the true impact lies within his impairment. As Crow says: “‘people are disabled by society as well as by their bodies’” (11), and Jude is one of these people.

### 3.1.1 The Body as a Sight of Trauma

While, as shown, there is a large amount of positive disability representation and support in *A Little Life*, it could still be argued that Jude’s disability is only framed as a tragedy. That the heavy focus on impairment, an impairment that comes with immense pain, does not create the wanted balance that Kafer or Crow argue for between societal disability and impairment. However, a fundamental aspect that must be understood to be able to fully view and discuss Jude’s disability experience is that his disability stems from a very traumatic experience. In this case, his trauma comes closest to Erikson’s definition of how trauma can range from a singular event to the accumulation of abuse over years, which is present here (cf. 457). His trauma therefore taints every aspect of his relationship with his disability. Just as argued, they cannot be separated. As Christina Crosby says: “The emphasis on pride that contravenes pity by focusing on disabling environments and discriminatory attitudes makes discussing chronic pain difficult, whether the pain of my injured body or that of my grieving mind.” (623).

If one looks closer at Jude’s impairment it becomes clear that his disability cannot be separated from his grief. Jude’s scars on his body and his pain act as a daily reminder to him of his past, resulting in self-disgust. With every episode, and with every day his injuries get worse, he is reminded of the things other people have done to him. Even his doctor described “an injury like his [...] [as] an ‘insult’ to the body” (Yanagihara 114). His disability stems from an “insult”, an active act of violence, and it is simply something Jude cannot forget or separate.

This becomes even more clear if one looks at Jude’s relationship with being called disabled. Jude does not want to be called or labeled as disabled, because as he says, “then I’ll have conceded to Dr. Traylor, then I’ll have let Dr. Traylor determine the shape of my life.” (676). Here Kafer’s statement that “we often cannot clearly separate *being* disabled from *becoming* disabled.” (*Un/Safe Disclosures* 6), is fully supported. In this passage, it is directly confirmed that Jude can only view his disability through the lens of his former abuser, and therefore through his trauma. Especially, since Jude mourns the person, he was before the accident (cf. Yanagihara 676). Jude never had anything else except himself, therefore also losing his ability to walk because of another abuser, can be extremely

challenging to accept. It is very reminiscent of Crosby's statement: "I can be happy, and my life is abundant, but I will mourn forever my strong and eminently capable body" (623).

However, Jude's reluctance to call himself disabled goes even further. He develops, and never really loses; internalized disablism. It is clear that one of Jude's biggest "wishes", or more to say desires, is to be "normal". Because of his past, there are many indicators in the text that show that he sees himself as different and that he wants to separate himself as much from his childhood as possible. When he was in college, he talked about how everyone around him spoke of their childhood and brought up references he was unable to understand. However, he felt as if he could not ask for clarification, because stating he did not understand them "would be an admission of extreme otherness" (Yanagihara 106). He always felt a separation from his peers, further proving his belief of himself as different. For example, JB names him the "Postman":

'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.' He smiled at him, presumably to show he was at least partly joking. 'The post-man. Jude the Postman.' (107)

To Jude, even if it was meant jokingly, it was a confirmation that the others "knew he was strange" (108) and that he was foolish for "having convinced himself that he had convinced *them* that he wasn't." (108). His deep-set belief of himself as flawed and different is only supported by his disability. His disability is used as something visual that makes him stick out and therefore makes Jude self-conscious. That is why he loves wearing suits. He says, "here was such anonymity, such protection. Even if someone were to accidentally graze his back, he was wearing enough layers so that they'd never be able to feel the ridges of scars beneath. [...] If he was standing still, he could be anyone, someone blank and invisible." (128).

This describes a form of passing. Exactly as Reeve says, Jude chooses clothes that hide his impairment (cf. *Disgust and Self-Disgust* 65). In general, Jude exhibits all the previously discussed forms of passing. For example, he also wants to separate himself from other disabled people as much as possible. As he says he wants to be "someone blank and invisible" (Yanagihara 128), which is to him impossible if he is disabled and in a wheelchair. Jude also changes information about himself for fear of stigmatization. During a time when Jude had to use his wheelchair daily "he had prepped them all [Jude's friends] on how to respond to this question. 'It's not permanent,' he said. 'He just has an

infection in his leg and it makes it painful for him to walk long distances.” (246). He does not want anyone to believe that he could possibly be in a wheelchair, and therefore visibly disabled, permanently. Finally, as one can see above, Kanuha’s statement that anyone who is passing fears the day “that someone will discover who they really are” (41), also comes true for Jude. Through the Postman passage, Jude confirms that he thinks he has failed in his passing process. However, the difference is that Jude will never try to stop the passing process, because of how deep his internalized disablism is.

This feeling of otherness, which is supported by his disability, even develops into internalized self-disgust. He calls his limb an “ugly [zombie] hobble” (Yanagihara 213) or he feels as if he was “playing the role of an impoverished governess in a Dickensian drama” (102). Whenever Jude describes himself, words of disgust are used leading to this impression. Jude truly believes that he is not something to be desired. He does not even have mirrors in his apartment because he cannot stand to look at himself (cf. 334). A prominent moment in the novel, where he finally decides to look in a mirror, is only to recreate an imitation JB had done of him. In a fight with Jude, while high on drugs, “before [JB] knew it he was doing Jackson’s imitation of Jude, the hideous parody, his mouth open as Jackson had done it, making his imbecile’s moan, dragging his right leg behind him as if it were made of stone. ‘I’m Jude,’ he slurred. ‘I’m Jude St. Francis.’” (319). This instance led to Jude’s and JB’s friendship breaking apart. As Jude says himself, “people had been cruel to him, had made him feel awful, but they hadn’t been people he loved, they hadn’t been people he had always hoped saw him as someone whole and undamaged.” (330). However, the reason why Jude was unable to forgive JB was not because of the act itself but because he thinks JB is right (cf. 334). This disablist portrayal of Jude feels to him like a mirror of how people truly see him, and how he sees himself.

This is supported by the following description of his legs:

[...] he was never to cease being disgusted by it: the suppuration, the sick, fishy scent, the little gash, like a fetus’s mouth, that would appear, burbling viscous, unidentifiable fluids. It was unnatural, the stuff of monster movies and myths, to walk about with an opening that wouldn’t, couldn’t be closed. (160)

Here the severe disgust and horror surrounding Jude’s disability becomes clear. Through the use of these abject terms, like “fishy”, “fetus’s mouth”, or “unidentifiable fluids”, it almost seems like this description of his legs, also represents the way Jude sees himself. He feels like a monster, because he has these wounds, meaning he himself is just as disgusting. This passage demonstrates what Reeve describes as primary disgust, the fear of

being contaminated by a disease (cf. *Disgust and Self-Disgust* 58). His disability is described as the opposite of what the “clean, able” body should look like. Therefore, Jude’s active rejection of this part of himself supports his own self-disgust. However, if his trauma is considered, the hatred he has for his wounds becomes more nuanced. Here it becomes clear again that trauma and disability cannot always be separated. How can Jude accept this part of himself, if he knows this is the result of Dr. Traylor’s actions? If with every wound he is reminded of his vulnerability, and therefore of his past? All the above-mentioned aspects, his internalized disablism, his feeling of otherness, and his self-disgust, all lead back to his body being an everyday reminder of his past. He cannot forget that his disability, and all the ways it affects him, sorely stem from one person. A person that held him hostage and raped him for weeks.

His self-disgust goes even further. He is not only convinced of his own disgust but that he awakes disgust within other people. One significant part of *A Little Life* is the time Jude starts dating a man called Caleb. After a long phase where Jude is reminiscing about how lonely he feels, how “he sometimes feels it physically, a sodden clump of dirty laundry pressing against his chest.” (Yanagihara 346), he meets Caleb at a dinner party at Harold’s. Jude’s initial feelings after Caleb asks him out already show the depth of his contradicting emotions. Firstly, he feels like he is undeserving of a relationship. He says he “has a better life than so many people, a better life than he had ever thought he would have. To wish for companionship along with everything else he has seems a kind of greed, a gross entitlement.” (348). However, this is not a new feeling and goes for almost all his relationships. His gratefulness for his friends is always met with confusion about why they would stay, and this underlying fear they will leave him. He often describes himself as selfish, for staying with his friends or later for not leaving his partner Willem (cf. 553).

Secondly, Jude fears sex. Based on his yearlong sexual abuse, even the thought of having sex with someone “makes his stomach fill with something waxy and cold.” (346). Especially, since he does not want anyone to see his body, which he is not only disgusted by but also inherently embarrassed by. He says that without clothes on “he is revealed as he really is, the years of rot manifested on his skin, his own flesh advertising his past, its depravities and corruptions.” (347). Here it is said again how his body is connected to his past, how his trauma is made visible on his body. The “rot” symbolizes his self-disgust, and how it is fully ingrained into him. Following this description of Jude, he even compares himself to one of the men who abused him as a child, who he describes as “grotesque” (347), having skin that was covered with “floes and eczema, the skin so dry that

when he moved, small ghostly strips of it floated from his arms” (347) and fingernails “each as thick as bone” (347). He is convinced that whoever sees him naked “would feel repulsed, nauseated by his deformities” (347) and would also, as he did, throw up and try to fill his mouth with soap “to make himself clean again.” (347). Not only does this show his fundamental aversion to sex but, again, his deep-seated self-disgust. He cannot even fathom that anyone would see him as anything else than disgusting, even to the extreme of throwing up when seeing him naked. This is a direct connection between his body and his trauma. His body and his scars evoke self-disgust, and the same does the memory of what had been done to his body in the past. Neither can be separated.

Returning to Caleb, it becomes clear that Jude is uncomfortable with him. Whenever he kisses Jude, it immediately sets him back into his traumatic past (cf. 356). He connects it with feeling helpless and how “he waits for it to be over, counting the seconds and trying to breathe through his nose.” (356). Afterward, Caleb asks him if he can come up to Jude’s apartment, insinuating that he wants to have sex. Jude’s internal response is something that occurs quite often in the novel, where one character argues with themselves. It is always signified by a switch to italics, as seen in:

*Don’t do it, don’t fool yourself, no matter what you tell yourself, you know what you are, says one voice. Take a chance, says the other voice. You’re lonely. [...] This may never happen again, the voice adds, and this stops him. It will end badly, says the first voice, and then both voices fall silent, waiting to see what he will do. (357-358)*

These two different forces inside of Jude are both negative in their own way. While the one portrays Jude’s own belief that he is fundamentally bad, the other one convinces him that he is unlovable. Instead of listening to his feelings towards Caleb, Jude acts out of his desperation, since “[*this*] may never happen again” (357).

Unfortunately, one of Jude’s inner voices was correct, since it did end badly. Caleb portrays exactly what Reeve calls psycho-emotional disablism. On a personal level, he acts in disablist ways towards Jude. For example, he verbalizes all of Jude’s biggest fears. After he and Jude start dating, Caleb finds out that Jude is disabled, which he heavily distastes, as seen in:

He knows Caleb hates his walk, for example. [...] He poured the wine, and they drank, and then Caleb said, ‘You know, when I met you, we were sitting down, so I didn’t know you had a limp.’ ‘That’s true,’ he said, reminding himself that this was not something for which he had to apologize: he hadn’t entrapped Caleb; he



hadn't intended to deceive him. [...] 'Would you not have wanted to go out with me if you'd known?' 'I don't know,' Caleb said, after a silence. (360-361)

He even goes as far as calling Jude "Frankenstein's monster" (367) and forbidding him to use his wheelchair, despite Jude being unable to feel his feet. He claims his disgust stems from his parents being disabled and says: "'But – but I can't be around these accessories to weakness, to disease. I just can't. I hate it. It embarrasses me.'" (364). He connects disability to being weak, meaning he directly verbalized one of Jude's biggest fears about being disabled. Jude even says himself, "But he could understand it; he felt exactly as Caleb did." (364). This is just the beginning of this relationship further worsening Jude's relationship with his disability and destroying any chance of him coming to terms with it. Their entire time together is riddled with this disablist commentary. For example, Caleb calls walking aids an easy solution, which only leads to people babying themselves when they should just "tough it out" (372). It leads to Jude becoming more and more insecure over his disability. One day when he can barely walk, he tries to convince himself that "if he can present himself as basically healthy and this as just as a small setback" (371) Caleb cannot protest to him getting his wheelchair. Even though he said he does not have to defend himself or explain his disability, throughout their relationship this changes. Caleb also shows the before-described dichotomy of disability in *A Little Life*. While we have the positive portrayal from characters like Willem, Caleb, the counterpart of Willem, strongly represents the disablist site of disability.

Their relationship even becomes abusive. After Caleb calls Jude Frankenstein's monster, and Jude trips over his feet, he hits him in the face (cf. 367). This shows that his abuse is a direct response to Jude's disability, and how this already starts to affect Jude. He says after Caleb tells him to leave: "And so he had, bringing himself to his feet and walking his ridiculous monster's walk out of the apartment" (367). He directly transfers Caleb's disablist comment onto himself, and internalizes it, believing it to be true. Later in their relationship Caleb even rapes Jude, beats him up, and hits him with a wine bottle. To Jude, Caleb transforms at that moment into an animal: "But Caleb, he knows, is no longer human. He is a wolf, he is a coyote. He is muscle and rage. And he is nothing to Caleb, he is prey, he is disposable." (373). Here we have a return to the animal metaphoric, which happens mostly when Jude feels powerless. He is again set back into his past, feeling himself becoming less human and reducing himself to prey. Additionally, his body is again the vessel of abuse. Caleb's beatings are so severe that when Andy, Jude's doctor and close friend, first saw him it fully shocked him. Jude's "cheek was the color of moss,

and his eye was swollen nearly shut, the upper lid a puffed, tender, shiny red” (367). At a later point, he even had a loose tooth because of Caleb (cf. 375). This only further heightens his self-disgust. He says: “He is so deformed, so astoundingly ugly – even for him, it is extraordinary.” (375). It is again a visible reminder of his abuse. While it may not be long-lasting, like his scars or his chronic pain, the bruises are still used as a visible projection of his trauma.

However, the abuse goes even further. After the before-described rape, Caleb and Jude break up. One day, while Jude and Harold are having dinner, Caleb, incredibly drunk, finds them and starts verbally abusing Jude in the restaurant. He says to Harold, ““Be honest. Don’t you ever wish you had a normal son, not a cripple?”” (379), and says to Jude, ““You’re a cripple and a liar and a bad fuck. And you’re right – you’re disgusting. I couldn’t even look at you.”” (379). He screams into Jude’s face, again, all of his biggest insecurities by using explicit ableist terms. Afterward, Harold drives Jude home. In their conversation in the car Jude’s internalized disgust becomes clear again. Harold is unable to fathom why Jude would date someone like Caleb. To this Jude says ““when you look like I do, you have to take what you can get.”” (381). Here we can see exactly what Reeve described, where a disabled person tolerates an abusive relationship because they see themselves as unlovable (cf. *Psycho-Emotional Dimensions* 88). This shocks Harold, and he answers, ““You are the most beautiful person I have ever met – ever.”” (Yanagihara 381). Jude reacts to this as if these nice words pain him. He begs Harold “almost moaning, ‘please, please. If you care about me, you’ll stop.’” (381). He cannot fathom that anyone would see him as beautiful or good, especially, after the months of abuse of Caleb.

After Harold drops Jude off, Caleb is waiting in front of Jude’s apartment. In the following scenes, in quite graphic detail, Caleb’s rape, which can be viewed as attempted murder, is described. He forces Jude to chant back to him “*I’m repulsive. I’m disgusting. I’m worthless. I’m sorry, I’m sorry*” (384), forces him out on the street naked, beats him until he vomits, and finally throws him down a set of stairs that Richard, a friend of Jude’s, described as “descent-into-hell looking” (385). Fields stresses that the graphic detail of this rape scene is necessary “to combat any readerly tendency to view the sexual violence inflicted by Caleb as erotic or pornographic.” (202). It is also written this way to visualize the intensity of the abuse and Jude’s pain. With this rape, Caleb destroys years of Jude’s progress. He says:

This is happening to him in his beautiful apartment [...]. His beautiful apartment, with its doors that lock, where he was meant to be protected from broken elevators and the degradation of pulling himself upstairs on his arms, where he was meant to always feel human and whole. (Yanagihara 384-385).

Again, here we can see how disabling environments make Jude feel less human. How he connects it with embarrassment, even calling it degrading. But this also shows how comfortable he finally was in an environment that was made for him, where he finally felt safe. A space that was also empty of any traumatic experience, where nothing reminded him of any abuse, which is now destroyed.

While Jude is being thrown down the stairs, there is a sudden cut in the narration. Jude is suddenly talking about a past conversation he had with a professor of his, where he was asked what his favorite mathematical axiom was. His favorite axiom is the axiom of equality. This describes that “ $x$  always equals  $x$ ” (385), which he then applies to himself:

But now he knows for certain how true the axiom is, because he himself – his very life – has proven it. The person I was will always be the person I am, he realizes [...]. He may be respected; in court he may even be feared. But fundamentally, he is the same person, a person who inspires disgust, a person meant to be hated [...]. It is the last thing he thinks as his shoulder cracks down upon the concrete, and the world, for an instant, jerks blessedly away from beneath him:  $x=x$ , he thinks.  $x=x$ ,  $x=x$ . (386)

Similarly to how Caleb made him chant degrading phrases about himself, he is chanting the “ $x=x$ ” as well, as if he is internalizing it on top of Caleb’s statements. In his above-quoted monologue, Jude blankly states that he not only feels responsible for his past abuse but that he believes, even knows, that he is fundamentally a bad person.

Finally, Caleb can be seen as a personification of Jude’s fears and worries. He is an external manifestation of Jude’s internalized disablism. *A Little Life* often gets critiqued by being called “trauma porn” (cf. Ciftci 19) and that it is unrealistic how much abuse Jude lives through. But if Caleb is viewed as separate from the story, his stylistic use becomes clear. Caleb repeatedly says something about Jude’s disability that just further proves Jude’s disablist thoughts about himself. Jude even says: “His time with Caleb has confirmed everything he feared people would think of him, of his body, and his next task is to learn to accept that and to do so without sorrow.” (Yanagihara 378). Even in the restaurant scene, it is as if Jude’s internalized disablism comes to life and outwardly fights with Harold, the counterpart to his disablism. While Caleb calls him a “cripple” (379) and

disgusting, Harold stands up for Jude and later calls him beautiful (cf. 381). Again, visualizing the ambivalence between Jude's self-perception, Caleb, and the views of others, Harold. However, instead of believing Harold Jude fights with him, getting angry at him for standing up for him (cf. 380). This shows how deep-set his disablism is. No matter what anyone says about him, he will only remember the bad. Caleb's extreme abuse can even be seen as a visualization of Jude's inner pain and his intense feeling of powerlessness. As described, Caleb transforms into this animal, against whom Jude has no chance. He says: "He begins to panic, then, and struggle, but Caleb presses one arm against the back of his neck, which paralyzes him, and he is unable to move" (383). Throughout the entire last scene between Caleb and Jude, he can only plead with Caleb but has no way to stop the abuse. Returning to viewing Caleb as a manifestation of Jude's fears and disablism, it shows how much Jude is consumed by these feelings. He begs, struggles, and wants to free himself but is fully consumed by them, which finally ends with these fears and self-disgust winning.

If we recall Jude's description of Caleb as an animal, as a coyote, this becomes even more clear. Multiple times, whenever Jude talks about his trauma, it is described as a pack of hyenas or creatures: "The hyenas returned, more numerous and famished than before, more vigilant in their hunt." (441) or "He felt the creature inside him – which he pictured as a slight and raggedy and lemur-like, quick-reflexed and ready to sprint, its dark wet eyes forever scanning the landscape for future dangers – relax and sag to the ground." (113). In his mind, he is the prey of these creatures, his memories, just as he was with Caleb. By turning Caleb into this animal, he is directly transformed into one of the mental abusers who have made Jude feel powerless. Meaning, that we have here a direct correlation between disability and trauma, since Caleb, the personification of Jude's disablism, is also described through animalistic terms.

### **3.1.2 Lack of Agency**

A primary way in which Jude's body is utilized in the novel is to show his lack of agency. As a child, Jude never had any agency in his life, especially not over his body since he was forced into prostitution. In a flashback, he even says, "Nothing was his any longer: not his eyes, not his mouth, not even his name" (454). His traumatic past closed with Dr. Traylor, but never actually ended because of his disability. Jude's disability is for him another entity that makes him feel powerless and without agency. Especially, since it affects his identity. He questions: "Who would he have been, who would he be, without the

scars, the cuts, the hurts, the sores, the fractures, the infections, the splints, and the discharges?” (163). This enumeration firstly shows all the aspects Jude hates about himself and that he thinks make him different. Secondly, it shows how defining a disability can be for a person. Jude feels like his disability has taken away something from him because he was never able to find out who he really was. He just ran away from the orphanage, where he was also raped and abused, and ran into Dr. Traylor’s hands. He never had a period of his life where there was not someone, or something, having agency over him. After Dr. Traylor, to him, his disability continued to be that “person”.

Furthermore, he feels like he is always at the mercy of his body: “He felt in those minutes his body’s treason, how sometimes the central, tedious struggle in his life was his unwillingness to accept that he would be betrayed by it again and again” (161). Jude is separated from his body. His body is personified, formed into someone that can betray Jude and therefore someone he can feel betrayed by. Hence, as stated above, the “person” continues to hold agency over Jude even after his childhood. After Andy tells him that he should consider amputating one of his legs he starts begging: “*Please. Give me just a few more years. Give me another decade. Let me get through my forties, my fifties, intact. I’ll take care of you, I promise.*” (663). His pleading shows how powerless he feels over his body. He believes that if his legs get amputated, he will have fully lost a part of him. What concerns him even more is the quickness of the amputation. He says he knew he would lose his legs someday but, as seen in the quote above, he is shocked at how it happened so soon. This decision was also taken from him. Any resemblance of agency he thinks he has is taken away. He goes on walks every Sunday, despite Andy’s reluctance towards them. He “had [...] hopefully considered them something more than exercise, something perhaps restorative” (97). He never missed a day, even when he could barely walk. It was his way to take back some agency over his body. But even then, he often fell back into painful episodes where he questioned if “Andy is right, that his walks are a sign of his inexcusable hubris, that his pretending that everything is fine, that he is not in fact disabled, is selfish” (176). His body, his disability, always comes back to remind Jude of his lack of agency.

Another part of his body, that Jude feels like he has no control over, is his mind, or more specifically his memories. He talks about how his “memories crowded out all other thoughts, when it took real effort, real concentration, to tether himself to his current life, to keep himself from raging with despair and shame.” (164). Especially, after his relationship with Caleb he feels like he has lost all control over his mind:

Caleb had unleashed something within him, and he was unable to coax the beasts back into their dungeon – he was made aware of how much time he actually spent controlling his memories, how much concentration it took, how fragile his command over them had been all along. (435)

Firstly, we can see again how his memories are described as a “beast”, and how it is mystified and personified. A beast that holds all control over Jude, something he is powerless to. Secondly, it becomes clear how Jude deals with his trauma. Instead of confronting his memories, he represses them; hides them in what he calls vaults or forms them into movie strips to “erase [them], frame by frame” (431). However, he also talks about how this barely works, how they “seeped out anyway” (431), “[jumped] in front of you when you ignored them, demanding so much of your time and effort that it became impossible to think of anything else.” (431). Clearly showing, as Tal says, that repression only leads to repetition (cf. 7).

Following Caleb’s abuse, the beast metaphors appear more and more. He describes how “as if his months with Caleb were a pack of hyenas, and every day they chased him, and every day he spent all his energy running from them, trying to escape being devoured by their snapping, foaming jaws.” (Yanagihara 436). Not only is Caleb described as animalistic, but Jude’s memories are as well. He says that no matter where he is or what he is doing these hyenas chase him and more and more of these memories appear in front of him (cf. 435). Jude has lost all control over his mind. Now, the combination of disability and trauma makes him feel as if he has lost agency not only over his body but over his mind as well. It then finally leads to Jude’s first suicide attempt.

Interestingly, in his suicide attempt, he feels powerful again, like he is the master of his body and mind: “No law said he had to keep on living: his life was still his own to do with what he pleased.” (444). He fantasizes about the beasts “[covering] him with their claws and beaks and talons and peck and pinch and pluck away at him until he was nothing, he would let them.” (442). He wants to finally submit to his memories, showing how exhausting trauma can truly be, mentally and physically. In general, *A Little Life* questions the aspect of progress, “the ethic of survival at all costs and [adds] an empathetic viewpoint on debates about the right to die for those suffering psychological distress.” (Rush-ton 198). Here, suicide is seen as a release from mental torment and the only way to become free. It would release Jude from his mind, body, and past. Just as Crow said, “Impairment is problematic for people who experience pain, illness, shortened lifespan or other factors. As a result, they may seek treatment to minimize these consequences

and, in extreme circumstances, may no longer wish to live.” (217). In Jude’s case, since his disability is combined with trauma, the latter becomes true.

### 3.2 Unspeakability

The unspeakable, as seen in the theory, is a concept with many different interpretations. On the one hand, we have the opinion that trauma is unrepresentable, and therefore unspeakable (cf. Balaev 360). The traumatic experience is so shattering to the individual, and their psyche, that language will never be able to represent it (cf. Bond & Craps 75). On the other hand, we have, among others, Pederson who argues that this is not true and that people can put their trauma into words but might be unwilling to do so (cf. 338). It is also said that the previously described way of looking at trauma is a purely Western viewpoint and discredits other forms of trauma (cf. Craps 41).

In *A Little Life*, there is a mix of both present. The largest and most prominent ambivalence in the novel is the aspect of unspeakability. While Jude does not really speak about his trauma to other characters, his trauma is hyper-visible in the novel and in Jude’s life. There are multiple ways this is done in the novel. On the one hand, we have the narrator, who, as Ciftci correctly points out, is heterodiegetic and omniscient (cf. 27). Jude’s trauma is worked into the narrative in different ways. Sometimes, especially at the beginning of the novel, it is mentioned casually and integrated into an internal monologue. For example, when he is recounting skills he has, suddenly the narrative is interrupted through parentheses: “He knew how to help birth a calf and rewire a lamp and unclog a drain [...]. (And then he knew things he wished he didn’t, things he hoped never to have to use again, things that, when he thought of them [...] made him curl into himself with hatred and shame.)” (Yanagihara 105). Afterward, the narrative continues like this interruption never happened. First off, this creates a sense of mystery around Jude and his past. It is literally pushed into the narrative, as a reminder that there is more to Jude’s backstory than it might seem. Secondly, this is one of the ways Jude’s trauma is hyper-visible in the novel, yet still framed as unspeakable. It is not said what he is ashamed of, the reader only knows he is and that it affects him negatively. Jude is not even allowed to form it into a real thought, it has to be put in parentheses, pushed in between a different thought process. This shows how he cannot ever fully stop his trauma from reappearing and seeping into the narrative.

Another way his trauma is integrated into the story is through flashbacks. These happen multiple times in the novel, where through a visible dash on the page, the narrative

is interrupted with a piece of Jude's past. Meaning, as Vickroy describes it, it "[engages] readers to reconstruct the past, along with the often unwilling characters." (11). Therefore, Yanagihara uses the "traditional" method of a fragmented narration style. However, this method is not used because it represents "best" how trauma really is (cf. Craps, *Postcolonial Witnessing* 41). Jude has not forgotten parts of his past or has trouble integrating them into his memories. Rather, it is often used to answer to something that happened in the "linear" main story. For example, after Jude's first suicide attempt, he describes, while lying on the shower ground, how he sees an imaginary house "where he could rest, where he could lie down and sleep after his long run, where he would, for the first time in his life, be safe" (Yanagihara 446). Afterward, it immediately cuts to a trauma flashback. This underlines how Jude is never able to outrun his trauma, how not even in death will he be free from it, especially since his suicide attempt was unsuccessful.

However, these trauma flashbacks also allow for something else. This particular flashback reveals, or rather confirms, that Jude was sexually abused as a child. It is described how Brother Luke groomed and forced Jude into prostitution at the age of ten and how he started his own sexual relationship with him (cf. 446-457). It is one of the most important flashbacks in the novel, especially if one considers that it was put right after Jude's suicide attempt. Through these flashbacks, the narrator tells Jude's past to explain his actions, since he is unable to do so. In this case, one of the large pieces of Jude's past was revealed, making his choice to commit suicide more understandable. Especially, since up to this point, only some aspects of his past had been revealed.

Now Kellermann observes this as "the third-person narration and extensive use of internal monologues may be seen as a speaking agent who gives voice to that which Jude cannot articulate himself, speaking *for* him, but not in place *of* him" (340). Ciftci also says that the "omniscient narrator becomes Jude's voice and contextualizes Jude's vulnerability." (28). I would agree that the narrator acts as a speaking agent for Jude. Still, I would also argue that the narrator is not *only* speaking for Jude. Their relationship is more nuanced than this. In their statements, Jude seems quite passive next to the narrator. They describe him as Jude's voice, who helps him out to express himself. However, in these flashbacks, Jude is allowed a space to comment and reflect on his trauma as well. It is separate from the story, its own cosmos, where Jude can speak his fears out loud, and describe what he felt back then as a child. If we have another look at the flashback directly after Jude's suicide attempt this becomes clear. When Brother Luke told him that, to help with money, he would "do what [he] did with Father Gabriel and a couple of brothers"



(Yanagihara 451) back in the monastery, it is described how Jude “stepped back toward the bed, everything within him seizing with fear.” (451). He even said: “But he knew there *was* something shameful about it. No one had ever told him there was, but he knew anyway. He knew what he was doing was wrong.” (452). Through these trauma flashbacks, Jude gets a chance to tell his trauma and comment on it, to make clear what effects these experiences had on him, since he does not do it verbally other times.

The unspeakability laces itself not only through the narration but through Jude’s entire life. Whenever someone wants to speak with him about his past he blocks it off (cf. 140). This is one of the biggest conflicts, next to his self-harm, in his relationships. As Andy put it:

If you ruin this, Jude – if you keep lying to someone who loves you [...] – then you *will* only have yourself to blame. [...] And it’ll be your fault not because of who you are or what’s been done to you or the diseases you have or what you think you look like, but because of how you behave, because you won’t trust Willem enough to talk to him honestly, to extend to him the same sort of generosity and faith that he has always, *always* extended to you. (581)

It is discussed multiple times in the novel how speaking and sharing your past with others is seen as the most important thing people can do in relationships, as Jude says, “he understood that friendship was a series of exchanges: of affections, of time, sometimes of money, always of information.” (111). Jude is incredibly aware of how little he shares with his friends, how “[he] was always lying to Willem” (438) and to the other people in his life. This eventually over the years leads to his relationships, especially his relationship with Willem, becoming more and more strained. His loved ones see his silence as distrust. Willem says in an inner monologue: “But at other times, he bitterly resented this trick, the year-after-year exhaustion of keeping Jude’s secrets and yet never being given anything in return but the meanest smidges of information [...]. *Talk to me*, he sometimes wanted to shout at Jude.” (260). The tension it creates in his relationships leads to Jude feeling even more guilty. On one hand, he feels like “he [is] only an extravagant collection of problems” (444) to his friends if he talks to them and that “[he] would take and take and take from them until he had chewed away their every bit of flesh” (444). On the other hand, he deeply regrets not having taken up Ana’s, his first and only social worker, offer to teach him how to talk about his trauma (cf. 119). Jude says: “His silence had begun as something protective, but over the years it has transformed into something near oppressive, something that manages him rather than the other way around.” (339). It’s another

aspect of his life that holds agency over him, making him feel powerless. Now he cannot find a way out of it, even when he wants to. His unspeakability is therefore truly one of Jude's biggest struggles in life. He shows how hard it can be for a traumatized person to speak about their trauma, how it is a mixture of inability and unwillingness.

However, his inability is different from the one described by Caruth. There is nothing neurologically holding him back, or more precisely, there is no problem with memory which leads to him being unable to put his trauma into words. His inability is based on fear of shame and rejection. Exactly as Baleav says: "What remains unspoken in a narrative about trauma therefore can be a result of cultural values in contrast to the traditional model that claims trauma's inherent unspeakability due to its neurobiological functions." (367). Jude literally tells Willem: "'part of me *does* want to tell you. But if I do –' He stopped. 'But if I do, I'm afraid you're going to be disgusted by me.'" (Yanagihara 471). This shame, or disgust, stems heavily from his sexual assault. Jude does not call himself a victim of sexual abuse, "a term he hated and didn't apply to himself" (549). The word victim is often seen as synonymous with weakness (cf. Onega 94), which explains Jude's reluctance to call himself one. The shame he feels is however very reminiscent of what Jong and Borg talk about. They point out how self-disgust can become a primary feature of someone who has been sexually abused (cf. 90), either because of the act itself or because the person strayed too far from their own norms and morals and therefore blame themselves (cf. 102). In Jude's case, as previously talked about, he feels dirty because of the assault, but also believes what he did, or more correctly what was done to him, is his fault. He believes that from his core he is a bad person, "a person who inspires disgust, a person meant to be hated" (Yanagihara 386). The men who abused Jude while he was in prostitution, reduced him to this position: "Some of the clients would say that to him as well – *You were born for this* – and as much as he hated it, he also knew that they were right. [...] He had been born, and left, and found, and used as he had been intended to be used." (455). Jude therefore thinks he is always deceiving his loved ones, only putting up a façade and that only the people who abuse him, including Caleb, truly know who he is, as seen in: "He had thought that by not saying who he was, he was making himself more palatable, less strange. But now, what he doesn't say makes him stranger, and object of pity and even suspicion" (339). His silence is therefore a protective measure but also a way that Jude's distorted self-view gets supported since he never gets any other input.

### 3.2.1 The Physical and Textual Body

Similarly to how in *A Little Life* trauma and disability cannot be separated, neither can the aspect of unspeakability and the body. Jude's body plays an integral part in his unspeakability. His body is used as a physical mirror of his inner turmoil. Through Jude's intense self-harm, he is making the unspeakable, the unrepresentable, visible on his body. Through his cutting, he is reopening the wounds over and over. Jude explains multiple times why he cuts himself. He feels like he is releasing the dirt inside of him (cf. 475), as if the unspoken words can finally spill out of him through his wounds. Willem even describes Jude's self-induced cut as, "as if Jude's arm *had grown a mouth* and was vomiting blood from it, and with such avidity that it was forming little frothy bubbles that popped and spat as if in excitement" (79, emphasis added).

His feverish addiction to cutting also shows that this is, firstly, a limited way to cope with trauma. Secondly, it shows how Jude cannot live without cutting himself, which reveals that there is a deep-seated need for him to confront his trauma. His verbal lack therefore leads to more and more severe self-harm. With every year he does not speak about his trauma his wounds worsen. It is even described how he "[removes] wedges of flesh" (442) since his scar tissue has become too dense to cut himself further. This leads to even more severe scars and another visual on his body of his festering inner trauma.

Jude therefore uses self-harm actively to manage his trauma or any hard situation in his life. However, this is not meant in the way that Sarıkaya-Şen describes it. She says that he "gains mastery over his traumatic experience of sexual abuse by choosing to go through the unpleasurable experience of harming his body." (162). While, as above described, he does use it as a coping mechanism, I would not call it mastery, since it is too big of a conflict in his life, and he does use it to punish himself. His self-harm is the biggest conflict in Willem and Jude's relationship, with Willem begging Jude over the years to stop and even threatening to leave him if he does not stop (cf. Yanagihara 598-600). As Willem says: "'Fucking cut yourself to ribbons for all I care. You love the cutting more than you love me, anyway.'" (599). Still, Jude simply cannot live without cutting himself. After he and Willem got together, he asked Jude again to stop as much as he could. Jude therefore tried to distract himself with swimming, working, and baking. However, his need to cut and his wish to please Willem were almost equal. Jude finally could not bear it anymore. He decides to set his hand on fire with olive oil to make it appear like an accident to Willem (cf. 577). In this scene, it becomes clear how deeply his self-harm and trauma are connected. After he burns himself, he thinks "Voices, faces, scraps

of memories, odd associations whirl through his mind” (576). His self-harm directly triggers a flashback of memories. It is also framed as if Jude was powerless to this decision. He says: “Behind his closed eyelids he sees the hyenas, licking their snouts as if they have literally fed upon him. *Happy?* He asks them. *Are you happy?*” (578). His mental beasts have yet again robbed him of his agency. He is at their mercy; at the mercy of his trauma and his memories.

Interestingly, this form of self-harm, burning himself with olive oil, is a repetition of a punishment he received in his childhood while he was in the monastery (cf. 171). In the monastery, Jude got into the habit of stealing things. When he stole the silver lighter of one of the brothers, he rubbed olive oil on Jude’s hand and lit it on fire. This then developed into the sexual assault by the brothers since they said they would “examine inside him for any contraband” (170). In general, it’s quite interesting why Jude self-harms. Jude was always prone to hurting himself. While he was in the monastery, he describes how he had these fits of rage, where he would throw himself against walls and tables (cf. 170). Even then we can see the beast imagery and the aspect of loss of agency. He described how he “had them [the fits] in the day and at night, he couldn’t control them, he would feel them move over him like a fog” (170) and how he welcomed the beatings from the brothers since “he couldn’t lasso the beast himself and he needed their assistance to make it retreat” (171). He felt like his body and mind did not belong to him any longer during these tantrums. It is a direct visualization of the helplessness Jude felt in his childhood. Even back then he had no other way to express himself than through self-harm. Only through these fits, he was able to push his anger outwards. He said the reason why he liked doing it so much was because “he knew it scared the brothers, that they feared his anger and noise and power.” (170). It made him feel powerful for once. While Jude’s cutting led to a different feeling, more one of relief, it still proves the same point. Only through self-harm, through his body, can Jude express the unspeakable.

Additionally, if we circle back to the cutting, it is interesting to see why Jude uses this form of self-harm. It was actually shown to him by Brother Luke. Being forced into prostitution heavily affected Jude as a child. He fell back into hurting himself by throwing himself against walls. However, the undertone of his actions was similar. He describes how “he imagined he was knocking out of himself every piece of dirt, every trace of liquid, every memory of the past few years. He was resetting himself; he was returning himself to something pure; he was punishing himself for what he had done.” (474). Just as with the cutting, he does it to purify himself. He wants to release something from him

and get rid of the memories. However, Brother Luke disapproved of Jude's self-harm since it left him with too many bruises for the "clients". He therefore introduced him to cutting, telling him he would refill the packets for him, and that Jude should try out what felt best (cf. 475). Jude quickly came to love the feeling of "draining away the poison, the filth, the rage inside him" (475). For him, it was a way to have agency over his body at a time of his life when he was fully dependent on Brother Luke. Still, now knowing that his cutting is directly connected to his past, to Brother Luke, it adds another dimension to this argument. In a way, through his cutting Brother Luke is ever-present in his life. That the tool that is used to make the unspeakable visible, is something that was taught to him from a past abuser, proves again how it is directly connected to his trauma. For him, it is linked with having agency since it is his only way to feel like himself. Jude never knew a way to express himself otherwise, therefore making it more understandable why this form of self-expression was chosen.

Jude's disability also plays into the aspect of unspeakability. Firstly, just as with the trauma, there is this sense of unspeakability around it. While it is not as taboo as his trauma, his internalized disablism leads to his disability being rarely discussed. For example, on his weekly walks, whenever Willem notices that Jude is struggling, instead of acknowledging it he makes up a lie that he is either "too tired to walk, or too achey, or too hot, or too cold" (335). He has to lie to Jude to not make him upset because of his disability. Another time is when Malcom designed his apartment for him. He considered Jude's disability in his plan by lowering the furniture and installing handlebars. Jude became incredibly upset because of this, even saying "I don't want this to be some cripple's apartment" (290). Firstly, his internalized disablism becomes especially clear in this scene, and secondly, anyone even acknowledging his disability leads to Jude lashing out. His disability is always a sensitive subject in his relationships and therefore also, to a degree, unspeakable.

His wounds on his legs are also a counterpart to Jude's self-induced ones. While Jude's cuts are a way to express himself, the way the wounds on his legs are described is different. As previously discussed, when Jude talks about his wounds, he describes how disgusting they are and how disgusted he is by them himself. While Jude has agency over his own cuts, these wounds open uncontrollably. They also rarely close (cf. 677). They bring Jude excruciating pain and bone infections that finally lead to his leg being amputated (cf. 663). These wounds are a direct manifestation of his trauma. They result from his injury, his disability, which only further proves that his disability is a metaphorical

continuation of his trauma. That they constantly open and are filled with pus and dead tissue (cf. 661), represents firstly, how his trauma will always haunt him but is, secondly, also a visualization of how horrendous his trauma is.

Now, not only is the physical body of Jude a way that unspeakability is present but the novel itself plays with the ambivalence of trauma being unspeakable, yet hyper-visible as well. The textual body, as proposed by Christina Slopek-Hauff, can just be as significant as the content itself. The first aspect many people mention about *A Little Life* is its length. For example, the edition used in this thesis, by Anchor Books, spans 814 pages. The length of the novel already simulates Jude's complex life. It proposes and hints at the depth of Jude's trauma, and how much is needed to tell his story. Interestingly, Jude's trauma first seems unspeakable and unrepresentable, yet the novel is over 800 pages long. Meaning the length of the novel supports this ambivalence.

The text itself also resembles, as Kellermann argues, "Jude's disabled and scarred physical body" (340). As established, Jude feels like he has no power over his body. He is someone who has to beg his body not to change further, or not to break down (cf. Yanagihara 116). He never knows when an episode of pain will occur or if another wound on his leg will open. The relationship between Jude's body and himself is laced with uncertainty. The text itself only further supports this feeling of unknowing. As previously discussed, the narration is interrupted by flashbacks, inner monologues, italics, and switches between perspectives. It is not a "clean", linear story but riddled with different intrusions. It jumps from one thought process to the next, often leaving the reader unsure who is talking or where in the story one is. Neither the age of the characters is always clear nor where they currently are. This therefore shows that the uncertainty Jude has over his body is mirrored in the narrative as well.

Furthermore, these interruptions and cuts in the narrative also resemble Jude's wounds and scars. The text itself mirrors Jude's body. It is just as complex, riddled with cuts and breaks, just as unsure and unpredictable. Especially, since the "cuts" in the narrative occur when Jude's trauma is narrated. Meaning, both narratively and literally does Jude's trauma elicits cuts on Jude's real, and metaphorical, body.

### **3.2.2 The Ambivalence of Time**

The way time is integrated in the novel is quite interesting since it creates another ambivalence; *A Little Life* is timeless yet riddled with the past. As Kellermann puts it: "*A Little Life* feels strikingly 'out of time and place', intentionally withholding from the reader

glimpses towards an outside world beyond the characters' lives and choosing instead to fully zoom in on these lives without the ability to look away." (340). Neither years nor any major historical events are mentioned in the novel. Hence, it is unclear when *A Little Life* is actually set. However, the result, as Kellermann said, leads to the full focus being on the story itself and the inner world of these characters. It only heightens the intensity of the situations and emotions.

Still, the narration allows for time paradoxes. For example, as already described above, the linear story is interrupted multiple times with flashbacks from Jude. Meaning the present is interrupted by the past. However, this not only happens in these big, separated sections in the novel. Often it seems as if there is no distinction between present and past. Jude will constantly try to make sense out of his past, as seen in: "As an adult, he became obsessed in spells with trying to identify the exact moment in which things had started going so wrong, as if he could freeze it, preserve it in agar, hold it up and teach it before a class: *This is when it happened. This is where it started.*" (Yanagihara 175). He cannot fully live in the moment. Exactly as Vickroy says, despite "the human capacity to survive and adapt, traumatic experiences can alter people's psychological, biological, and social equilibrium to such a degree that the memory of one particular event comes to taint all other experiences, spoiling appreciation of the present." (11-12).

Other ways have also already been discussed, like the insertion of thoughts through parenthesis, sudden shifts to the past metaphoric, or small information of his past being showered throughout the narrative. His present is always laced with his past. It is exactly how Cifeti says: "The time is now, and the moment is at once ephemeral and eternal, while at the same time the present is filled with fragmentary episodes from the past. Then and now, past and present, are fused." (26). This fusion of present and past only adds to the unspeakability argument. As previously described, the ambivalence is that Jude does not speak about his trauma, yet it is hyper-visible in the novel. Through these time shifts this effect is supported.

However, the aspect of time is used in even more ways in the novel. Multiple times in *A Little Life* the narration changes as if time has stopped. One of these moments is, for example, the before-described scene where Jude falls down the stairs after Caleb's final abuse. Another scene occurs after Jude's and Willems biggest fight because of Jude's self-harm. Willem tells Jude if he does not go to see a therapist he will leave him. Jude offers the alternative of telling Willem instead. Over the course of three days, while lying inside a closet, Jude will share his entire past with Willem. Over around two pages,

time seems to stand still. Its own cosmos is created where past and present freely mix. They move between sleeping, Jude not speaking for hours, or Willem holding him down when he wants to escape (cf. 606-608). They themselves say: “they won’t know what time it is, only that there has been a day that has arrived and departed, because they will have seen flat carpets of sun unroll themselves into the closet’s doorway” (606). Jude will tell stories “and in their path will lie squalor: blood and bones and dirt and disease and misery” (607). This almost fever dream-like narration again encompasses the horror of Jude’s trauma. Also, paradoxically, it’s unspeakability. In this scene, it is never actually told what Jude says. Only Willems or Jude’s reactions to it are shared. Willem even says, “he will want to cover his ears and cover Jude’s mouth to make the stories cease” (607). Even in the scene where Jude finally opens up and tells someone about his past, it is done passively. Only a small part of their conversation is in direct speech, where Willem asks Jude if he has ever enjoyed their sex, and the rest is in indirect speech.

Especially, since the other two times he told someone about his trauma, it was also passively. His first time was to Ana, but he was not fully lucid, high on pain medicine, and could not even remember having told her (cf. 117). The third time was through a letter to his father Harold, after Jude’s final suicide. It was hidden in between books as if he did not actually want someone to find them. Harold describes how “it took us several days to read, because although brief, it was also endless, and we had to keep putting the pages down and walking away from them” (813). Even in Harold’s case, it took days to read through Jude’s trauma. They have to pull themselves back into the present to work through Jude’s past. But still, it was not told. It was passive, unspoken, yet spoken at the same time. In the moments when Jude’s past is told to other characters, time loses its shape. The time frame is always over multiple days and there are gaps in between each new information. It only adds to the ambivalence of the novel being timeless yet riddled with the past. While the narration seems to warp time, the past, Jude’s past, fuses with the present.

#### **4. Conclusion**

*A Little Life* is a complex, long, and emotional novel. By moving in between multiple perspectives, fusing past and present, and seeing how far a narrative can be pushed it allows for a complex view of disability and trauma. It not only shows why disability and trauma cannot always be separated, but it also shows how the disability experience can come with aspects of pain, grief, and loss.



This was shown in multiple ways: Firstly, *A Little Life* proposes the possibility of different viewpoints on disability. Each person can have an individual opinion and perspective on it, based on different experiences in life. It allows for these viewpoints to be both positive and negative. However, it is not, as at times proposed, ableist or purely negative. Rather disability, and one's disability experience, is viewed as multifaceted. It is acknowledged that trauma, and how someone becomes disabled, can affect one's view on disability. Therefore, the true complexity of the disability experience is underlined.

This analysis is also supported by the social model of disability. In *A Little Life*, the complex dichotomy between social disability and impairment is laid open. Through Jude, it was shown how not every experience with disability is the same. While social discrimination can, and does, affect Jude, in his case his impairment is the more prominent factor. This is shown, especially, through animalistic metaphors, which reveal the depth of Jude's pain.

However, it is also underlined that physical pain is more complex than it first seems. If trauma is combined with disability, the pain transforms from not only something physical, to a daily reminder of one's past. In Jude's case his body, scars, and pain make it impossible for him to ever find closure to his trauma. It directly inhibits Jude in his journey to accept his disability, again showing that trauma and disability cannot always be separated. He develops internalized disablism. He strives towards normalcy, since his trauma, and now his disability, make him feel inherently different from everyone else. His dream is to separate himself as much from his past as possible.

Additionally, Jude develops self-disgust, through this combination of trauma and disability. He cannot accept the wounds, and other bodily functions, that are a result of his disability as a part of himself. He is disgusted by them and therefore by himself since he cannot forget that these wounds are only a result of a past abuser. The entirety of Caleb's and Jude's relationship is a visualization of Jude's internalized disablism and self-disgust.

The body is also used as more than only a reminder of Jude's trauma. Jude's lack of agency is represented both through his physical body, and his mind. Especially, his disability is utilized as a symbol of his lifelong lack of agency. He always felt powerless, like someone, or something else, had agency over him. Jude's disability is therefore used to show the depth of these feelings, his grief, and feelings of loss, which also flow over to his mind. He feels totally out of control when it comes to his memories and thoughts. They are described as beasts and hyenas that haunt Jude and make it impossible for him

to forget his trauma. It symbolizes how much trauma can affect a person and how powerless it can make someone feel. It even pushes Jude to commit suicide. While this is an extreme case, it expresses, just as Crow also says, that disability can lead to severe grief (cf. 217). Especially, if it is combined with trauma.

Unspeakability is also a major aspect that supports the above-stated thesis. It is a heavily debated subject in trauma studies, that has been defined multiple ways by multiple scholars. In *A Little Life*, the prominent way it is used is to show the ambivalence between Jude not speaking about his trauma and yet his trauma being hyper-visible in the novel. This is primarily done through the way trauma is integrated into the novel and the complicated relationship between the narrator and Jude. Oftentimes his trauma is simply pushed into the “normal” narrative, without really being addressed. Through this technique, the reader is constantly reminded of Jude’s past. It also shows how a traumatized person cannot simply live their life anymore after a traumatic experience, since it will come back to them repeatedly.

The body is also utilized to support the unspeakability aspect. His self-harm, and therefore his self-induced cuts, are a physical mirror of Jude’s trauma. His self-harm is used as a tool for Jude to express himself and to open up his wounds again. It plays with unspeakability. While he does not physically speak about his trauma, it is visible on his entire body. Even the text itself mirrors Jude’s body and its unspeakability. Through its length, narrative cuts, and a continuous feeling of uncertainty the text reflects Jude’s body and therefore his trauma. His trauma laces itself through the text itself, without having to be spoken out loud.

Finally, time is used to further support unspeakability. Past and present are constantly fused, to subtly create this illusion of Jude’s trauma being ever-present. Creating this feeling, as if time has stopped whenever Jude actually talks about his trauma, supports the unspeakability. It firstly shows how Jude stays passive even in the moment where he does talk and secondly it only further merges present and past.

Now through all these different perspectives and arguments, one can see that disability studies and trauma studies must work together. Just as Kafer says: “we often cannot clearly separate *being* disabled from *becoming* disabled.” (*Un/SAFE Disclosures* 6). Jude and the entire novel *A Little Life* expresses this. His disability experience is inherently tainted by his trauma and his trauma is continued through his disability. They are inherently interwoven, and both can only be considered through each other lenses. Additionally, Jude’s experience proves how disability can come with pain, grief, and loss,

which is also worsened and caused by his trauma. Impairment must be considered more closely in the social model of disability, and disability studies, as it heavily affects how one views their own disability. Through Jude, it is shown what can happen if guilt, disgust, and loss of agency take over one's life and one's disability.

Through *A Little Life*, an important step was taken to show the complexity of the disability experience, especially in combination with trauma. However, a lot of action still must be taken to fight against the daily oppression that disabled people face. In the disability community itself trauma, pain, and other negative feelings must be accepted more openly. Further denial of these daily challenges can lead to more inner conflict, possible internalized disablism, and a general sense of one's disability experience being invalidated. Outside the disability community, a broader acceptance of different disability experiences is crucial. As seen in the novel, even if one's surroundings are supportive of one's disability, societal disablism can still lead to insecurities and structural disadvantages. Novels, like *A Little Life*, that share these different disability experiences, question the ableism present in society, and acknowledge the possible trauma disabled people may have, can assist in tearing down these ableist structures.

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## Appendix

Artificial Intelligence was used in this thesis. To gather ideas for the title and headlines of chapters, ChatGPT (<https://chatgpt.com>) was asked to recommend ideas and alternatives for previous title ideas. Finally, the idea of starting the title with “Intersections of” was taken from ChatGPT. While alternative headline ideas were requested, none of the suggestions by ChatGPT were used.

## **Declaration of Authorship**

Hereby, I declare that I have composed the presented bachelor thesis with the title

**“Intersections of Disability and Trauma in Hanya Yanagihara’s *A Little Life*”**

independently on my own and without any other resources than the ones indicated. All thoughts taken directly or indirectly from external sources are properly denoted as such. This thesis has neither been previously submitted to another authority nor has it been published yet.

Place, Date, Signature

Düsseldorf, 15.07.2024,

