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DAVID R. ANDERSON

“This is the Way I Was”: Urban Ethics, Temporal Logics, and the Politics of Cure

My aim in this paper is to underline the relationship between disability studies and the environmental humanities by reading for the refusal of cure in *Middlesex*. In particular, I am interested in the refusal made by Cal/liope, the novel’s protagonist, of a medicalized cure of her/his intersex body.¹ This refusal of cure connects the novel to a critical disability studies framework, especially to Eli Clare’s ideas about “the politics of cure,” and to Eunjung Kim’s theorizations concerning cure’s temporal and ethical dimensions. Through this meditation on cure and its refusal, I want to consider how we might afford similar ethical consideration to Detroit and its fraught relationship to restoration and revitalization (see Blanchard in this special cluster). That is, I want to ask: How might thinking about the ethical dimensions of cure enable us to view Detroit as the location of a kind of disabled, debilitated, or “crip” ecology?

About three quarters of the way into the novel, Dr. Luce determines that Calliope would live a happier and better life by aligning her feminine gender with her more ambiguously embodied sex through surgery and hormone therapy. Cal tells us, “when I pressed him on the details of my surgery, he said only this: ‘We’re going to do an operation to finish your genitalia. They’re not quite finished yet and we want to finish them’” (Eugenides 433). After Calliope conducts some research of her own (she researches *hypospadias* at the library) and undertakes a brief investigation of her particular circumstance (she skims Dr. Luce’s assessment of her case, discovering that she is chromosomally XY), she decides to run away in order to live her life as she is without medical intervention. Her research propels this decision through two key discoveries: *hypospadias* leads her, through *eunuch* and *hermaphrodite*, to “see synonyms for MONSTER” (430) and, as she writes in her goodbye letter to her parents: “I am *not* a girl. I’m a *boy*” (439; emphasis in original).

After a mini-epic of cross-country hitchhiking to San Francisco, living with other youth in a park, and eventually earning money by performing as “The God Hermaphroditus” in a sex club, the club is raided, Cal is arrested, and his brother, Chapter Eleven, comes to take him home to Middlesex. There, Cal, as a boy, reunites with his mother. Struggling to come to terms with her

¹ I use the same gender pronouns employed by Cal/liope at various stages of the novel. That said, I want to acknowledge the attention brought by scholars (see Breu, Collins, and Hsu in this special cluster) to the problematic and simplistic use of such pronouns in the novel and in the history, medicalization, and stigmatization of intersex people.

daughter's transformation, Tessie asks, "don't you think it would have been easier just to stay the way you were?" Cal replies: "This is the way I was" (520).

Both Cal's refusal to be medically cured and "finished" as a girl, and his subsequent affirmation to his mother that he has always been her son, touch upon two important temporal aspects of what Eli Clare calls the "politics of cure." Reflecting on having been born with cerebral palsy and a lifelong exposure to those who would have wished to have cured him of it, Clare states that "for some of us . . . restoration still doesn't make sense, because an original non-disabled body doesn't exist" ("Meditations" 208). While I would not in any way describe Cal as disabled, I want to highlight how both Cal and Clare refuse the erasure of their histories of difference and the particular subjectivities that such histories have produced.² That is, just as Clare refuses the notion of a perfect body that somehow pre-exists his disabled body, Cal refuses to deny the fact that he never was the girl his mother wishes him to be, and also refuses to participate in the lie that any medical intervention could "finish" or restore him.

Eunjung Kim draws our attention to another important temporal aspect of cure. She describes the ways in which discourses of cure often refuse to value people with disabilities in the present. She writes:

Can one ever see a disabled body *as it is*, not as it was or as it should be? What makes the present with disability livable, unlivable, or something in between? The struggle to inhabit the present both with the body's history and with its future, after aging, characterizes life in folded time, as attention is exclusively paid to the past and future, projecting nostalgia about the "better" past and hopes for a "better" future on the disabled body. (Kim 226-27; my emphasis)³

Like his insistence on an honest account of his past, Cal also insists on the value of his life now and, hopefully, into the future. After reuniting with his mother, Cal decides not to attend his father's funeral, but instead opts to stay behind with his aged grandmother, Desdemona, and, "upholding an old Greek custom nobody remembered anymore, [he] stayed behind on Middlesex, blocking the door, so that Milton's spirit wouldn't reenter the house. It was always a man who did this, and now [he] qualified" (Eugenides 529). Before Cal takes up his post, Desdemona, ridden with guilt about her incestuous marriage, confesses how she married her brother and apologizes that Cal must now bear the price of her sin.

"I'm sorry, honey. I'm sorry this happen to you."
"It's all right."

² For more recent work concerning cure, see Clare, *Brilliant Imperfection*. For a different though related conversation concerning the connection between "transness" and disability through medicalization, see Baril and especially Graham.

³ For further scholarship on the temporality of cure, see Kafer. For scholarship concerning cure and disability more broadly, see Michalko and Titchkosky.

“I’m sorry, honey *mou*.”

“I like my life.” I told her. “I’m going to have a good life.” (528)

Overall, Cal chooses to see his own body, in Kim’s phrasing, “as it is”: neither an object of nostalgia nor a target for a “better” future. Foregoing a medical cure, Cal embraces his body’s metamorphosis.

Importantly, Clare’s work intimately connects the politics of cure for disabled bodies with the politics of restoration for degraded—we might even say disabled—ecologies. Thinking through the binary differences of normal/abnormal and natural/unnatural while walking through a monoculture cornfield slowly being restored to prairie grasslands, Clare wonders: “What was once *normal* here; what can we consider *normal* now” (“Meditations” 205; emphasis in original)? Following Clare, I wonder if we might approach the question of Detroit’s decay and revitalization with the same ethical attention to temporality afforded to Cal? If we assert, as Mr. Trump might, that we “make Detroit great *again*,” which histories and conceptions of “what was once normal,” better, or desirable in Detroit are being privileged? Which communities in the present will be elevated or, more likely, erased and forgotten by revitalization projects that focus only upon a nostalgic past and a “better” future?

Just moments before his family reunites in Grosse Pointe, Cal asks his brother to drive him the long way home. Reflecting on the condemned houses and other signs of vital, defiant life amid the city’s decay, Cal tells his brother: “I like it here . . . I love Detroit” (Eugenides 518). Further, he muses on the uncounted, nameless “many lives” (518) still to be found in the streets of Detroit. In claiming “I love Detroit,” Cal demonstrates a kind of thinking about the city that is not about immediate change, cure, restoration, or revitalization. He sees, in fact, the vitality of the city all around him, both in its multiple layers of decay and in those who remain living, “falling in love,” “going to drug rehab,” and continuing to have children in its ruins (518). Cal understands that invoking, through nostalgia, the healthy, once vibrant body of the city is a forgetting of the real histories and present conditions of colonialism, environmental racism, economic and environmental depredation, white flight, and gendered violence that would seek to cure (that is, erase) him and countless others (see Alaimo, Blanchard, Hsu, Kojima, Sandilands, and Singh in this special cluster). Instead of aspiring to another cycle of capitalist accumulation, we must instead, as Blanchard also advocates in this special issue, consider alternate modes of revitalization happening in Detroit that do not look like gentrification. What alternate futures are available if we are more honest about past circumstances and present conditions? By bringing a disability studies approach to *Middlesex*, I argue that we must be wary of the ways in which cure, restoration, or revitalization often end up erasing the present lives of those who are to be rehabilitated. Cure imagines futures without the disabled; revitalization imagines cities without race, immigrants, the poor, and/or vital and vibrant more-than-human worlds. To imagine cure and its futures differently, we must refuse, like Cal, the lie of a nostalgic past and at the same time insist upon the persistence of those deemed in need of cure in the present. Such modes of refusal and insistence are vital to imagining futures that remain open to different yet concrete possibilities not yet known to us.

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