

**The Female Suffering Body
Representations of Illness and Disability in Modern Arabic
Literature of the Levant and Egypt
(1950-2005).**

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SUBMITTED FOR THE DEGREE OF PhD
SCHOOL OF ORIENTAL AND AFRICAN STUDIES
UNIVERSITY OF LONDON
2008



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Abstract

This thesis examines the representation of female physical illness and disability in selected literary works by Arab male and female writers of the Levant and Egypt from the period of 1950-2005. The analysis investigates the ways that sick and disabled female characters have been depicted in these works, the roles allotted to them within the narrative as well as the metaphoric connotations they took. Throughout a comparison in the representation of the female suffering body amongst both groups of writers is emphasized while the textual and narrative structure each employed is compared and contrasted. Chapter One establishes the theoretical framework of the study by drawing on theories in literary studies, social medicine, medical anthropology and sociology of the body but with an emphasis, above all, on a Foucauldian reading. Chapter Two deals with works of male writers who published between 1950-2000 and focuses on how the ill female body was absented. Chapter Three examines the works of female writers who published within the same time span as their male counterparts but who brought about more developed female illness narratives infused with complex structures and subversive ideologies. Chapter Four, on the other hand, focuses on works published in 2000 and beyond to show how the sick female body begins to be textually and physically constituted in some male and female narratives. Chapter Five concludes by highlighting the social and political forces that have shaped the representations of ill female bodies in the works discussed. Through all this, the study demonstrates that the representation of the female suffering body has been marked by a slow movement from domains of invisibility to spaces of literary visibility, from symbolic meaning to lived, corporeal experience and from a voiceless presence to one that charts a passage to its subjective and self-reflexive narrative. Furthermore, the long-standing stigma associated with imperfect female bodies in the wider Arab cultural surrounding is highlighted while the changing relationship to ill female bodies underway at the moment is transmitted.

I declare that the work presented in this thesis is entirely original and my own.

7 Dec. 2008

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Preliminary Note

Throughout the thesis, the standard system of transliteration is adopted except for place/city names familiar in the West, such as Cairo, Beirut, and Damascus.

The final tā' marbūṭah is marked as *h*.

Quotes from the novels, critical articles and books in Arabic are my own translation. In the case of the few Arabic novels which also appear in English translation, I refer to the quotes from the translated texts. However, I still maintain the system of transliteration with all the names of the characters of the literary works discussed to maintain consistency in the body of the text and to avoid confusing the reader.

Names of Arab authors of works written in English are given in the form they appear and not in transliteration.

I treat the whole thesis as one unit and, hence, use shortened reference form in works that have been cited in earlier chapters.

Acknowledgements

Special thanks to the Felix Scholarship for generously funding my research degree, the School of Oriental and African Studies, University of London and the Department of the Near and Middle East. All my gratitude to my supervisor, Professor Sabry Hafez, whose academic and intellectual expertise, guidance and support was essential to the undertaking and completion of this thesis. My deepest recognition to my parents and siblings who remained ever supportive and encouraging throughout my studies. To my friend Jaffar Muhajar, for listening and sharing stories of research stress and excitement. Last but not least, to my husband Arthur Bradley: Thank you for everything. I love you much.

Chapter One

Introduction

1. Overview of Illness and Disability

The dynamics of the relationship between literature, medicine and the body has for long elicited scrutiny and generated a field of academic scholarship devoted to the study of the interrelationship between notions of illness, disease, and disability and works of fiction and autobiography in the Western world. From studies of representation and portrayal of collective illness' in the Middle Ages, the nature of doctor-patient relationships in 18th and 19th century fiction, to the embodiment of the individual sick self and the deformed body in modern and postmodern literary productions,¹ the state of the field has been marked by a

¹ For novels and short stories that deal with illness and disease in the 19th century see Louisa May Alcott's *Hospital Sketches* (1863); Leo Tolstoy's *The Death of Ivan Ilyich* (1886); Fyodor Dostoyevski's *The Idiot* (1869). For those that appeared in the 20th century see, for example, André Gide's *The Immoralist* (1902); Thomas Mann's *Death in Venice* (1912), *The Magic Mountain* (1924), *Doctor Faustus* (1947) and *The Black Swan* (1954); Franz Kafka's "The Country Doctor" (1919); Ernest Hemingway's earlier stories such as "Indian Camp" and "The Doctor and the Doctor's Wife" from the collection *In Our Time* (1925), and the short stories "The Killers" and "Banal Story" from the collection *Men Without Women* (1927) as well as his novel *A Farewell to Arms* (1929); Lewis Sinclair's *Arrowsmith* (1925); and Albert Camus' *The Plague* (1947). See also some of the works of Flannery O'Connor for representations of illness and disability: For example the short stories "The Life you Save May be Your Own" and "Good Country People" from the collection *A Good Man is Hard to Find* (1955) and "The Lame Shall Enter First" from the collection *Everything that Rises Must Converge* (1965); Aleksander

mounting interest in examining the ways in which literature articulates and exemplifies the cultural and social stances towards physical pain and suffering and how it is shaped by and, in turn, shapes these social constructs. Nevertheless, the particular interplay between gender, the ailing body and literature has perpetuated the richest and most multilayered discourse.²

After all, feminist critics and scholars in the field of literary medicine have found material laden with narratives, images, and themes that convey the diverse meanings and metaphors that writers have imposed upon the female ailing body and the complex, often ambiguous, way this body has been embodied and represented at varying periods in time - particularly in the modern age - and how certain ages saw a specific female disease/illness colonizing the social consciousness of people.³ While the existing state of scholarship in the West has interrogated and afforded substantive understanding of the narrative experience of female illness and disability, to date there are few, if any, studies that address the subject as it manifests itself in Arabic fiction. It is true that the terrain of

Solzhenitsyn's *Cancer Ward* (1968); the works of Robin Cook such as *Coma* (1977) and *Fatal Cure* (1993) which belong to the genre of medical thrillers; Pat Barker's *The Ghost Road* (1995); Andrea Barrett's *Ship Fever* (1996); Alan Lightman's *The Diagnosis* (2000); and Mark K. Salzman's *Lying Awake* (2000) amongst others of course.

² For literary works and memoirs that focus on the relationship between gender and illness/disability see, for example: Jane Austen's *Persuasion* (1818); E.D.E.N Southworth's *Retribution* (1849); Harriet Beecher Stowe's *Uncle Tom's Cabin* (1852); Edith Wharton's *Ethan Frome* (1911); Rosellen Brown's *Tender Mercies* (1978); Margaret Atwood's *Bodily Harm* (1981); Sandra Butler and Barbara Rosenblum's *Cancer in Two Voices* (1991); Elizabeth Berg's *Talk Before Sleep* (1994); Alice Elliot Dark's *In the Gloaming: Short Stories* (2000); Catherine Lord's *The Summer of Her Baldness* (2004); Simi Linton *My Body Politic: A Memoir* (2006).

³ This can also be said of illnesses in general. Claudine Herzlich and Janine Pierret demonstrate that in the Middle Ages leprosy and the plague dominated the experiences of people, in the nineteenth century tuberculosis took over while the twentieth century saw the promulgation of cancer and degenerative diseases. *Illness and Self in Society*, trans. Elborg Forster (Baltimore & London: The John Hopkins UP, 1987).

corporal symbolism and its significance in comprehending the diverse forces that have influenced and marked Arabic social and cultural norms has been the topic of influential narrative criticism and analysis, nevertheless these studies have by and large focused on the representation of the body in general and the female sexual body in particular rather than the impaired and ill body.⁴ Moreover, while mental illness has figured in discussions of women's writing and the embodiment of women in narrative fiction, the textual representation and ensuing connotation of female somatic illness has yet to be explored in its exclusive entity.⁵

The veil of silence surrounding Arab female illness and disability as a discourse and a fictitious embodiment can perhaps be attributed to two causes. First, the scarcity of modern prose writings that actually project physically ill and disabled female characters, on the one hand, and the fact that even when female characters suffering from bodily malaise emerged in novels and short stories,

⁴ For a historical reading of the sexuality of both male and female bodies in Arabic culture and literature see Ibrahim Maḥmūd, *al-Shabaq al-Muḥarram: Antolojya al-Nuṣūṣ al-Mamnū'a* (Beirut: Riyād el-Rayess, 2002). For a study of the representation of the body in Arabic literature see Sa'id al-Wakīl, *al-Jasad fī al-Riwāyah al-'Arabiyyah* (Cairo: al-Ḥay'ah al-'Ammah li-Quṣūr al-Thaqafah, 2004). For studies on the symbolism and representation of female sexual bodies in Arabic culture and literature see, for example, Fedwa Malti Douglas' *Women's Body, Women's Word: Gender and Discourse in Arabo-Islamic Writing* (Princeton: Princeton UP, 1991); *Sexuality and Arab Women (Al-Raida, XX.99, Fall 2002/2003)*; Evelyn Accad's *Sexuality and War: Literary Masks of the Middle East* (New York: New York UP, 1990); Therese Saliba's "On the Bodies of Third World Women: Cultural Impurity, Prostitution, and Other Nervous Conditions" *College Literature* 22(1996): 131-146.

⁵ Fedaw Malti-Douglas' book *Blindness and Autobiography: Al-Ayyām of Tāhā Ḥussayn* is one of the few books to deconstruct Egyptian Tāhā Ḥussayn's experience of blindness as it is narrated in his autobiography and to perceive it as both a physical and social condition (Princeton: Princeton UP, 1988). However, in her book *Women's Body, Woman's Word: Gender and Discourse in Arabo-Islamic Writing*, Douglas devotes a chapter to establishing parallels between Ḥussayn's physical blindness in real life and its ramifications as they have been depicted in his *al-Ayyām* and the feminine, sighted but "devalued body" in Nawāl al-Sa'dāwī's novel *Mudhakkirāt Ṭabībah* (Princeton: Princeton UP, 1991) 111-129.

their appearance was marked by an element of invisibility that, in a sense, wiped out their potential as subjects for narrative appraisal within the overall body of work. Consequently, any talk of such a character ran the risk of failing to enhance one's understanding of its configurations within a society where discourses of the body were present. The last couple of years, however, have witnessed the emergence of a number of narrative works that have paid closer attention and made more reference to the female damaged body. Thus, there is a pressing need to dismantle the modes of expression employed in any allusion to this body in modern Arabic literature and to question whether instances of these expressions have been subject to change within specific time periods and, ultimately, across the years.

This study will examine the representation of female physical illness and disability in selected novels and short stories by Arab male and female writers of the Levant and Egypt from the period of 1950-2005. While underscoring the various ways that sick and disabled female characters have been depicted in these works, the roles allotted to them within the space of the narrative as well as the metaphoric connotations that their presence was meant to personify, the study will also read the social and cultural repertoire that was/is at play within Arab societies concerning female physical sickness. The analysis will draw on works written by both male and female writers from different generations yet with the common denominator manifested in the presence of a sick or physically impaired female. The male writers under question are: Maḥmūd Taymūr, Yūsuf al-Sibā'ī,

Ghassān Kanafānī, Najīb Mahfuz, Ḥannāh Mīnah, Ziyād Qāsim and Ḥasan Dāwūd. As for the female writers they are: Huyām Nuwaylātī, Kūlīt al-Khūrī, Ḥanān al-Shaykh, ‘Āliyah Mamdūḥ, Salwā Bakr, Mīrāl al-Ṭaḥāwī, Batūl Khuḍayrī and Hayfā’ Bīṭār.

A comparison in the representation of the female suffering body amongst both groups of writers will be established and emphasis on the transformation and changes in this representation will be charted out. Drawing on theories in literary studies, social medicine and socio-medical anthropology, the study will specifically address the following questions: Is there a shared narrative of female illness and disability amongst writers of the same sex? What is it about the female body in pain that renders it problematic in these narratives? How have Arab writers embodied the lived experience of female illness through the years? What do the works in question reveal about Arab societies’ discourse on illness and disability? How can we read female illness and disability in the Arab world? Is it possible to read it as other than a metaphoric personification of social and political ideologies? Are the generation of new writers constructing new modes of narrative to speak of female illness and disability? How have these writers been combating and revising the narrative discourse of female sickness in their works? How have they tapped into the thorny realities at the heart of being a sick female?

Each chapter in this study is generally structured according to two sets of categories: works written by male writers between the year 1950-2000 and works

written by females also between the years 1950-2000. It is only in the final part that works by both male and female writers, published between 2000-2005, will be brought together in an attempt to underline any parallel changes that have occurred in the works of both groups. Thus, while this chapter will establish the theoretical framework of the study, Chapter Two will discuss how the ill female body was an absentee in male writings at a certain period in Arab literature. Chapter Three will examine the works of female writers who published within the same time span as their male counterparts but who brought about more developed female illness narratives infused with complex structures and subversive ideologies. Chapter Four, on the other hand, will focus on works published in 2000 and beyond to show how the sick female body begins to be textually and physically constituted in some male and female narratives. Chapter Five will conclude by highlighting the social and political forces that have shaped the representations of ill female bodies in the works discussed. Through all this, the study will demonstrate that the representation of the female suffering body has been marked by a slow movement from domains of invisibility to spaces of literary visibility, from symbolic meaning to lived, corporeal experience and from a voiceless presence to one that charts a passage to its subjective and self-reflexive narrative. Furthermore, the long-standing stigma associated with imperfect female bodies in the wider Arab cultural surrounding is underscored while the changing relationship to ill female bodies underway at the moment is transmitted.

In other words, even as it acknowledges the considerable number of works in Arabic fiction that incorporate the figure of the physically sick male character within the framework of its narrative, the study will begin by making clear that few literary works conjure female physical malaise. More importantly, the handful of works that incorporate such a character ultimately undermine its visibility by providing minimal narrative space for the exploration of the landscape of its social and psychological consciousness. Thus, although Western narratives of female illness have assisted in the shaping of a certain subjectivity pertaining to this damaged body, in Arabic literature this body cannot even begin to grapple with this. For not only does the limited narrative text devoted to such a character impede such a process, but also the female sick subject has yet to become an object worthy of surveillance to become a subject. Hence, the premise of my study is that Arabic literature has generally shied away from confronting the presence of a female damaged body. In this sense, it will be argued that this body was for long not even subject to the penetrating gaze that Foucault deemed necessary for the transparency of bodies.⁶

The running line of my argument is that to be rendered visible, audible and present as a full-fledged physical and social entity the materiality of this character has, at first, to be seen and acknowledged and its lived bodily experience integrated into the narrative itself rather than merely clothed in

⁶ For a discussion of Foucault's theory of the gaze versus the visibility of bodies see David Armstrong, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century* (Cambridge: Cambridge UP, 1983). All further references will be abbreviated.

metaphoric connotations of the social and political world to which it exists. My argument will derive its central theoretical framework from the workings/nonworkings of the Foucauldian gaze as it manifests itself in the texts to be analyzed and as they are conceptualized in Michel Foucault's books particularly *The Birth of the Clinic*. Nevertheless, I will also situate some of the works within a discourse that draws on the aesthetics of the panoptic gaze that Foucault developed in his book *Discipline and Punishment: The Birth of the Prison* and the essay "The Eye of the Power" and which, according to him, marked the peak of the relationship between the gaze and an individualized body. In line with this notion, the study will show that physically ill and disabled female characters in Arabic fiction have just recently begun to materialize because it is only now that a gaze, which has for long been directed at female characters who embody ideal feminine and sexual attributes, have been conferred upon them.

Although this gaze derives its namesake from Foucault's study of the medical establishment that emerged at a certain moment in history, David Armstrong later observed that it makes no difference who is observing only that bodies are "crystallize[ed] in the space delineated by a monitoring gaze."⁷ It is this idea that will inform part of the analysis, specifically in the later chapters. The first two chapters will affirm the absence of the gaze in earlier works of fiction while the later chapters will highlight the nature of the gaze that now

⁷ Ibid 4-5.

makes its way into the world of ill female characters, the identity of its beholder and the power relations that might/are being constructed - in short the discursive production of physically ill women. It will be argued that although the mediator of the gaze is not that of a figure representative of the medical establishment, he remains a detached, authoritative male who is not necessarily a member of the character's patriarchal milieu but who still represents it. For example, in Lebanese Ḥasan Dāwūd's *Makyāj Khafīf li-Hadhih al-Laylah* [Light Make-up for Tonight] (2003) the subject of the gaze is, mainly, a male artist who inspects the female damaged body as an object for aesthetic representation and in the process renders her body visible on canvas. Similarly in Iraqi writer Batūl Khuḍayrī's *Ghāyib* [Absent] (2004), the subject of the gaze is a government spy who embodies the power of the state. In both cases these figures, from a Foucauldian perspective, "[gain] access to individuals themselves, to their bodies, their gestures and all their daily actions."⁸

As the study maps out the history and transformation of this character from spaces of invisibility to a semblance of visibility, it will underpin the representations the ill female character has personified during its long years of invisibility, the realities these representations articulate and the social stigmas that induced such representations. The analysis will acknowledge what Susan Sontag identifies as the need to refrain from reading illness as something other

⁸ Michel Foucault, "The Eye of Power," *Michel Foucault: Power/Knowledge*, Ed. Colin Gordon. Trans. Colin Gordon et al. (New York; London; Toronto: Prentice Hall, 1980) 152.

than itself,⁹ still it will show that in the case of the works under analysis it cannot be read as anything but a metaphoric embodiment. For even when Arab writers portrayed the ill and disabled female, they constructed it in such a manner as to have it exemplify ideological, political and social beliefs. This, for example, is obvious in Jordanian Ziyād Qāšim's *Abnā' al-Qal'ah* [Sons of the Castle] (1988), whereby the writer transforms the disabled character into a personification of the homeland which has been marred by colonizing forces. In this novel, the protagonist's bodily parts are mutilated twice and each time following a national crisis. Also, when describing her lot in life, the other characters employ specific bodily idioms that bespeak of the plight of the nation rather than that of the protagonist.

From this and other examples that will be tackled in detail later on, one can state that the hypothesis of anthropologist Mary Douglas that bodies are symbolic expressions of the existing social and political discourse within that society becomes legitimate in the works to be analyzed,¹⁰ and so is Erving Goffman's postulation that bodies play a vital role in mediating social and individual identities.¹¹ For Douglas, the relationship between the social and physical body are indivisible in that each feeds upon the other and our perception

⁹ For a discussion of this see Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphor* (New York and London: Anchor Books & Doubleday 1990) 1-10. All further references will be abbreviated.

¹⁰ See Mary Douglas, *Natural Symbols: Explorations in Cosmology* (London and New York: Routledge, 1996) 69-87. All further references will be abbreviated.

¹¹ See Erving Goffman, *Behaviour in Public Places: Notes on the Social Organization of Gatherings* (London: The Free Press of Glencoe, Collier-Mcmillan Ltd., 1963) 1-35; and, *Stigma: Notes on the Management of Spoiled Identity* (London: Penguin, 1990). All further references will be abbreviated.

of any one is determined by the other. Hence, assessments of the physical body almost always stem from existing beliefs in society. In light of this, the study will question the prevailing belief systems in Arabic culture and thought that have determined the relationship towards the impaired female body and the perception/lack of perception of it as well as whether these belief systems are instigated by a religious discourse, a traditional one, or a consequence of both?

Although my study will not attempt to engage in a single reading of the physically ill body nor draw upon one theoretical perspective, it will still be mainly informed by a social constructionist approach which focuses on the sociology of the body more than anything else and whose key names include Foucault, Douglas, Goffman and Bryan Turner. The theoretical approaches of these authors will situate my reading of the works within a view that reads bodies as ‘a social product’ and external forces as encroaching meaning upon it. Nevertheless, whenever possible, I will also underpin the corporeal reality of that body itself and in this I will adopt a dualist stance which sees the body, to use Helen Marshal’s distinctions, as the corpus of “social interaction” but also one that evolves around “corporeal action”.¹²

On the other end of the spectrum, the analysis will locate the roles impinged upon the female sick self within the socio-medical theory of “deviance” that was first introduced by Talcott Parsons’ *The Social System* and

¹² Helen Marshal, “Our Bodies, Ourselves: Why We Should Add Old Fashioned Empirical Phenomenology to the New Theories of the Body,” *Feminist Theory and the Body: A Reader*. Ed. Janet Price and Margrit Shildrick (New York: Routledge, 1999) 71. All further references will be abbreviated.

later developed by Eliot Freidson - though via a lay referral method. In the *Social System*, Parsons established a correlation between illness and lack of social control arguing that illness is a form of deviance that renders the ill person incapable of enacting and performing the responsibilities allotted to him in the society and which, in turn, frame the identity of the individual in question within the confines of a 'sick role'. This role legitimizes the need of the sick self to withdraw from social activities in the hope of getting better.¹³ Reading this theory within the framework of the body of work of Arabic literature under scrutiny, one questions whether sick female characters were assigned such roles within the narrative and whether their seclusion and invisibility was perpetrated by a sense of legitimized exemption? Or were physically invalid women denied this exemption and instead continued to maintain their functional gendered role within a social structure that refused to accept their inability to perform? And if so, how are representations of their illness constructed so as to resist sick role distinctions? These questions will specifically be addressed in relation to the nature of the bodily parts that are portrayed as impaired. For example, how is the insistence on portraying disability in relation to legs rather than hands an attempt to escape the reality of withdrawal from social functions that Parsons deemed necessary? How is it an attempt to avoid giving reality to the illness itself and, hence, fracture the role that sees women performing domestic activities were the hands become symbols of these activities?

¹³ Talcott Parsons, *The Social System*, New ed. (London: Routledge, 1991) 280-287.

Prior to the full investigation of what has been delineated so far, I will provide definitions of the core terms that are central to this study: illness, disability and sickness. Furthermore, a brief account of how sick selves emerged in socio-cultural discourses will be highlighted and a summary of the Foucauldian approach with respect to the medical and panoptic gaze will be presented. Finally, a discussion of the socio-medical theorists will be underlined as well as an explication of the discourses on female illness and disability in both Western and Arab cultures.

2. Meaning of Illness, Sickness and Disability

One of the central preoccupations at the front of any discussion of health, disease and disability is appropriating meaning to these designations and to terms such as illness, sickness, malaise, and physical impairment. For the scope of varied medical, social and philosophical interpretations that have developed in relation to these are such that the meaning seems to “lose itself in the maze of disciplines, of cultures and of history.”¹⁴ Yet, these definitions could be classified into “top-down” or “top-bottom” approaches though the starting seat of any has been that which gives meaning to the notion of health. Hence, the often quoted definition is the one offered by the World Health Organization and which explains health as “a state of complete physical, mental and social well being, not

¹⁴ Marc Augé, and Claudine Herzlich, eds. *The Meaning of Illness: Anthropology, History and Sociology* (Luxembourg: Harwood Academic Publishers, 1995) 1. All further references will be abbreviated.

merely the absence of disease or infirmity.”¹⁵ Although this definition has been adopted officially, some critics have found it problematic in that it is a very idealistic notion,¹⁶ and one that resorts to an impracticable totality of “body, mind and soul realized in the Golden Ages but long since forfeited.”¹⁷ Nevertheless, it remains one that encompasses “social, psychological and subjective dimensions” and has been supported in various lay opinions.¹⁸ For example, in one of the first studies to interview participants regarding their view of health and illness, Claudine Herzlich locates their responses within a stance that perceives health as the absence of illness and alertness towards the body itself, an emphasis on positive feelings with regard to oneself and social relations in general as well as the ability of the body to thwart illness.¹⁹

Yet, it is perhaps Eisenberg’s efforts to draw distinctions between the various scopes of health that offers more specificity and that arranges it into the subdivisions noted earlier. Eisenberg elucidates that: “patients suffer ‘illnesses’; physicians diagnose and treat ‘disease’ [...] Illnesses are experiences of disvalued changes in states of being and social function; diseases are

¹⁵ See World Health Organization. *Environment and Health: The European Charter and Commentary*. WHO Regional Publications Series 35. (Copenhagen: WHO, 1990). For a discussion of their definition and other definitions see Michael Hardey, *The Social Context of Health* (Buckingham and Philadelphia: Open UP, 1998) 27-30

¹⁶ See David Seedhouse, *Health: The Foundations for Achievement* (Chichester: John Wiley, 1986). All further references will be abbreviated.

¹⁷ Aubrey Lewis, “Health as Social Concept,” *The British Journal of Sociology* 4.2(June 1953): 110.

¹⁸ Hardey, *The Social Context of Health* 28.

¹⁹ See Claudine Herzlich, *Health and Illness: A Social Psychological Analysis*, trans. Douglas Graham (Imprint London : Academic Press [for] the European Association of Experimental Social Psychology, 1973). All further references will be abbreviated.

abnormalities in the structure and function of body organs and systems.²⁰ In this sense, disease becomes an “objective or thing-like quality” and involves a dysfunction in the “biological, physiological or chemical processes of the body.”²¹ It is what Arthur Kleinman defines as a “problem from the practitioner’s perspective” and is “reconfigured only as an alteration in biological structure or functioning.”²² On the other hand, illness turns into the experience of disease and is grounded in the subjective feelings of the body. Kleinman elucidates that illness is “the lived experience of monitoring bodily processes” and one which entails the assessment of these developments as anticipated, grave or necessitating a cure.²³ Nevertheless, despite these distinctions, the term continues to take on different meanings depending on the perspective one adopts.

From an anthropological point of view, illness is “polysemic or multivocal” and bespeaks of multiple meanings rather than just one. These meanings, in turn, are interrelated with external relationships. Thus, it is confined with anxieties that are similar to the ones that characterize these interactions,²⁴ and is affected by cultural determinants that influence “perception, labeling and explanations, and valuation of the discomforting experience.”²⁵ Likewise, illness

²⁰ Leon Eisenberg, “Disease and Illness: Distinction Between Professional and Popular Ideas of Sickness,” *Culture, Medicine and Psychiatry* 1.1(April 1977): 22.

²¹ Hardey, *The Social Context of Health* 29.

²² Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988) 5-6. All further references will be abbreviated.

²³ *Ibid* 4.

²⁴ *Ibid* 8-9.

²⁵ Arthur Kleinman et al., “Culture, Illness and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research,” *Annals of Internal Medicine* 88.2 (Feb.1978): 252. All further references will be abbreviated.

also absorbs multiple social forces that are at play in the surrounding environment, i.e. “unlike cultural meanings of illness that carry significance to the sick person,” illness can also carry “vital significance from the person’s life to the illness experience.”²⁶ By the same token, illness can be seen as that which offers a “truth” about both the order of the world and the body of the sick person and, hence, is a metaphor. Kleinman posits that “we cannot think of it, or its meaning, without at the same time thinking about the world and society.”²⁷ Herein, illness becomes intertwined with economic, political and ideological forces and suggests the notion of ‘sickness’.

Howard Brody makes clear that although the exact distinctions between disease, illness and sickness remain ambiguous, when used in conjunction with one another sickness is the one that assigns the most social dimension to the reality and experience of illness. According to Brody, various aspects emerge in the idea of sickness and a sick person. These include: the experience of a certain disturbance of both body and self and a disorder in one’s “personhood”; a notion of abnormality that is brought about through a comparison with a “reference class”; a reality that changes one’s social function and relations in a manner that is shaped by cultural values; and a condition that alters the “hierarchy of natural systems” such as the biological, psychological and social systems of which one is

²⁶ Kleinman, *The Illness Narratives* 31.

²⁷ Herzlich and Pierret, “The Social Construction of the Patient: Patients and Illnesses in Other Ages,” *Social Science and Medicine* 20.2(1985): 145-151.

part.²⁸ In short, sickness obtains its designation from the relationships it holds with society and social systems at large.

Illness and sickness disrupt one's ability to perform social functions. Yet, it is ultimately disability that brings about a life-long interruption to the latter. If sickness holds the promise of an end - be it through treatment or death - and is, in this sense, short-term then disability is chronic and treatment or cure cannot be offered.²⁹ According to the World Health Organization's definition, disability is "any loss or abnormality of psychological/physiological or anatomical structure or function."³⁰ Even though one can metaphorically allude to poverty as a social disability, its pervasive meaning is a "biopsychological one" and its classical forms are "blindness, lameness, mental deficiency [and] chronic incapacitating illness'."³¹

The definition of disability as an impairment in the operation of the body or mind echoes that offered by Kleinman on disease itself and which sees it as a "malfunctioning of biological and/or psychological processes."³² Like disease or the experience of having a disease, disability creates a harrowing world where

²⁸ Howard Brody, *Stories of Sickness*. 2nd ed. (New York: Oxford UP, 2003) 44. Brody also notes that each one of these distinctions 'could be misused' but they are helpful in that they enhance the understanding of the experiences and narrative accounts of sickness itself (44).

²⁹ See Benedcite Ingstad, and Susan Reynolds Whyte, "Disability and Culture: An Overview," *Disability and Culture*, Eds. Benedcite Ingstad, and Susan Reynolds Whyte (Berkeley, Los Angeles: London: Univ. of California Press, 1995) 3-32.

³⁰ World Health Organization. *International Classification of Impairments, Disabilities, and Handicaps*. (Geneva: World Health Organization: 1980) 27.

³¹ Ingstad & Whyte, "Disability and Culture: An Overview" 3.

³² Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the BorderLand Between Anthropology, Medicine, and Psychiatry* (Berkeley and London: Univ. of California Press, 1980) 72. All further references will be abbreviated.

“problems about personhood, responsibility and the meaning of differences” surface.³³ For disability creates an “altered sense of selfhood, one that has been savaged by the partial destruction of the body.” It is not merely a bodily concern for that who suffers from a physical disablement but an “ontology, a condition of [...] being in the world.”³⁴ Consequently, disability is also an illness problem and a form of sickness that fractures one’s social relationship with the outside world.

Within the course of this study, the terms ‘illness’ and ‘sickness’ will be employed interchangeably to highlight the cultural and social dimension - to a larger extent - of my approach. When I write of a female character who suffers from tuberculosis or breast cancer, for example, I will sometimes refer to her bodily ailment as ‘sickness’ because it is not only the disease itself that will be subject to analytical consideration but also the lived, social and cultural experience of that disease. Questions such as how the disease is perceived by the social members of the character’s world, how it affects the hierarchy of her social standing/position in her milieu and how it disrupts/constructs her selfhood will be scrutinized. I will also employ the term ‘disabled’ to characters who suffer from a physical handicap such as the loss of bodily parts. Simultaneously, I will refer to these characters as ‘ill’ or ‘sick’ because, as noted earlier, illnesses/sicknesses can cover a broad range of characteristics including becoming socially and physically disabled.

³³ Ingstad & Whyte, “Disability and Culture: An Overview” 4.

³⁴ Robert F. Murphy, *The Body Silent* (New York and London: W.W. Norton, 1990) 90.

On another level, I will use the word 'malaise' in reference to the conditions that transpire and are negated through illness, sickness and/or disability. My usage of the words relies on the definition proposed by Clouser, Clover and Gert and which specifies that: "A person has a malady if and only if he or she has a condition, other than a rational belief or desire, such that he or she is suffering, or at increased risk of suffering an evil (death, pain, disability, loss of freedom or opportunity or loss of pleasure) in the absence of a distinct sustaining cause."³⁵ While this definition doesn't entail biological determinants of malfunction and could include conditions such as menopause and menstruation, I will appropriate it to those characters who suffer from the former because the experience of illness and physical handicap that ensues is one marked by loss of freedom and pleasure as well as forcing an individual to be caught up in irrational myths of evil and shame. Furthermore, the fact that the term 'malady' is generally employed in reference to what Brody dubs "asymptomatic" conditions is particularly apposite in this instance;³⁶ the female characters in the works under question suffer bodily problems but the symptoms and nature of their illness itself is obscured so much so that it is rendered asymptomatic to the social world which resists and denies it.

³⁵ K.D. Clouser, C.M. Culver, and B. Gert, "Malady: A New Treatment of Disease," *Hastings Center Report* 11.3(June 1981): 36.

³⁶ Brody, *Stories of Sickness* 62 n5.

3. The Emergence of Individual Sick Selves, Subjects and Bodies

The subject of the sick and invalid female has for long been a point of much contention amongst Western feminist scholars, literary critics, and psychoanalysts. These have sought to describe and interpret the meaning of illness and physical impairment from within the additional perspective of gender and patriarchy and how these have defined the realities that the women in question experience. At the centre of all these studies has been the notion that female illness and disability is, in one way or another, influenced by a patriarchal discourse that forces a certain way of being female and sick and dictates the nature of the illness itself. Nevertheless, these interpretations have also shuttled between the belief in the power of the ailing body to undercut and thwart patriarchal oppression, and an outlook that insists on seeing female sickness and disability as the locus for further subjugation and repression. In addition, while these studies have certainly addressed the meaning and implication of female illness in the 17th and 18th century it is perhaps the 19th century and the figure of the sick woman during this period that has received the most attention. This stems from the fact that it is only with the 19th century, according to Herzlich and Pierret, that the “figure of the sick person crystallized existentially and socially, assuming its modern form.”³⁷

³⁷ Herzlich and Pierret, *Illness and Self in Society* 29.

4. Changing Nature of Diseases

Various factors appear to have contributed to the emergence of a sick individual whose presence also expressed a social experience.³⁸ These include the development of a medical discourse that sought to interpret bodily ailments through science and the reduction of the wide array of confounding illness', most of which were attributed to evil deeds and tied to the notion of suffering and redemption. This is in addition to the emergence of the phenomenon of tuberculosis which, unlike its predecessors, was not marked by an epidemic fatality like leprosy and the plague and did not drown out its victim in a swift and collective death. Rather, due to the long-term nature of the disease patients were faced with ample time to muse over their suffering, to construct an outline for it and to weigh it against other outlines as well as to evaluate how society perceived and reacted to this outline. Thus, tuberculosis had to "become a form of life before becoming a form of death,"³⁹ and in the process produced a sick person who died individually rather than amongst a mass of declining bodies cast outside the borders of society to confront their collective death.⁴⁰

³⁸ Ibid.

³⁹ Ibid 29-30.

⁴⁰ Ibid 13-22.

5. Impact of Medical Technology

The advent and creation of medical institutions such as hospitals and clinics in the late 18th and early 19th century, according to Foucault's *The Birth of the Clinic*, was also largely responsible for revolutionizing the perception of disease as an abstract entity ordained by God and whose treatment relied on statistics and data into one that localized it onto the human body.⁴¹ This transformed the patient into an individual, visible being with an anatomy that was now subject to the penetrating gaze of a doctor. As doctors poked and touched their patients for physical signs and symptoms, as they employed the stethoscope, studied the pulse, used the percussion and assessed the patient's body the nature of the medical gaze and the position of the patient altered dramatically along with the stance towards the sick.⁴² Elaborating on Foucault's observations, Lois McNay explains that in the past "the individual patient had no positive status; indeed, for an abstract diagnosis to be ensured it was necessary for doctors to abstract the patient from analysis so that the outlines of the essential disease should not be blurred." But "modern medicine" and the "dominatory medical gaze" soon brought a change in the comprehension of "space and in the structure of visibility or the relation that exists between the

⁴¹ It should be noted that the Abbasid Calliph Harun al-Rashid (786-809) founded the first hospital in the modern sense in Baghdad at about 805. Within a decade, more than 34 hospitals were established across the Islamic world. These hospitals, or bimaristans, became the "prototype upon which the modern [Western] hospital is based." For further details see David W. Tschanz, "Arab Roots of European Medicine," *Heart Views* 4.2(June-August 2003): 69-80.

⁴² Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan Smith (New York: Vintage Books, 1993) 88-123. All further references will be abbreviated.

visible and invisible” within medical discourse itself. McNay elucidates that the “classical idea of a pathological essence inserting itself into the body” is discarded and substituted by the concept of “the body itself that becomes ill.”⁴³

6. Objects/Subjects of Surveillance: A Foucauldian Approach

The aesthetics of the medical gaze and the process of inspecting the body as well as the developments in the field of medicine prompted what Armstrong identifies as “a new political anatomy” of the body. Armstrong writes:

This body appears to have been discrete because it was recorded in separate case notes; it was accessible because at this time medicine began to use methods of physical examination; it was analyzable because pathology became localizable to a distinct point within the body; it was passive because the patient’s personal history was relegated from its primary position as the key to the diagnosis to a preliminary; and it was subjected to evaluation because patients were moved from the natural locus of the home to the neutral domain of the hospital.

Although the outline of this body was initially vague, the “sheer repetition” of the “pathological consultation” refined the shape of this body and marked its anatomy “on a social conscience.”⁴⁴

On the other end of the spectrum, state institutions such as prisons, argues Foucault in *Discipline and Punishment*, epitomized the dynamics of the medical gaze by carrying into the daily lives of prisoners who resided in the Panopticon.⁴⁵

This bolstered the dynamics of power inherent in the act of observation and

⁴³ Lois McNay, *Foucault: A Critical Introduction*. (Cambridge: Polity Press, 1999) 51.

⁴⁴ Armstrong, *Political Anatomy of the Body* 6.

⁴⁵ The Panopticon was a building designed by Bentham and its structure was such that it was in the form of a peripheral ring with large windows that enabled the guards to observe the prisoners throughout their daily prison activities – a fact the prisoners themselves did not know.

inspection and made the body of the observed the site of the exercise of power. As Armstrong later explained, “it mattered little who the observer was, more that he functioned as a component in a unified organization,”⁴⁶ adding that the panopticism facilitated the “creative arrangement of power which fabricated an individual body – that very body which was to be the point on which repression could be exercised and into which ideologies could be inscribed.”⁴⁷

It is the power dynamics derived from the relationship between an authoritative gaze and an object/subject of individual appraisal that many critics, particularly feminists, have found troubling. The gaze, which had ultimately exposed the corporeal space as an object and target of power, was also one that constructed and standardized bodies to dole out norms of supremacy and inferiority.⁴⁸ Hence, the politics of power embedded within this gaze was a point of contention amongst feminists seeking to unravel the correlation of hegemonic relations and the sick female self - which had materialized in the 19th century and 20th century - especially those involving doctor-patient relationships as well as a significant informant in many analysis’ of gendered selves. But, as Judith Butler argues, the insistence on perceiving Foucault’s discourse on power relations via

⁴⁶ Armstrong, *Political Anatomy of the Body* 4.

⁴⁷ Ibid 5.

⁴⁸ See Susan Bordo, “Feminism, Foucault and the Politics of the Body,” *Feminist Theory and the Body: A Reader* 246-271.

the body as “dehumanizing” to individuals is perhaps too hasty, for the ambiguity of power is that it “both acts upon and activates a body.”⁴⁹

6. Patient Subjectivity

If, according to Foucault, the medical world propelled the production of individual sick selves and bodies, sociologists in the early and mid-20th century also impacted the cultural and social understandings of what Armstrong refers to as “the health experiences of ‘ordinary’ people through surveys of health attitudes, of illness behaviour, of drug taking and of symptom prevalence.” The effect of this concoction of socio-observational techniques was to sharpen the force of this medical gaze to that which was crucially subjective.⁵⁰ After all, the sociological approaches that were emerging attempted to endorse the process of looking at the overall ill person and his social environment rather than just the illness itself because comprehending the condition of the sick person could not be grasped by eliminating his socio-cultural and historical circumstances.⁵¹ This realization was also one that physicians were responding to by applying new methods of consultation that sought to examine the body and to chart a social and

⁴⁹ Judith Butler, “Bodies and Power Revisited,” *Feminism and the Final Foucault*. Eds. Dianna Taylor and Karen Vintges. (Urbana and Chicago: Univ. of Illinois Press, 2004.) 187-188.

⁵⁰ Armstrong, *Political Anatomy of the Body* 114.

⁵¹ See Bryan S. Turner and Colin Samson, *Medical Power and Social Knowledge*, 2nd ed. (London: SAGE Publication, 1995) 9-10.

occupational history which comprised questions on one's personal anxieties and emotional alterations.⁵²

Similarly, the nature of chronic and long term illness' such as cancer, AIDS, and diabetes that proliferated in the later phase of the 20th century have also made it pertinent to locate ways of enabling the patient to deal with the illness on an individual and personal level,⁵³ and have fuelled what Armstrong identifies as a "patient subjectivity" through which the body is coached to "move and assembl[e] a surrounding social space of interaction" and to summon it to tell of the ailment, describe its symptoms, and expound on the internal workings of the mind and its interrelations with the external world.⁵⁴ Consequently, what is now expected of the modern/postmodern broken body is to turn the gaze upon itself and to describe in minute detail its inability to live up to the "standards of normalcy." In short, today the gaze directed at the "subject body" - specifically the sick and disabled body - is no longer that of experts from the medical establishment but of "the subject herself,"⁵⁵ and "as with confession everything must be told, not by coercive extraction, but freely offered up for scrutiny."⁵⁶

⁵² David Armstrong, *A New History of Identity: A Sociology of Medical Knowledge* (Basingstoke: Palgrave, 2002) 62. All further references will be abbreviated.

⁵³ Turner and Samson, *Medical Power and Social Knowledge* 8.

⁵⁴ Armstrong, *A New History of Identity* 61-66.

⁵⁵ According to Margarit Shildrick and Janet Price, state bureaucracy practices require that the subject disclose specific details. For example, the transaction between "the welfare claimant" and "benefit agencies" require forms of "self-certification" whereby the applicant goes through a process of personal surveillance to answer the questions ("Breaking the Boundaries of the Broken Body," *Feminist Theory and the Body: A Reader* 434)

⁵⁶ Ibid.

It is the power of this gaze to recognize the material presence, and to construct the existence, of sick and disabled female bodies in some works of Arabic literature that interests me most. For before this process enters into play one cannot even begin to speak of the dynamics of the subjective experiences of sick female bodies nor comprehend the nature of its role as subordinate/sovereign agency in the production and resistance of patriarchal power relations or as a liberating force that has marked Western discourses of illness and disability. This study will demonstrate how in Arab culture and literature the corporeal space of the sick self first crystallized and became an object of appraisal before it turned into a subject that produces, resists and/or participates in discursive relations of domination and subordination.

7. Sociology of Medicine

The development in biomedical views and its influence on discourses related to the body, health, and illness was - as noted earlier - soon accompanied by and perhaps resulted in a new wave of studies that addressed the forces at play in the experiences of health and illness from a socio-cultural angle. Commenting on the importance of social approaches in providing insights into health studies, Michael Hardey asserts that the recognition of 'illness' and the creation of 'treatment' are not merely scientific procedures but ones that are also

fundamentally social.⁵⁷ Within this context is an approach that stresses the importance of understanding how people perceive illness, its treatment and its effects in relation to their real conditions because how people go about this is really the result of daily belief systems that are connected to the wider social unit.⁵⁸

Generally, the field of the sociology of medicine has undergone various developments through the years. Initially, a body of research that focused on “illness-related behaviour” and doctor-patient interactions in medical settings, it later encompassed the reading of health and illness beliefs in daily settings, the socio-cultural factors that shaped these beliefs and the personal, public and fictional accounts of that illness.⁵⁹ All this has, perhaps, been a response to the rising interest in health and health beliefs as well as the emphasis on a person’s role in achieving that. Today, research in the sociology of medicine plays a decisive role in shaping understandings of health, illness and disease for the medical practitioner, the patient and society at large.

The first major theoretical work to draw a correlation between health, illness and sociology was that pioneered by Parsons’ *The Social System* (1951). For prior to this, little reference was made to health in studies related to

⁵⁷ Hardey, *The Social Context of Health* 10.

⁵⁸ See Alan Radley, “Introduction,” *Worlds of Illness: Biographical and Cultural Perspectives on Health and Disease* 1-8. All further references will be abbreviated.

⁵⁹ See Michael Bury, *Health and Illness in a Changing Society* (Routledge: London, 1997) 45-56. All further references will be abbreviated.

sociology.⁶⁰ But in his groundbreaking book, Parsons established a correlation between illness and lack of social control locating it within behaviour that strays away from the norms of a social system. Parsons argued that illness was an instance of deviance that forced the ill person to become socially functionless in that he was not able to act out the social role chosen for him by society.⁶¹ It is also one that provided the sick with a legitimate excuse not to meet what was socially expected of him/her while simultaneously preventing others from holding him/her accountable for that. This form of legitimized deviant behaviour ultimately framed the individual within what was identified as 'the sick role'. Yet, according to Parsons, central to the condition of the legitimization of such a role is the need of the sick person to get better and resume his/her normal activities; the sick individual has to perceive the illness as an undesirable state and should strive to get better by seeking help from a medical authority, mainly a physician.⁶² In commenting on Parsons' theory, critics later argued that it was inadequate because it did not tackle all forms of illness such as chronic illness and only focused on those conditions that the person himself is impelled to take on. In addition, critics claimed that it did not address the question of medical

⁶⁰ Hardey explains that while, for instance, Emile Durkheim tackled the problem of suicide in his work it was broached in a manner that reflected the modes in which health was located "within wider theoretical concerns" (*The Social Context of Health* 21).

⁶¹ Parsons, *The Social System* 285.

⁶² *Ibid* 436-437.

authority extensively,⁶³ and did not deal with the complex nature of behaviour as it relates to a quest for help.⁶⁴

Despite the drawbacks highlighted in Parsons' concept of the sick role, it is nevertheless one which was and remains a basic source of information in other sociological health theories such as the one that was later developed by Eliot Freidson. In his work, Freidson also drew a correlation between illness and society albeit from what he identified as the "lay referral system". Arguing that society and social groups played a major role in affirming how certain illnesses are construed and treated, Freidson asserted that individuals could affect how illness is decoded for the less affluent members of society. For Freidson, the medical establishment plays less of a powerful determinant over the patient's illness and the role ascribed to him/her while members of society become more influential in mediating this.⁶⁵ The critic's theory soon opened up the social spectrum of illness and health to encompass the views of the patient rather than just an emphasis on the doctor-patient relationship and the physician's dominant position in that relationship.⁶⁶

Somewhat during the same time, American sociologist Irving Zola also published a series of essays that attempted to see the patient outside of the

⁶³ See Eliot Freidson, "The Social Construction of Illness," *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper & Row Publishers, 1970) 203-302.

⁶⁴ See Charles L. Bosk "Health and Disease: Sociological Perspectives," *Encyclopedia of Bioethics*, Ed. Warren Thomas Reich, Rev. ed, Vol. 2. (New York: Simon & Schuster Macmillan, 1995) 1092-1096.

⁶⁵ See Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper & Row Publishers, 1970).

⁶⁶ See Bury, *Health and Illness in a Changing Society*.

'passive' role that was attributed to Parsons' theory. In one of his famous essays published in 1973, Zola questioned what would transform a person to patient, and some of the key factors he identified in this decision included 'interpersonal' problems, sanctioning or the pressure other social members put to force the person to seek medical help, and the intrusion in relations that are both social and personal.⁶⁷ While Zola stressed the cultural and social influences at play in 'symptom perception' that would determine a patient's decision to seek help,⁶⁸ the work of Herzlich was influential in shifting the approaches of the sociology of medicine from one which analyzed the relationship of the medical establishment to patients into that which enforced an understanding of health and illness from an individual's own perspective and the social context to which he was exposed.⁶⁹ By questioning individuals on their definition of illness and health and what they thought triggered it, Herzlich was able to highlight the cultural and social repertoire that marks discourses of health and illness amongst the population itself,⁷⁰ i.e. the opinions of people expressed the connection between the person and his/her social milieu and in line with certain biographical and social circumstances. Herzlich's findings showed that the predominant representations of health included: Health in a vacuum or an understanding of

⁶⁷ See Irving Kenneth Zola, "Pathways to the Doctor-from Person to Patient," *Social Science and Medicine* 7(1973): 677-689.

⁶⁸ For a discussion of Zola's ideas see Bury, *Health and Illness in a Changing Society*.

⁶⁹ Claudine Herzlich, *Health and Illness: A Social Psychological Analysis* (London: Academic Press, 1973) 10-20. All further references will be abbreviated.

⁷⁰ Herzlich questioned 80 middle class interviewees concerning how and where illness and disease came from (Ibid).

health that involves the nonexistence of illness and the absence of an awareness of the body; reserve of health which involves the ability to fend off illness and to have sufficient supply to do that; and health as equilibrium which, as the word indicates, describes a state of overall balance that the individual experiences.⁷¹

Building on this, Mildred Blaxter, in a study published in 1983, revealed how socio-economic and environmental factors affected the ways in which women understood their health. It was revealed that low working-class women regarded illness in 'fatalistic' terms that reflected how much they felt they could not control it.⁷² Also, in a study conducted by both Blaxter and Paterson, another analysis of how women perceived disease and what they believed it to be was presented. Taking as a subject three generations of working class women from Scotland, it was noted that women did not hold health as a positive notion and rarely did they take measures to improve it. Even more, these women deemed themselves healthy only if their illness did not hinder their everyday activities; their concept of health was one of "function". It was "being able to work, being healthy enough for 'all practical purposes [...].'"⁷³ Years later, Blaxter embarked on another study in the UK, this time on a wide-scale national level, that sought to translate the dynamics of health amongst the population and how the social setting and conditions came into play. The investigation pointed out the gender

⁷¹ For an extensive commentary on Herzlich's findings see Bury, *Health and Illness in a Changing Society* 53-64.

⁷² See Mildred Blaxter, "The Causes of Disease: Women Talking," *Social Science and Medicine* 17.2(1983): 59-69.

⁷³ Mildred Blaxter and Elizabeth Paterson, *Mothers and Daughters: A Three Generational Study of Health Attitudes and Behaviour* (London: Heinman Educational Books, 1982) 26-30.

distinction in perceptions of health and illness for it revealed that in addition to factors such as class and environment, women generally defined health with respect to their social relations with people whereas for men this was less of a determinant.⁷⁴

On another level, research on disability was also slowly emerging in line with that on illness. This was in the form of statistics on the number of people with disabilities (Harris et. al),⁷⁵ the appropriateness of identifying people with disabilities as nouns (Zola),⁷⁶ and the question of how disability affects one's personhood and daily activities (Zola; Murphy).⁷⁷ Even more, the question of the failure of bioscience to offer full recuperation to those with disability problems was contrasted with the effectiveness of treatment in infectious diseases, a failure that was identified as an "ideological crisis".⁷⁸ More importantly, disability studies made it essential to shift the focus from the space of the clinic itself to that of the community to underscore the socio-cultural nuances in the context of

⁷⁴ For a commentary on Blaxter's studies see Hardey, *The Social Context of Health*.

⁷⁵ One of the first studies to look into the number of disabled people in Britain was that conducted in 1968-9 and the results revealed that women had a higher percentage of handicap rates than men. See Amelia I. Harris et. al, *Handicapped and Impaired in Great Britain*, Vol. 1 (London: HMSO, 1970).

⁷⁶ In his book *Socio-Medical Inquiries: Reflections and Reconsiderations*, Irving Kenneth Zola argued that the noun 'the disabled' should not be used because it connects and likens the persons to his state of physical disability (Philadelphia, PA: Temple Univ. Press, 1983) 2.

⁷⁷ See Irving Kenneth Zola, *Socio-Medical Inquiries: Reflections and Reconsiderations*; and Robert Murphy, *The Body Silent*.

⁷⁸ See Gareth H. Williams "Disablement and the Ideological Crisis in Health Care," *Social Science and Medicine* 32.4 (1991): 517-524.

regular social communication and consequently the significance of “autonomy and independence, capacity and identity and the meaning of loss”⁷⁹

Similarly, the proliferation of chronic illness’ and the severe disruption it brought to one’s selfhood later opened up the sociology of health and illness into lay narrative accounts and metaphorical readings of what illness represented within a context that was not restricted to medical settings. After all, as Michael Bury argues, with the rise of the above, “the contingencies of everyday life reassert themselves, and the subjective patient view becomes more audible once more.”⁸⁰ In fact, one of the earliest studies to attribute importance to narratives was that undertaken by Jocelyn Cornwell and which attempted to explain the differences and importance of private and public accounts in understanding health studies amongst a working class community in East London. Cornwell, in her study, explained public accounts as those which are “social currency” and which contain knowledge that has been transmitted by experts and professionals in the field whereas private accounts were those that sprang from the individual’s personal experiences and real life situation and expressed their feelings.⁸¹

Likewise, in his study Bury distinguished three forms of illness narratives: *contingent narratives* which focus on the immediate social and personal ramifications of the illness, *moral narratives* which explore the

⁷⁹ Ingstad and Whyte, “Disability and Culture: An Overview” 4.

⁸⁰ Michael Bury, “Illness Narratives: Fact or Fiction?” *Sociology of Health and Illness* 23.3(2001):267. All further references will be abbreviated.

⁸¹ Jocelyn Cornwell, *Hard-Earned Lives: Accounts of Health and Illness from East London* (London and New York: Tavistock Publications, 1984) 15-16.

transformations that occur in one's social identity to meet a moral status and *core narratives* which establish connections between the individual's experience and wider cultural demands.⁸² By the same token, Lars-Christer Hyden classified narratives into that which includes illness as narrative, narrative about illness, and narrative as illness.⁸³ As sociologists explored the meanings that illness narratives departed, it became obvious that there was a pertinent need to address questions of identity and selfhood in their work since it was one of the central issues with which those with illness, particularly chronic illness, grappled. This is because one's selfhood was deeply injured in the face of a chronic illness leading to a re-inscription of new social identities.⁸⁴

The focus on illness narratives and lived experience also entailed decoding the metaphors and symbolic meanings found in these accounts and what they foretold about the cultural and social relationships that people develop to certain forms of illness.⁸⁵ It also underpinned how external social networks perceived the ill. In one of the most powerful analyses of the multifarious metaphors given to illness, Sontag reveals that in addition to the corporeal symptoms manifested in illness, there are other social and cultural signs that are

⁸² See Bury, "Illness Narratives"

⁸³ See Lars-Christer Hyden, "Illness and Narrative," *Sociology of Health and Illness* 19.1(1997): 48-69. All further references will be abbreviated.

⁸⁴ See M.P. Kelly, and D. Field, "Medical Sociology, Chronic Illness and the Body Project," *Sociology of Health and Illness* 18.2(March 1996): 241-257; and Uta Gerhardt, "Ideas About Illness: A Review of Research and Prospect," *Sociology of Health and Illness* 13(1989):451-468.

⁸⁵ In 1973, Herzlich conducted one of the earliest studies that attempted to delineate the various metaphors that were generally evoked when people spoke of illness. These are: Illness as liberator, destroyer and an occupation. See *Health and Illness* 106-119.

embodied in it. These meanings are imposed to enable both the ill and the non-ill to deal with pain and death. Sontag shows how tuberculosis was for long “a disease of the soul,”⁸⁶ and a “variant of the disease of love.” It was described as one “afflicting the reckless and sensual” and which led to “a decorative, often lyrical death.”⁸⁷ Cancer, however, was and still is described as a “demonic pregnancy,”⁸⁸ caused by “repression of feelings,”⁸⁹ mainly sexual. It is also one which brings shame and remains a “scandalous subject for poetry.”⁹⁰ Similarly, AIDS is a “plague” and a metaphor for “contamination and mutation.”⁹¹ As Sontag probed into the cultural and social representations that some illness’ have taken throughout the years, she argued that these metaphorical representations have ultimately been demeaning to those living the illness itself, a factor that ultimately leads to another social illness that the patient has to suffer.⁹²

Yet for sociologists and anthropologists alike, to regard illness as simply a biomedical condition and to extract all metaphors and meanings from it is a “dehumanization of suffering” because it strips “from the illness experience its power to speak to the body both individual and social.”⁹³ After all, as Arthur Frank writes of his own experience with bodily suffering, “the postmodern

⁸⁶ Sontag, *Illness as Metaphor* 18.

⁸⁷ Ibid 20.

⁸⁸ Ibid 14.

⁸⁹ Ibid 22.

⁹⁰ Ibid 17-20.

⁹¹ Ibid 132-155.

⁹² Ibid 93-104.

⁹³ Nancy Scheper-Hughes, and Margaret M. Lock, “Speaking ‘Truth’ to Illness: Metaphors, Reification, and a Pedagogy for Patients,” *Medical Anthropology Quarterly* 17.5(Nov. 1986): 138. All further references will be abbreviated.

experience of illness begins when ill people recognize that more is involved in their experiences than the medical story can tell. The loss of a life's map and destination are not medical symptoms, at least until some psychiatric threshold is reached.”⁹⁴ Today, there is a general consensus that sociologists and anthropologists continue to devote attention to the accounts that people say about their illness and to the meanings locked within them. Not only that but it is crucial as well to listen to ‘how’ people narrate these accounts.⁹⁵

Throughout this study, emphasis will be placed on the major metaphors and representations that spring forth when a sick and disabled female is portrayed in the works selected. The study will compare the images and illness accounts that male writers such as al-Sibā‘ī, Kanafānī and Mīnah assigned to the sick female. As will later be highlighted, some of these writers’ narrative accounts have mainly associated the women in question with sinful deeds and the suggestion that their sickness is a form of retribution and punishment. Others portrayed them as docile wives who live out their illness in the seclusion of their bedrooms. Similarly, the analysis of the accounts of female illness in the works of selected women writers will reveal that even though on a surface level writers such as Mamdūḥ in *Ḥabbāt al-Naftālīn* [Mothballs] (1986), Bakr’s *Al-‘Arabah al-Dhahabīyah lā Taṣ‘ad ilā al-Samā’* [The Golden Chariot] (1991) and

⁹⁴ Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics*. (Chicago: Univ. of Chicago Press, 1995) 45. All further references will be abbreviated.

⁹⁵ See Hyden, “Illness and Narrative”.

al-Ṭaḥāwī's *al-Khibā'* [The Tent] (1998) have also internalized a discourse of female sickness that sees it as shameful and that involves shrouding the sick self in silence and invisibility, their work also endeavoured to subtly undercut this. This, it will be argued, is established by superimposing a counter female character who struggles to give voice to the illness experience of the silent protagonist. Consequently, the former becomes the public voice of the protagonist and in the process reconstructs the obliterated selfhood via her own. In *Ḥabbāt al-Naftālīn*, for example, the sick protagonist's daughter resists and erodes her mother's invisibility by attempting to narrate the older woman's suffering and through the narration of her own subjective experience in relation to her mother's illness.

Also, as the study accentuates the social and cultural undertones that influence the representations of sick female characters in these works, it will - when pertinent - underscore the typology of the illness narrative in line with the classifications offered by Hyden and Bury. Furthermore, the question of whether these narratives have ascribed to the sick subject the 'role' that Parsons had identified will also be questioned. For despite the limitations of Parsons' theory, the notion of a role is illuminating in comprehending narratives and in identifying a character's position within the context of that narrative because,

according to Brody, “what others expect of me and how they react toward me changes who I think I am, how I behave, and how I relate to others.”⁹⁶

8. Sociology of the Body and the Ill Body

The development of theories related to the sociology of health and illness has activated an interest in the sociology of that body as it relates to the illness experience. Albeit concern over and focus on the body is one that encompasses miscellaneous fields and approaches of our present era. For the body is everywhere: in consumer culture, in fashion, art, narratives and our everyday life. This is due to, what Chris Shilling identifies as, the “decline of religious frameworks which constructed and sustained existential and ontological certainties residing outside the individual and the massive rise of the body in consumer culture as a bearer of symbolic value,” hence the overall inclination to emphasize the body “as constitutive of the self”.⁹⁷ Yet this was not always the case, particularly in sociology. Prior to the 80’s the body in sociology was absent, a reality that was at odds with the fact that the field of medical sociology was already developed and illness and disease were situated within and influence human bodies. These bodies, however, were not the point of focus; rather it was medical competence and gender concerns. In this sense, the body was not approached as a site of further sociological knowledge. But the emphasis

⁹⁶ Brody, *Stories of Sickness* 54.

⁹⁷ Chris Shilling, *The Body and Social Theory*, 2nd ed. (London; Thousand Oaks; New Delhi: SAGE Publications, 2003) 2.

on lifestyles that cater to the well-being of the body, the development of technological modes that can manoeuvre that body, and the publications of Foucault's work with its emphasis on the connection and relation between the body and society as well as the works of feminists which underpinned the ways that the body was 'objectified' through certain biomedical process' all contributed to opening up the field of sociological approaches to include the human body.⁹⁸

Initially, classical sociological approaches to the body were influenced by Cartesian views that imposed a divide between the mind and body and that addressed these two as separate spheres which do not necessarily interact (Descartes; Hobbes; La Metier).⁹⁹ This distinction between the body and the mind was noted in the works of founding sociologists such as Max Weber, Emile Durkheim and Karl Marx, all of whom hardly emphasized the body as a subject of examination.¹⁰⁰ Rather most of their work reinforced "abstract cognitive enquiry" that presupposed that this functioning was carried about as if it was disconnected from the body and outside of it.¹⁰¹ Today questions related to the

⁹⁸ See Alexandra Howson, *The Body in Society: An Introduction* (Cambridge: Polity Press, 2004). All further references will be abbreviated.

⁹⁹ René Descartes has been identified as the founder of the Cartesian model. In his book *Discourse on Method* (1637) Descartes stressed the superiority of the mind and its distinctiveness from the body. Similarly Thomas Hobbes in *Leviathan* (1651) also expressed a similar standpoint. French philosopher La Mettrie also emphasized the mind-body dualism but from a materialistic view which saw man as a machine in his book *L'Homme Machine* (1784).

¹⁰⁰ For a discussion of the ideas of these sociologists see Shilling, *The Body and Society* and *The Body and Social Theory*.

¹⁰¹ Shilling argues that although the body was relatively ignored by these "founding fathers" they didn't fully wipe it out as an informant in comprehending 'social life'. For instance, Marx and

body are at the fore of many contemporary sociological studies with each speaking of a certain type and aspect. Some of these include the naturalistic body (Lacqueur; O'Brien),¹⁰² the communicative and consumer body (O'Neil 1985),¹⁰³ the commodified body (Lupton),¹⁰⁴ the emotional body (Freund),¹⁰⁵ and social inequalities and the body (Bourdieu).¹⁰⁶ These diverse readings highlight the ambiguity that comprehension of the body has taken. With respect to the ensuing study, the analysis will draw on diverse sociological perspectives, yet central to these will be a social constructionist reading which plays up the sociology of the body more than anything else. After all, as Bryan Turner puts it: "The body is the most proximate and immediate feature of my social self, a necessary of my social location and of my personal enselfment and at the same time an aspect of my personal alienation in the natural environment."¹⁰⁷

One of the earliest names in the development of theories that see the body as a signifier of social meanings is that of the work of anthropologist Mary Douglas whose book *Natural Symbols* highlighted the relationship between the

Engel tackled the "corporeal conditions" that affected consciousness (*The Body and Social Theory* 23-24).

¹⁰² See, for example, Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass: Harvard UP, 1990); and Mary O'Brien, *The Politics of Reproduction* (London: Routledge and Kegan Paul, 1981).

¹⁰³ J. O'Neil, *The Communicative Body* (Evanston: Northwestern UP, 1989)

¹⁰⁴ Deborah Lupton, *Medicine As Culture: Illness, Disease and the Body in Western Societies* (London; Thousand Oaks, California: Sage, 1994).

¹⁰⁵ See Peter Freund's *The Civilized Body: Social Domination, Control, and Health* (Philadelphia, PA: Temple UP, 1982) and "The Expressive Body: A Common Ground for the Sociology of Emotions and Health and Illness," *Sociology of Health and Illness* 12.4(Dec. 1990): 452-477.

¹⁰⁶ Pierre Bourdieu, *Distinction: A Social Critique of the Judgment of Taste* (London: Routledge, 1984); "Sport and Social Class," *Social Science Information* 17.6(1978):819-840.

¹⁰⁷ Bryan Turner, *The Body and Society: Explorations in Social Theory*, 2nd ed. (London; Thousand Oaks; New Delhi: SAGE Publications 1996) 43.

social and physical body and which offered a starting framework for social constructionist theories that later emerged. For Douglas, the relationship between the social and physical body are indivisible in that each feeds upon the other and our perception of any one is determined by the other. Hence, understandings of the physical body almost always stem from existing beliefs in society. As such, the “human body is the most available image of a system,” and the “images” drawn of the body are employed in different ways to mirror the individual’s “experience of society.”¹⁰⁸ Furthermore, Douglas argues that the corporeal affairs of the body which are “modified by the social categories through which it is known, sustain a particular view of society,” adding that “bodily control is an expression of social control.”¹⁰⁹

On the other hand, and as Shilling sums it up, Goffman attributes to bodies a double function: bodies are influenced by social forces but they are also “the material property of an individual.”¹¹⁰ In this sense, the body facilitates the relationship between “people’s self-identity and social identity.”¹¹¹ Goffman argued that people have the power to manoeuvre their “bodily performances” to endorse public communication.¹¹² But the meanings affixed to these bodily acts are also absorbed by the individual and consequently determine his/her perception of their self. This is because the “body idioms” employed by people to

¹⁰⁸ Mary Douglas, *Natural Symbols* xxxvi.

¹⁰⁹ Shilling, *The Body and Social Theory* 69-74.

¹¹⁰ Ibid 72

¹¹¹ Ibid 73.

¹¹² Ibid 72.

distinguish individuals are also the individual's reference for "self classification".¹¹³ Goffman explicates that if a body is deemed unfit or a failure by the standards of society this will be internalized by the individual and hence creates a "spoil[ed] social identity."¹¹⁴ Thus, people who exhibit a certain stigma encounter difficulties in social interaction and this leads to detrimental consequences upon the shaping of their identity. For when people with stigmas try to act normal, they risk alienating themselves from society. Goffman writes: "People expect [...] the cripple to be crippled; to be disabled and helpless: to be inferior to themselves, and they will become suspicious and insecure if the cripple falls short of these expectations ... [the cripple] has to play the part of the cripple."¹¹⁵

Moreover, according to Goffman, the body also facilitates the sustainability of hierarchal roles in society itself. The fact that most men, for example, "treat women as faulted actors with respect to 'normal' capacity for various forms of physical exertion" contributes to emphasizing notions of domination and subordination and consequently gender inequalities.¹¹⁶ In writing about Goffman's approach of the body, critics have noted that there are certain similarities that he shares with Foucault in that the importance of the body for both is necessitated by "sources outside of the body": in Foucault's case it is

¹¹³ Goffman, *Behaviour in Public Places: Notes on the Social Organization of Gatherings* 33-38.

¹¹⁴ Goffman, *Stigma: Notes on the Management of Spoiled Identity* 31.

¹¹⁵ Ibid 134.

¹¹⁶ Erving Goffman, *Frame Analysis: An Essay on the Organization of Experience* (New York: Harper and Row, 1974) 196-197. For a discussion of bodily expressions in reinstating gender inequalities see also Goffman's *Gender Advertisements* (London: Macmillan 1976).



discourse while in Goffman it is the common vocabulary of body idioms.¹¹⁷ Nevertheless, in both of these writers work we do not get an explicit picture of how the body manipulates “human agency,” a factor which was later addressed in Turner’s work.¹¹⁸

In his book *The Body and Society: Explorations in Social Theory*, Turner identifies two modes of thinking that have marked the study of the body: one that is neo-Marxist and which sees the body at the heart of “the organization of economic modes of production” and one very much in line with French structuralism - whose prominent figures include Foucault - and which sees the body as “a production [...] of the heterogeneous discourses (medical, scientific, legal, religious etc.) at the multiple centers of power in society.”¹¹⁹ According to Turner, society should focus on the reproduction of population, restraint of internal bodily desires, the regulation of bodies in the social space and the representation of bodies in external spaces.¹²⁰ In line with Parson’s theory, Tuner goes on to argue that society’s attempt to enforce the aforementioned tasks has also been the cause of many illness’. Specifically, many forms of female sickness such as hysteria and anorexia have been triggered by “sociologically products of dependency,” adding that some are not “diseases but deviant

¹¹⁷ Shilling, *The Body and Social Theory* 77.

¹¹⁸ Ibid.

¹¹⁹ Steven Seidman, Rev. of *The Body and Society: Explorations in Social Theory*, By Bryan Turner, *Contemporary Sociology* 15.3(May 1986): 489. All further references will be abbreviated.

¹²⁰ For a discussion of Turner’s ideas see Shilling, *The Body and Social Theory* 78-82 & 88-91.

behaviour which expresses a crisis of delayed time.”¹²¹ Turner, in his analysis, also devotes more scope to the material body than Foucault, particularly that which involves the sexuality of women. In fact, one of his major propositions is that any study of the body should ensue from an investigation of female subordination because “the sociology of the body turns out crucially to be a sociological study of the control of sexuality, specifically female sexuality by men exercising patriarchal power.”¹²²

Here Turner opens up the sociology of the body onto the corporeality of the feminine, but in *Regulating Bodies* he goes further by stressing the impact of the body on issues such as health, illness and disability. He highlights the effect of technological and medical advances on people’s perception of their bodies and questions how individuals can be expected to “be held responsible for the actions of a body which is substantially not [theirs].”¹²³ Turner even makes clear that any sociology of the body cannot but entail a sociology of medicine. His viewpoint of the body is one that considers the biological and lived experience of that body,¹²⁴ and an understanding of the body as representation.¹²⁵

In conjunction with Turner’s stance specifically, my study will read ill bodies as social outcomes that are determined by forces outside of them.

¹²¹ According to Turner, the diseases which reflect most the deviancy he tackles are hysteria and masturbatory insanity. (*The Body and Society: Explorations in Social Theory* 113).

¹²² Turner, *The Body and Society: Explorations in Social Theory* 126.

¹²³ Bryan Turner, *Regulating Bodies: Essays in Medical Sociology* (London and New York: Routledge, 1992) 37. All further references will be abbreviated.

¹²⁴ According to Turner, this understanding can be extracted from different fields such as philosophy and anthropology (*Regulating Bodies* 8).

¹²⁵ *Ibid.*

Simultaneously, I will emphasize the corporeal reality of their experience whenever this experience translates itself in the works to be discussed. For, as Elaine Scarry posits, “the less bodily experience is discussed, the harder it is for us to grasp the reality of other’s experiences’.”¹²⁶ This notion is very much in line with contemporary discussions of the nature of theoretical readings of chronic illness and which call for an in-depth reading of the body itself rather than only its meaning. Kelly and Field, for one, argue that there is an abundance of that which puts emphasis on the meanings attributed to bodies, all of which are at the expense of tackling the “restrictions and discomforts of illness and disability.” They add that there is a “corporeal” twist to all social relations because “to be acknowledged as competent social performers we have to be able to give the impression of some degree of control use and presentation of bodies.”¹²⁷ This performance is given centre stage when bodies are altered due to chronic illness which means “coping with the physical body has to precede coping with relationships [...]”¹²⁸ Drawing on these approaches, it will become clear, that this idea seems to be contentious in the works to be discussed. In Bītār’s *Imra‘a min Hadha al-‘Aşr* [A Woman from this Age] (2004), for example, the writer offers one of the few accounts of female chronic illness in Arabic literature. Nevertheless, this account compels confronting social relationships prior to and in conjunction to facing up to the actual physical

¹²⁶ Elaine Scarry, *The Body in Pain* (New York and Oxford: Oxford UP: 1985) 4.

¹²⁷ Kelly and Field, “Medical Sociology, Chronic Illness and the Body Project” 246.

¹²⁸ *Ibid* 247.

experience of the illness. On the other hand, Dāwūd's *Makyāj Khaṭīf li-Hadhih al-Laylah* resonates with the lived bodily suffering of the disabled protagonist and, in this, undercuts the purely social constructionist view of the body.

9. Discourse on Female Sickness in Western Literature and Culture

Once the individual sick person started to permeate the consciousness of the physician and the prevailing culture of the 19th century and more so the 20th century, new understandings of illness, the sick and the doctor came to play and this, in turn, compelled an understanding of the 'world of the sick.'¹²⁹ And it is in the literary and visual work of writers and artists that such an understanding was made possible. From Anton Chekhov, Franz Kafka, Katherine Mansfield, D.H Lawrence and George Orwell - all of whom experienced chronic illnesses firsthand - to sick characters in novels by writers such as Jane Austen, Leo Tolstoy, Thomas Mann, and Ernest Hemingway, the aesthetic world of 19th and 20th century western literature became infused with depictions, portrayals and references to illness and disease.¹³⁰ Even more, the realities of the sick female was revealed to be more complex and dense than its male counterpart and has

¹²⁹ See Herzlich and Pierret, *Illness and Self in Society*.

¹³⁰ For a study of the production of literary works that focus on the theme of illness and disease see Jeffrey Meyers, *Disease and the Novel, 1880-1960* (London: Macmillan, 1985). See also footnote 1 & 2 for examples of literary works that deal with sickness.

since given critics the means to interrogate the gender norms of the period in question and to read the once hermetic seal of female illness.

This does not in any way mean that prior to the 19th century female illness went unacknowledged. In fact, much of the cultural attitudes found in the 19th century regarding female illness found its roots in 18th century discourses - sometimes earlier - and some continued to thrive far into the nineteenth century. For in both centuries women were “described in the language of sickness, as victims of their uterine debility,”¹³¹ while hysteria was for long perceived as a woman’s thing and the “disease of the ‘wandering womb’ – which arose from unrestrained imagination, yet which had drastic somatic and physiological consequences.”¹³² It was the predominant belief in the power of the word to activate the passions and sentimentalities of female souls that beget a certain restriction upon the written word in relation to women. And it is perhaps this that minimized the number of narratives that explored the world of female sickness in the 18th century. Writing about female illness in relation to American culture, Ann Douglas Wood posits that in 18th century culture women seemed “more sickly” than their 19th century counterparts and the only distinction was that the former “did not talk of themselves as sick; they did not define themselves through sickness and their society minimized rather than maximized their ill

¹³¹ G.S Rousseau, “Medicine and the Muses: An Approach to Literature and Medicine,” *Literature and Medicine During the Eighteenth Century*. Ed. Mary Mulvey Roberts and Roy Porter (London: Routledge, 1993) 33.

¹³² Ibid 44.

health, whatever its actual extent.”¹³³ On the other hand, as critics have made clear, female illness in the 19th century pervaded the world of men, women and physicians alike and led to the burgeoning of narratives that addressed the world of the ill female and that perpetuated an ongoing interest by scholars to understand the amalgam of cultural attitudes embedded within such a discourse and to foreground how these attitudes parcelled out gendered functions for the healthy and the ill.

In her book *The Female Malady: Women, Madness and English Culture, 1830-1980* Elaine Showalter examines cultural productions of madness from the Victorian until the modern era and contends that the medical establishment was responsible for appropriating madness into a feminine ailment and for re-enforcing masculine robust superiority.¹³⁴ Carol Smith Rosenberg’s *Disorderly Conduct: Visions of Gender in Victorian America* reflects a similar standpoint in that it upholds that the relationship of physicians to their female patients had a pernicious effect upon gender dialogues in the 19th century because it fostered the attitude that saw women as frail and feeble. Rosenberg also sees in the phenomenon of hysteria a manifestation of the stress that females suffered because of the social treatment they had to grapple with day in and day out. Yet

¹³³ Ann Douglas Wood, “‘The Fashionable Disease’: Women’s Complaints and their Treatment in Nineteenth-Century America,” *Journal of Interdisciplinary History, The Historian and the Arts* 4.1(Summer 1973): 27. All further references will be abbreviated.

¹³⁴ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (New York: Penguin Books, 1987) 150-67.

illness itself, adds Rosenberg, became a means to transfigure the social terrain that women were framed within.¹³⁵

Sandra Gilbert and Susan Gubar further postulate that for creative 19th century women the indoctrination of specific passive codes of conduct probably prompted a “sickening” sensation because “learning to become a beautiful object, the girl learns anxiety about – perhaps even loathing of – her own flesh” and hence is bound to experience this repulsive sensation in the form of illness.¹³⁶ Scrutinizing the representation of disease in Victorian women’s popular novels Pamela Gilbert also discerns two prevalent representations of the “grotesque body” manifested in the body struck with disease and that of a prostitute, both of which were transformed into “objects of the gaze”.¹³⁷

Another significant opinion undertaken by some writers and critics have located female illness, particularly mental illness, within a school of thought that identifies it as a language of artistic expression and female command. For example, Hèlène Cixous in her play “Portrait of Dora” depicts the mad woman as a rebellious figure who is strong enough to defy the notion of masculine

¹³⁵ Carol Smith Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York and Oxford: Oxford UP, 1985) 167-216. The notion that the medical world played a major role in privileging men is also emphasized in Barbara Ehrenreich and Deidre English, *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, N.Y.: Feminist Press, 1973); and Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: Univ. of Chicago Press, 1988). All further references will be abbreviated.

¹³⁶ Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. (New Haven: Yale UP, 1979) 54.

¹³⁷ Pamela Gilbert, *Disease, Desire, and the Body in Victorian Women’s Popular Novels* (Cambridge, UK: Cambridge UP, 1997) 17.

superiority,¹³⁸ an idea that also comes forth in Phyllis Chesler's *Women and Madness*. Chesler affirms that madness was for long a label attached to women who expressed what was conceived as radical views and who set out to live a life outside of the 'feminine norms'.¹³⁹ Likewise, Luce Irigaray in *Speculum of the Other Woman* highlights the intense artistic temperament that these women possessed and which resulted in their being defined as mad.¹⁴⁰

On the other hand, female illness - whether mental or physical - has also been linked to a particular way of living one's femininity in the world. Wood argues that female illness in 19th century America was a fashionable trend and a popular way of being female in the world,¹⁴¹ an opinion that has been supported by other studies such as the one put forth in Diane Price Herndl's *Invalid Women: Figuring Feminine Illness in American Culture*. In her book, Herndl attests to this phenomena in 19th century American fiction and culture and proclaims that female illness "represented feminine refinement, wealth and leisure; it was a condition to which women aspired." Yet, Herndl locates a shift in this female cultural craze with the advent of the 20th century, the emergence of the women's movement and the accentuation of notions of individuality as well as the ensuing responsibility over one's health. According to Herndl, early American 20th century female writers such as Edith Wharton and Ellen

¹³⁸ Hélène Cixous, "Portrait of Dora," *Diacritics* 13.1(Spring 1983): 2-32.

¹³⁹ Phyllis Chesler, *Women and Madness* (New York: Palgrave Macmillan, 2005).

¹⁴⁰ Lucy Irigaray, *Speculum of the Other Woman*, Trans. Gillian C. Gill (Ithaca, N.Y.: Cornell UP, 1985).

¹⁴¹ See Wood, "The Fashionable Disease".

Glasgow¹⁴² - to name but a few - sparked a different discourse of female illness that was aligned with meagre economies. Herndl argues that while earlier cultural and literary discourses situated female illness within the class of bourgeois, the wave of 20th century writings carried it to the world of the poor and weak. Sickness which was once “an excess of “spending” too much energy” became a sign of “having too little energy or spirit.”¹⁴³

Not only did the wave of 20th century writings deflect female sickness off a specific class and into the world of the underprivileged, it also anchored it more tightly onto the corporeal space of the flesh and blood of both men and women. Even more, it opened up the space between the body and the outside environment and the body and its internal pathology, a development in which both writers and critics have partaken. For while medicine and science had, for ages, informed one’s understanding of the body in general and the ill body in particular and had constructed a particular way of seeing and making that body cognizant, the second half of the 20th century saw scholars from diverse fields allocating new meaning to the experiences of women with illness. They also prescribed a new emphasis on the latter’s health in a manner that transfigured the earlier negative connotations of the female body as unrestrained and innately diseased.¹⁴⁴ In fact,

¹⁴² See, for example, Edith Wharton’s *Ethan Frome* (New York: Charles Scribner’s Sons, 1911); and Ellen Glasgow’s *Barren Ground* (New York: Hill and Wang, 1957 reprint of 1925).

¹⁴³ Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture 1840-1940* (Chapel Hill: The Univ. of North Carolina Press, 1993) 150-52. All further references will be abbreviated.

¹⁴⁴ See Shildrick and Price, “Bodies in Science And Biomedicine: An Introduction,” *Feminist Theory and the Body: A Reader* 145-148.

one of the earliest efforts in this direction was the publication of the Boston Women's Health Collective *Our Bodies, Our Selves* which urged women to practice power over their bodies and to dent the conventional discourse that had been incessantly transmitted. Therein, emerged one of the central discourses in the language of health feminists - that women should and must take control over their bodies.¹⁴⁵

Rallying and confronting social and cultural injustices that have for long placed female illness within "victim-blaming fantasies of omnipotence over the cause of the disease" and fore-grounded "male definitions of [one's] 'femininity' and sexuality" in the process,¹⁴⁶ feminists, psychologists, activists and writers of this later period produced considerable studies and narratives that questioned the status of women's health, exposed the physical and psychological wounds that have marked their bodies and selves as well as lay claim to the right of women who battle illness to be seen as "warriors" rather than "victims".¹⁴⁷ And it is perhaps in the personal accounts of feminist writers such as Audre Lorde,¹⁴⁸ Nancy Datan,¹⁴⁹ and Adrienne Rich¹⁵⁰ - on their ordeal with breast

¹⁴⁵ Boston Women's Health Collective, *Our Bodies, Ourselves* (Harmondsworth: Penguin, 1976).

¹⁴⁶ Sue Wilkinson and Celia Kitzinger, eds., "Towards a Feminist Approach to Breast Cancer," *Women and Health: Feminist Perspectives* (Southport: Taylor & Francis, 1994) 135.

¹⁴⁷ See Audre Lorde, "After Breast Cancer: I am a Warrior, Not a Victim," *Savvy* (April 1980b): 68-69.

¹⁴⁸ See Lorde, *The Cancer Journals* (London: Sheba Feminist Publishers, 1980); *Zami: A New Spelling of My Name* (London: Sheba Feminist Publishers, 1982); and *A Burst of Light* (New York: Firebrand Books, 1988).

¹⁴⁹ See Nancy Datan, "Illness and Imagery: Feminist Cognition, Socialization, and Gender Identity," *Gender and Thought: Psychological Perspectives* (New York; Berlin; Heidelberg: Springer-Verlag, 1989).

cancer and the issues with which they wrestled - that paved the way for others to talk about their own illness experience openly. Consequently, it has become less daunting and shameful for other women who have experienced the same illness and other illness' to share their personal stories, emerge from their isolation and combat the role of victim. In short, writers and critics who have narrated the experience of illness built on the message that was first brought forth in *Our Bodies, Our Selves* and which advocated authority over the body.

Arguably, many of the accounts by women with illness' as well as the studies that have examined women's health and disease have largely focused on illness' that are generally perceived as specific to women and are intricately tied to their sexuality. These include concentration on breast and gynaecological cancer rather than lung cancer,¹⁵¹ or say the effect of drug and alcohol abuse. Also, to date women are still left out from many health studies such as those that deal with heart disease and AIDS to some extent.¹⁵² Despite these drawbacks, huge strides have been taken in explaining and questioning that which abounds within the discourse of women and health - top of which is the female physical body itself rather than only her mental disposition.

¹⁵⁰ See Adrienne Rich, *The Dream of a Common Language: Poems 1974-1977* (New York: W.W. Norton & Co., 1978).

¹⁵¹ The rate of death is higher amongst women with lung cancer than those with breast cancer and yet cancer research has failed to focus on that. See Jane M. Ussher, "Women's Health: Contemporary Concerns," *Women's Health Contemporary International Perspectives*. Ed. Jane M. Ussher (London: The British Psychological Society, 2000) 1-25.

¹⁵² Studies on women with AIDS was lacking in the earlier phase of research addressing illnesses. However, the past decade has witnessed a mounting interest in examining that (Ibid 2).

As noted, the question of the female ill body abounded in many earlier health discourses and served as a building block for many polemics that are now at play regarding that body. Nevertheless, the nature of the approach towards it has changed drastically. In the past, studies of this along with other fit female bodies was approached with a focus on “the literal regulation of the physical body, on material practices that focus on the flesh - what Foucault termed control through the ‘useful body’”¹⁵³ as well as on locating that body within a limited “scientific gaze”¹⁵⁴ which sees the body as “an object apart, something upon which the forces of biomedicine act, and of which women must struggle to regain control.”¹⁵⁵ Today, the concern has shifted to the symbolic representations of female sexualities and bodies and its “role in the containment and control of women,”¹⁵⁶ and to an understanding of that body as “representation, medicine as a political practice, and disease as a language.”¹⁵⁷

In addition, the corporeal female body in health studies is no longer merely a “biological or physiological phenomena,” but is now also regarded as a central signifier of social and cultural constructs so much so that it is seen as being “so fluid it can take on limitless embodiments. It has no real terrestrial

¹⁵³ Ibid 10.

¹⁵⁴ Ibid 2.

¹⁵⁵ Price and Shildrick, “Bodies in Science and Biomedicine,” *Feminist Theory and The Body: A Reader* 147.

¹⁵⁶ Ussher, “Women’s Health: Contemporary Concerns” 10.

¹⁵⁷ Price and Shildrick, “Bodies in Science and Biomedicine” 147.

weight.”¹⁵⁸ For example, Judith Butler’s analysis of the body is one that emphasizes its textual and multi-performative discourse. Positing that any understanding of the body is informed by the framework in which we relate to it and produce discourse she writes: “There is no reference to a pure body which is not at the same time a further formation of that body.”¹⁵⁹ Similarly, Elizabeth Grosz rejects the materiality of the body in her work not in an attempt to render it irrelevant but - as Price and Shildrick note - to revive “women’s corporeality beyond masculinist and essentialist categories.”¹⁶⁰ Yet it is perhaps Donna Haraway’s reading of the body as one that is produced by techno-cultural forces that epitomizes the inclination to stray away from the material corporeality of bodies.¹⁶¹ Focusing on biomedical advancements such as genetic engineering, transsexual surgeries, and cloning Haraway’s take disrupts the limits of the unchanging human body by introducing the notion of cyborg which is a model that represents that which is half human and half-machine. It is a model that decentres the notions of physical and non-physical and turns the body into both

¹⁵⁸ Carol Bigwood, “Renaturalizing the Body (With a Little Help From Merleau-Ponty),” *Hypatia* 6.3(Fall 1991):59.

¹⁵⁹ Judith Butler, *Bodies that Matter: On the Discursive Limits of Sex* (London: Routledge, 1993) 10.

¹⁶⁰ Price and Shildrick, “After the Binary,” *Feminist Theory and the Body: A Reader* 218. For a full explication on Grosz’s theory see Elizabeth Grosz, *Volatile Bodies: Towards a Corporeal Feminism* (Bloomington: Indiana UP, 1994). All further references will be abbreviated.

¹⁶¹ Donna J. Haraway, *Simians, Cyborgs and Women: The Reinvention of Nature* (London: Free Association Press, 1991)1-10.

an object of technology and a narrative creation and, hence, is elusive and resists fixed distinctions.¹⁶²

Contrary to the inclination to exclude biological and physical determinants in the embodiment and representation of the ill body, is the proliferation of studies addressing women's health and the matter of the embodiment of that body. This has also opened up the discourse to constitute disability studies. Although it has been argued that these studies do not offer an all-inclusive social comprehension of disability because of the unwillingness of scholars within this field to embrace contemporary standpoints and ground their work in more theoretical approaches, it is still a terrain of bodily discourse that has brought in the question of the complexity of understanding and embodying the impaired body.¹⁶³ Central to these issues has been the imbalance in social interactions between those who are deemed disabled and those who, according to Price and Shildrick, "approximate the norm" and that results in "exclusionary and oppressive practices."¹⁶⁴ This oppression is doubly founded for the disabled.

Another predominant perspective in this field of study is one that sees disability as the exclusive reality of those who experience it and is, in this sense, "the property of the individual." It is obvious that in both of these viewpoints a straying away from "the constitutive relationship between the embodied subject and the world"

¹⁶² For a discussion of Haraway's ideas see Mairian Corker, and Tom Shakespeare, "Mapping the Terrain," *Disability/Postmodernity: Embodying Disability Theory*, Eds. Mairian Corker and Tom Shakespeare (London: Continuum, 2002) 1-17. All further references will be abbreviated.

¹⁶³ Ibid 5.

¹⁶⁴ Price and Shildrick, "Bodies Together: Touch, Ethics and Disability," *Disability/Postmodernity: Embodying Disability Theory* 62.

is imposed.¹⁶⁵ This perhaps is prompted by the effort of the disabled and those engaged in disability activist movements to attain the rights that have been supposed not their right and, in the process, they have distanced themselves from an 'other' outside of the disabled self. Even more, the disabled body in these approaches is the "flesh and blood material basis" and consequently cannot engage in any process of "subjectivity."¹⁶⁶

The aforementioned inclination of feminists engaged in theories of the body to extract the physical determinants in discussions of the ill body has not helped shape a comprehensive understanding of this new field of disability because it has yet to shed light on the lived bodily experience itself. Writing on the transcendence of the body in feminist thought and its effects on understandings of disability, Susan Wendall argues that "transcend[ing] or disengag[ing] oneself from the body by ignoring or discounting its needs and sensations is generally a luxury of the healthy and able-bodied" adding that for those who are "ill or disabled a fairly higher degree of attention to the body is necessary for survival."¹⁶⁷

In short, the discourse on women's health in its relationship to disability lies at the crossroad of disability activist movements who have struggled to wipe out the social subjugation of those who are disabled and those who engage in theory and between a stance that calls for acknowledging the lived experience of

¹⁶⁵ Ibid 63.

¹⁶⁶ Ibid.

¹⁶⁷ Susan Wendell, "Feminism, Disability and the Transcendence of the Body," *Feminist Theory and the Body: A Reader* 328.

that body and the counter-movements of transcendence. Still, it is apparent that in literary works, at least, the voice of the disabled woman has provided room for further engagement in theorizing and comprehending its reality. Real narratives of the disabled female appear to have become a natural concomitant of many of the issues that activists and scholars have attempted to highlight. In her book *Remembering the Bone House*, lyric essayist Nancy Mairs (1986) writes about the realities and social exigencies of disablement from her position as someone who suffers multiple sclerosis, a term she purposefully uses to refer to her condition instead of disabled or handicapped.¹⁶⁸ Similarly in *Waist-High in the World: A Life Among the Nondisabled* Mairs explores, through a collection of ten essays, the restrictions she has faced because of being forced to lead a life looking at the navels of other women rather than that which is her own.¹⁶⁹ In writings about their own disability feminist writers Jenny Morris¹⁷⁰ and Liz Crow¹⁷¹ explore the essence of their physical restrictions and requirements and ground the experience in utter bodily realities. Mary Duffy's poetry,¹⁷² however, focuses on the technological effects that are imposed to restore a semblance of body normality to bodies whose normality has been undercut by physical impairment. In short, these writings and others by women with disabilities

¹⁶⁸ Nancy Mairs, *Remembering the Bone House* (Boston, Massachutes: Beacon Press, 1997).

¹⁶⁹ Mairs, *Waist High in the World: A Life Among the Disabled* (Boston, Massachutes: Beacon Press, 1997).

¹⁷⁰ See Jenny Morris, ed. *Encounters with Strangers: Feminism and Disability* (London: Women's Press, 1996)

¹⁷¹ See, for example, Liz Crow, "Including All Our Lives: Renewing the Social Model of Disability," *Encounters With Strangers: Feminism and Disability*, Ed. Jenny Morris, 206-226.

¹⁷² See, for example, Mary Duffy, "Making Choices," *Musn't Grumble: Writing by Disabled Women*, Ed. Lois Keith (London: Women's Press, 1994) 25-27.

resonate with the physical constraints, demands and social suffering that disablement enforces and an insistence to see the disabled as “distinctly other in her corporeal specificity, whilst [...] striving to attain standards of normativity.”¹⁷³

It is the emphasis on the importance of embodying the corporeal ill space of the body that will mark my study of the selected works under scrutiny. While affirming that this corporeality has not been accorded the attention it has provoked in Western culture and literature and while reading it from a social constructionist view, it will be argued that in the last few years this material body is slowly making its way into Arabic works of fiction.

10. Discourse on Female Sickness in Arabic Literature and Culture

Studies addressing the notion of illness, health and disease in modern Arabic culture and literature and its correlation to social systems are generally scarce. As Hania Sholkamy posits: “Describing social processes through the lens of embodied experiences and conditions is an undervalued tool of social analysis.”¹⁷⁴ Similarly Soheir Morsy postulates that there is an acute lack in studies that specifically engage in the connection between gender and health, and

¹⁷³ Price and Shildrick, “Bodies Together: Touch, Ethics, Disability,” *Disability/Postmodernity...* 67.

¹⁷⁴ Hania Sholkamy, “Conclusion: The Medical Cultures of Egypt,” *Health and Identity in Egypt*, Eds. Hania Sholkamy and Farha Ghannam (Cairo and New York: The American Univ. of Cairo Press, 2004) 112.

a dire need to acknowledge women's health as a wing of past social relations that involve national formation, undeveloped social class and masculine hegemony.¹⁷⁵ Those at play, however, ultimately belong to the field of medical anthropology and are concerned with how "the idioms of Islam, humeral medicine, or spirit possession" foreground medical performances and values.¹⁷⁶ Many of these studies also give repeated focus on understanding health related attitudes in one country only rather than provide an overview of the general subtleties at play within a wider geography. For instance Egypt¹⁷⁷ and Iraq - after the sanctions - seem to have ignited more investigation than say Lebanon or Syria. Similarly most of the studies that centre on the correlation between health discourses and gender relations expose problems such as mental health, infertility, family planning, reproductive health and lately weight issues.¹⁷⁸ Questions regarding the physically impaired and ill body, the meanings found in personal testimonies and narratives about this body, and the social and cultural realities these narratives expose are generally absent.

¹⁷⁵ For a summary of Soheir Morsy's ideas see Iman Farid Basyouny, *Just a Gaze: Female Clientele of Diet Clinics in Cairo: An Ethnomedical Study* (Cairo: The American Univ. in Cairo Press, 1998) 50.

¹⁷⁶ Sholkamy, "Conclusion: The Medical Cultures of Egypt" 1 .

¹⁷⁷ This is due to the fact that Egypt is both a "contemporary society" and one seeped in its "ancient root". Its "highly westernized institutions exist simultaneously with traditional practices and services" such as midwives and religious healers and, thus, makes it a fertile ground for medical anthropological studies. See Cynthia Nelson, "Notes of the Development of a First Course in Social Sciences of Health and Healing in the Arab Republic of Egypt," *Medical Anthropological Newsletter* 9.1(Nov. 1977):19-22.

¹⁷⁸ See Evelyn Early, "Fertility and Fate: Medical Practices Among Baladi Women of Cairo." *Everyday Life in the Muslim Middle East*. Eds. Donna Lee Bowen & Evelyn A. Early (Bloomington: Indiana UP, 1993) 102-108; Marcia C. Inhorn, *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia: Univ. of Pennsylvania Press, 1994); Mohammed T. Abou Saleh et al, "Anorexia Nervosa in an Arab Culture," *International Journal of Eating Disorders* 23.2 (Dec. 1998): 207-212.

The interplay between Islam and health discourses centre around three main notions. The first relates to the emphasis on patience, resignation and acceptance and how these wield passive patients, the second focuses on devotional practices that rely on scriptures of the written word and on “prophetic medicine” such as the use of cupping (Ḥijām) - which is gaining more public support in Egypt for instance - and the third is the restriction in Islam on family planning and control.¹⁷⁹ Likewise, much medical anthropological studies pertaining to illness in the Arab world has focused on humeral medicine, a practice that places importance on balance and equilibrium in attaining wellbeing. Humeral medicine in Arabic culture not only emphasizes moderation in food but also emotions; excessive emotional states such as love, jealousy, yearning and fear are determinants of health in as much as the former are.¹⁸⁰

Another approach to health discourses undertaken by socio-medical anthropologists in relation to the Arab world is that which expounds on the importance of ‘spirit possession’ in illness diagnosis and the use of prayer to drive it out. It is perhaps in this that critics have encompassed queries involving gender norms and has had them arguing that this phenomenon, which is more prevalent amongst women, reveals the dynamics of subservient subjects and dominant ones. Evelyn Early, for one, deems this mode of illness a process

¹⁷⁹ Sholkamy, “Conclusion: The Medical Cultures of Egypt” 113 -115.

¹⁸⁰ Evelyn Early, “The Baladi Curative System of Cairo, Egypt,” *Culture, Medicine and Psychiatry*, 12.1 (March 1988): 65-83.

through which women evade confinement.¹⁸¹ It is what Heba el-Kholy calls “ a language of protest” that also establishes and redefines social relationships by enabling women who share the same predicament to meet within a female dominated space and witness certain ceremonies to drive spirits away. This facilitates the establishment of a form of kinship amongst the women present and provides them with a “culturally legitimate and honorable way to communicate’ immodest’ sentiments.”¹⁸² For others, like Cynthia Nelson, spirit possession is “an idiom of somantizaion that is of cultural essence to the Middle East.”¹⁸³

On the other hand, discourses on fertility in the Arab region see it as a validation and an exemplar of women’s health because it arms them with a semblance of authority in the making and producing of families.¹⁸⁴ As Early sums it up, fertility allows women to hold the upper rein by granting them the power to “withhold through birth control” hence unsettling the man’s need for making a family. Simultaneously, bringing many children can bestow a woman with additional right for support from her husband all the while making their divorce more difficult and the husband’s attempt to get another wife more problematic financially.¹⁸⁵ Along with the level of authority that fertility supplies women with, also comes the notion that a woman’s health is intricately tied to

¹⁸¹ Ibid.

¹⁸² Heba el-Kholy, “A Discourse of Resistance: Spirit Possession Among Women in Low-Income Cairo,” *Health and Identity in Egypt*, Eds. Hania Sholkamy and Farha Ghannam 21 -29.

¹⁸³ For a discussion of this see Sholkamy, “Conclusion: The Medical Cultures of Egypt” 118.

¹⁸⁴ Mohamed Faour, “Fertility Policy and Family Planning in the Arab Countries,” *Studies in Family Planning* 20.5(Sep. 1989):254-263. All further references will be abbreviated.

¹⁸⁵ Evelyn Early, “Fertility and Fate: Medical Practices Among Baladi Women of Cairo” 103.

that of her children. Early posits: “A wife and mother bears ultimate responsibility for producing a family and keeping them healthy; she is deficient in her role if she does not exert effort to produce and cure children.”¹⁸⁶ And through it all, a woman’s health becomes an expression and a microcosm of that of her children rather than of her distinct personhood.

If health discourses within the Arab region have perceived fertility as a means of the ennoblement of women within a patriarchal system, it is also one that allows them to become active participants in the political struggle of the nation. This is particularly obvious in the case of Palestinian women whose reproductive health is seen as crucial in the national political fight. For the number of children that Palestinian women provide the nation with is a prerequisite and an affirmation of its existence.¹⁸⁷ Thus, the social message that has been transmitted to these women is that to conceive - particularly sons - is to become “the mothers of the nation.”¹⁸⁸

More recently, some studies that have interrogated the social and gender dimension of health in the region have extruded understanding of the ways that an individual’s economic status determines health practices and constructions of identity. Montasser M. Kamal argues that the ways in which patients present their illness and body - in the Arab world and specifically Egypt - to the

¹⁸⁶ Ibid 114.

¹⁸⁷ See Philippe Fargues, “Protracted National Conflict and Fertility Change: Palestinians and Israelis in the Twentieth Century,” *Population and Development Review* 26.3(Sep. 2000): 464-5. All further references will be abbreviated.

¹⁸⁸ Ibid 469.

physician is predetermined by the patients' awareness of his/her socio-economic position. For example, patients who come from middle class backgrounds will make sure they dress well before heading to a private clinic whereby their socio-economic superiority is affirmed. In addition, examples of female patients presented in the article highlight their need to use foreign words in describing their symptoms so as to prove their social worth. What is most revealing about Montasser's study, however, is that though it focuses on class structure and its effect upon health practices and identity formation, it also emphasizes gender anxieties at the heart of one's perception of his/her illness. The case studies Montasser presents verify that female patients resort to silence about their illness because they worry that their body will become the site of contested tensions between other members of the family. Specifically, one female patient called Amīnah avoids telling her husband and mother of her pregnancy problems because she believes that her husband will think she does not wish to become pregnant while her mother will blame her husband for infringing upon her daughter's body to turn her into a mere reproductive organ. Likewise, Amīnah cannot divulge her illness concerns to her work colleagues because they do not come from the same socio-economic milieu; they are "baladi, coming from humble standards" and hence cannot possibly fathom what she is experiencing.¹⁸⁹

¹⁸⁹ See Montasser M. Kamal, "Fi Nas wi fi Nas: Class Culture and Illness practice in Egypt," *Health and Identity in Egypt* 65-90.

Sadly, studies on chronic illness, disability and other physical ailments have so far provided only statistical data and medical findings rather than target the social and cultural scope of these and other illness. This is best noted in health questions related to Iraq; the research has repeatedly dealt with the impact of the sanctions and the use of uranium on the health of the population, but it has so far failed to tackle the social repercussions these problems have had on individual and collective Iraqi selves. Even more, while the dismal conditions of Iraqi woman have become the subject of much scrutiny, those that focus on a woman's health ultimately do so by addressing mortality rates between her and her children.¹⁹⁰ In this, one once again notes that a woman's health is repeatedly explored as a signifier of the health of her family and other selfhoods rather than her own.

Along the same approach, studies examining the health of women in Lebanon and Syria have tied it to notions of family planning and, more importantly, to the idea that a women's health is at risk because she persists in remaining a passive victim to patriarchal standards. In one of the earliest articles to address the question of AIDS as it relates to women in Lebanon, the study

¹⁹⁰ See, for example, Rania Masri, "Assault on Iraq's Environment: The Continuing Effects of Depleted Uranium Weaponry and Blockade," *Iraq: Its History, People and Politics*, Ed. Shams C. Inati (New York: Humanity Books, 2003) 189-213; Richard Garfield, and Beth Osborne Daponte, "The Effect of Economic Sanctions on the Mortality of Iraqi Children Prior to the 1991 Persian Gulf War," *American Journal of Public Health* 90.4 (April 2000): 546-552; Nadjie al-Ali's "Sanctions and Women in Iraq" in *Sanctions on Iraq: Background, Consequences, Strategies*, 73-84; "Situation analysis of Women and in Iraq: A Situation Analysis - 1997" (UNICEF, April 1998). Internet. Date accessed 1 May 2008. <<http://www.casi.org.uk/info/unicef9804.html>>; and Amnesty International report, "Iraq: Decades of Suffering, Now Women Deserve Better," 22 Feb. 2005, 30 Apr. 2005 <<http://web.amnesty.org/library/print/ENGMDE140012005>>

focused not on the lived experience of women suffering from AIDS but on the high risk of contracting this chronic illness from one's husband. The article points out that a majority of men refuse to use condoms and most wives' docile attitude will trigger detrimental health consequences upon them. In short, the study emphasized how a man's control over a woman's sexuality made her susceptible to the AIDS epidemic.¹⁹¹ Although other studies on AIDS were later published few drew attention to the inevitable social affliction this experience perpetuated.¹⁹²

By the same token, hardly any work has focused on the harrowing experience of cancer amongst Arab women. It is true that studies have revealed the proliferation in the number of female patients with cancer in the Arab world, but the social experience of this illness itself has almost been obliterated. Even more, while the Western world has seen the publication of autobiographical narratives that transmit the experiences of women with cancer, this is a rare occurrence in the Arab world. In fact, the few women to speak openly about their ordeal have been those who reside in the West and write in a language other than Arabic. One such example is the Lebanese feminist writer Evelyn Accad who published a series of articles in diary form that chronicled her journey with breast cancer. Accad's articles have appeared in English publications such as the

¹⁹¹ See Randa Abul-Husn, "Women and the HIV/AIDS: A Heterosexual Disease in Lebanon and the Middle East," *Al-Raida*, Women's Health in Lebanon XI.67 (1994):14-16.

¹⁹² For further studies on Women and AIDS see Jihane Tawilah, *The Lebanon Report for the Regional Workshop on the Role of Women in AIDS Prevention and Control* (NACP, Cairo, May 16-18, 1994).

quarterly women's journal *Al-Raida*.¹⁹³ More recently, this diary was published in a book-form and under the title *The Wounded Breast: Intimate Journeys Through Cancer*.¹⁹⁴

On another level, discourses on disability and gender have not only failed to probe the social reality of the disabled female but have also not provided sufficient data to even provide an element of empirical visibility. In assessing the literature that has emerged on disability in the Arab world, Nawaf Kabbara states that one is struck with the "poverty of the intellectual production in the field," adding that most of what is available deals with medical and general issues.¹⁹⁵ Likewise, Lina Abu Habib, in an introduction to one of the very few books on disability and gender in the Middle East, confirms that disabled women in this part of the region "have not been fully integrated in either the disability movement or the women's movement."¹⁹⁶ In fact, it wasn't until the early 1990's that the inquiry into socio-cultural issues at the core of being a disabled began to see the light. This was perhaps facilitated by the work of the National Association for the Rights of the Disabled in Lebanon (NARD) which has since

¹⁹³ See Evelyn Accad, "My Journey With Cancer," *Women's Health in Lebanon, Al-Raida* XI.67 (1994): 10-13.

¹⁹⁴ Accad, *The Wounded Breast: Intimate Journeys Through Cancer* (North Melbourne, Australia: Spinifex, 2001).

¹⁹⁵ Nawaf Kabbara, "On Disabilities," *Al-Raida, Arab Women and Disability* XX11.108(2005):2.

¹⁹⁶ Lina Abu Habib, *Gender and Disability: Women's Experiences in the Middle East* (London: Oxfam, 1997) 1.

organized conferences and seminars and published a magazine that caters to Arab individuals who have disabilities.¹⁹⁷

Regarding personal testimonies and case studies of disabled women, the subject was finally broached with the publication of two books, one in English and one in Arabic, that attempted to explore the social ramifications and hardships to which women with disabilities all over the Arab world are subjected. These are Lina Abu Habib's *Gender and Disability*¹⁹⁸ and Jahda Abū Khalīl's *Nisā' Takhaṭayna al-Hawājiz: Wāḥid wa 'Ishrīn Sīrah Dhātiyah li Nisā' Taḥaddayna al-'Āqah* [Women Who Crossed the Barriers: The Experiences of 21 Women with Disability in the Arab World]¹⁹⁹. From these two lone narratives one reality is clear: "Cultural norms and social traditions keep [the disabled woman] isolated and marginalized."²⁰⁰ More indicatively, even in these personal narratives disabled women ultimately accentuated the need to implement new laws that would give them access to the most basic of rights, health services, education and employment rather than on divulging their inner distress and the painful feelings that perturb them. This has rendered the task of interpreting and giving meaning to their testimonies difficult but not impossible.

¹⁹⁷ Nawaf Kabbara, "Women with Disability: The Peculiarity of the Case," *Al-Raida*, Arab Women and Disability, 12. According to Kabbara, the approach to disability underwent changes at the start of the new century. Except for Lebanon, where disability began to be perceived as a "social and human rights issue" by the late 1980's, the subject of disability only took on a social dimension by the twenty first century (10 -12).

¹⁹⁸ See footnote 195.

¹⁹⁹ Jahda Abū Khalīl, *Nisā' Takhaṭayna al-Hawājiz: Wāḥid wa 'Ishrīn Sīrah Dhātiyah li Nisā' Taḥaddayna al-'Āqah* (Beirut: al-Jam'iyah al-Waṭāniyah li-Ḥuqūq al-Mu'āq fi Lubnān, 2001).

²⁰⁰ Jahda Abou Khalil, "Women With Disabilities in Lebanon," *Al-Raida*, Arab Women and Disability, 13-16.

In narrative fiction, the subject of the physically ill and disabled female character has not been any different nor has her representation succeeded in undercutting the socio-cultural marginalization at play in reality. Even in the works of feminist physician-writers such as al-Sa‘dāwī, the physically sick female has not been provided with sufficient narrative space to articulate her experience.²⁰¹ Rather in al-Sa‘dāwī’s works the focus has been the “social role of medicine and the physician.”²⁰² Also, while most of her female protagonists “resent the physical peculiarities of their bodies,”²⁰³ it is not a loathing instigated by a specific physical illness but one directed at the sexual and feminine constitution of their bodies which defines them as acquiescent subjects in society.²⁰⁴

Not surprisingly then, female illness in Arabic literature of both male and female writers has revolved around women derailed by psychological disturbances and emotional distress.²⁰⁵ It is precisely the paucity of any full-fledged narrative or even lesser one that affords room for the embodiment of

²⁰¹ Male writers who also practice medicine have paid more attention to the physically ill male rather than the female. These writers include: Egyptian Yūsuf Idriss, Maḥmūd Taymūr and Sharif Ḥatata as well as Syrian ‘Abd al-Salam al-‘Ujayli.

²⁰² Fedwa Malti Douglas, “Social Power, Body Power,” *Men, Women, and Gods: Nawal El-Saadawi and Arab Feminist Poetics* (Berkeley; Los Angeles; London, Univ. of California Press, 1995) 21. All further references will be abbreviated.

²⁰³ Ibid 22.

²⁰⁴ A quintessential example is Nawāl al-Sa‘dāwī’s *Mudhakkirāt Ṭabībah* (Cairo : Maktabat Madbūli, 1983).

²⁰⁵ Some contemporary works that depict this include the following novels and short stories: Salwā Bakr’s *al-‘Arabah al-Dhahabīyah lā Taṣ‘ad Ilā al-Samā’*, Mayy Tilimsānī’s *Dunyāzād*, Saḥar al-Mūjī *Sayyidat al-Manām*, Fadia Faqīr’s *Pillars of Salt*, Ilyās Khūrī’s *al-Jabal al-Ṣaghīr*, Ḥanān al-Shaykh’s *Ḥikayat Zahrah*. This is in addition to the overall body of work of Maḥfūz, Yūsuf Idriss, al-Sa‘dāwī, Saḥar Khalifah, Āliyah Mamdūḥ to name but a few.

female characters with physical ailments that will be the starting locus of my study. For although the modern era is replete with expressions of female bodily pain, a wide array of metaphoric connotations that these expressions have invoked as well as their effect upon the understanding of the politics of power within gender discourse, the world of modern Arabic literature suffers from a shortage of these narratives. On the other hand, one cannot but note that in the last few years this seems to be undergoing change. Hence, the need to give meaning to these infant narrative embodiments and to analyze the socio-cultural and even political forces that have determined how these figures have been metaphorically exemplified and the reasons behind the birth of the female ill body and not merely the sexual body today.

Chapter Two

The Silent Subject

The Ill and Disabled Female Body in Works

by Arab Male writers (1950-2000)

While not a major showcase of Arabic narrative, works of some Arab male writers have provided scope for ill bodies and characters to be illuminated, embodied and represented. From Egyptian Najīb Maḥfūz and Yūsuf Idrīs to Lebanese Suhayl Idrīs, ill and disabled bodies have been encoded and treated in several of these writers' novels and short stories and space devoted to their social and psychological landscape of consciousness. Even more, in most cases, these bodies were given pivotal roles in the unfolding of the plot and the expression of larger socio-political ideologies. But despite some male writers' confrontation of the ill and disabled body in their work, it is striking to note that almost all of them dealt largely with the ill male and disabled body rather than the female one.¹ On the other hand, those who did place the ill female body outside the major events of the story, gave her minimal narrative voice and constituted the

¹ See Najīb Maḥfūz' novel *al-Shaḥḥādh* [The Beggar] (1965) and his short story "Za'balāwī," [Zaabalawi] (1978); and Yūsuf Idrīs' short stories "'Ala Asyūt" [To Asyut] (1953), "Aḥmad al-Majlis al-Baladī" [Ahmad of the Local Council] (1960) and *Lughat al Āy Āy* [The language of Pain] (1965).

illness in such a way as to eschew completely the physical constitution of the illness and to make it highly metaphorized.

This chapter will argue that it is this condition of absence that transmits multiple accounts about sick female bodies and the wider discourse of female illness in Arab culture as well as the socio-political and gendered tensions that were bristling in society. Each of the sections will deal with the representation of female physical illness and disability in selected works of Arab male writers from the year 1950-2000. The structure of the analysis is somewhat chronological and mainly thematic, i.e. the works to be analyzed are outlined in such a way as to highlight implicit thematic interconnections amongst different male writers who have touched upon female illness; common configurations and vocabulary they employed in depicting that illness as well as a consideration of the impact that the time period itself, during which they were producing their work, affected how they approached the ill female body and what they told and did not tell about it. In some cases, a work that does not belong to the chronological criterion will be included in a certain section only because its subject matter and its thematic framework locates it within the time period of the other works (though by reason of recounting past events).²

² This is specifically with regard to Qāsim's *Abnā' al-Qal'ah* which was completed in 1988, but which will be included in the section that contains an analysis of Kanafānī's *Rijāl fī al-Shams* that appeared in the early 60's.

1. Sin and Redemption

The depiction of women in the first and earliest wave of Arabic novels was restricted to the passive protagonist who stayed at home and lived a linear, mundane life on the one hand, and the image of an idolized and beautiful woman that could only be appreciated by characters of refined aesthetic sensibilities on the other. These images were particularly present in the works of male writers such as Muḥammad Ḥusayn Haykal, Ṭāhā Ḥusayn, and Tawfīq al-Ḥakīm and the earlier works of Yūsuf al-Sibā'ī. During the 1940's and 50's, the rise in women's education, the proliferation in the number of females who entered the workforce and who became major contributors to the financial stability of the household as well as the intensification of socialist thought, particularly in Egypt, had a tremendous impact on the way women were portrayed in Arabic literature.³

Specifically, the 1950's saw the increased presence of female characters and voices in Arabic literature. It also brought about more realistic portrayals of female protagonists without completely wiping out the previous romantic representations.⁴ Yet, according to Miriam Cooke, despite the attempt to steer clear of romanticized and idealized images of women, a number of works that proceeded the 1950's further locked women in symbolic representations – one of

³ For a discussion of women's movements in Egypt and their effect on the socio-cultural scene, see Hoda el-Sadda, "Women's Writing in Egypt: Reflections on Salwa Bakr," *Gendering the Middle East: Emerging Perspectives*, Ed. Deniz Kandiyoti 131-133. See also Fatma Moussa Mahmoud, *The Arabic Novel in Egypt: 1940-1970* (Cairo: General Egyptian Book Organization, 1973) 87-90.

⁴ This is most evident in the general works of Maḥfūz and writers such as Egyptian 'Abd al-Raḥmān al-Sharqāwī, and Yūsuf Idrīs, as well as Syrian Ḥannāh Mīnah. These writers attempted to construct, with varying degrees, new and realistic portrayals of female characters.

which is the prostitute or fallen woman.⁵ This sometimes ensued in narratives that saw female characters venturing into the public sphere and, consequently, were forced to remain there by reason of a shameful profession such as the selling of one's body for money or for daring to enter what is supposedly a male territory.⁶

In that sense, argues Cooke, female characters in these narratives were no longer the "symbol of salvation" that some earlier writers had envisioned them to be.⁷ In as much as Cooke's analysis might be accurate with regard to a number of literary works, the fact also remains that 'fallen women' were granted salvation and became symbols of moral deliverance in some works of Arabic literature. This salvation, however, unfolded via an illness narrative where the body boundaries of the illness were dissolved and the social politics of shame and sin were fore-grounded and impressed upon the reader. Two examples of such works are Taymūr's short story "Wa Usdila al-Sitār" [And the Curtain is Lowered] (1969) and al-Sibā'ī's two volume novel *Naḥnu lā Nazra'u al-Shawk* [We do not Sow Thorns] (1969) which will be the focus of analysis in this section. After all,

⁵Cooke's argument that female characters were largely depicted as 'fallen women' is a sweeping generalisation. Nevertheless, she is right in that the image of the fallen woman appeared in some works of fiction. For works that depict female characters as prostitutes/mistresses see, for example, Yaḥyā Ḥaqqī's *Qindīl Umm Hāshim* [Umm Hashem's Lamp], Maḥfūz's *Zuqāq al-Midaqq* [Midaq Alley], Faṭḥī Ghānim's *al-Rajul Alladhī Faqada Zillah* [The Man Who Lost His Shadow]. Also, for a study of the prostitute figure and the question of prostitution in Arabic literature see Evelyn Accad, "The Prostitute in Arab and North African Fiction," in *The Image of the Prostitute in Modern Literature*, Eds. Pierre L. Horn and Mary Beth Pringle; and Miriam Cooke, "Men Constructed in the Image of Prostitution," *Najuib Mahfouz: From Regional Fame to World Recognition*, Eds. Michael Beard and Adnan Haydar, 106-125.

⁶ See Miriam Cooke, *War's Other Voices: Women Writers on the Lebanese Civil War* (Cambridge: Cambridge UP, 1987) 74-77.

⁷ Ibid.

the narrative accounts of both works grapple with the meanings of sin and virtue and crystallize a mode of moral rebirth or rather a redemptive end to a life littered with devalued selfhood.

Maḥmūd Taymūr: “Wa Usdila al-Sitār”

A renowned dramatist and a prolific writer of short stories, Egyptian Taymūr (1894-1973) is widely acclaimed for his contribution to the development of the Arabic short story. In the early phase of his literary career, Taymūr’s work was marked by a didactic and authoritative writing as well as unnecessary description. Later years saw him aligning with the Jamā‘at al-Madrasah al-Ḥadītha (The New School) to which writers such as Yaḥyā Ḥaqqī and Maḥmūd Ṭāhir Lāshīn belonged. This brought a shift in Taymūr’s work since the New School was deeply influenced by European and Russian literature, particularly the works of Dostoyevski, de Maupassant, and Chekhov;⁸ some of the major influences manifested in the writers of this movement were the restricted but vibrant details and the focus on lives and customs of the average Egyptian.⁹ With regard to Taymūr, the latter comes through in works such as *al-Shaykh Jum‘ah* [Sheikh Jumaa] and *‘Amm Mutawallī* [Amm Mutawali],¹⁰ amongst

⁸ For details of ‘The New School’ see Sabry Hafez, “The Maturation of a Literary Genre,” *International Journal of Middle East Studies* 16.3(Aug. 1984):367-389.

⁹ See also Roger Allen, *The Arabic Novel: An Historical and Critical Introduction* (Syracuse, New York: Syracuse UP, 1982) . All further references will be abbreviated.

¹⁰ Both works were one of the earliest by this writer and appeared from 1925 onwards. *‘Amm Mutawallī* (Cairo: al-Maṭba‘ah al-Salafiyah, 1925); *al-Shaykh Jum ‘ah wa-Aqāṣiṣ ‘Ukhrā*, 1st ed. n.d, 1925-26. 2nd ed. (Cairo: al-Maṭba‘ah al-Salafiyah, 1927).

others of course. Also, Taymūr's phenomenon of revising and rewriting most of his work that was produced prior to 1937 enhanced and developed his writing technique and subject matter.¹¹ It is to the body of works that was produced during the writer's heydays of literary maturity and development that "Wa Usdila al-Sitār" belongs.¹²

Written in 1969, the 13-page short story opens with a sick, female protagonist on her deathbed reminiscing, in an internal monologue, about her life and her impending death. Through her personal musings, the reader learns that the protagonist is a spinster whose life was mired by the continuous struggle to make a living as a babysitter. Sometime along the way, she also falls in love with a man who abandons her after promising to marry her - hence the life of total aloneness thereafter. Yet along with these experiences is also the implicit insinuation of wrongful deeds she had committed in her drive to attain money and to vent out her anger at being deserted by the one man she had loved. Although the protagonist attributes her sinful actions to her alignment with "bad company" who made a living by "stealing money" and "stripping souls" and even emphasizes that she submerged herself in that avalanche of "dark living," little else is specified as to the exact workings of these evil deeds.¹³

Likewise, although we are told that the woman suffers from a grave illness (the allusion being cancer) we are given little physical descriptions to

¹¹ See Allen, *The Arabic Novel*.

¹² Maḥmūd Taymūr "Wa Usdila al-Sitār," *Anā al-Qātil wa-Qiṣaṣ Ukhrā* (Cairo: Dār Nahḍat Miṣr, 1969) 105-118.

¹³ Ibid 113. All quotes from "Wa Usdila al-Sitār" are my translation.

determine what the ailment is and, if cancer, of what nature. Yet, the entire personal stream of consciousness narrative and the psychological state of the protagonist seems to be based on those past sinful acts while the illness itself appears to determine her relation to the pain that eats her body and decrees her death sentence. In short, Taymūr's short story attaches to the protagonist's illness a whole set of symbolic moral connotations to which the narrative itself seems to be built around. This is obvious right from the start when the protagonist announces that she has, for some time now, been "punished" by an illness that has sapped her energy "drop by drop."¹⁴ It is one whose "clutches have dug into her exhausted body, left and right" though she has fiercely fought it and spent much on treatment. Nevertheless, the workings of the illness remained merciless and violent.¹⁵

Amidst these descriptions of an almost abstract illness that racks and defeats is the reference to the timing of its emergence. For just when the protagonist becomes the ideal of pious exhortation, bidding adieu to her past life of supposed wicked behaviour, embracing one of continuous prayer, donation to the poor and finally the decision to build a mosque, the illness makes its way into her body. The protagonist claims that she was born and "her page was devoid of that which injures or pleases" then she "lived what she lived and saved what she saved of coins" only to have "fate [inscribe] on the page of her heart what it has

¹⁴ Ibid 1.

¹⁵ Ibid 115.

inscribed.” It is at this point that the woman begins to mention a transformation within her by asserting that she is once again becoming an “embryo, decreasing and shrinking slowly [...]”¹⁶ She also proclaims that it is in this debilitating corporeal state that she is filled with “the peace of ultimate rest,” her soul “rejuvenated as it awaits the moment of salvation” and as she is “purified of all transgression and pollution.”¹⁷

From these lines, one notes that Taymūr appropriates a moral rhetoric and vocabulary to transmit the reality of a woman severely sick and keen on embracing her death with an almost fanatic relish. The textual symbolism throughout is one that unlocks a relationship to sickness replete with moral undertones while the illness account itself transforms the reality of physical pain into the ultimate culmination of the purification process the subject herself had started. As the protagonist muses over her life, she also sets her eyes on an ending which glimmers in the horizon, “brightening” as it comes closer and enabling the woman who is about to die to “drink” the “gluttony and rapture” of death.¹⁸ Thus, if the sickness is here the centrifugal point ‘from which’ other events are perceived and ‘to which’ other events are connected,¹⁹ it is also one that provides an example of a spiritual journey for, what Gareth Williams

¹⁶ Ibid 116 -117.

¹⁷ Ibid 107.

¹⁸ Ibid 118

¹⁹ For a detailed discussion of this see Hyden, “Illness and Narrative”.

identifies as, the “pursuit of virtue.”²⁰ This pursuit enables the sick subject to “free herself of the captivity of the body,”²¹ while a moral transformation becomes accessible to her.

The illness in “Wa Usdila al-Sitār” is represented in such a way as to become the social space through which the past is narrated and the present attributed for and the space in which, as Douglas would suggest, “the physical experience of the body [...] sustains a particular view of society.”²² After all, “there is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other.”²³ In the case of Taymūr’s protagonist, this is clear in that the latter maintains, throughout her monologue, a relationship to the ill body that is intricately tied to her social and public performance of days bygone. As the monologue unfolds, one deduces that while the illness is specific to her body, in the woman’s frenzied utterances of its nature there is always a location of the description of the workings of the pain to a world beyond that body. In this, and from the standpoint of Douglas’ views, the narrative becomes an occasion where the modes that the body “adopts in movement and repose express social pressures in manifold ways.”²⁴ For example, the social pressure on the protagonist lurks in the institution of marriage or rather

²⁰ See Gareth Williams, “Chronic Illness and the Pursuit of Virtue in Everyday Life,” *Worlds of Illness: Biographical and Cultural Perspectives on Health and Disease*, Ed. Alan Radley (London: Routledge, 1993) 92-108. All further references will be abbreviated.

²¹ Taymūr, “Wa Usdila al-Sitār” 116.

²² Douglas, *Natural Symbols* 68

²³ *Ibid.*

²⁴ *Ibid.*

the failure to belong to this institution. Hence, the continuous suggestion that prior to being deserted by the man she had loved she had been a quintessential symbol of piety and gentleness and had been solely dedicated to the caring of the off-springs of her many employers. The fracture in this pious public performance occurs immediately after she is left to gather the wreckage of her failed relationship and the loss of hope of ever getting married.

The inability to live out the gendered social role marks the point in the protagonist's life when social deviance occurs. Also, the sickness that later strikes her body becomes a symbol and a metaphor of the repercussions this gendered and social deviance spells. As such, the narrative presents a case study in Parsons' groundbreaking theory of the deviant self in sick subjects. Parsons' analysis of sick individuals locates a correlation between illness and lack of social control stressing that illness is a kind of 'deviant behaviour' or a manifestation of deviant performance underlined by one's incapability to fulfil specific social performances.²⁵ Goffman, on the other hand, makes clear that in the everyday presentation of self "to *be* a given kind of person [...] is not merely to possess the required attributes, but also to sustain the standards of conduct and appearance that one's social grouping attaches thereto."²⁶ The protagonist's repeated reference to her failed womanhood and her inability to secure a marriage commitment is an attempt to underscore that she had no means to

²⁵ Parsons, *The Social System* 285.

²⁶ Erving Goffman, *The Presentation of Self in Everyday Performance* (London: Allen Lane, 1969) 81.

cultural values marked by a power foundation and which would generally have been afforded her by reason of her becoming a wife and/or a mother.²⁷ Her deviance is one from the socio-cultural values around her which ultimately judge the failure to marry as a failure to meet the ascribed roles and rules of conduct expected of women. Thus, the dramatic change that occurs right after she is abandoned - and which sees her adorning black attire as a manifestation of “the mourning of a life”²⁸ and, more specifically, the mourning of her lost womanhood - is also the phase that witnesses the beginning of her deviance. As the protagonist fails to perform her role as a wife and mother, the world crumbles at her feet while social and moral deviance occurs.

The two examples of the disruption in financial status - and through it an indication of a disruption of moral values - are manifested in the protagonist telling of how the suitor stripped her of her life savings and of her becoming deeply indebted after he leaves.²⁹ The fact that the woman allowed her money to go could be understood in terms of letting her virtue disappear as well. After all, being careless with one’s money is a reflection of a carelessness of character that extends into the outside world and that highlights the breaking of rules of conduct related to competence and which, in themselves, become a reason to feel shame. In both cases, the protagonist’s story of her life and love, and later sickness, is one of moral degeneration that persists on centring around the idea of

²⁷ For a study on power based values in a specific Arab cultural context see Soheir Morsy, “Sex Roles, Power and Illness in an Egyptian Village,” *American Ethnologist* 5.1(Feb. 1978): 137-150.

²⁸ Taymūr, “Wa Usdila al-Sitār” 112.

²⁹ *Ibid* 114-115.

shame and social deviance. The latter is, ultimately, expressed via an ill social body rather than a physical one.

A key moment in the narrative when the physicality of this ill body is totally erased occurs in the encounter between the sick woman withering in her bed and the young female neighbour who comes regularly to check on the affairs of the patient. During this repeated encounter, the stranger who comes in is always in a hurry to leave. When she leaves, nothing reminds and certifies to her presence, “not even a shadow”.³⁰ From one symbolic vantage, the absence of a shadow or, more accurately, the absence of a physical outline to this intruder (in the reference to shadows) is an exemplification of the invisibility of concrete physical bodies within the space of the narrative - a physicality that if present could articulate the reality of bodily malaise from whence the narrative emerges. The physical gap the intruder leaves behind is a symbolic gap in the whole notion of physicality within the protagonist’s narrative. On another level, when the protagonist envisions the visitor coming in to find her dead the scenario she constructs is one where the intruder is left terrified, overwhelmed with the horror of approaching a body in total repose and even screaming for help.

The absence of the visitor’s shadow on the wall and the visitor’s fear that emerges in the protagonist’s construction of that future scenario conveys much insight about the social context that determines the experience of the protagonist’s illness and how others react to it. This is because, according to

³⁰ Taymūr, “Wa Usdila al-Sitār” 106.

Judith Lorber and Lisa Jean Moore, “states of ‘being sick’ are shaped by cultural and moral values, experienced through interaction with members of one’s immediate social circle.”³¹ In the lack of spoken words and interaction between the protagonist and the visitor and in the whole troubled relationship to the body as a shadow and the body ravaged by pain is an insistence to express and articulate the story of sickness via a social body only. This insistence, in itself, accentuates the troubled relationship to ill bodies and, more specifically, female ill bodies within this work and others.

The narrative of Taymūr’s “*Wa Usdila al-Sitār*” insists on wiping out the reality of concrete bodily pain. Instead it stresses the social landscape of the consciousness of the protagonist, the shame and stigma that is attached to her actions and, consequently, to the illness as an abstract formula. It also renders pain an inevitable precursor and an essential process in her redemption. In this, it is above all a moral illness narrative that relies on a tragic-romantic mode of expression to heighten the effect of the former, i.e. the expression of the social landscape of the illness and its moral rhetoric is portrayed and achieved via highly tragic and romanticized states of being. Writing on narrative genres, Kelly Field locates a set of identifiable ones that have been repeatedly detected in both general and illness narratives. These are epic or heroic, tragic, comic, romantic

³¹ Judith Lorber and Lisa Jean Moore, “Gender and the Social Construction of Illness: Overview,” *Gender and the Social Construction of Illness*, 2nd ed. (Walnut Creek; Lanham; New York; Oxford: Alramira Press, 2002) 2.

and didactic.³² In Taymūr's story elements of tragedy and romanticism appear to take precedence via metaphors of illness, intense emotional states in expressing loss, and in speaking of pain. The protagonist's illness is, for example, described as merciless, "colonizing her violently" and drowning her in a world of ferocious pain where she resides in a dismal, lonely room with no one to visit except the young neighbour.³³ Also, the emphasis on fate and the idealization of the final retrieved state of social chastity accentuate the romantic sensibility that is at play, despite attempts to present a realistic portrayal of the life of the patient. And yet by its very moral dimension and in its search for virtue in that final phase of old age, the protagonist's story opens up into positive possibilities where moral values are regained via pain and the end offers room for a possible beginning or even an affirmation of her redemption.

Also, throughout there is an attempt to create a public image in line with the standards deemed necessary by society. Although the protagonist's world is a lonely one, and the space she resides in is closed to the outside world, her narrative is, in itself, an attempt to connect with that world. It is also one that strives to create a semblance of social normality and a role model for other members of society. The protagonist's telling of her life-story, misfortunes and the sickness it has caused is a final testimony to other younger social members. As Kleinman would sum it up, in the very act of telling, the patient "establishes a

³² Bury, "Illness Narratives" 278.

³³ Taymūr, "'Wa Usdila al-Sitār" 115-116.

kind of expertise to authorize the giving of advice and to reaffirm the bond with the young and with those survivors who will carry on the account after [her] death.”³⁴ Again the encounter between the protagonist and the young neighbour is an indication of that. Two generations, two lives: one whose story has ended, the other about to begin. One is cut off from the outside world, the other venturing into it. Still, it is in the account of the elderly patient that the confirmation of significant socio-cultural values are delineated and, in that sense, it is in her account that the social body is underpinned.

Yūsuf al-Sibā‘ī: *Naḥnu lā Nazra‘u al-Shawk*

Like Taymūr’s short story, al-Sibā‘ī’s two volume novel *Naḥnu lā Nazra‘u al-Shawk* also captures and indexes a broad set of meanings and understandings of the reality of female physical illness in Arab societies. Written in 1969, *Naḥnu lā Nazra‘u al-Shawk* belongs to a series of works by al-Sibā‘ī (1917-1978) which strove to make a shift from his earlier romantic–tragic and historical style of writing and to construct a realistic portrayal of the world of his characters and, ultimately, a realistic rendition of the times he lived in and the changes he witnessed.³⁵ But al-Sibā‘ī, whose literary career began after the end of World War II, was ultimately a writer of the romantic genre. His fictions, plays and essays gave him wide recognition though, to date, critics are still

³⁴ Kleinman, *The Illness Narratives* 50

³⁵ Yūsuf al-Sibā‘ī, *Naḥnu lā Nazra‘u al-Shawk*, 2 vols. (Cairo: Dār Miṣr lil-Ṭiba‘ah, 1969). All quotes from the novel are my translation.

divided as to whether his work deserves the acclaim it had and still enjoys or whether it should be dubbed within the category of “lightweight fiction”.³⁶

Nevertheless, one indisputable fact is that al-Sibā‘ī remains one of the key names in the romantic Arabic novel of the 40’s and 50’s and the nature of his writings reveal his belief in the power of literature to influence society, alter its existing views and to serve as a platform for articulating their thoughts and sentiments.³⁷ To analyze al-Sibā‘ī’s work is to note elements of influence of 18th and 19th century European romantic writings as well as those of the earliest Arabic prose.³⁸ With the beginning of realism in the 1940’s in Egypt and the emergence of the works of writers such as Maḥfūz and Idrīs, whose literary productions dealt with the social and political realities within their contemporary society, al-Sibā‘ī’s work also responded to this change in the temperament of writing. The result were works such as *al-Saqqā’ Māt* [The Water-Carrier is Dead] (1952)³⁹ and *Naḥnu lā Nazra‘u al-Shawk* which have been identified within the framework of realist writing.

Regarding *Naḥnu lā Nazra‘u al-Shawk*, the novel is realist in its exploration of the lives of people who grapple with social injustices and class inequality while sustaining the realm of romantic sensibility in its focus on fate and idealization. In terms of its plot, the novel focuses on the experiences of a

³⁶ Gail Ramsay, *The Novels of an Egyptian Romanticist: Yusuf al-Siba’i* (Edsbruk: Akademitryck AB, 1996) 1-2.

³⁷ Ibid 8.

³⁸ Ibid 17.

³⁹ Yūsuf al-Sibā‘ī, *al-Saqqā Māt* (Cairo: Dār Rūz al-Yūsuf, 1956).

low-class, uneducated female protagonist, Sayyidah, whose tragic life-course and continuous encounter with social discrimination are precipitated by configurations of gender ideologies and the dynamics of dominant masculinity which leave women like her trying to attain respectability but repeatedly denied it. Thus, Sayyidah's experiences are marked by a series of heartrending inflictions that find her marrying dishonest men, being deserted and psychologically wounded by them, as well as struggling to rise above dismal financial conditions and, most devastatingly, denied her only son. In short, in Sayyidah's story and in the personal account she narrates, the appalling conditions of the larger social group she is part of are registered and the minute details of the ugliness they are subjected to criticized and condemned. But parallel to the story that exposes the plight of a specific social class in Egypt, to which Sayyidah belongs, is the story of this woman's sickness or rather illness narrative.

In fact, the novel - like "Wa Usdila al-Sitār" - begins with Sayyidah reclining on a bed, sick and on the verge of death. In this last phase of her life she revisits and tells of her past, weaves a tale of personal and tragic experiences that, to borrow Kleinman's postulation, need to be "tidied up, put in their proper place, rethought and, equally important, retold in what can be regarded a story rapidly approaching its end."⁴⁰ The details of this final stage of excruciating pain and chronic illness also capture the gendered tensions at play in female illness

⁴⁰ Kleinman, *The Illness Narratives* 49-50.

narratives and the moral, tragic-romantic twist that, at the time, marked these illness accounts. Most importantly, they divulged the insistence to write of the ill social body rather than the physical body with regard to female characters.

For Sayyidah illness brings with it a wasting away of the body but also peace of soul and liberation from the thorny and brutal issues around her. From a young, innocent girl raised by a cruel step-mother to a woman whose sole aim was to establish a family and raise kids, Sayyidah finds that dreams are largely unattainable and that falling into that realm of ill deeds is necessary to survive both financially and socially. Thus, we are told that in her life she has been raped, exploited by men - two of whom were her husbands - forced to become a prostitute, then a mistress of a married man, only to become a prostitute again later in life and all out of necessity rather than free will.

When Sayyidah narrates the story of her life, she not only tells of her past but also interprets and evaluates it. Questions of moral worth, gendered public and private performances and redemption via illness are very much a part of the story of her interpretation of her life. In a sense, Sayyidah's story is not merely a personal narrative but one that is socially produced,⁴¹ and that underlies a personal experience with cruelty and injustice.⁴² Simultaneously the narratization affirms core patriarchal social values and is, like Taymūr's short story, an evocation of an authoritarian male voice. In short, throughout, it is Sayyidah's

⁴¹ For a discussion of illness as a social construct see Gerhard Nijhof, "Parkinson's Disease as a Problem of Shame in Public Appearances," *Sociology of Health and Illness* 17(1995): 193-205.

⁴² For an explication of illness vs. perceived injustices see Kleinman, *The Illness Narratives*.

illness and the reaction of the individuals around her to it that builds an illness account and that exposes the meaning of female physical illness both within the world of the narrative and the larger social environment.

It is important to begin the analysis of Sayyidah's illness experience by highlighting its timing which, as is the case in "Wa Usdila al-Sitār," exemplifies the moral and gendered undertones to the illness itself and its redemptive capacity. For after a life of battling in the public sphere to survive and after witnessing the death of her young son, Sayyidah reaches the most desolate moment of her existence. Thereafter, fate extends a sympathetic hand by finding her a safe haven in the house of a family that had once sheltered her while young and whose headmaster, Ḥamdī al-Ṣamadūnī, is the one man she had always loved. There Sayyidah lives and cares for the house and becomes a second mother to Ḥamdī's son, Muḥammad. Even more, she becomes Sayyidat al-bayt, i.e. mistress of the house. As she enjoys this new stage of her life and almost redeems herself of her past by being a devotional mother to the young boy, Sayyidah's health is disrupted by a malignant tumour in her stomach.

Again, like "Wa Usdila al-Sitār," the emergence of the sickness at this stage of the protagonist's life is highly discursive and indicative of a masculine ideology towards who should become sick and what purpose female sickness should serve. Sayyidah's illness strikes at a time when she has retreated to the private domain and, in this sense, has restored her rightful social position by fulfilling the traditional gendered performance society dictates. Although the

protagonist of “*Wa Usdila al-Sitār*” begins her redemption by religious rituals and culminates it with the experience of illness and pain, in *Naḥnu lā Nazra‘u al-Shawk* redemption is commenced not only by the movement from the public to the private domain but also by the devotional exercise of motherhood. The maternal bonds that Sayyidah develops with Ḥamdī’s son redeem her failure to practice her biological right of maternity to her real son.

It is true that Sayyidah’s maternal failure with regard to the latter was caused by circumstances beyond her control, but from a symbolic stance her society and culture still deem her an unfit mother, if not for anything but her profession as a prostitute. As Goffman postulates “a status, a position, a social place [...] is a pattern of appropriate conduct, coherent embellished, and well articulated.”⁴³ Based on the standards that society considers appropriate female behaviour, Sayyidah appears to fail drastically. The failure to live out her motherhood properly is perhaps most exemplified in the scene where Sayyidah’s biological son is hit by a car while she stands at a short distance but is helpless to save him. All these shortcomings are redeemed in the very process of establishing an alternative maternal world in the house of her employers and through her devotional attendance to the young boy of the house. In this domestic domain, Sayyidah begins to feel that God has granted her a “safe and decent place,” where the head of the house treats her like a member of it, buying her headscarves, cotton bras, and food for the birds among other things she

⁴³ Goffman, *The Presentation of Self in Everyday Performance* 81.

requests.⁴⁴ And it is in the delineation of these little purchases that one notes the moral restoration of Sayyidah's character from a woman who sells her body to a woman who protects it by desexualizing herself with the plain attire.

After the restoration of her traditional gendered function in society and her chastity, Sayyidah's body succumbs to the illness. Yet, the latter only leaves her restful and at peace with the world. This is because with illness comes the prospect of death and this brings with it yet another promise of the restoration of her rightful role in society, that of ultimate belonging to the cradle of domesticity. The latter is underscored when Sayyidah asks that she be buried in her employer's family graveyard, a symbolic representational space of familial and domestic enclosure. Even in the disagreement as to whether to admit Sayyidah to the hospital or not, one learns that Sayyidah does not wish to leave the family house nor does her surrogate son agree to the aforementioned suggestion that the doctor proposes. The resistance to the moving of Sayyidah's ill body from the domestic space of the house to the public space of the hospital emphasizes the tension between the differing views at the time regarding the place of women in society. While Ḥamdī's daughter is of the opinion that Sayyidah should be transported to the hospital, Muḥammad is not. More importantly, it is Sayyidah who rejects this idea and in her rejection is an adoption of the traditional discourse that sees women's role in the house rather than outside of it. In short, in Sayyidah's ill body and in the debate over its

⁴⁴ Al-Sibā'ī, *Naḥnu lā Nazra'u al-Shawk*, vol. 1, 12.

border crossing from a private to a public domain are registered a set of social discourses regarding the rightful place of that female body in health and sickness.

Nevertheless, while Sayyidah's family argue over whether to transfer her body to the hospital or not, the representation of that body remains within the realms of a socially constructed view where, as Carol Smith Rosenberg would put it, "the human body, known only through the social body's conceptual categories" cannot be experienced except as a "cultural construct, its carnal realities are [...] transformed into a cloak" for many discourses and ideologies.⁴⁵ Through Sayyidah's illness are expressed the strain of differing gendered worldviews as well as the then-sentimental romantic stance towards illness which was also evident in "Wa Usdila al-Sitār". Sayyidah's ruminations on her life as she lies sick and her last monologues are replete with much pathos and sentimental resignation to the workings of the illness. Like the protagonist of "Wa Usdila al-Sitār," Sayyidah almost embraces her illness and makes little effort to seek treatment. Rather she opts to "raise the white flag" for death.⁴⁶ In this, another symbol of Sayyidah's reconciliation with death is apparent, and also an allusion to the purity of a self that has undergone moral transformations. Hence, Sayyidah's belief that "God will honour her" with an appropriate burial site in her afterlife.⁴⁷

⁴⁵ Carol Smith Rosenberg, *Disorderly Conduct* 51

⁴⁶ Al-Sibā'ī, *Naḥnu lā Nazra' u al-Shawk*, vol 2, 937.

⁴⁷ Ibid.

Also, in Sayyidah's vocabulary and images are evoked a relationship to illness and death that is akin to the epiphany that was noted earlier in "Wa Usdila al-Sitār". For example, in the last scene of the novel, Sayyidah is still lying on her bed and right beside her are "colourful birds humming in the cage."⁴⁸ But Sayyidah's only request to her surrogate son is that he let loose the birds so that they could fly to freedom.⁴⁹ Here it is possible to read Sayyidah's request as a call for women's freedom particularly since she compares herself to the birds. However, considering the overall context in which this appeal is made and Sayyidah's stance towards her illness, it becomes obvious that the flying of the birds to attain freedom is a reflection of her peaceful soul armoured with faith and wanting to fly to death.⁵⁰ The image of the birds flying to their freedom is a sentimental and romantic correspondence to the flying of Sayyidah to the arms of death. And Sayyidah's last words are a celebration of the approach of that eternal home. We are told that "suddenly the pain disappeared," and Sayyidah was no longer a "slave to her needs, or her feelings or her sadness or her pain."⁵¹

2. Domestic Bodies, National Subjects

Another trope in the representation of physically ill and disabled female characters was that which employed their bodies as symbolic sites of the

⁴⁸ Ibid 942.

⁴⁹ Ibid 945.

⁵⁰ Ibid 945-946.

⁵¹ Ibid 946.

condition of the nation. The crippled and invalid female, here, communicated intrinsic political ideologies and relationships to the nation and conveyed images of the fractured, immobilized and/or wounded one. Writing on the symbolism of women in the Arabic novel Jūrj Ṭarābīshī affirms that, in many cases, the images of women in Arabic novels served as symbols of the nation. Ṭarābīshī's analysis draws mainly on the works of Egyptian writers such as Tawfīq al-Ḥakīm's *'Awdat al-Rūḥ* [Return of the Spirit] (1932),⁵² Faṭḥī Ghānim's *Tilka al-Ayyām* [Those Days] (1966), Maḥfūz's *Mirāmār* [Miramar] (1967),⁵³ and *Zaynab wa'l-'Arsh* [Zainab and the Throne] (1978).⁵⁴ In his analysis of the impact of the socio-political and cultural changes upon the Arabic novel, Sabry Hafez also discusses the shifts in the representation of the nation/country in relation to Arab female literary heroines. The critic explicates that, before the 60's, much concern was focused on fending off colonial occupation. The tension that was brimming in society was "between the self and the other." Hence, internal division within the various Arab states and between neighbouring Arab countries was minimal and this had the effect of uniting the Arab nation in its entirety. Also, during this phase the novels that were produced identified the "self with the country" while the country was often the familiar, peasant girl who had a gentle, loving

⁵² Tawfīq al-Ḥakīm, *'Awdat al-Rūḥ*, 2 Vols. (Cairo: Maktabat al-Ādāb, 1932).

⁵³ Najīb Maḥfūz, *Mirāmār* (Cairo: Maktabat Miṣr, 1967).

⁵⁴ Jūrj Ṭarābīshī, *Ramzīyat al-Mar'ah fī al-Riwāyah al-'Arabīyyah wa-Dirāsāt Ukhrā*. (Beirut: Dār al-Ṭalī'ah, 1981). Faṭḥī Ghānim, *Tilka al-Ayyām* (Cairo: Dār Rūz al-Yūsuf, 1966); *Zaynab wa'l-'Arsh* (Cairo: Dār Rūz al-Yūsuf, 1978). For a study of gender and nation in the early part of the 20th century and specifically with regard to the trope of the 'New Man' see Hoda el-Sadda, "Imaging the 'New Man': Gender and Nation in Arab Literary Narratives in the Early Twentieth Century," *JMEWS: Journal of Middle East Women's Studies* 3.2(Spring 2007):31-55.

temperament. This was particularly evident in Haykal's *Zaynab* (1912), al-Sharqāwi's *al-'Arḍ* [Egyptian Earth] (1954) and Maḥfūz's *Mirāmār*. In a few cases, the country was represented as an urban woman but, even then, this woman remained an "idealized girl from the very popular quarter of the city in which the rural ethos was very much alive." This was apparent in al-Ḥakīm's *'Awdat al-Rūh* and its heroine Saniyyah.⁵⁵

The period after the 60's, according to Hafez, saw more educational opportunities unfolding, greater "social mobility," and a weakening of patriarchal influence. Simultaneously, "socio-cultural awareness" intensified and this perpetuated a heightened sense of one's identity and "difference from others." All this resulted in "social unrest, sectarian violence and even civil war." Consequently, the country, in the literature of that time, was transformed into the "middle-class urban woman." Among the examples that the critic cites is the work of Egyptian Laṭīfah al-Zayyāt's *al-Bāb al-Maftūḥ* [The Open Door] (1960),⁵⁶ Syrian Ḥaydar Ḥaydar's *Walīmah li-A 'shāb al-Baḥr* [A Banquet for Seaweed] (1979),⁵⁷ and Iraqi Fu'ād al-Takarlī's *al-Raj' al-Ba'id* [The Long Way Back] (1980).⁵⁸

⁵⁵ Sabry Hafez, "The Transformation of Reality and the Arabic Novel's Aesthetic Response," *Bulletin of the School of Oriental and African Studies*, University of London 57.1(1994): 94. All further references will be abbreviated.

⁵⁶ Laṭīfah al-Zayyāt, *al-Bāb al-Maftūḥ* (Cairo: Anglo Bookshop, 1960).

⁵⁷ Ḥaydar Ḥaydar's *Walīmah li-A 'shāb al-Baḥr* (Beirut: Mu'assasat al-Abḥath, 1979).

⁵⁸ Hafez, "The Transformation of Reality" 94-95. Fu'ād al-Takarlī, *al-Raj' al-Ba'id* (Dār Ibn Rushd, 1980).

In this section I propose another trope in the representation of the female heroine as country and this is the disabled female character who often occupied a minor, secondary position in the narrative and was largely alienated. My argument will take as case studies Kanafānī's *Rijāl fī al-Shams* and Qāsim's *Abnā' al-Qal'ah*.

Ghassān Kanafānī: *Rijāl fī al-Shams*

Written in 1962, *Rijāl fī al-Shams* [Men in the Sun]⁵⁹ is perhaps one of Kanafānī's most pessimistic works. It is also the one which founded his reputation as a leading Arab writer whose work did not solely convey political commitment but also sophisticated narrative mode. In fact, the recognition that *Men in the Sun* received was instigated by the "narrative technique the novel display[ed], the haunting symbolic significance with which its action resonate[d], and its apocalyptic vision of Palestinian reality."⁶⁰ While most of Kanafānī's writings stem from the trajectory events in Palestinian history, what set him apart from other Palestinian writers grappling with these same events was the

⁵⁹ Ghassān Kanafānī, *Rijāl fī al-Shams* (Beirut: Dār al-Ṭalī 'ah, 1962). Throughout the analysis I will refer to the English translation and all quotes from the text will be from the translated version: Ghassan Kanafani, *Men in the Sun and Other Short Stories*, trans. Hilary Kilpatrick (London: Heinemann; Washington D.C.: Three Continents Press, 1978) 9-56.

⁶⁰ Muhammad Siddiq, *Man in a Cause: Political Consciousness and the Fiction of Ghassan Kanafani* (Seattle and London: Univ. of Washington Press, 1984) 9-10. All further references will be abbreviated.

“dialectical interplay between political import and aesthetic qualities” in his work.⁶¹

Also, the fact that his writings repeatedly evolved around the major events in Palestinian history, while his characters were constantly attempting to come to grips with all the ramifications these events entailed, is in itself not strange; this writer’s birth and life was concurrent with these events. Kanafānī was born in 1936, a year that saw the escalation of Palestinian nationalism. In 1948, and at the age of 12, he witnessed the displacement of Palestinians from their homeland and in the ensuing years lived himself a life of exile and extreme misery in refugee camps. In 1972, he was killed in a car explosion. At the time, he was only 36 and a spokesman for the Popular Front of the Liberation of Palestine (PFLP).⁶² But Kanafānī had also left behind three published novels, a play and around fifty short stories.⁶³

Commenting on Kanafānī’s fictional works, Muhammed Siddiq notes that most of this writer’s literary productions engaged in “two simultaneous but diametrically opposed lines,” one tried to stay on track with the Diaspora that resulted after 1948 while the other attempted to recreate the history of Palestinians prior to 1948. Nevertheless, the year 1948 remained the locus point

⁶¹ Ibid xiii.

⁶² Between 1963 and 1967, Kanafānī was editor-in-chief of the following newspapers and journals: *al-Muhārīr*, *al-Anwār*, and *al-Ahdāf*. In 1972, he was killed together with his niece by a car bomb in Beirut.

⁶³ These include: *al-Bāb* [The Door] (1964), *Mā Tabaqqā Lakum* [All That’s Left to You] (1966), *‘An al-Rijāl wa al-Banādiq: Qiṣaṣ* [On Men and Rifles: Stories] (1968) and *‘Ā’id ilā Hayfā* [Return to Haifa] (1970).

in Kanafānī's works though the "political criteria" he employed to grope with this event underwent changes depending on the year in which he was writing. More specifically, the wave of works that emerged between 1956 and 1963 were generally marked by a dismal, grim and downcast mood while those that were published after 1963 revealed a more optimistic approach.⁶⁴ Yet it is to the period marked by a cynical and gloomy stance that *Men in the Sun* belongs.

The novella tells the story of 3 Palestinian refugees - Abū Qais, As'ad and Marwān - who struggle to cross a desert that extends from Iraq to Kuwait, which they intend to reach in the hope of improving their bleak livelihood. But lacking any financial means to pay Iraqi smugglers, the three refugees agree to be smuggled by a fourth Palestinian, Abū al-Khayzarān, in a lorry tank for a cheaper amount of money. The only condition for their travel is that they agree to hide in the lorry tank at border checkpoints. Though the men manage to cross the first checkpoint and survive the heat and the water tank, at the second checkpoint Abū al-Khayzarān is detained by interrogators. When the latter is set free he returns to the lorry to discover that his three passengers have suffocated to death. Incapable of distinguishing the dead bodies, Abū al-Khayzarān gets rid of the three corpses after he takes the money in their pockets.

Although the novel starts off as a journey for rebirth and new beginnings for displaced individual Palestinians, the irony is that it ultimately becomes one

⁶⁴ Siddiq, *Man in a Cause* xiv. According to Siddiq the optimistic approach was due to the development of the Palestine Liberation Organization in 1964 and the emergence of the armed resistance movement fatah in 1965, both of which promised new changes to the reality of Palestine.

that steers them into the arms of death. It also defeats any prospect for change both at the level of their lives and on the level of the wider Palestinian national predicament. After all, the death of the three men at the end of the narrative reflects the “collective symbolic status” of Palestinians whose fate has forced them to head away from Palestine and to be incapable of “perpetuating the Palestinian species,”⁶⁵ in as much as they are incapable of finding a place and a territory in which to survive.⁶⁶ But against the story of the border crossing of these men and their subsequent hardships and tragic death, Kanafānī weaves other stories and past events into the master narrative via these characters’ flashbacks and recollections. This, in turn, brings other figures and stories to light. One such example is that of the disabled Shafīqah whose presence dramatizes yet another discourse and representation of female physical illness and disability in the works of Arab male writers during the fifties and sixties.

Shafīqah’s presence emerges in the remembering of Marwān regarding his life and the events that drove him to search for an alternative homeland in Kuwait. As the reader learns that Marwān’s decision to leave was triggered by his need to make enough money to support his mother and siblings, all of whom were deserted by a father who opted to give up his responsibilities and marry another woman, we are introduced to the figure of Shafīqah. For Shafīqah is the

⁶⁵ Ibid. 13. Siddiq argues that while it is true that Abū al-Khayzarān survives, his survival is flawed in that this character is a eunuch and hence holds no promise of extending the Palestinian line.

⁶⁶ See Barbara Harlow, “History and Endings: Ghassan Kanafani and the Politics of Terminations in Palestine,” *After Lives: Legacies of Revolutionary Writings* (London: New York: Verso, 1996) 43-75. All further references will be abbreviated.

woman that Marwān's father marries because of the financial and social security marriage to her provided. Initially, Marwān claims he cannot comprehend how his father abandoned his mother for "no reason than to marry that deformed woman."⁶⁷ Later, though, he tells that his father was desperate to "move from the mud house which he had occupied in the camp" for years and to spend his remaining years "under a concrete roof," dreams that his marriage to Shafīqah could at least turn into a reality. This is because Shafīqah owned a proper house and lived off money provided to her by charity. The money reassured Marwān's father that he could "live out the rest of his life in security, untroubled by anything."⁶⁸ But, as Kanafānī's narrative suggests, the attainment of financial and social stability by Marwān's father comes with a heavy price, the disability of Shafīqah. And it is the manner in which this disability is described that the stigma surrounding physically invalid and sick women in the Arab world is dramatized. Simultaneously, it is in the mode through which Shafīqah's character is presented that one reads yet another metaphoric representation physically ill and disabled women occupied in the literary works of Arab male writers, that of embodiments of the nation.

In *Men in the Sun*, Shafīqah's voice is largely omitted even in the recollections of Marwān while the descriptions of her are restrained and brief. Yet it is in what is briefly said and what is left largely unspoken that an illness

⁶⁷ Kanafani, *Men in the Sun* 26.

⁶⁸ Ibid.

and disability narrative can be charted out and a discourse on female physical illness and disability revealed. In a sense, Shafiqah's body in the novel, as Miriam Marty Clark would postulate, "exists first outside of and beyond speech,"⁶⁹ but it is in this silent existence that her body creates speech,⁷⁰ to discover a way out of narrative ruins and to construct an illness narrative that is constituted by metaphoric representations of the illness/disability and by the stigmatized images in which her disability is shrouded.

From one vantage, the invalidism of Shafiqah and the manner in which it is depicted emphasizes the level of social exclusion and shame that her imperfect physical attributes prompt in cultures such as the one to which she belongs. For example, in the physical images that Marwān relies on to depict the nature of Shafiqah's damaged body is a degree of stigma and shame that not only pushes this character outside the social space that everyone else exists in but also reduces her from a whole person to one suffering perhaps from a spoiled, marred identity.⁷¹ Even more, there is an almost freakish, monstrous quality attached to her character by the sheer nature of the words Marwān employs to describe the disability of her body.

Shafiqah, according to Marwān, is a woman whose leg had been "amputated at the top of the thigh," leaving her a "burden" on her own father and

⁶⁹ Miriam Marty Clark, 'Hemingway's Early Illness Narratives and the Lyric Dimensions of 'Now I Lay Me',' *Narrative* 12.2(May 2004): 168.

⁷⁰ For a discussion of begetting speech in illness narratives see Arthur Frank, *The Wounded Healer* (Chicago: Univ. of Chicago Press, 1995).

⁷¹ Goffman introduces the notion of spoiled identity in his book *Stigma: Notes on the Management of a Spoiled Identity*.

a repulsive woman to men in general.⁷² Even her attractive facial features were not sufficient to convince anyone to marry her. If anything, and again in Marwān's words, her invalid physical state has almost transformed her "beautiful" face into a "hard-featured" one that resembled the faces of "all those who are incurably ill." Even "her lower lip was twisted" in a manner that indicated she was "about to cry."⁷³ In short, to others Shafīqah is a "deformed woman"⁷⁴ and the physical imperfections that are visible on her body are, to society, signifiers of an imperfect character as well. Moreover, the fact that someone like her is able to secure a man, even one as old as Marwān's father, strikes Marwān as totally incomprehensible.

It is interesting to note that Shafīqah's disability and the stigmatizing qualities that are employed to describe her are presented through the perception of others, specifically Marwān, and never through her. In that, these perceptions are influenced by Marwān's own personal setbacks and degrading experiences. Writing on illness representation in Western cultures, Sander L. Gilman argues that illness has repeatedly been represented as an 'Other' adding that the "fear of collapse" and "the sense of dissolution which contaminated the Western image of all diseases" is behind the representation of illness and disease as such. Yet this "fear does not remain internalized," and is rather "projected onto the world in order to localize it and, indeed, to domesticate it." This is because, according to

⁷² Kanafani, *Men in the Sun* 26.

⁷³ Ibid 29.

⁷⁴ Ibid 25.

Gilman, "once we locate it, the fear of our own dissolution is removed. Then it is not we who totter on the brink of collapse but rather the other. And it is an Other who has already shown his or her own vulnerability by having collapsed."⁷⁵

Gilman's postulation is particularly relevant in the case of Shafiqah's illness/disability, the place it occupies in the narrative, and the image it projects in relation to the other characters in the novel.

One of the overarching themes/moods in *Men in the Sun* is the sense of desolateness that assails the characters and which is triggered by the disillusionment of their lives and worth in relation to their families as well as their displaced selves with regard to their nation state. Therefore, when Marwān describes Shafiqah he projects upon her and her disability all the disenchantments, wounds and victimization within him. References to lips twitched in a manner akin to crying, arms raised upwards in a gesture of prayer and features tainted with the mark of untreatable illness carry symbolic reflections of the vulnerability, anguish and resignation to the afflictions the disability has imposed upon the body of Shafiqah. Simultaneously, they are also a reflection of the vulnerable physical and psychological state of the other characters, particularly Marwān. If anything, the abject state that Marwān sees in Shafiqah's disability discloses much about his own state of mind and the other characters.

⁷⁵ Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to Aids* (Ithaca: Cornell UP, 1988) 1.

More importantly, Shafīqah's body is also a symbolic representation of the social and political landscape of Palestine itself. The brief illness narrative that one decodes through Marwān's description and encounter with Shafīqah could also be interpreted as a narrative that articulates the state of affairs of a nation and a people in crisis. Just as Abū al-Khayzarān's emasculated manhood and his inability to usher the other three Palestinians through the voyage of rebirth has been perceived as both a symbol of the failure of Palestinian leadership at the time and an ironic lashing at the official assurance of Arab politics and its reality,⁷⁶ one can read Shafīqah and her disability in light of what is said and not said about it as a symbol of the crippled Palestinian nation and the alternative landscape of that lost nation. In short, Shafīqah inhabits a place in the narrative that gives her presence a metaphoric embodiment that is as politically and ideologically telling as the presence of the major male figures in the narrative.

On one level, the fact that Shafīqah's disability was brought about in a "bombardment of Jaffa,"⁷⁷ rather than any birth defect or other natural causes lends her whole presence in the narrative something in common with men like Abū al-Khayzarān whose damaged physical manhood was inflicted during a battle in 1948. In the same way that Abū al-Khayzarān's castrated manhood and his relation to it serve as a reminder of the loss of a country and leadership as

⁷⁶ During the 1950's, pan-Arab nationalism was heightened and its rhetoric promised to provide a platform for unity amongst all Arab states and a homeland for all Arabs

⁷⁷ Kanafani, *Men in the Sun* 26.

well as the dismal, humiliating reality of Palestinian life,⁷⁸ Shafīqah's amputated limbs also enforce the physical costs that accompanied the loss of the nation and the dejected realities it propelled. On a larger symbolic scale, Shafīqah's body carries the mark of the wounded nation itself and is itself an embodiment of it.

While Shafīqah's immobility is yet another metaphor of the overall inertia of Palestinian livelihood, her inability to move also foregrounds the irony of the journey of the three Palestinians who no longer have any way of reconfiguring their lives except by distancing themselves physically from their homeland and by seeking an alternative one that seems to reside in the realm of fantasy. The men in Kanafānī's novel have no way of reconstituting their lives except via the mobility of their bodies but, ultimately, the outcome of their movement is as static as the body of Shafīqah herself. If the journey for new beginnings in *Men in the Sun* is an ironic portrayal of the inability of Palestinians to escape the quagmire of vulnerability in which they are drenched and a reflection of what appears to be the almost permanent hardship of their lives and their nation, the static body of Shafīqah is another affirmation of this - albeit via her disabled body. Shafīqah's disability offers a parallel affirmation of Palestinian suffering and national wounds as well as an early pronouncement of the outcome of the journey motif perhaps. In this, Kanafānī's narrative transforms both male and female bodies into icons of the nation and these are

⁷⁸ On the other hand, Abū Qais is a symbol of past Palestine and a reminder of peasant life as well as attachment to the land. See Mary N. Layoun, "Deserts of Memory," *Travels of a Genre: The Modern Novel and Ideology* (Princeton, New Jersey: Princeton UP) 175-208.

ultimately fractured, immobile and reduced to ghastly images of their original selves.

If Shafiqah's body is a metaphoric representation of a nation that is injured and stripped of its wholeness, that same body is also an antithesis of the nation/ homeland. This woman's invalid body is, on one level, a symbolic refugee camp for those who belong to the displaced nation. This is perhaps best understood when one scrutinizes the reasons that drive Marwān's father to marry Shafiqah and the almost inseparable references that are repeatedly made between Shafiqah and the house she owns. As noted earlier, all Shafiqah's attributes reside in her ownership of a house which promises Marwān's father a semblance of a life that is unperturbed by the daily anxieties the majority of Palestinians were grappling with and which encompassed finding a proper roof over their heads. Marwān's father agrees to marry Shafiqah and to withstand the stigma that her disability resonates with and even to associate himself with this stigmatized self because, in living with her, he would have a roof over his head. After all, this man's hopes and aspirations had been destroyed and all that remained to him was, at least, to live the last days of his life with the minimal level of dignity that the house provides. What Marwān's father marries is not Shafiqah herself but her house and, in that sense, her disability becomes a profitable commodity for her new husband in the same way that her disability becomes a beneficial one to her because it provides her with financial gain which all the male characters in the novel seem to lack and are even desperate to attain.

Consequently, the ironic twist in Kanafānī's novel is that power and security are located more in the domestic private sphere than in the public one. For although a man like Abū al-Khayzarān continues to occupy the public sphere and to play a role in instigating the mobility of the male characters and, hence, the nation, he ultimately fails to perform his role properly. Moreover, he even causes the death of the other characters, though indirectly. Abū al-Khayzarān's worth as a tool in the plight of the nation and its people is subverted and minimized because his role in the public sphere is shown to be as invalid as the physical body of Shafīqah. Oddly enough, it is Shafīqah's disabled body and her existence in the domestic sphere that is the more valuable tool/commodity because it offers a sense of socio-economic security to Marwān's father and does not bring any harm upon him.

From this one deduces that one of the superior symbolic attributes allocated to Shafīqah's disabled body is that it is a valuable economic commodity to those Palestinians who have lost all their property. But this commodity is also a symbolic representation of the substitute dwelling that all Palestinians searched for after being driven out of their houses. The fact that Shafīqah offers to shelter Marwān's mother and her children in this house enforces the symbolic connotation attached to her body/house as the alternative shelter for displaced Palestinians. Herein, one can read Shafīqah's disabled body and its connection to metaphors of houses and shelters as being a metaphor of the refugee camps that many Palestinians ended up inhabiting for lack of any other place to live in. Just

as the camps were made possible because of humanitarian efforts to shelter Palestinians in exodus, Shafiqah's house was purchased by money provided to her by charity offered to her disabled body. And it is this house that helps to comfort the last days of one old Palestinian man.

Despite all this, Shafiqah's disability remains grounded in discourses of shame and stigma both symbolically and in actuality. It is true that her wounded body lends her some financial security via charity money, but as a disabled woman she is expected to pay her dues of that charity to others rather than keep it to herself. One key example of this is that her own father takes it for granted that Shafiqah will have to provide the house and the money to whoever agrees to marry her. Here, it is almost as if Shafiqah's worthless body renders her unworthy of the property she owns. Moreover, her alienation from society because of her disability can be unlocked in the references to the location of her house. The surrogate home that Shafiqah offers Marwān's father is one that exists in a realm that accentuates its separateness from all the other houses and, as such, bespeaks of the alienation of Shafiqah's disabled body from the rest of her society. Shafiqah's house resides on "the edge of town,"⁷⁹ in the same way that her disabled body is located on the fringes of society, setting her apart from everyone around her. It is in the spatial location of the house she lives in that one locates yet another discourse of stigma and shame.

⁷⁹ Ibid.

More indicatively, the fact that Shafīqah's worth is restricted to economic framework is in itself revealing of the unworthiness of her presence in the eyes of her new husband and Marwān. For these men, Shafīqah can only be worthy as a woman if she continues to play the typical female role of reproducer. The inability to reproduce off-springs not only undermines the power Shafīqah might gain by being financially able but also undercuts the role she plays or will play in the plight of the nation. As a Palestinian woman, Shafīqah's power can only be acknowledged in her reproduction of the Palestinian race who will help sustain the threatened existence of her people. In this, one notes that already Kanafānī's novel was setting the stage and reflecting a slowly emerging discourse at the time regarding women and Palestinian nationhood.

This discourse, which later became more pronounced, explicitly lent women power in the national struggle by advocating high fertility rates amongst Palestinian families inside and outside of the country. For the question of population was soon tied up to and perceived by many as a "potent weapon" in the Palestinian-Israeli conflict.⁸⁰ Even more, for Palestinians high fertility rates meant "maintaining the status quo or regaining a status quo ante."⁸¹ This belief led to the promotion of the idea that Palestinian women were the mothers of the nation and key players in its struggle. By limiting Shafīqah's value to economic gain and by having Shafīqah marry an old man who has a large foot in the grave

⁸⁰ Fargues, "Protracted National Conflict and Fertility Change" 468.

⁸¹ Ibid. 446.

and no intention of wanting children, *Men in the Sun* subverts its employment of women as national symbols and embodiments of the land itself. In doing so, the novel keeps Shafiqah's disability and its role as a metaphor largely locked in hegemonic male ideologies as well as segregating discourses of female physical illness and disability where the disabled female body remains isolated, stigmatized and hidden not only in a domestic sphere but one that is further away from other domestic spheres.

Ziyad Qāsim: *Abnā' al-Qal 'ah*

If Kanafānī's *Men in the sun* was produced at a period in time when political conflicts were brimming in society along with the sense that some Arab nations, such as Palestine, were helpless to stop the suffering of their respective countries and people, Jordanian writer Qāsim's *Abnā' al-Qal 'ah* [Sons of the Castle]⁸² - which was completed in 1988 - also seems to grapple with the same time span and experience though from the perspective of those displaced to Jordan and those living with displaced Palestinians.⁸³ After all, the setting of Qāsim's novel unfolds within the same period of events to which Kanafānī's work belongs. The 422-page work is concerned – amongst other things - with the

⁸² Ziyad Qāsim, *Abnā' al-Qal 'ah*, 1st ed. n.d., 1988. Throughout the analysis I will quote from a later edition. 3rd ed. (Beirut: al-Mu'assasah al-'Arabīyah lil-Dirāsāt wa-al- Nashr, 1998).

⁸³ I have chosen to include this work alongside *Men in the Sun* because although it does not belong to the same time-span in which *Men in the Sun* appeared, according to Fahd Salameh, Jordanian writers who produced works during the 80's "were a continuation of the trend that dominated [Arabic] novel writing" of the 60's and 70's. As such, most of the Jordanian novels of the 80's were "no different" from previous works in technique and structure and, as Qāsim's novel shows, subject matter. Fahd A. A. Salameh, *The Jordanian Novel 1980-1990: A Study and Assessment* (Amman: Ministry of Culture, 2000) 170. All further references will be abbreviated.

Palestinian experience right after the nakba of 1948, the dislocation of its people and the years of national resistance and suffering. These multifarious political and national occurrences reach a climax at the end of the novel with the reference to the June 1967 defeat.

All this produces a narrative that tackles national ideologies and political setbacks whose workings are dismantled through the experiences of one particular family and the nature of the inter-relations of its members. For *Abnā' al-Qal'ah* intertwines the personal tragedies with national ones as it exposes the social and economical ramifications that finally led to the defeat. More importantly, it embodies a fraction of the national suffering and the traumas that were experienced, through the body of one of its female characters, thus transforming the latter into a metaphoric medium that expresses the wounded narrative of the nation. In this, Qāsim's novel provides yet another instance where the disabled/sick female body becomes a national subject that supposedly transgresses its domesticity and the lived experience of its disability. But, like *Men in the Sun*, all this does not erase the discourse of shame and stigma embedded within the representation itself and the brief almost silent narrative of the protagonist's disability.

Abnā' al-Qal'ah was the second novel to appear by this writer whose literary career only kicked off when he reached his 40's and after a series of jobs

related to his college degree in accounting.⁸⁴ In fact, Qāsim's first novel entitled *al-Mudīr al-‘Āmm* [The Director-General]⁸⁵ was published in early 1988 and came as a symbolic proclamation of his “professional resignation” rather than a serious attempt to write a literary work.⁸⁶ Nevertheless, the reaction the book instigated revealed the power of the written word to one whose literary work up until then had been restricted to the recording of personal thoughts and this encouraged him to publish another novel. A year later *Abnā’ al-Qal‘ah* appeared and, by Qāsim's admittance, was rejected by publishing houses and ignored by critics - both of whom wouldn't even consider reading the work of a novice writer like him.⁸⁷ Despite the initial disregard to this novel, *Abnā’ al-Qal‘ah* soon gained momentum along with the other three novels that he later published.⁸⁸

With regard to *Abnā’ al-Qal‘ah*, its importance, argues Fahd Salameh, resided in the fact that it was the only work to be published during that time and to take as its setting Amman itself and the experiences of its diverse population. It also presented a “sort of social, political, economic and historical document that reveal[ed] the contradictions contained within a society whose history extend[ed] only seventy-five years.”⁸⁹ The novel tells the story of a Sarcasian family forced to confront a series of tragic events that erupt when a car accident

⁸⁴ Qāsim was born in 1945.

⁸⁵ Ziyad Qāsim, *al-Mudīr al-‘Āmm* (Aman: Wakālat al-Tawzī ‘al-Urdunnīyah, 1988).

⁸⁶ Ziyad Qāsim, “Ja‘ālūnlī Riwā‘īyan,” *Ufuq al-Taḥawulāt Fī al-Riwāyah al-‘Arabīyyah* (Beirut: al-Mu‘assasah al-‘Arabīyyah lil-Dirāsāt wa-al-Nashr, 2003) 69.

⁸⁷ Ibid 70.

⁸⁸ These include: *al-Khāsirūn* [The Losers] (1994-1996) and *al-Zawba‘ah* [The Whirlwind] (2000).

⁸⁹ Salameh, *The Jordanian Novel* 174-175.

leaves one of its female members and her husband dead and the second female member, Fawzīyah, without a leg. Devastated by the aftermath of this accident, Shams al-Dīn - the father of the two women and the head of the household - retreats from society to mourn the death of his first daughter and the disability of the other. In the process, he transforms from a fearless strong man to one who rejects all displays of life including communication with Fawzīyah. And it is in this state of utter misery that death soon finds him.

After the death of Shams al-Dīn, Fawzīyah and her brother Fakhrī are left alone with the former having to care for her brother and her two nephews whose parents died during the fateful accident. Throughout, the novel interweaves these personal tragedies with the period that saw the dislocation of Palestinians from their homeland. In fact, the two nephews - Nāyif and Fāris - are brought from Haifa because of the crisis that was underway in Palestine at the time. In their maternal grandparents' home, the boys are soon raised by Fawzīyah as if they are her own children. From thereon, the novel chronicles the relations between these individuals, specifically Fawzīyah and her nephews, with their local and national groups.⁹⁰ It also tells of the chaotic handling of politics both by certain parties and people and of the economic and social corruption infiltrating. This chaos, suggests the novel, heightened the whole conflict in the region and led to further dissolution.

⁹⁰ Ibid 177.

On one level, the novel could be read in terms of the “experience of Fawzīyah as a foster mother, a woman who never got married, but performs the role of a mother for three boys.” On another, it could be perceived from the wider angle that involves “the interrelationships between different social, economical and political arenas in states of alliance and confrontation.”⁹¹ Yet whatever reading one adopts, the story of Fawzīyah’s disability and its metaphorical meanings continue to haunt much of the national discourse at play and the domestic one that is attached to it. In Fawzīyah’s disability are repeated metaphors of the wounds of the nation as well as insights into the shame female disability triggers in Arab cultures, even when these domestic bodies are transformed into national subjects. In fact, right from the outset of the novel, Fawzīyah’s loss of her leg alters the course of her life dramatically spelling doom both to her life and to the men around. Her father and, to a lesser extent, her fiancé seem incapable of dealing with what appears to them as her physical ruin. Instead of comforting Fawzīyah regarding her bodily trauma, these men shun her away from their lives. They also make it imperative that she be the one to offer comfort to those recoiling from the reality of her lost leg.

During the period that Fawzīyah spends in the hospital trying to recuperate from the accident that left the flesh of her left leg “crushed to the bones,”⁹² we are told that her fiancé only visited her three times, the third time

⁹¹ Ibid 177-178.

⁹² Qāsim, *Abnā’ al-Qal’ah* 18. All quotes from the novel are my translation.

bringing the breaking of his engagement to her “quickly and calmly.”⁹³ As a result of this separation, Fawzīyah returns to her father’s house a deserted, single woman walking on a set of long crutches which cause her to feel “regret and anger and despair.”⁹⁴ Despite these few words regarding her post-trauma, Fawzīyah’s psychological state is never the focus of this part of the novel or even later. Also, her future is automatically assumed to be one where she will never marry and have children of her own.

On the other hand, it is the emotional state of Shams al-Dīn in relation to the crutches of Fawzīyah and later her wooden leg that is expanded on. The narrator tells that in an act of “mercy” upon Shams al-Dīn’s agitated state, Fawzīyah discards her mourning attire over the death of her sister, and perhaps her lost leg, and returns to taking care of the house and her father.⁹⁵ In the process, she places a shield against the trauma of her physical body and her dejected social state. Even that, however, is not enough to dispel her father’s desolateness and his refusal to accept her disabled physicality. Rather the man continues to be haunted by the sound of “that wooden leg,” so much so that as Fawzīyah comforts him she also requests that he stop “weakening her” with his abstinence from food, communication and life itself.⁹⁶ Here it appears that Fawzīyah’s disability poses such a strong danger to the overall establishment of order that had marked her father’s life and his relationship to her.

⁹³ Ibid 19.

⁹⁴ Ibid.

⁹⁵ Ibid 20.

⁹⁶ Ibid.

The fact that Fawzīyah's father could not have prevented the accident and his daughter's disability unsettles his own notion of the all-powerful man who had full control of his family and whose members did not dare question his authority.⁹⁷ As Murphy would suggest, the accident and then the amputation of Fawzīyah's leg remind Shams al-Dīn that the society in which he exists is filled with suffering and injustices and that he is neither immune nor resistant to it. In short, Fawzīyah's physical condition bespeaks of a troubling likelihood that her father is unable to confront. According to Brody's take on sickness stories, because Fawzīyah's disability deprives her of her traditional "social role" of wife and mother and leaves her with no alternative role, she becomes someone who occupies a "liminal" space where she exists in "limbo" and is transformed into an "Other." This renders all the "social interactions between the able-bodied" persons around her, such as her father, with her almost impossible.⁹⁸ More cruel is that for Fawzīyah, to have some form of interaction with her father, she has to stifle her negative feelings which she is entitled to and to appear unperturbed by her own suffering.⁹⁹ Also, her comforting of him is taken for granted, almost as if - as Murphy would put it - she "has a duty to comfort others about the others' discomfort in confronting [her] disab[ility],"¹⁰⁰ though generally all modes of

⁹⁷ For example in the scene where Fakhrī fetches his father from the home of his intended young bride, the young man is described as quivering with nervousness and fright, an indication of the extent to which Shams al-Dīn, the father, controls the actions of his children (Ibid 14).

⁹⁸ Brody, *Stories of Sickness* 154.

⁹⁹ Ibid.

¹⁰⁰ Murphy, *The Body Silent* 107.

confrontation with Fawzīyah's disabled body are almost null throughout the novel.

Despite Fawzīyah's comforting, her father insists on losing himself in the sorrow of what has befallen his family. He also continues to perceive Fawzīyah's disability as a punishment from God against him rather than his daughter because he had, right before the accident, contemplated marrying a sixteen-year-old girl.¹⁰¹ The conviction that Fawzīyah's disability was caused by the sins or the reckless desire of the head of the household rather than Fawzīyah herself further affirms the discourse of stigma that is associated with female physical disability and which the previous sections have tapped into. It reveals that the stigmatized outlook upon sick and disabled females is one that is so strong its clutches encompass the actions and sins of other family members. Therein, it underlines what Kleinman has described in his discussion of illness narratives as "the immensely powerful practical meaning the [condition] holds for the afflicted and their families."¹⁰² For Fawzīyah's father to consider her disability as a punishment and for him to regard it as an outcome of sinful deeds suggests that female physical disability/illness inevitably marks the life of everyone related to the disabled person. It also highlights the negative reactions and degrading stance it occupies in society's mind to which her father belongs.

¹⁰¹ The girl was around the same age as his son.

¹⁰² Kleinman, *The Illness Narratives* 18.

The dimension of Fawziyah's stigma is above all one that has great impact on how society views the disabled female and all the members that are related to her.¹⁰³ The negative emotional response of Fawziyah's father towards her imperfect physical state is a blatant indication of the stigma that society itself attaches to the subject and her familial milieu. Thus, from a fearless warrior who fought against the Turks and the French,¹⁰⁴ after the accident Fawziyah's father withdraws from society and spends his last days an almost imbecilic man who needs to be bathed and fed and reminded to perform the basic rituals of living. His self-deprecation and minimized standards of competency could be read as a sign of the guilt he experiences and, above all, the shame that he knows resides right outside the walls of his house because of the disability of his daughter.

Throughout this, Fawziyah's inner suffering and her own reaction to her new bodily state remain obscured even during the early days following the accident. In fact, right from the start, one notes that already her disability is represented in terms of being a metaphoric embodiment of a wounded nation rather than an experience located in a concrete female body suffering from an amputated limb. This is because immediately after the accident reference to the Palestinian national tragedy of 1948 and the massive displacement of its people are made along with mention of the number of Palestinians arriving in Amman

¹⁰³ For a discussion of the various dimensions of stigma and its effect on patients with chronic illness, see their "The Dimensionality of Stigma: A Comparison of its Impact on the Self of Persons with HIV/AIDS and Cancer," *Journal of Health and Social Behavior* 41.1 (March 2000): 50-67.

¹⁰⁴ Qāsim, *Abnā' al-Qal'ah* 15.

and who added to this city “an existence to its existence.”¹⁰⁵ The Palestinian nation - like the body of Fawzīyah - undergoes a dilapidation of self, identity and even social essence so much so that everything becomes subject to disintegration and collapse. Both appear to occupy and experience the same calamity almost at the same time.

Viewed separately, the reference to this might not in itself be enough to emphasize the national metaphoric connotation that Fawzīyah’s disabled body is meant to personify. However, if analyzed with the broader body of narrative in mind and the various ideological discourses at play,¹⁰⁶ it becomes obvious that it represents the relationship between Fawzīyah’s disability and the state of the Arab nation, specifically Palestine. The key moment in the text when this becomes explicitly clear is at the end of the novel which again makes reference to another Arab national crisis - this time the 1967 defeat - and the war underway. During this time, Fawzīyah’s house collapses after being hit by an Israeli raid and the woman’s second leg is injured. More tragically, doctors assert that they have to amputate this leg. And it is the reaction of Fāris, Fawzīyah’s nephew, to this piece of news that heightens the sense that Fawzīyah’s wounded body is a symbolic representation of the wounds of the nation. Fāris cries in agitation: “Impossible! Impossible!” But as he thinks that the “human leg was no

¹⁰⁵ Ibid 20.

¹⁰⁶ Various political ideologies are fore-grounded in the novel. These are the Ba’ath Socialist Party and the Nasserite Movement. Both emphasize Arab unity and solidarity. The third ideology that is alluded to in the text is the Muslim Brotherhood group.

longer a leg,” doctors insist they have to go ahead with the amputation. It is at this point that the young man passionately declares:

You do not know what Fawzīyah is? You do not know who Fawzīyah is? She is not a mortal who dies nor a body that decays. She is an entity, she is a sentiment, she is a homeland. Do homelands die? And can parts of a homeland be cut off? Amputate her legs. Amputate her hands. She will remain Fawzīyah. Help her to live!¹⁰⁷

In the above passage, Fawzīyah’s physical body is totally erased while its national symbolic meaning elevated and made to represent the crisis overwhelming the Palestinian state and other Arab states. Also, what is clear is that Fāris idealizes Fawzīyah not simply because she is the aunt who raised him and his brother but because in her wounded body he sees the predicament of the nation to which he belongs and the suffering of his own self as a citizen. Hence, the construction of a gendered feminine symbol of the nation in the novel which, as *Men in the Sun* also revealed, could only be possible when the nation itself was experiencing a crisis and was not, therefore, omnipotent. And again, like *Men in the Sun*, the masculine construction of the nation is rendered flaccid and immobile. For example, just as Abū al-Khayzarān fails in his national responsibility towards the three Palestinians, Fawzīyah’s father is also stripped of his national role when he alienates himself from all the social and political events unfolding around him and decides to let go of life itself. His death at the beginning of the novel is a clear sign of what will ensue on a political level later on.

¹⁰⁷ Qāsim, *Abnā’ al-Qal’ah* 411.

More significantly, as Shams al-Dīn abandons all individual and national responsibilities, it is Fawzīyah who carries on this legacy. In her raising of her two nephews, who were themselves displaced from Palestine, she becomes not only the foster mother to the nephews but provides them with the alternative home and homeland which they have lost. Thereon, Fawzīyah endures the detrimental bodily changes that occur to her silently and devotes her life to the caring of her young brother and the raising of the two nephews. She also performs charity acts to the needy and poor and in this her disabled self, like Shafīqah, becomes not only a metaphor of the state of the nation but also gains economic importance in its ability to ease the financial problems of other citizens. With no possibility of offering offspring to the nation, Fawzīyah's only asset is the money and house she inherited from her father. In short, Fawzīyah spends her whole life along one social pattern, caring for her family and those outside of it who are in need. Also, the qualities that are emphasized are her kindness, good spirits and generosity rather than anything else. Consequently, Fawzīyah takes on the characteristics of a saintly figure whose essence is composed of mind and spirit rather than body.

Although Fawzīyah's place in the overall narrative is central, the story of her disability is not. Throughout, her physical disability is hidden behind the attributes of her social character. Moreover, the men in her life continue to avoid any mention of her disability, almost like a silent pact by members of her family to render her corporeality and its wounds nonexistent. Hence, every-time any one

of them spoke of Fawzīyah they highlighted her spiritual and psychological traits only. Fāris, for example, tells his friends that Fawzīyah is “a great woman” but when asked why his aunt never married he refuses to elaborate - only the sad look that settles on his face offers any tell-tale signs of the tragic story of his aunt’s life and body. Again, one notes that in the silence regarding Fawzīyah’s physical condition is conveyed the notion that her disability is something not to be mentioned.

In the representation of Fawzīyah’s disability as a metaphor of the nation and in the persistent perception of her disability as something demeaning and, perhaps, better kept unaddressed, is a gendered tension towards the physically imperfect female body. This tension insists on portraying the disabled female physical body as an abstraction so as to undermine its concrete corporeality and to avoid giving reality to its bodily experience. Hence, the national symbolic meaning that is attached to Fawzīyah’s body. Yet, the fact that the dimension of physical stigma still seeps through undermines all attempts to transform that domestic physical body into a symbolic national subject.

Writing on the character of Fawzīyah, Salameh criticizes the passage - mentioned earlier - where Fāris describes his aunt as being the homeland. Salameh argues that the symbolic aspect in the passage does not find proper support in the rest of the text.¹⁰⁸ This perhaps is true but only in the sense that while Fawzīyah is represented as a symbol of the homeland in the minds of those

¹⁰⁸ Salameh, *The Jordanian Novel* 198.

close to her at least, these same characters cannot escape the physical condition of her body. Therein, the impression of her being a national symbol flawed. But, the fault that Salameh notes merely confirms the existence of a friction between a narrative that sees female physical disability as an embodiment of a nation that is threatened and ruptured and one that refuses to let go of the discourse of stigma and shame that the female imperfect body provokes in the world of the narrative and in the work of Arab male writers. Consequently, the body of Fawzīyah is a threatening gendered site where national discourses are inscribed and also hegemonic stances towards the ill and disabled body itself. Fawzīyah's body becomes an embodiment of the nation while its concrete physical constitution remains disembodied. This disembodiment is caused by the sense of threat to the illusion of order of social and patriarchal normality which addressing her concrete body will create

3. Devotional Wives, Docile Women

A third pattern that emerges in the representation of female physical illness and disability in Arab male writing is one that completely situates the character within the parameters of the domestic sphere and constructs her sickness in a manner that is in harmony with the traditional social role allowed women at the time these works were produced. In these representations, the sick protagonist performed and experienced her illness in line with the patriarchal

notion of what womanhood was about and how women should live it, even when experiencing physical, social and psychological burdens. Consequently, the two images that are at play in these representations are the sick docile wife and the sacrificing mother. Also, throughout, the narratives impose upon the sick characters patriarchal ideologies. Thus, while the two previous sections highlighted how female illness was - in some works - presented as the consequence of sexual promiscuity and the outcome of invading the public sphere as well a rescuing from it or as a symbolic landscape that told the story of political conflicts, in the two works of fiction to be analyzed in this section female physical illness is grounded in “domesticity and domestic fiction.”¹⁰⁹

The section will draw on the writings of two major novelists in the Arab region, Maḥfūz and Mīnah, to highlight how female physical illness was also depicted in such a way as to be congruent with the cultural standards in society. Specifically the sick female in Maḥfūz’s *al-Sukkarīyah*, the third in his trilogy, and in Mīnah’s semi- autobiographical work *Baqāyā Suwar* will be analyzed and the overarching discourse that marks her representation decoded.

Najīb Maḥfūz: *al-Sukkarīyah*

Probably the most prolific writer in the Arab region and one whose life and works require little introduction, Maḥfūz [1911- 2006] was the recipient of

¹⁰⁹ Herndl uses this categorization in her discussion of female illness in American fiction, but the term can be applied in this instance to the works under question in the ensuing section. *Invalid Women* 29.

the Nobel Prize for literature for 1988. His literary legacy includes over 27 novels and 10 collections of short stories along with several plays.¹¹⁰ Although it is generally difficult to claim that one or another work of Maḥfūz's work is the most important, without doubt the Cairo trilogy *Bayn al-Qaṣrayn*, *Qaṣr al-Shawq*, *al-Sukkarīyah* [Palace Walk, Palace of Desire and Sugar Street],¹¹¹ which he wrote between 1947 and 1952 then published in 1956-1957, is very popular and widely read both regionally and internationally. The trilogy, which unfolds between the years 1914 and 1944, chronicles the story of three generations of a middle class Egyptian family headed by the rigid patriarch Sayyid 'Abd al Jawwād. Each volume takes place in a different part of Cairo and tells intimate stories of the Jawwād family. It also depicts the public and national changes in Egyptian society which affect the life and experiences of the Jawwād family.

Each of Maḥfūz's volumes is in itself a revealing social apparatus on the times and politics of the era because it captures the sweeping changes that were occurring in Egyptian society both as a result of "contact with the catalyst of an intrusive alien and materialist civilization advancing from the West."¹¹² As such, each is "a multi-stranded narrative that records the socio-political

¹¹⁰ In addition to his *Cairo Trilogy* and some of the works mentioned already in previous footnotes, other works include: *al-Qāhirah al-Jadīdah* [Modern Cairo] (1945), *Awlād Ḥāratinā* [Children of Gebelawi] (1967), *al-Ḥubb Taḥta al-Maṭar* [Love Under the Rain] (1973), *Ḥaḍrat al-Muḥtaram* [Respected Sir] (1975), *Afrāḥ al-Qubbah* [Wedding Song] (1980), and *Bāqī min al-Zaman Sā'ah* [One Hour Remains] (1982).

¹¹¹ *Bayn al-Qaṣrayn* (Cairo: Maktabat Miṣr, 1956); *Qaṣr al-Shawq* (Cairo: Maktabat Miṣr, 1957); *al-Sukkarīyah* (Cairo: Maktabat Miṣr, 1957).

¹¹² Trevor Le Gassick, "Introduction," *Critical Perspectives on Naguib Mahfouz*, Ed. Trevor Le Gassick (Washington D.C, Three Continents Press, 1991) 3.

transformations of modern Egypt in its quest for national identity and a role in the modern world.”¹¹³ Moreover, by indirect and direct reference, the three volumes offer much textual illumination on the status of women and the lives they led. In the ensuing analysis I will focus on the third volume of the trilogy, *al-Sukkarīyah* [Sugar Street],¹¹⁴ and specifically the character of Amīnah who is ‘Abd al-Jawwād’s wife. I will examine the mode in which Maḥfūz depicts her final, brief sickness and the meanings attached to it. Moreover, by underlining Amīnah’s experience with illness, the analysis will introduce yet another trope that was prevalent amongst Arab male writers with regard to the almost invisible representation of physically ill women. In this case, it is the figure of the sick yet angelic mother/wife.

From a young girl of fourteen who marries the oppressive Sayyid Jawwād, we first meet Amīnah in the earliest volume of the trilogy *Qasr al-Shawq*. In this volume, Amīnah is portrayed as a gentle, innocent and passive wife and mother who embodies all the patriarchal ideals of womanhood. Her world seems to revolve around the household that her husband rules with an iron will and where his word is never challenged. Amīnah’s role in this private sphere is about her being at the beck and call of Sayyid Jawwād’s every whim, caring for her children with utmost devotion and managing the overall affairs of the house with maximum efficiency. In fact, the only time Amīnah ever defies the

¹¹³ Sabry Hafez, “Introduction,” *The Cairo Trilogy*, trans. William Maynard Hutchins et al. (New York; London; Toronto: Everyman’s Library, 2001) xii.

¹¹⁴ From hereon I will be referring to the translated title and will refer to quotes from the translated text.

authority of her husband is when, upon the encouragement of her children, she ventures outside the house to visit the shrine of a holy figure. During that fateful journey, the woman breaks a leg and the truth of her disobedience is discovered by the head of the household who, after she recuperates, punishes her severely by dismissing her from the house and only relents when neighbors and friends speak on her behalf. Thus, through the character of Amīnah, Maḥfūz provides a clear portrait of middle class women in Egypt at the start of the twentieth century, at the same time as he introduces - what Hafez sums up as - “a subtle layer of narrative that steadily subverts patriarchal authority.”¹¹⁵

If anything, *Sugar Street* takes this subversion to a more pronounced height.¹¹⁶ Amīnah here is more independent and her movement no longer severely restricted. Rather, the third volume allows her to step outside the house more freely, though that is generally for spiritual and pious reasons. With Sayyid Jawwād now old and his authority no longer forbearing, Amīnah is able to visit the holy shrines regularly and even check on her married daughter. After twenty-five years of devoting herself for the sake of others and knowing no other space but that of the family house, Amīnah is given a reprieve in *Sugar Street*. Hafez explicates on this by noting that even her position within the spatial hierarchy of the house is improved. Where in the first two volumes the woman occupied the

¹¹⁵ Hafez, “Introduction” xiv. Hafez argues that despite Amīnah’s outwards silent existence she is “the one who sets the pace and controls the space of the narrative.” The critic cites the example of the “temporal arrangement of the narrative” which sees the baking room where the mother spends most of her time as contributing to the movement of the narrative. Ibid xiv-xvi.

¹¹⁶ Naguib Mahfouz, *Sugar Street: The Cairo Trilogy III*, trans. William Maynard Hutchins and Angele Botros Semaan (Doubleday: London, 1992).

ground floor, in *Sugar Street* Amīnah - and other female members - are moved to the middle floor thus creating a “quasi-parity between all members of the family.”¹¹⁷

In all this, however, Amīnah remains a woman “who performs the mother’s role to a degree of perfection,”¹¹⁸ and who takes care of the old Sayyid Jawwād. After the latter’s death, she bemoans his departure in the manner a proper wife is expected to do so. Even in her illness, Amīnah maintains the image of the spiritually devout, loving and ideal mother/wife. Her brief, silent illness narrative performs a domestic ideology to the full all the while displaying traditional matriarchal values. Consequently, Maḥfūz’s portrayal of the sick mother is, like his portrayal of other female characters affected by the cultural dynamics of his community.¹¹⁹

In *Sugar Street*, Amīnah falls sick after Sayyid Jawwād dies and she is left feeling desolate because the “pivot of the only life” she has ever experienced has departed and with it she “has no further tasks to perform” in the house she has “called home for more than fifty years.”¹²⁰ As she herself sums it up: “My life, which he [Sayyid Jawwād] once filled completely, is empty.”¹²¹ But for the sake of her children, she holds back her sorrow and only surrenders to it

¹¹⁷ Hafez, “Introduction” xx.

¹¹⁸ Ibid 95.

¹¹⁹ For a discussion of women’s position in the novels of Maḥfūz see Ayo Kehinde, “The Contemporary Arabic Novel as Social History: Urban Decadence, Politics and Women in Naguib Mahfouz’s Fiction.” *Studies in the Humanities* 30.1-2(June 2003) :144-163.

¹²⁰ Mahfouz, *Sugar Street* 209.

¹²¹ Ibid 210.

“surreptitiously” and when she is by herself.¹²² She also resorts to performing the duty of “preparing the mercy offering” she gives on behalf of her husband or gathering it from Sugar Street or Palace of Desire because that, as she admits, “is all I have.”¹²³ Following Sayyid Jawwād’s death, Amīnah is left with only the care of her adult children and the nurturing of her spirituality through the recurrent visits to sites of holy worship. In this sense, *Sugar Street* suggests the death of patriarchy while it writes out matriarchal family structures and emphasizes maternal bonds.

The latter is clearly played out in the illness narrative regarding Amīnah. The woman, we are told, falls sick as she is preparing to head to al-Ḥusayn shrine. But just as she enters the room to put on her coat, she falls and never utters a word after. When the doctor arrives he pronounces that she suffers “from paralysis and pneumonia.”¹²⁴ Some of the striking elements in that first encounter with the nature and timing of Amīnah’s illness is that, on a symbolic level, they impart a similar discourse of female physical illness to the ones noted in the earlier sections all the while locating representations of physical illness around the trope of angelic motherhood and within domestic arenas.

Firstly, Amīnah’s fall right before heading to al-Ḥusayn shrine is a parallel re-enactment of the fall incident that took place in the first volume of the trilogy and which saw her being expelled from the house by the head of the

¹²² Ibid 209.

¹²³ Ibid 210.

¹²⁴ Ibid 304.

patriarch. Also, of significance is that both accidents come either prior to or after a movement from the private to the public space. This exemplifies the tension surrounding the idea of the emerging mobility of women at the time of the setting of the novel and which saw women both, in and outside of literary works, dissatisfied with the restrictive space that patriarchy had up until then enforced upon them. It is true that overall *Sugar Street* captures the slow passage of women to the public sphere, even those of Amīnah's generation, but nevertheless this movement is portrayed as one with many setbacks. Hence, the fall scenario that comes as a precursor to Amīnah's going out of the house is a metaphor of the social repercussions that her patriarchal society predicted. These drastic social ramifications write themselves out on Amīnah's physical body, one whose essence is predetermined by society.

Like *Qasr al-Shawq*, in the third volume of the trilogy leaving the domestic sphere is not without dramatic trajectories. Sayyid Jawwād might be long gone but the gendered system which he represented continues to ring a bell in the overall cultural ambience from which Maḥfūz's novel derives its inspiration. The immediate levels of meaning one notes in the illness narrative that starts with Amīnah's fall is that her sickness and the way it unfolds reverberates with the tension that the empowerment of women first created.

Furthermore, the paralysis that results from the fall, and which makes all movement impossible for Amīnah, is permeated with the aforementioned ideology that considered that a woman's place was better left to the home. It is

one that also deeply resisted the empowering experience of women. In a word, throughout the trilogy, Maḥfūz very acutely captures the friction between traditional ways of living one's womanhood and newly emerging liberal ones. Yet, in Amīnah's fall and paralysis he ultimately maintains core patriarchal norms endangered by the changes in the whole cultural nuance. Of course in *Sugar Street* he presents other characters such as Sawsan Ḥammād, the journalist, who embody progressive, liberal views to undercut the image of women like Amīnah. But ultimately the illness narrative of Amīnah exemplifies a gender value system that domesticates and sentimentalizes the role of women particularly mothers, even in their sickness.

As Amīnah's children try to come to terms with the idea of losing her, they comment on the very virtues that male hegemony is centred on and obfuscate the ones that signal the redefinition of gender structures in that society. Thus, Kamāl - Amīnah's youngest son - stresses that his mother's sickness came without warning or clear-cut symptoms and, if there were any, then his mother had not uttered a word about them. The suggestion here is that Amīnah had withstood and suffered the symptoms with the same silence that she later greeted the illness itself. Kamāl affirms to his brother that "the poor woman" did not utter a single word of complaint.¹²⁵ In this, her children watch as their mother plays out the outline of her emerging sickness along the familiar social pattern she had adopted as a wife and, mostly, a mother.

¹²⁵ Ibid.

But with the sickness, Amīnah’s importance in the life of her children takes on a more dramatic and sentimental scope. As Kamāl gazes at her “pale, silent face,” he realizes that soon there would be “no one in the building to call ‘Mother’.” In as much as Kamāl is acquainted with death, “the stings of eternal separation” from his mother are utterly “agonizing.” And in that moment of heartache he repeatedly exclaims: “How much she had loved him! How much she had loved all of them! How much she had loved everything in existence!” Elsewhere he reiterates to himself: “Your mother dies after concluding a lifetime of achievement.”¹²⁶ Also, when ‘Ā’ishah is informed of her mother’s condition she proclaims: “If she lies in bed like this for a long time, life in our house will surely be unbearable.”¹²⁷

In these passages, Maḥfūz locates cultural and social power in the cradle of the mother and maternity. From the children’s reaction to their mother’s illness and the prospect of her death, one deciphers that it is Amīnah’s existence that had maintained the familial order and that had lent their life meaning. As kids, the children looked upon Amīnah as someone who fed and nurtured them. As adults, they develop a more complex relationship to her. She is an essential force in their lives and one whose presence is sensed rather than heard yet is deeply enmeshed within them and in their consciousness. Kamāl, for example, enters into a deeper reflection over many issues regarding his life by merely

¹²⁶ Ibid 304.

¹²⁷ Ibid 302.

contemplating his mother's past life pattern, her achievements and her silent encounter with sickness. The complexity of the maternal relationship, while evident from the start of the novel, gains prominence and is emphasized with the reality of Amīnah's physical deterioration.

Even more, the sickness upholds the spiritual and moral superiority of Amīnah. After all, the woman was about to embark on a spiritual visit to a holy shrine before her lapse into the silent illness. Although the intended visit never takes place, other visits have taken place and the prospect of an upcoming one right before the sickness only enforces the spiritual path the woman had followed throughout her life. Despite the fact that in her sickness Amīnah cannot evoke or give prominence to her spirituality, the conversation she has with her son when she tells him of the visit is sufficient to validate her pious, spiritual nature. When Kamāl requests that Amīnah postpone the visit for another day, the mother replies: "How can I have a good day if I don't visit your master al-Ḥusayn?"¹²⁸ Although Amīnah ends up not going to the Shrine because of her sickness, in the ruminations on her role as a mother her children almost sanctify her and implicitly suggest she will visit a more divine space eternally.

The account of Amīnah's sickness in *Sugar Street* is a short-lived one. Still, it provides an example of a trope that accompanied the representation of female physical illness and disability during that period and which is the image of the ideal mother. While the overarching role given to women throughout the

¹²⁸ Ibid 303.

trilogy is that of the mother, it is Amīnah who is its building block and centre. The latter is ultimately exemplified in the reactions of the children to her sickness. In this sense, the illness narrative related to Amīnah discloses the strength of her maternal bonds with her children but also the rise of matriarchy and the withering of its parallel patriarch. Paradoxically, the saintly, passive demeanour of Amīnah throughout the illness account also keeps the representation of sick women within the confines of the domestic sphere even as it attempts to show the transformations that were underway. Thus, *Sugar Street* does provide the reader with subtle signs regarding gender oriented changes in Egyptian society and by choosing to end the novel with the idealization and heightened attachment to the mother-figure, despite her silence, Maḥfūz affirms what he had throughout implicitly alluded to, that the mother figure whether in illness and health was the “the unsung heroine of the family.”¹²⁹

Ḥannāh Mīnah: *Baqāyā Ṣuwar*

Born in the city of Ladhikiyah, Syrian Mīnah is one of the Arab world’s leading writers whose literary productions are numerous. He was raised in a poor environment and later tried his hand at many jobs including a barber and a journalist. His life has been marked by a number of political activities that saw him jailed for some time as well as living in exile for a while. With regard to his work, his earlier literary publications were characterized by social realism

¹²⁹ Hafez, “Introduction” xix.

especially his novel *al-Masābīh al-Zurq* [The Blue Lamps] (1954),¹³⁰ which depicted the struggle against French colonialism during World War II. At a later stage in his career, he turned to a more symbolic style of writing that often attempted to analyze class differences. In fact, the dynamics of class structures and differences are clearly played out in his novel *Baqāyā Ṣuwar* [Fragments of Memory] (1975).¹³¹

Fragments of Memory is Mīnah's sixth novel.¹³² Published in 1975, the work is a mixture of autobiography and fiction and reveals much about the social fabric of the time-period Mīnah was writing about. As Khaldoun Shamaa asserts:

In *Fragments of Memory*, we are not faced with the narrative account of a purely personal history, as is generally the case in biographical works. Nor are we faced with a spiritual autobiography in the manner of al-Ghazali's *The Deliverer from Error*, or Aurelius's *Meditations*, or St. Augustine's *Confessions* or Rousseau's *Confessions*.¹³³

Rather, the interweaving of the autobiographical mode with "the third person, objective narrative,"¹³⁴ lends the work an importance that goes beyond being a mere personal account of one's life history. Instead, *Fragments of Memory* offers much insight and understanding of the "social reality" of the place and time to

¹³⁰ Ḥannāh Mīnah, *al-Masābīh al-Zurq*. n.d, 1954.

¹³¹ Ḥannāh Mīnah, *Baqāyā Ṣuwar*, (Damascus: Wizārat al-Thaqafah wa al-Irshād al-Qawmī, 1975). Throughout the analysis, I will refer to the translated title and all quotes from the text will be from the English translation. Hannah Mina, *Fragments of Memory*, trans. Olive Kenny and Lorne Kenny (Austin: Univ. of Texas at Austin, Center for Middle Eastern Studies, 1993).

¹³² Some of his other works include: *al-Thalj Ya'ti min al-Nāfidhah* [Snow Comes from the Window] (1969), *al-Shams fi Yawm Gha'im* [Snow on a Cloudy Day] (1973), *al-Mustanqa'* [The Swamp] (1977), *al-Rabi' wa al-Kharif* [Spring and Autumn] (1984).

¹³³ Khaldoun Shamaa, "Introduction," *Fragments of Memory*, by Hanna Mina, trans. Olive Kenny and Lorne Kenny, xi.

¹³⁴ *Ibid* x.

which it belongs.¹³⁵ Shamaa writes that “the narrative structure of *Fragments of Memory* does not desperately seek climactic moments that are problematized then resolved. It offers a picture of reality that is simple, direct and quite emotional [...]”¹³⁶ In this, the novel not only expresses the dreary socio-economic conditions which the deprived majority of Syrian classes faced during the period after World War I,¹³⁷ it also provides some comprehension of what female illness entailed amidst these conditions as it affirms the strong hold of patriarchy over all aspects of a woman’s life.

Fragments of Memory tells the story of a poor Syrian family repeatedly moving from one place to another on the trail of the drunk, irresponsible and womanizing father who charts out one plan after another for the family’s survival. But, throughout, the family - which is made up of a mother, three daughters and a young son - is left with nothing to eat and no prospect of anything to improve its living conditions. Told from the perspective of the only young son and the “narrator’s older, analytic persona,”¹³⁸ the twenty chapters provide an appalling account of that part of Syrian history. It also tells of the disintegration of the life of one family and through it other families because of the economic stagnation. Moreover, the various stories that form the core of the young boy’s memories reveal the “hierarchies of power” and the “gender and

¹³⁵ Ibid xi.

¹³⁶ Ibid xii.

¹³⁷ This period saw an end to Ottoman rein and the persistent pressure of the French mandate.

¹³⁸ Marilyn Booth, Rev. of *Fragments of Memory*, by Hanna Mina, *World Literature Today* 68.4(Autumn 1994): 877.

class relations” that were practiced at the time.¹³⁹ In fact, the situation of the most impoverished women in society is perhaps the focus of much of Mīnah’s criticism.¹⁴⁰ And out of the story of this deprived existence comes the account of how a sick woman was expected to deal with her illness and what these expectations foreground in relation to the gendered nature of her society.

The part of the narrative that deals with female physical illness emerges when the narrator’s family live for three months under a fig tree. The unhealthy environment where the fig tree is located causes most of them to become ill; the narrator contracts an eye infection and later malaria, two health problems that his sisters also suffer from at one point. Yet, it is the illness of the mother and the descriptions of it that are most striking and revealing. For while we are told of the cause of the narrator and his sisters’ illnesses, the mother’s health problem is left a mystery. The narrator writes that his mother suddenly “fell subject to a malady no one knew a cure for that confined her to bed until she was at the point of death.”¹⁴¹ The sweeping impression one deduces is that the illness is psychological in nature and caused by the mental strain poverty and life with a difficult, almost oppressive, man involves. But the “twinges in her waist,”¹⁴² “the emaciated and sallow” demeanour and the standing out of the cheek bones and the thin neck,¹⁴³ highlight the story of an ailing body that seems to suffer from

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ Mina, *Fragments of Memory* 106.

¹⁴² Ibid 122.

¹⁴³ Ibid 110.

hunger and malnutrition amongst other things. Of course, the mother's sickness bespeaks of a severe depression as well but the fact remains that it is also physical in nature. After all, the one thing that finally cures her is the drinking of chicken broth after which "she went to sleep and sweated, her sweat being a sign" of her improvement.¹⁴⁴

The fact that the mother's illness is kept a mystery and almost situated fully within the framework of a mental illness is very telling. Like the mystifying but painful sickness that assuages the protagonist of Taymūr's short story, *Fragments of Memory* also does not confront the exact workings of the mother's illness. This could be attributed to the fact that the narrative is told from the young boy's perspective who is, throughout, devastated by his mother's total lapsing and is incapable of handling it. On the other hand, this explanation is undermined in that despite the fear of his mother's death, the young boy still tells of the changes occurring in her overall condition. The silence regarding the physical cause of the illness and the refusal to give it a name appears to be an attempt to render it invisible.

Moreover, the silent stance the mother adopts in the face of her illness reveals a domestic ideology that considers that women should and have to bear their suffering in stifled tones; for the mother to speak of the illness - like identifying its causes - is to project and perform the sickness in a manner that

¹⁴⁴ Ibid 122. The reference to the sweating suggests the presence of fever and the alleviation of it. The broth, on the other hand, emphasizes that the drink strengthened her physical constitution and enabled her to summon enough energy to face up to the misery in which she lived.

was not consistent with her role as a docile, selfless and nurturing individual. Hence, even as the narrator's mother "gazed at [them] silently with an expression of wary resignation frozen in the depths of her eyes," and even as "she no longer spoke,"¹⁴⁵ her "feeble arms" continued to "enfold" her children when they sought refuge in her bed.¹⁴⁶ No matter the severity of her illness, the narrator's mother remains a gentle, selfless woman who provided "protection" for her children and who cried out in despair when her husband punished her young boy.¹⁴⁷ She even told them: "I am not going to die ... I couldn't die and leave you. God will help me to get better... God loves the little ones. He loves them dearly so He won't allow them to remain orphans [...]."¹⁴⁸

The performance of the mother's sickness and her continuous sacrifices show her to be a patient woman who is worried about how her death might affect others rather than focused on the suffering the illness brings. In this, she gains a supremacy appropriate for the prevailing domestic standards but at the expense of her health and happiness. This supremacy is established in the eyes of her young boy, perhaps a symbol of patriarchy, and her daughters. Whenever the young boy mentions his mother and her silent suffering his language and stories are in opposition to his meditations on his father and the flawed paternal bonds that marked that relationship. For example, while the mother is described as caring even in extreme illness, the father comes forth as a reckless, irresponsible

¹⁴⁵ Ibid 110.

¹⁴⁶ Ibid 111.

¹⁴⁷ Ibid 107.

¹⁴⁸ Ibid 112-113.

and cruel figure who practices his oppression both on his wife and children. Even more, the narrator makes clear that it is his father's wrongful deeds and public incompetence that are the cause of much of his mother's humiliation and theirs. But the mother withstands it all without any sign of antagonism, only her eyes "remained veiled, distressed and distracted."¹⁴⁹

The fact that the mother lives her social suffering and illness with unrelenting patience only grants her domestic role credibility and integrity. Also, the level of spiritual and religious belief that one notes in her character provides her with domestic and moral superiority, particularly during her illness episode. Thus, she proclaims to her young boy: "Heaven was looking upon us, knew about us and would help us."¹⁵⁰ From this vantage, it appears that the sick, female character in Mīnah's work resembles both the character of Taymūr's short story and al-Sibā'ī's novel during their last days of suffering and salvation because the latter also saw in spirituality the only reprieve and hope. For these women, their physical and psychological weakness and their inability to protect and defend themselves instigate a reliance on a divine and heavenly world that promises everlasting support. This, in turn, enables them to achieve a semblance of power, albeit one that is spiritual in nature.

From another perspective, the mother's illness, more than any other experience of illness in the novel, calls into question the system of political and

¹⁴⁹ Mina, *Fragments of Memory* 110.

¹⁵⁰ Ibid 121.

economic structures prevalent at the time and which were dominated by men. These structures were such that they caused much harm and brought about not only hunger but physical illness and social malaise. The fact that the narrator's father is blamed for most of the misfortunes of the family, particularly their terrible poverty, attests to the absence of any form of patriarchal competency. More significantly, while the cause of the mother's illness is never explicitly identified, one gathers that part of the story of that illness is the result of the father/husband's public performance and his inability to fend off the strains of poverty. As the narrator's father gets them into further debt and poverty and as he wrongfully spends the money he borrowed from his daughter's wages, the young boy affirms that his mother "saw and suffered" as she reclined on "her dusty resting place under the fig tree." The mother lay there and witnessed "the tragedy of the indebtedness being repeated."¹⁵¹

The contrast between the disorderly, helpless almost chaotic performance of the father in the public sphere and the passive, yet ordered, and still performance of the sick mother under the fig tree (a substitute space for the domestic house) unsettles the politics of power that mark structures of patriarchy where men enjoy the highest authority and control. In *Fragments of Memory*, it is the mother who occupies centre stage in the life of her children even in her passive suffering. And it is she who receives the most respect particularly since

¹⁵¹ Ibid 120.

the father's overall characteristics do not shed much positive light upon him. The young boy describes how his father told tales that "contained no moral: virtue and vice, the oppressor and oppressed were all the same to him. He would often make evil look good and disparage goodness [...]." ¹⁵² His mother, however, "with her gentleness, weakness, compassion and serenity, was [his] ideal of womanhood," adding that "she was the angelic side of femininity." ¹⁵³ In her physical weakness and debilitation, the sick mother still appears to shift the power base further into her domestic sphere.

The domestic ideology that is very much at play in the narrator's account of his ill mother also brings to light the immense abuse of economic power that is inflicted upon those who are the centre of that domain, mothers. It is true that every single member of that family suffers from a severe bout of illness at one point or another, but it is the mother who is depicted as suffering the most. In addition to dealing with her sickness, she also has to address the repeated illnesses of her off-springs and the cruel attitude of her husband. The story of her illness articulates the nature of economic realities which men supposedly control. But the severe repercussions these dire economies inflict upon the body and self of those who occupy the domestic domain testify to the lack of economic success of the male. It also presents an image of a society and time "exempt from

¹⁵² Ibid 121.

¹⁵³ Ibid. 127.

patriarchal systems of justice” whether political, social or economical,¹⁵⁴ as it makes the borderland between that which separates the domestic sphere from the public hazy. Through the mother’s sickness under the fig tree, the disarray of this borderland is revealed to be extremely problematic, hence the mother’s sickness.

To clarify this, it is pertinent to take into consideration the point at which the narrator’s mother falls sick. Immediately after the family moves to the space under the fig tree and upon their adoption of it as their substitute domestic dwelling, the mother succumbs to a severe sickness. The emergence of the sickness thereafter attests to the fact that it is physical and perpetuated by the unhealthy conditions that characterize that space. On a symbolic level, it exemplifies the detrimental malaise that the destabilization of the public and private spheres could bring about, or rather that the male individual saw as something that could emerge. As the fig tree becomes the alternative house of the narrator’s family, the private and public borders of their life and more so their mother’s is severely unsettled. Hence, the mother’s sickness becomes an embodiment of the social problems that could assuage societies like the one the narrator belongs to if the demarcation between the private and public borders becomes too lucid. In fact, the narrator himself elaborates on the fear that took over his mother for having to live in an open space and “under an open sky,” the utter mortification she felt at being subjected to the peering eyes of strangers and

¹⁵⁴ For some Western literary examples that present lack of patriarchal justice and its correlation to female illness see Herndl, *Invalid Women*.

the risk of dissolution of her world this created. With only a bed-sheet to obscure their lives from the public, it is at this point that the narrator's mother falls sick.¹⁵⁵

In portraying the sick mother as a gentle woman and in depicting her sickness as an expression of the social and economic problems that had afflicted the country, the illness narrative in *Fragments of Memory* transforms the physically (and psychologically) sick female into a quintessential example of the authentic, domestic ideology and the ideal invalid. This, in turn, stresses how amidst the many transformations occurring in Syria, and other Arab worlds, domesticity perhaps became the one source of an ideology whose conservation implied the conservation of a semblance of order in society. The mother's illness presents yet another account in Mīnah's semi-autobiography of the crumbling of the social order of Syrian society during the shifting of power from Ottoman control and the mounting influence of the French mandate which also saw the chaotic start of a new phase in Syria. But the illness account is also an attempt to restore order, at least in terms of the prevalent domestic ideology, by having the sick mother handle her bodily (and psychological) affliction in line with the traditional patriarchal politics and by having the narrator/son revere his mother for this.

¹⁵⁵ Mina, *Fragments of Memory* 106.

4. Three Patterns of Representation

In examining the representation of female physical illness and disability in the selected works in this chapter, three patterns of representations emerge. These are: the sick fallen woman, the sick/disabled woman as a metaphor of the nation in crisis, and the sick saintly mother/wife. With regard to the fallen women, works such as Taymūr's "Wa Usdila al-Sitār" and al-Sibā'ī's *Naḥnu lā Nazra'u al-Shawk* portray the sick female character either as single or widowed, i.e. a woman who has failed to secure a permanent position in the domestic sphere. Moreover, the sickness in these narratives generally comes in the wake of a past, illicit public performance, hence its emergence at the end of a life course of sinful deeds that mainly involved sexual promiscuity. Although the descriptions of the sickness attest to the female character's past deviant behaviour, it is also an experience that enables her to undergo redemption through extreme suffering. Interestingly, in these representations the illness has no cure and the only hope of relief for the female character is the promise of a heavenly after-world. As such, both Taymūr and al-Sibā'ī's portrayals of the physically sick woman situated her illness within the framework of a moral narrative.

The moral dimension of the narrative sees the two female characters punished for their sins, but also finding the means to elevate their moral self; the protagonist of "Wa Usdila al-Sitār" through prayer and for *Naḥnu lā Nazra'u al-Shawk* through the reclamation of maternal bonds. And in both narratives, the

sick woman plays out a dramatically tragic and long bed-scene in which she reproaches herself for her actions and upholds patriarchal ideals of female sanctity, piety and domesticity. Herein, the illness experience enables her to move toward her personal goal of attaining virtue and transparency of soul.

This progression can even be detected on the level of the dramatic transmission of emotions and feelings. From a narrative that starts with images of resting in a dark, heavy silence, of pain as punishment and a body withered and useless, it slowly moves into referring to the illness as an experience that rejuvenates her soul and one that purifies and redeems it. The illness account and the life history narration, that is shaped around the illness experience, provide moments where a moral awakening is attained and where the illness becomes an occurrence around which transformations take place. In short, the act of narrating the ups and downs of the protagonist's life and positioning it within the social space of her present affliction is an act of putting together the pieces of her life that have been disrupted, fractured and damaged by her very social deviance.

Paradoxically, it is precisely this progressive movement which undercuts the overall attempt of the narrative – more so in al-Sibā'ī's novel - to highlight and criticize the debasing status of women in society at the time. The emphasis on representing the sickness within the framework of notions of sin and redemption and in avowing domesticity only adhere the text to the traditional discourse regarding womanhood and how it should be lived, even in states of illness. Consequently, and from the standpoint of M.M Bakhtin's theory on

discourse in the novel, in these narratives it is a male-oriented 'monologic' voice and a largely 'singular' social and ideological language that seeps through most of the ruminations of the two female protagonists.¹⁵⁶

The second pattern of representation that comes through is one that renders the sick/disabled female a metaphoric embodiment of the state of the nation. For example, in the case of Kanafānī's *Rijāl fī al-Shams (Men in the Sun)* and Qāsim's *Abnā' al-Qal'ah* female disability is a marker of the scarred state of the nation, specifically Palestine. Although in both works male characters also embody the national body politic, it is the disabled female that expresses most clearly the scars, alienation, and injuries of the nation and it is her amputated limbs that most symbolically bespeak of the immobility of its citizens. Also, the disabled female character is desexualized and stripped of all feminine attributes, even that of reproducer of the nation. The narrative pertaining to her disability undermines her role in reproductive national policies while enforcing the economic value that her disability is required to produce. Through symbolic references, the illness account in both works suggests that the disabled female is

¹⁵⁶Bakhtin argues that the monologic knows "only two poles in the life of language, between which are located all the linguistic and stylistic phenomena they know: on the one hand, the system of a unitary language, and on the other the individual speaking in this language," adding that a "common unitary language is a system of linguistic norms. But these norms do not constitute an abstract imperative; they are rather the generative forces of linguistic life, [...], forces that unite and centralize verbal-ideological thought, creating within a heteroglot national language the firm, stable linguistic nucleus of an officially recognized language, or else defending an already formed language from the pressure of growing heteroglossia." See M.M Bakhtin, *The Dialogic Imagination: Four Essays*, Ed. Michael Holquist. Trans. Caryl Emerson and Michael Holquist. (Austin: Texas UP, 1981) 269-275.

indirectly expected to return her dues to society because of her failure to play a worthy role in the national plight.

On another level, because of the social isolation which accompanies the character's disability and since she exists in that peripheral space that is outside of her surroundings, her body begins to exemplify the alternative symbolic space that those who form part of the nation were forced to occupy. In both Kanafānī and Qāsim's work, the disabled character becomes either an embodiment of the alternative homeland for those who have lost their homes or the surrogate mother for those rendered motherless. Furthermore, the illness narrative attempts to locate this protagonist within the boundaries of the national sphere but ultimately imposes upon the representation of her imperfect body domestic ideologies that weaken her capacity to contribute to the affairs of the nation. These domestic ideologies are both literal and symbolic and can be summarized in the fact that the disability is, in both works, linked to limbs rather than hands. The latter is a symbolic expression of the counter-stance regarding the movement of the female body into the public and national space; descriptions that point to the inability of the disabled to perform her womanhood properly highlight rather than wipe out domestic ideologies related to female physical illness and disability.¹⁵⁷

¹⁵⁷ For a comprehensive study on the Arab discourse of domesticity in the 19th century, the debate surrounding women's position in the modern nation and how domesticity has been seen as a marker of Arab cultural identity see Hoda el-Sadda, "Gendered Citizenship: Discourses on Domesticity in the Second Half of the Nineteenth Century," *Hawwa: Journal of Women of the Middle East and the Islamic World* 4.1(2006):1-28.

Ultimately, the illness narratives, in these two works, is more concerned with recording the immediate political tensions and conflicts unfolding at the time of the setting of the novel than in addressing gender configurations. Yet, their employment of the disability of a female character to express national concerns and the manner in which they employ her body to signify the national rhetoric at play betrays gendered tension. For example, in *Men in the Sun* the brief, almost voiceless, narrative of the female disabled body is one that alternates between telling of how damaged physical bodies were stigmatized and kept within the confines of the domestic space and how they were also rendered symbols of the crippled nation itself and the alternative refugee camp. Throughout, the illness/disability representation and discourse is shaped by the immediate social and political conditions in the Arab world at the time, specifically Palestine. The question of Palestine, Palestinian displacement, and gender roles in the overall conflict are all at play in the very brief reference to Shafiqah's disability whether through what is explicitly stated or what is not said but implied.

In a word, the illness narrative of Shafiqah captures the earliest disenchantment with political rhetoric that had been transmitted by certain Arab states regarding the presentation of a collective and unified Arab identity to fight off the 'foreign' enemy. By transforming Shafiqah's wounded body into a symbol of the nation and by having her live the reality of her wounds in total isolation the illness narrative subverts the whole notion of an Arab entity jointly

supporting one another. Shafīqah's alienation also reflects the aloneness of Palestine itself and makes clear that the idea of a unified Arab front in the face of colonizers was a stained rhetoric because Palestine and Palestinians were struggling alone. Here the personal illness/disability narrative about Shafīqah relates to daily events and national ones producing an illness narrative that gives account to ideas about gender and nation. Ultimately, this illness narrative highlights the very acute stigma associated with female wounded bodies in the Arab world in general.

Furthermore, in the brief narrative regarding Shafīqah's disability and the wider implications it expresses and symbolizes are a combination of what Kelly refers to as an ironic and tragic genre rooted in the construction of this illness narrative. This is because Shafīqah's disabled and static body is presented as an ironic antithesis to the journey motif as well as an ironic embodiment of the impossibility of finding alternative outlets to the lot of Palestinians unsettled, displaced and pushed outside the space of their nation. Yet the nuances of this irony are in themselves triggered by the Palestinian national tragedy itself and the tragedies that have befallen women like Shafīqah and men like Marwān, who describe and see Shafīqah via the lens of their own suffering self.

Likewise, Fawzīyah in *Abnā' al-Qal'ah* is an embodiment of a nation and her disability narrative, which is generally very brief and resembles that of Shafīqah's story, bears within it the political narrative of the place to which she belongs. While the novel itself was published years after the occurrence of these

events, the time span during which Fawzīyah's disability occurs is concurrent with the period during which these political situations were happening. Herein, her disability/illness narrative presents yet another example of an account that chronicles the immediate repercussions in the social and political world around her and makes of her body the immediate site to register these national crises. But the attitude of the other character's towards Fawzīyah's disability reveals an inability to transcend the stigma associated with female physical imperfection. From the dramatic reaction of Shams al-Dīn to his daughter's disability at the start of the novel to Fāris' emotional monologue at the end of the novel the sense that all response and interaction with the idea of Fawzīyah' disability is heartbreaking and catastrophic and, above all, tragic, persists.

The third pattern that transpires in these representations is one that portrays the sick character as a passive, saintly and traditional mother who lives out her suffering in the silence of her room/world but whose sickness also enriches and highlights the maternal bonds that exist between mother and child, hence subverting patriarchal authority. This clearly comes forth in Maḥfūz and Mīnah's works. The sick mother in these narratives is one who exists solely within domestic domains and whose superiority derives its locus from her spirituality and morality. Also, as the illness affirms the spiritual essence of the sick subject, it contrasts it with the lack of male values. This is particularly evident in Mīnah's work where the mother's goodness is juxtaposed with the reckless and almost evil actions of the father. Sometimes the illness narrative

depicts the mother's lack of physical health in such a way as to enforce matriarchal values and to stress the death or ensuing death of patriarchy. In *al-Sukkarīyah (Sugar Street)*, for example, Amīnah falls sick after her husband passes away. During her physical collapse, her family repeatedly take steps back and forth towards her body/world, even when they contemplate national and political issues.

Although the sick mother in both novels remains a silent, voiceless woman her representation takes on more complex and influential meanings than the ones charted out in the earlier works. After all, the mother in these novels - in both sickness and health - is the figure who contributes to the movement of the narrative. In *Sugar Street* she is, as Hafez argues, "not only the hub of the family," but the one who "controls the space of the narrative."¹⁵⁸ Her presence and influence over the members of the family and her contribution to the pace of the novel, albeit implicitly, bespeaks of the "dwindling of patriarchy in Egypt's painful path to modernity."¹⁵⁹ Similarly in *Baqāyā Šuwar (Fragments of Memory)*, the whole narrative account of the mother's sickness, the superiority she gains in the eyes of her children - even in her deteriorating health - and the blame that is repeatedly conferred upon the father heightens the importance of matriarchy while reflecting the fading away of patriarchal authority and competence.

¹⁵⁸ Hafez, "Introduction" xiv.

¹⁵⁹ Ibid.

Consequently, the illness narrative and the wider meanings it reflects in both works clearly attach greater significance to the cultural meanings concerned with illness and highlight, what Bury suggests, is “the connections between the lay person’s experience and deeper cultural levels of meaning attached” to it.¹⁶⁰ In Maḥfūz’s work the latter manifest themselves in the deep rooted notion of what motherhood should be about even in times of social and health crisis within a contemporary Egyptian society undergoing change but also struggling against it. Along a similar notion, the sick mother in *Fragments of Memory* maintains the idealized status quo of mothers even when confronted with the question of survival.

What both narratives reveal with regard to the mother’s illness and its relationship to the overall fabric of the family, according to Bury’s arguments on illness narratives, are the “specific forms of language, clichés, motifs, references and other elements of [...] symbolic repertoire which allow and constrain” how the illness is lived and how it is narrated.¹⁶¹ Whether consciously or unconsciously, the account of the suffering of the mother in both works draws from the cultural supply available to the other character’s minds and which shape how they view the illness and how they champion the mother during such a time.

It is important to note that despite the three different patterns charted out in the portrayal of physically ill female bodies and the varying nature of its

¹⁶⁰ Bury, “Illness Narratives” 265.

¹⁶¹ Ibid 278.

symbolic resonance and patriarchal voice, one key element appears to be at play in all. It is the discourse of stigma and shame and its relation to a woman's physical weakness. Sickness and disability, as it comes through in the works of the Arab male writers discussed, demeans women because it signifies the death of all their feminine and, more importantly for the male character, sexual attributes. For one, all the works analyzed present the physically sick female as a spinster, a widow, or a divorcee. The sick female in "Wa Usdila al-Sitār" only falls ill at a time when all hopes of marriage dissipate, in al-Sibā'ī's novel when her prospects for securing a man no longer exist, and in Mīnah and Maḥfūz's works when a husband no longer performs his role towards her and her children properly or when he himself is already dead. From this, one surmises that female physical illness is permissible when its appearance does not disrupt the semblance of male order regarding what the female 'Other' has to stand for and when it does not threaten to unsettle masculine notions of what womanhood entailed. Even more, when disability (perceived as the equivalent of an illness) strikes female characters in the prime of their life, the masculine presence in this character's life departs. On the other hand, if a male is willing to consider marrying the disabled/sick woman then he is portrayed as old and withered as is the case with *Men in the Sun*. Through all this, the illness narrative reveals the acute socio-cultural influences upon definitions of womanhood, woman's role and woman's body. These deep-rooted cultural signifiers are not only expressed

via a hint of a body description and a breaking of a silence but also through the sentimental and emotional reactions to the mother's illness.

Other stigmatizing aspects to this figure's representation are the peripheral and domestic, social space in which the narrative ultimately insists on placing her. This further heightens the sense that female sickness and disability is socially degrading leading to isolation both from one's immediate familial milieu and from society at large. The anonymous protagonist in Taymūr's short story, for example, suffers her illness in the vicinity of her room; Shafīqah's house is located on the edges of the town; the mother in Mīnah's semi-autobiography never utters a word; while Amīnah lives her physical pain within the obliviousness of her room. Also, the nature of the illness in these works is not always specified as in Taymūr and Mīnah's works and, when it is, then it is chronic and no cure is available. These writers seem to have fashioned the outline of the illness in such a way as to signify the journey of the woman to an after-world rather than allow their narratives to offer her any prospect of hope for improvement or treatment. Even when a cure succeeds, as in the case of Mīnah's sick protagonist, the social and political realities that arise afterwards keep the protagonist within the realm of suffering.

On another level, the dimension of stigma and shame most clearly plays out in the attempt to present female physical illness through socio-political signifiers rather than through some connection with the material, corporeal entity in which the sickness resides. The physical body in all the narratives analyzed is

subsidiary to the social body, with the latter being constructed via symbols and metaphors. As Nina Baym would suggest, in all the accounts of female physical sickness the “protagonists are both embodied and not embodied.” Sometimes attention is given to their sick demeanour but this attention ultimately “testifies to a spiritual body, a non-body.”¹⁶² From this, one infers that female physical illness and disability could only be represented in these works by attaching a discourse to that body. By filling the gaps in this character’s representation with multifarious discourses and ideologies, the narrative tries to obscure the discomfort that arises from confronting her physical weakness. And as the analysis has attempted to illustrate, this discourse is mainly socio-political and cultural in nature and its nuances most clearly reflect a male rather than a female voice.

Female sickness echoes, to varying degrees, masculine rhetoric on morality, domesticity and national wounds. This rhetoric, in turn, affirms the much talked about strain in gender relations at the time and which the social examination and reform project - that some of the writers under question were partially or fully involved in through their literary works - had perpetuated. The strain that imbues all the aforementioned representations is between the tendency to view female physical illness as something other than itself within the world of

¹⁶² Nina Baym, *Women’s Fiction: A Guide to Novels by and about Women in America*, 2nd ed. (Urbana: Univ. of Illinois Press, 1993) xxxvii.

the characters and the inability to ignore the material presence, sexuality and traditional function of that body minus its physical imperfection.

The marked anxiety manifests itself in the repeated representational border crossing that takes place in these illness narrative accounts, i.e. the accounts shuttle between seeing women as symbols within the larger public sphere so as to inscribe certain social and cultural configurations to their disability/sickness and between shoving them back into the private sphere and, in this, employ their sickness and physical vulnerability to inhibit the transformations that female physical freedom signalled in male dominated societies. Hence, in all the illness narratives highlighted, an element of this contradictory and ambiguous tension persists. For example, the reflections on the protagonist's sickness in Taymūr's narrative draws its impetus from her participation in what is deemed flawed acts in the public sphere. Similarly, al-Sibā'ī's protagonist considers herself lucky even when in pain because fate had taken her out of the contaminated life she had led in the public sphere and into the domestic world of her employers. Also, Shafīqah and Fawzīyah's disabilities are a symbol of the nation but the nature of their disability and the bodily parts that have been lost indicate a male gendered resistance to that metaphor. For to lose the legs is to lose physical mobility and, along with it, physical freedom to move out of the private sphere.¹⁶³

¹⁶³ It is important to note that the degree of tension in allocating narrative space for female ill bodies and the attempt to reconcile the major narrative with the emerging women's emancipation movement not only register socio-political realities but betray each writer's position on women's

On another level, the masculine voice that permeates the social and political representations of female illness betrays an inability to confront physically imperfect female bodies and a resistance to go beyond ‘the problem’ of a woman’s sexual body and its effect on her role as an active agency in society. Fedwa Malti-Douglas notes that the Arabic textual tradition carries with it symptoms of the “problematic nature of woman, her voice, her body [...]” Medieval Arabic texts produced by males, for example, only verify this since they focus on the corporeality of women and even allow the “female to participate in the discourse.” But throughout a woman’s “speech remain[ed] tied to the seductive power of her body.”¹⁶⁴ What Malti-Douglas dubs the “obsession with the female body” is also present in the works of modern Arab writers, particularly males. Along a similar note, Cooke also argues that while the occupation with female sexuality is clearly present in the works of Arab male

role in society. In her study on the modern Egyptian novel, Kilpatrick identifies four categories of writers based on their perception and representation of women. These are: writers who were unconcerned with the plight of women and who, instead, focused on other socio-political problems; those who wrote about a woman’s role in society but their writing was deeply enmeshed in traditional views of what womanhood should be about; those who perceive women as starkly different from men hence their perception of women as “objects of desire”; and those whose writing sought to emphasize the status of women and were, in a sense, “social reformers”. While Kilpatrick’s categorization was concerned with Egyptian male writers, the distinctions she makes could be extended to encompass other Arab male writers, their portrayal of women in general and ill women in specific. Consequently, and in line with Kilpatrick’s categorization, it should be noted that Taymūr’s illness narrative is in line with those group of writers who abided by a traditional view of a woman’s role while al- Sibā’ī’s account – though still traditional – manifests more flexibility in its attempt to highlight the plight of his heroine. On the other hand, both Kanafānī and Qāsim’s female illness narrative locate their position within the category of those who appear to be largely concerned by socio-political realities rather than just gendered ideologies, though the latter still seeps through even in their discourse on the former. As for Maḥfūz and Mīnah’s illness narratives and representation, they reveal the “social reform” stance towards women’s place and role in society but ultimately adopt a more traditional stance in relation to the illness account of their female character. (Hilary Kilpatrick, *The Modern Egyptian Novel: A Study in Social Criticism*, London: Ithaca Press, 1974) 172-178.

¹⁶⁴ Fedwa Malti-Douglas, *Women’s Body, Women’s Word* 110-111.

writers this preoccupation, like its predecessor, kept male ideologies alive and grappled with notions of shame, honour and corruption. In short, with the empowerment of women and the changes that signalled their mobility, the contact of the female sexual body with the male-dominated public sphere formed part of the story of Arab male writer's literary productions.¹⁶⁵ Yet in as much as some writers wrestled with and depicted this body in their works, it appears that they rejected facing female invalid bodies and, instead, used the latter as a symbol and metaphor of various socio-political and cultural discourses. This is because the sick and disabled body threatened to destabilize hegemonic stances regarding the role and function of female bodies in Arab societies. It also undercut the familiar power the female sexual body occupied in the male psyche.¹⁶⁶

To summarize, although present in the space of the narrative, physically sick female characters are still rendered absent in that they lack an individual,

¹⁶⁵ Miriam Cooke, *Wars Other Voices* 69-80.

¹⁶⁶ Arguably, the representation of female sickness in Western literature and culture has also captured the gendered ambivalence and the contradictory power politics involved in the representation of this figure. Simultaneously, it has told a story of stigma and shame similar to the one highlighted in this analysis. However, one of the key differences in the nature of the discourse of the stigmatized approach to female illness is that Western representations of female illness articulate the workings of this stigma, talk extensively about it and ultimately give major room for this stigmatized self to appear and express the injustices directed at her. The large number of critical books, let alone novels and short stories, written about female illness from the 18th century until today attest to the fact that the figure of the sick female was at the heart of Western cultural discourses as well as a recurrent presence in literary and visual productions. Furthermore, the period after World War II witnessed a dramatic change in the understandings of illness in general and female illness in particular, all the while enabling the latter to become part and parcel of modern and postmodern productions and altering the stigmatized modes through which she was represented as well as the nature of the voice with which her story was told. Consequently, these literary productions have enabled the sick female to construct and capture the story of her subjectivity. This, however, is not the case in Arabic literature and culture, particularly during the period emphasized in this chapter.

subjective self and/or concrete living bodies. It is true that some of them engage in monologues and conversations with other characters, but when they do their voice is present only through the ideological and patriarchal consciousness of a male world-view. Their silence, like their speech, transmits forms of oppression that underscore their social and linguistic exclusion from the world of the narrative and, in turn, life itself. Even more, the nature of their representation and the manner in which it is portrayed attests to the fact that, ultimately, these characters' imperfect corporeality became what Foucault would identify as the "danger" that results in an exclusion from language. Foucault explains that:

We know perfectly well that we are not free to say just anything, that we cannot simply speak of anything when we like or where we like; not just anyone, finally, may speak of just anything ...[for] the production of discourse is at once controlled, selected, organized and re-distributed according to a certain number of procedures, whose role is to avert its power and its dangers, to cope with chance events, to evade its ponderous, awesome materiality.¹⁶⁷

The 'materiality' of the female characters in the sample of works in this chapter, as it relates to their suffering bodies, poses a danger and a threat which determines their exclusion from the domains of narrative that figure them as speaking subjects with a felt physical presence. Instead, their presence is only in relation to symbols of external social and political realities and mimetic representations of its ensuing ideologies and discourses. What is largely evident in these representations, despite the degree of complexity it takes with Maḥfūz

¹⁶⁷ Michel Foucault, "The Discourse on Language" *The Order of Things: An Archaeology of Human Sciences* (New York: Vintage Books, 1973) 217.

and Minah's work, is that ultimately the male writers of these works look at this figure through the lens of an external eye. External not in terms of capturing her physical imperfection but in the sense that they fail to record her inwardness as it relates to her suffering body. They only register what Jeanne Kammer has labelled in her discussion of the art of silence as an "acknowledgement of the void, a falling-back in the face of chaos, nothing" rather than register a "determination to enter that darkness, to use it, to illuminate it with individual presence."¹⁶⁸

¹⁶⁸ Jeanne Kammer, "The Art of Silence and the Forms of Women's Poetry," *Shakespeare's Sisters: Feminist Essays on Women Poets*, Eds. Sandra Gilbert and Susan Gubar (Bloomington: Indiana UP, 1979) 158.

Chapter Three

Mediating Voices

The Ill and Disabled Female Body in Works by Arab Female Writers (1950-2000)

One of the most striking aspects in the works of Arab women writers who produced works between 1950-2000 is the scarce reference to female physical illness in their writings. In fact, finding feminine narratives that have tackled the meaning of female physical illness and disability is perhaps more difficult than in works by male writers. Thus, if works of some Arab male writers affirm the invisible and marginal presence of ill and disabled female bodies in Arabic literature and, through it culture, works of their female counterpart who produced works during a similar time span bear more witness to the absent presence of these characters, both in the minimal attention devoted to such a character in literary works and in the straying away altogether from her.

Considering the nature of the cultural configurations and transformations that were taking place from the 50's onwards, and the many developments that were ensuing with regard to the status of women in Arab societies,¹ it is perhaps not too surprising that the physical body in pain was left out of most female

¹ See Chapter Two 78-168.

literary works. After all, the female physical body in general was repeatedly pushed outside the sphere of female narratives so that writers could underscore other aspects of a woman's essence and self which did not involve her body and, through it, her sexual body. This shunning was, of course, in varying degrees. It was also specific to each writer's overall position with regard to the status of women in her society and to certain time periods. In that sense, some female narratives offer evidence of the patronizing and subversive representation allocated to female sick bodies and provide patterns of suppressed and curtailed images of them in their literary works. They also magnify the dimension of stigma and shame that marked any reference to female physical illness in the works of the male writers discussed earlier. Ironically, a number of women writers also cast their sick female characters in the same light as male writers. In short, in representing female physical illness, some women writers ultimately "reproduce[d] not only the world view inherent in the predominantly masculine discourse, but also adopt[ed] its version of the passive, docile, selfless female."²

This chapter will focus on the representation of female physical illness and disability in selected works of Arab women writers who published between the years 1950-2000. Following the same structural mode as the earlier chapter, the analysis will disentangle the semiotic, socio-cultural and political meanings of female physical illness and the masculine and patriarchal discourse that

² Sabry Hafez, "Women's Narrative in Modern Arabic Literature: A Typology," *Love and Sexuality in Modern Arabic Literature*, Eds. Roger Allen, Hilary Kilpatrick and Ed de Moor (London: Saqi Books, 1995) 161.

affected the overall representation of such figures within a feminine narrative. The analysis will also attempt to underline that the problem of representation of female physical illness in Arab women's writings is exacerbated by the fact that some of these writers had adopted a, by and large, masculine worldview towards what it means to be female and physically sick. But even as they internalized and produced representations of female physical illness that abided by the cultural and traditional structure from whence their narratives emerge, they also struggled to undercut this by, sometimes, assigning a voice to the sick and silent woman through other female characters.

1. Barren Lives/Disrupted Womanhood

The representation of female infertility and blindness are perhaps two of the most predominant tropes in many Arab health discourses. They were also, for a certain period of time, the only female sickness experiences that were made visible in research and embodied in literary works by both male and female writers. Consequently, any reference to female sickness was put under the spotlight only if it was concerned with a woman's reproductive abilities or if it involved her visual handicap. But in some instances - particularly in works by women writers - female infertility and blindness as sickness were employed as organizing metaphors to express how women understood their bodies and womanhood as well as what affected their gendered and social identity. Al-Khūrī and Nuwaylātī are two such writers and their works are perhaps the only ones to

appear during the fifties and sixties and to deal with the representation of the ill and disabled woman.

Huyām Nuwaylātī: *Fī al-Layl*

Little is known about the Syrian writer Nuwaylātī and her works except what is provided on the back cover of her first novel *Fī al-layl*.³ For her name and publications appear to be absent from literary reference books and studies both on Arabic literature and women's writings. Except for a short reference to her novel *Fī al-layl*, in Buthaynah Sha'bān's book *Mi'at 'Ām min al-Riwāyah al-Nisā'īyah al-'Arabīyyah*, Nuwaylātī's name does not find a place in most literary studies. Yet, as Sha'bān notes, from her very few publications one gathers that she had been a writer of some standing.⁴ After all, she has published a biography of the eminent Muslim scholar al-Ghazālī,⁵ while her collection of prose *Ayyāmī* [My Days] was introduced by Egyptian critic and writer Ṭāhā Ḥusayn.⁶ She has also published a novel entitled *Washm 'alā al-Hawā'* [A Tattoo in the Air]⁷ and a collection of poetry entitled *Kayfa Tumahhī al-Ab'ād* [How to Shorten the Distance].⁸ It is, however, her first novel *Fī al-Layl* that is significant to this study as it offers insight into meanings of female illness and disability.

³ Huyām Nuwaylātī, *Fī al-Layl* (Syria: n.p, 1959).

⁴ Buthaynah Sha'bān, *Mi'at 'Ām min al-Riwāyah al-Nisā'īyah al-'Arabīyyah* (Beirut: Dār al-Ādāb, 1999) 90.

⁵ Huyām Nuwaylātī, *al-Ghazālī: Ḥayaūh, 'Aqīdatuh* (Damascus: al-Maṭba'ah al-Jadīdah, 1958).

⁶ This is according to the back cover of one of her books.

⁷ Huyām Nuwaylātī, *Washm 'alā al-Hawā'* (Beirut: al-Ahlīyah lil-Nashr wa-al-Tawzī, 1974).

⁸ Huyām Nuwaylātī, *Kayfa Tumahhī al-Ab'ād* (Beirut: n.p, 1974).

Fī al-Layl is perhaps the only novel published during the fifties by an Arab woman writer and to focus on the representation of female physical disability, blindness. Sadly, the novel is out of print and few academic libraries have copies of the first print.⁹ Nevertheless, the novel remains an important contribution to understanding the discourse of female sickness and visual handicap at that time. This is because within the Arab and Islamic tradition, although blind women were not “completely absent in historical and some limited literary sources,” they were still “textually rare and do not become foci or topoi.”¹⁰

Written largely in the form of an autobiography, the novel is about an anonymous female student who develops a special relationship with her music instructor. This relationship soon deepens with the instructor attempting to entice the student both emotionally and sexually, but the latter rejects his advances even though she loved him. Also, the instructor fails her in her music exam and destroys her hopes of a career in that field. Thereafter, the student wakes up from a nightmare only to find that she had become blind. Later, she settles in Egypt to become a famous flute player. At this point in her life, she meets her music instructor’s son, befriends him then hands him her autobiography to give to his father. And it is this encounter and the autobiography that constitute the world of

⁹ One copy is available at the Oriental Institute at Oxford University.

¹⁰ Fedwa Malti-Douglas, “Nawāl al-Sa’dāwī and the Escape from the Female Body: From Handicap to Gender,” *Woman’s Body, Woman’s Word: Gender and Discourse in Arabo-Islamic Writing* 125.

the novel. It is also through it that a glimpse is offered onto the representation of female sickness or rather disability.

In *Fī al-Layl*, female blindness is not represented as a physical handicap caused either by birth defects or an accident. It is portrayed as a condition whose sudden onset has no medical cause nor is a medical explanation even sought by the sufferer herself. All the protagonist mentions in her memoirs is that she became blind and stops short of exploring the causes. In that sense, her visual defect is not capitalized in terms of the body's experience with sightlessness. Rather, the disability is linked to romantic sentiments and the motif of sightlessness comes forth as a melodramatic culmination of one woman's forlorn experience with love.

The female musician speaks at length of her heartache through her body and by evoking the condition of blindness. Throughout she does not foreground the concrete aspects associated with her physical lack, but instead elaborates on her emotional state in relation to the memory of her beloved. As such, blindness is presented as a metaphor for the protagonist's melancholic state and a marker of the darkness she felt settling over her soul at the mere thought of losing the man she loved. It is this that is depicted as symbolically affecting her eyes and obscuring the world from her. Specifically, the blindness happens after she feels devastated by the conflict between her and her instructor and the realization that their love is impossible. Thus, she cries herself to sleep then wakes up to the sound of herself screaming "I have lost him ... lost him forever," and to find that

a “heavy mist ... was preventing me from seeing [...]”¹¹ Elsewhere she adds: “And with that my lids closed to [his] presence” and “eternal darkness united me with the one I love.”¹² In all this, sightlessness or darkness becomes a comfort zone that enables the protagonist to engulf herself in thoughts of her beloved and to feel “protected from cruel loneliness,” and even “transported to a new world.”¹³ It also accentuates her withdrawal into an internal world that distances her from any external stimuli that might distress and interfere with her musical talents. In short, blindness symbolically enables the protagonist to shut out the world and to retreat into a self-invented space of musical harmony.¹⁴

Not only is the process of becoming blind presented in sentimental and melodramatic undertones, descriptions of the overall sightless demeanour of this musician is also highly romanticized. For example, years after she becomes blind the son of the instructor comes across her performing on stage and his descriptions of her are infused with romantic undertones. The blind musician, as everyone identified her, covered her eyes with dark sunglasses, reacted to the applause of the audience with “dignity and kindness,” and took on a special, ethereal beauty when she began to play on her flute. She also remained distant from everyone, declining invitations and leaving the theatre once her

¹¹ Nuwaylātī, *Fī al-Layl* 152. All quotes from the novel are my translation.

¹² Ibid.

¹³ Ibid 122-123.

¹⁴ For a study of psychosomatic manifestations in various domains see Lilian A. Furst, *Idioms of Distress: Psychosomatic Disorders in Medical and Imaginative Literature* (Albany: State Univ. of New York Press, 2003). All further references will be abbreviated.

performance ended.¹⁵ For the instructor's son, looking at the flute-player was akin to gazing at a spectral entity who almost embodied another world. His talk of her renders her an object unable to achieve subjectivity,¹⁶ and one whose representation involved 'to-be-looked-at-ness' rather than anything else.¹⁷

Despite the acclaim this musician enjoyed, her blindness still set her apart from enjoying and living the pleasures her music evoked in others. It also placed her within a literary tradition, which according to Malti-Douglas, saw "women and the blind [...] relegated to the same mental universe: one of physicality, relative physical imperfection and social marginality."¹⁸ As Malti-Douglas further notes, this tradition saw the two occupying a similar "syntagmatic" relationship in which chapters on women and the blind were always placed at the end of any literary collection. Even more, material on women was generally positioned right before or after those on the blind. This association between the two appears to have found its way into the consciousness of modern Arabic literature.¹⁹ But while in the earlier tradition, this relation was established on a

¹⁵ Nuwaylātī, *Fī al-Layl* 20-21.

¹⁶ For a study of female blindness and lack of subjectivity in specific literary works see Elizabeth G. Gitter, "The Blind Daughter in Charles Dickens's *Cricket on the Hearth*," *Studies in English Literature, 1500-1900*, The Nineteenth Century 39.4(Autumn 1999): 675-689.

¹⁷ Laura Mulvey discusses the dynamics of 'to-be-looked-at-ness' - from a cinematic perspective - in her essay "Visual Pleasure and Narrative Cinema," *Women and the Cinema: A Critical Anthology*, Eds. Karen Kay and Gerald Peary (New York: Dutton, 1977) 412-428.

¹⁸ Fedwa Malti Douglas, "Nawāl al-Sa'dāwī and the Escape from the Female Body: From Handicap to Gender" 124.

¹⁹ For example in Ghādah al-Sammān's short story *Ghajariyah Bilā Marfa'* (translated as *Street Walker*) the blind man is the "alter-ego" of the protagonist. Also, Andrée Chedid's novel *Le Sommeil délivré* draws parallels between a blind man and the heroine while in Assia Djebar's novel *L'amour, La Fantasia* [translated as *Fantasia: An Algerian Cavalcade*], a veiled female is compared to a blind individual. (See Fedwa Malti Douglas, "Nawāl al-Sa'dāwī and the Escape from the Female Body: From Handicap to Gender" 122-123).

social scale, in Nuwaylātī's novel the connection affixes itself onto the body itself - a female one.

The protagonist of *Fī al-Layl* is not compared to the blind but is the "carrier" or rather the physically disabled one.²⁰ This motif of blindness ultimately serves a patriarchal function: it is a sentimental revelation to her instructor regarding the extent of her love for him even after he treated her badly.²¹ The revelatory purpose embedded in the text is facilitated through the autobiography the musician sends to her instructor and in which she talks of many things, including her relationship to him. Yet, it is by choosing darkness and the memory of him that the flute player makes an absolute declaration of love and physical sacrifice. In short, the narrative closure of the text underpins the romantic/melodramatic impulse of the novel and evokes the sentimental patriarchal tradition found also in the works of romantic male writers such as Taymūr and al-Sibā'ī.

On another level, however, the protagonist's blindness has a more complex textual purpose: it displaces the male musician's lack of aesthetic insight of the talents of his student as well as his social blindness regarding the fame she later achieves onto the female body itself. The female body is, herein, made to become the register of the social and aesthetic blindness by which a patriarchal figure operates. In this, the text ultimately provides an inversion of

²⁰ Ibid 123.

²¹ For a study of blindness and romantic sentiments see William R. Paulson, *Enlightenment, Romanticism, and the Blind in France* (Princeton: Princeton UP, 1987) 73.

sorts of the disability experience. Female physical blindness is symptomatic of male social blindness and is both an implicit attempt to affirm and conceal the latter.

It is interesting to note that it is only by becoming a famous flute player herself and by challenging her music instructor's 'blind' verdict of her abilities that the protagonist is granted a voice to speak her side of the story. As she gains mastery over her music and, in turn, independence from the persecutor of her talents, her narrative voice begins to emerge. Thus, while the first half of the novel is told through the point of view of the musician's son, the second half is permeated with the protagonist's voice. In fact, this begins to take place after her talents are affirmed through the beautiful performance she gives. In all this, the narrative form of the novel becomes influenced by the gender politics in the novel and the shift in power between its characters, though in a mode that continues to fall prey to romantic sensibilities and to conventional gendered codes of being.

Kūlīt al-Khūrī: *Laylah Wāḥidah*

Al-Khūrī (1937) is one of the major Arab women writers to emerge during the 50's and to produce literary works preoccupied with the condition of women in her culture. Educated in both French and Arabic, al-Khūrī belongs to

an eminent Syrian family whose members were involved in politics.²² During her years as a PhD student in French literature, she was also an assistant in the Department of French Studies at Damascus University. Her first literary publication was a collection of poems in French entitled *Vingt Ans* [Twenty Years] (1957).²³ A year later she published her first Arabic work, *Ayyām Ma'ahu* [Days with Him] (1959).²⁴ The latter was one of the very first novels written by a woman and to lend female characters the first person voice so they could speak about the complexity of their position within the dynamics of their social environment.²⁵ This was followed by the more controversial novel *Laylah Wāḥidah* [One Night] (1961)²⁶ - which is the subject of analysis of this section - and other collections of short stories.²⁷ According to critics such as Evelyn Accad, what is distinct about al-Khūrī's work is the nature and temperament of the female characters she constructs. While other Arab women writers of that period largely portrayed their female characters as "desperate" and "vindictive" and chose to emphasize that they had no choice in how they lived and experienced their womanhood, al-Khūrī's female protagonists generally seek

²² Al-Khūrī's grandfather, Fāris al-Khūrī, was the Prime Minister of Syria.

²³ Kūlīt al-Khūrī, *Vingt Ans* (Beirut: n.p, 1957).

²⁴ Kūlīt al-Khūrī, *Ayyām Ma'ahu* (n.d, 1959).

²⁵ Another early novel written in the first person narrative voice is *Anā Aḥyā* by Lebanese Laylā Ba'lbakkī and which was published in 1958.

²⁶ This was due to the fact that the novel dealt with the subject of female adultery as a positive experience that could lead to female awareness. Kūlīt al-Khūrī, *Laylah Wāḥidah*. (Beirut: al-Maktab al-Tijārī lil-Ṭibā 'ah wa-al-Nashr, 1961) Throughout the analysis I will quote from the subsequent edition (n.p: Manshurāt Zuhayr Ba'albakkī, 1970 imprint).

²⁷ These include: *al-Ayyām al-Muḍī'ah* [The Shining Days], *Anā wa-al-Madā* [The End and I] and *al-Kalimah Unthā* [The Word is a Female] (1971). Her other works include the novels *Kiyān: "Uṣtūrah"* [Being: "A Legend"] (1968) and *Wa-Marra Ṣayf* [And a Summer Passed] (1975).

strength in themselves.²⁸ Moreover, these protagonists almost always place much importance on the value of romantic love. In *Laylah Wāḥidah*, it is this love that forms the locus of the novel. Nevertheless, unlike al-Khūrī's other works, the overarching mood is pervaded by a sense of despair which is affirmed through the metaphor of female infertility as sickness.

Laylah Wāḥidah revolves around Rasha, a married infertile woman who travels to Paris to find treatment for her presumed 'illness'. On the train that will take her from Marseilles to Paris, where she is to visit a famous gynaecologist, Rasha meets the half-Syrian, half-French Kamīl. The two fall in love at first sight and engage in a one night passionate affair. Although the brief relationship fills Rasha with emotional and sexual gratification, she is still plagued by acute guilt and henceforth sets out to write a confessionary letter to her husband. It is the contents of this letter that form the bulk of the narrative. After the letter is complete, Rasha heads to the French gynaecologist only to discover that she has no problems conceiving and that she might have been misled by the male Syrian doctors and her husband into believing otherwise. As she roams the streets of Paris thinking of what course of action to take, she is hit by a car and the novel ends with her in the ambulance predicting her death.

Although *Laylah Wāḥidah* focuses on Rasha's forlorn marital relation and the journey to self-discovery via her new found love, the brief references to

²⁸ Evelyn Accad, "Rebellion, Maturity and the Social Context: Arab Women's Special Contribution to Literature," *Arab Women: Old Boundaries, New Frontiers*, Ed. Judith E. Tucker (Bloomington and Indianapolis: Indiana UP, 1993) 230-231.

her infertility and its perception as an illness by herself and by those around her have two symbolic intentions within the narrative. They are indicators of this culturally prevalent female illness trope and a metaphor of the deprivation that infiltrates Rasha's self rather than a problem in her reproductive capacities.

Infertility as a trope of sickness, in this novel, is not played out on the level of the female physical body but on a social and psychological scale, thus providing an example of the body as a repository of other signifiers (Douglas; Turner).

What is made visible in this indirect illness narrative is not the body of Rasha but her social self whose role and place in society is predetermined by her gendered identity. Rasha's infertility is made to represent and embody her barren self which experiences a fault in desire and a collapse of will.²⁹ And if the illness narrative comes into play, it is only because Rasha's social and gendered problem is medicalized, i.e. her problems are symbolically embodied in her infertility which, in turn, is treated by the medical establishment. In this sense, the novel speaks more about the ideology of patriarchy rather than express the workings of the female physical body in pain. Infertility in *Laylah Wāḥidah* is a metaphor of the gendered psychological and social difficulties of the heroine.

After all, while Rasha's purpose in travelling to Paris is to find a treatment for her reproductive capacity, this part of her life and body is never really the subject of the narrative. Throughout, Rasha is concerned about the

²⁹ For a study on female infertility and the failure of will see Margarete J. Sandelowski, "Failures of Volition: Female Agency and Infertility in Historical Perspective," *Signs, The Ideology of Mothering: Disruption and Reproduction of Patriarchy* 15.3(Spring 1990): 475-499.

nature of her marital life, the effect of her traditional upbringing upon her social performance, her marginal existence and the restlessness that is rooted within her. It is all this that drives her to unconsciously employ her infertility as an excuse to travel in the hope of finding a temporary respite from her life and marriage in Damascus. Rasha's expression of her oppressed, lonely self appears to be synonymous with the condition of her infertile body. Her inability to conceive is an instance of her failure to perform anything worthwhile in her life. Yet, for the protagonist, the need to become a mother is not triggered by any pressure from her husband but is instigated by a desire to feel functional and beneficial in any aspect of her existence. As Diana Tietjens Meyers would explain it, this is because from within the culture to which Rasha belongs "the family does not exist in isolation from other social systems" and "women's motherhood decisions have implications for their [self] aspirations."³⁰

As Rasha reminds her husband of the dismal course of their life and the loneliness that engulfs her as a result, she admits that she looked upon having a child as the last hope that would salvage the workings of her meaningless existence. Rasha writes that she desperately wanted to conceive because she was in need of "giving ... to feel that I was alive... to prove to myself that I was alive," adding that her self was akin to a "volcano that was afraid to die before it erupts."³¹ Here, the sentiment to have a child is not motivated by the sole desire

³⁰ Diana Tietjens Meyers, "The Rush to Motherhood: Pronatalist Discourse and Women's Autonomy," *Signs* 26.3(Spring 2001) 735-736. All further references will be abbreviated.

³¹ Al-Khūrī, *Laylah Wāḥidah* 26.

for maternal performance but by Rasha's need to improve her personal wellbeing and boost her social worth.

Through all this, Rasha's infertility is still described as a sickness both by herself and the doctors who are treating her. But, from the narrative, one notes that what is actually being stressed is not merely a bodily ailment but a social one. Not once does Rasha refer to the concrete physical workings of the body concerned. All talk on her presumed sickness is made in abstract terms and all descriptions of her inability to become pregnant can be summed up in two terms 'sickness' and 'problem'. This, of course, is due to the lack of any concrete physical illness in the first place and the construction of the latter from the vantage of its social landscape, i.e. the experience of social and gendered malady are expressed and experienced through allusions to what is regarded as a physical illness, hence its overall abstract workings.

In short, in *Laylah Wāḥidah* the illness narrative of Rasha and the lived out experience of her infertility is a social construct determined by the cultural formations with regard to the gender and health of the society to which she belongs. Furthermore, because producing children is perceived as an essential aspect of a woman's life which affects her social identity, Rasha's infertility heightens her invisibility not only on a social scale but on a physical one as well. As a woman, within that time period, the acceptable mode of living and performing one's body was ultimately through pregnancy and childbearing. Consequently, Rasha's supposed sick body remains invisible despite the

embedded brief illness narrative and what is foregrounded is the barren self in the process of rebelling. Paradoxically, the emphasis on Rasha's narrative voice throughout brings about a different kind of visibility: textual presence. Rasha's social absence is undercut and downplayed by the infusion of her point of view and her personal voice throughout the novel, thus punctuating the narrative structure of al-Khūrī's novel with the same rebellious impulse that marks Rasha's character.

Overall, however, the implicit rebellion against the invisibility of a self, and, with it a body, remains an incomplete project both on the level of narrative structure and content. For while the change that the protagonist needs is initiated in the journey motif, this structural mode does not trigger dramatic transformations nor bring about liberating possibilities for her. For example, although after she sleeps with Kamīl, Rasha claims that "for the first time in my life I understood the value of my body... for the first time I understood that this body is not a tool [...]"³² and, in doing so, expresses her implicit realization that she is not infertile, the fact remains that the discourse on the self and through it the body in health and crisis is influenced by patriarchal ideologies.

In other words, while Rasha's infertility is here a somatic expression of the suppressed health of her social and gendered body and a textual inversion of the imperfect health of her husband, what ensues falls within patriarchal conventional codes of being. When Rasha articulates the workings of her reality

³² Al-Khūrī, *Laylah Wāhidah* 191.

and her position as a middle class woman within a male-dominated society, she ultimately reviews the story of how her life should evolve based on the very ideals of patriarchy. The “narrative closure” of al-Khūrī’s novel ultimately brings about “an enclosure” which traps and withholds social power from the protagonist.³³ Even more, al-Khūrī’s employment of the trope of female infertility as a metaphor of the protagonist’s life only engages in already existing cultural understandings rather than deconstruct and go beyond them.

Arguably, al-Khūrī does attempt to dent this normative masculine ideal by positioning it against the sterility of Rasha’s husband and the overall body social and, hence, challenging the patriarchal ideology that sees men as above reproach for any physical or social malfunction. She also portrays her protagonist as attempting to break free of traditional understandings of social and body performance by the most controversial modes, adultery. All this, however, is not sufficient to infuse the text with a proper feminine voice. After all, as Meyers argues: “It is not enough to invent an interesting protagonist and spin a good yarn about her life.” Rather it is important to “distinguish when women are speaking in their own voice and when they are lip-syncing the ominous baritone of patriarchy.”³⁴ And it is this patriarchal voice that seems to leak into the overall narrative and to affect the course of this supposed illness narrative

³³ For an explication on the function of narrative closure and enclosure in women’s writing in general see Molly Hite, *The Other Side of the Story: Structures and Strategies of Contemporary Feminist Narratives* (New York: Cornell UP, 1989) 4-11. All further references will be abbreviated.

³⁴ Meyers, “The Rush to Motherhood” 739.

2. Sick Mothers/Rebellious Daughters

The experience of female physical illness in the works of Arab women writers who published during a later phase seems to have engaged most with the trope of the sick mother, particularly in literary works that were produced during the 80's and 90's. This trope, as discussed in Chapter Two, was also present in the works of male writers.³⁵ But while the latter employed the figure of the sick mother to idealize motherhood and to celebrate, even affix, traditional patriarchal ideals, the figure of the sick mother in female narratives takes on more complex meanings and serves more problematic gender discourses. This section will emphasize this by taking as case studies al-Shaykh's *Faras al-Shaytān* [Satan's She-Horse] (1975), Mamdūh's *Habbāt al-Naftālīn* [Mothballs] (1986) and Bakr's *al-'Arabah al-Dhahabīyah lā Taṣ'ad ilā al-Samā'* [The Golden Chariot] (1991). Through these works, the discussion will highlight the development and the complexification female illness narratives underwent, as well as the tension the sick mother's voiceless presence perpetuated in feminine narratives of that period which, as Hafez explains, were marked by the "sophisticated discourse of self-realization."³⁶

³⁵ See the section on Maḥfūz and Mīnah 130-151.

³⁶ Hafez, "Women's Narrative in Modern Arabic Literature: A Typology" 170.

Ḥanān al-Shaykh: *Faras al-Shayṭān*

Lebanese al-Shaykh is today one of the Arab world's most famous women writers. Born in 1945 and raised in a strict Lebanese family, al-Shaykh studied in Beirut and later the American College of Cairo. Her first novel *Intihār Rajul Mayyit* [Suicide of a Dead Man] was published in 1970. At the time, she was already working in TV and as a journalist in the popular women's magazine *al-Ḥasna'* as well as the leading Lebanese daily newspaper *an-Nahar*. At the outset of the Lebanese civil war, she moved to the Arabian Gulf where she lived with her husband. There she published another novel, *Faras al-Shayṭān* [Satan's She-Horse] (1975), and a collection of short stories, *Wardat al-Saḥrā'* [The Rose of the Desert, translated as *The Story of Lulu*] (1979). But it was her novel *Ḥikāyat Zahrah* [The Story of Zahra] (1980) which brought her acclaim and which saw this novel and other works translated into many languages. With its juxtaposition of the nationalist and the feminist, *The Story of Zahra* was a high point with regard to its feminist stance on Lebanese society.³⁷ Today, al-Shaykh lives in London and is regarded as a prolific writer whose work developed the scale of the contemporary Arabic novel in her focus on sensitive aspects such as the war, sexuality, exile and social structures in the Middle East.³⁸ Even more,

³⁷ For a chronicle of the way Arab women writers contributed to the literature of the region and the empowerment of women see Joseph Zeidan, *Arab women Novelists: The Formative Years and Beyond* (Albany : State University of New York Press, 1995).

³⁸ Al-Shaykh's works include: *Ḥikāyat Zahrah* [The Story of Zahra] (1980), *Misk al-ghazāl* [Women of Sand and Myrrh] (1988), *Aknusu al-Shams 'an al-Suṭūḥ* [I Sweep the Sun off Rooftops] (1994), *Innahā Landan yā 'Azīzī* [Only in London] (2001). These and others have been translated into many languages.

her writings and style have been described as “sensual” and her images “lace-like” all the while capturing the problems and dilemmas that characterize the region from which she comes.³⁹

In her second novel, *Faras al-Shayṭān*, which is not as popular nor as widely read as her other works, the writer provides us with one of the earliest representations of the trope of the sick mother in women’s writings.⁴⁰ The novel tells the story of a young Lebanese Shiite Muslim woman, Sarah, who is raised under strict social conditions by an extremely religious father. Thereon, the narrative chronicles Sarah’s marital relationship, her life in a desert region and her encounter there with women of the harem. In that, the text underscores traditional social structures and oppressive modes of living and points an accusing finger at patriarchy. In fact, while the depiction of the sick mother and its related illness narrative is not a central incident in the novel, it serves as one form of indictment against the practices of patriarchy.

The novel’s brief reference to the illness of Sarah’s mother is one that is less concerned with elucidating the meaning of pain upon female bodies and selves and more focused on revealing the callousness of patriarchal authority and its failure to live up to its role as protector of the well-being of members of the domestic space it controls. The latter is not simply exposed through physical abuse or violence but through the father/husband’s lack of attendance to his

³⁹ Accad, “Rebellion, Maturity and the Social Context: Arab Women’s Special Contribution to Literature,” 242-244.

⁴⁰ Ḥanān al-Shaykh, *Faras al-Shayṭān* (Beirut: Dār an-Nahār: 1975).

ailing wife which, in Sarah's opinion, leads to her mother's death. This tragic death scene, however, is not witnessed by Sarah first-hand but is transmitted to her by her grandmother.

Sarah learns that her mother experienced "terrible pain" for days as she lay "burning" with fever and whimpering endlessly. Yet, Sarah's father refused to fetch a doctor for his wife claiming: "Allah is the doctor."⁴¹ And when he finally relented, it was too late and the mother had already passed away. In just a few lines, Sarah remembers the story of her mother's illness and proclaims that "this is not right! This is madness!"⁴² By dwelling on the last moments of her mother's suffering and deathbed and by juxtaposing it with the image of the father detached from all this and focused on his fervent prayer, al-Shaykh places the sick mother within the iconographic image of the mother/victim. She also exposes patterns of underlying patriarchal dominion that also affect the daughter. Hence, the figure of the sick mother is embodied as a representative of compliance to patriarchal ideals.⁴³

Furthermore, in *Faras al-Shayṭān*, the mother doesn't speak and the daughter does not do so on her behalf. Rather, the mother dies before Sarah is of an age to register and be conscious of the former's presence. This is significant when placed within the overall narrative which mainly explores Sarah's search

⁴¹ Al-Shaykh, *Faras al-Shayṭān* 59. All quotes from this novel are my translation.

⁴² Ibid 59.

⁴³ For a study of sick mothers and their deaths see Judith Kegan Gardiner, "A Wake for the Mother: The Maternal Deathbed in Women's Fiction," *Feminist Studies*, Towards a Feminist Theory of Motherhood 4.2 (June 1978): 146-165. All further references will be abbreviated.

for selfhood. By having the mother figure die so early, Sarah's narrative seems from the start to detach itself from the experience of continuity with the mother.⁴⁴ The sick and dying mother here exemplifies all the negative traits and repressive roles that the daughter wishes to wipe out.

Yet in her reaction to the story of her mother and in her blaming of her father for the latter's death, Sarah is also deploring his treatment of her - his child. Like her mother before her, Sarah has had to bear the rigidity and religious fanaticism of her father and suffer from it as a result. In this, the figure of the sick mother represents the victim and the stifled woman in Sarah.⁴⁵ Despite this, Sarah's relationship to the story of her suffering mother is, as Adrienne Rich would argue, almost "minimized and trivialized in the annals of patriarchy,"⁴⁶ i.e. she remains trapped in exposing the implications of rigid patriarchal authority rather than accentuating her loss of maternal bonds or venture into the world of her sick mother. This, in turn, only underlies the unspokenness of her mother's subjective illness experience.

⁴⁴ Dorothy Dinnerstein tackles the idea of continuity and connection to the mother generally in her book *The Mermaid and the Minotaur: Sexual Arrangements and the Human Malaise* (New York: Harper & Row, 1976).

⁴⁵ For an explication on the connection between mothers and daughters and their effect upon each other's selves see Adrienne Rich, *Of Women Born: Motherhood as Experience and Institution* (New York: W.W. Norton & Co., 1976)

⁴⁶ *Ibid* 236.

‘Āliyah Mamdūh: *Ḥabbāt al-Naftālīn*

With Mamdūh’s *Ḥabbāt al-Naftālīn* a more complex representation of the sick mother figure began to be constructed. This, in turn, brought a heightened sense of tension and development in the narratives on female physical illness.

Mamdūh, who is the recipient of the 11th Najīb Maḥfūz prize for literature for her fifth novel *al-Māḥbūbat* [The Loved Ones] (2003),⁴⁷ is a renowned Iraqi writer, essayist and journalist. She was born in 1944 in Tikrīt, studied psychology, practiced journalism, and even worked as an editor of literary magazines for a while.⁴⁸ Throughout, she also published novels and short stories that gained her a distinct name both regionally and internationally.⁴⁹ Yet her literary publications have, from the start, faced controversy; Mamdūh’s first novel *Laylah wal-Dh’ib* [Leila and the Wolf] (1981) led the Iraqi government to censor passages from this novel and from most of her newspaper essays. In 1982, she left Iraq with her son and, has since, lived in Beirut, Morocco, London and, currently, Paris.⁵⁰

Described as an “indomitable and marginal writer,” and one whose writing is

⁴⁷ This is an award that was established in 1996 with the intention of supporting contemporary Arabic literature. It is presented annually on Dec. 11, the birthday of Maḥfūz, by the American University of Cairo (AUC) to the best Arabic novel published during the year and which hasn’t been translated yet.

⁴⁸ She was the editor-in-chief of *al-Rāsīd* magazine and editor of *al-Fikr al-Mu’āsir* magazine.

⁴⁹ Her literary publications include two collections of short stories: *Ifītāhīyah lil Dāḥik* [Prelude to Laughter] (1971) and *Hawāmish il’a al-Sayyidah “B”* [Notes to Mrs. B] (1973); as well as five novels *Layla wa al-Dh’ib* [Laila and the Wolf] (1981), *Ḥabbāt al-Naftālīn* [Mothballs] (1986), *al-Wala’* [Passion] (1993), *al-Ghulāmah* [The Maiden] (2000), and *al-Māḥbūbat* [The Loved Ones] (2003).

⁵⁰ According to Mamdūh herself, she did not leave Iraq because the government had forced her to but because she wanted to prevent her only son from joining the military training and becoming a soldier so as to be “drafted in a stupid and bloody war” between Iran and Iraq. (qtd. in Mona Chellat, An Interview with Alia Mamduh, *The Handstand*, Aug. 2002, Date accessed 21 Jan. 2007 <<http://www.thehandstand.org/archive/august2002/articles/alia.htm>>)

“tough, violent, and sensual,” Mamdūḥ is also a writer whose work attempts to steer away from “perverse ideologies.” As she herself affirms, she has “adopted a position of coldness and rigorousness in describing the experience of love or the gamble of freedom [...]” both on a personal and national level.⁵¹ In her second novel, *Habbāt al-Naftālīn* [Mothballs],⁵² the writer grapples with the question of freedom from within familial relationships and highlights divisions between men and women in the same family circle.

Set in Iraq in the 1950’s, the novel offers a miniature portrait of the city of Baghdad and the thorny dynamics of gendered relations through an intimate picture of one poor family occupying the Baghdadi neighbourhood of al-A’dhamiyya. All this unfolds through the eyes of nine-year-old Hudā, the youngest member of the family whose life story forms the locus of the narrative. Commenting on the lyrical style and the extensive descriptions in this work, renowned Egyptian writer and critic Latīfah al-Zayyāt posits that *Mothballs* constructs a “sweet song for the folk of Baghdad, a song for the places preserved in memory, a song for the childhood and adolescence of an Iraqi woman.”⁵³ But, according to Faqir, at the core of Mamdūḥ’s narrative is also “a household of unfulfilled women.”⁵⁴ After all, Hudā’s grandmother has, for years, been mourning the death of her husband, one of her aunts is left crestfallen after

⁵¹ Ibid.

⁵² Alia Mamdouh, *Mothballs*, trans. Peter Theroux (Reading: Garnet Publishing Ltd., 1996).

⁵³ Latifa al-Zayat, “Mothballs,” *Noor Quarterly Review*, No. 3, Spring 1995.

⁵⁴ Fadia Faqir, “Introduction,” *Mothballs* by Alia Mamdouh vi. All quotes and references will be from the English translation.

failing to consummate her marriage while her two other aunts engage in same sex relationships. As for Hudā's mother, she lives her days in both physical and mental suffering. In short, Hudā's recording of the life of the family she belongs to captures a female "world of yearnings, frustration and tragedies."⁵⁵

In Hudā's narrative, the grandmother is the driving force in the largely female household. Not only does she have the final say in the domestic sphere, she is also the only one to execute some form of power over Hudā's father - a policeman who bullies and oppresses his wife and children. Thus, Hudā repeatedly finds solace and strength in her grandmother's cradle both against a cruel father and a patriarchal society. Still, it is Hudā's relationship to her mother or rather the lack of a proper healthy bond with her mother that is the most difficult, problematic and yet enlightening one in terms of troubling maternal bonds, gender relations and, above all, with respect to the trope of the sick mother in female narratives.

At the heart of the story of the suffering of Hudā's mother is a physical illness that leaves both her and everyone aligned to her shamed and disgraced. Hudā's mother suffers from tuberculosis and it is this disease that becomes the source of all her physical and mental problems. It is also one that dramatizes the long standing discourse of shame regarding female physical illness even in feminine narratives. For most of Hudā's stream of consciousness recordings with respect to her mother are saturated with the shame that is attached to the latter's

⁵⁵ Ibid.

invisible suffering body - this along with the young girl's unconscious resentment of her mother's meek position when in confrontation with her husband, Hudā's father. In fact, the first page of the novel opens with a vivid description of the stigmatized rhetoric affixed to female ill bodies and the subjugation they are exposed to by the closest men in their lives.

Shuttling between the first, second and third person, Hudā begins her narrative by imagining that her cruel father is "driving a truck" while her mother "is sitting in the back, monopolizing the silence and illness."⁵⁶ Here, Hudā's young mind already begins to chart out an oppressive, gendered division within her family structure and particularly between her mother and father, a division that becomes more heightened because her mother suffers a chronic physical ailment that leaves her subject to a humiliating existence which has almost robbed her of her selfhood. As Hudā's father repeatedly barged into the house and "moved the way movie heroes did," filling the domestic space with what Hudā describes as "an evil spirit," her mother "vanished out of his way."⁵⁷ Still, the woman "took all her guidance from" her husband and never dared reject his bidding.⁵⁸ Even more, although Hudā's mother continued to serve the members of the household, "she sullied no one with her voice" and even responded to the bullying around her "with a brief nod of her head."⁵⁹ To sum up, Hudā's mother "opened and closed. Rinsed and dried, came and went. She finished everything

⁵⁶ Mamdouh, *Mothballs* 1.

⁵⁷ *Ibid* 4.

⁵⁸ *Ibid* 5.

⁵⁹ *Ibid*.

slowly; cooking, eating, loving her husband” and, above all, kept her “dark curtain of secrecy around her narrow domain.”⁶⁰

The existence of Hudā’s mother and her daily silent rituals expose an alienation of a self from everything around it. The woman lived her days in a narrow, repressed world. Only the symptoms of her severe illness reverberated through the house striking fear in her own children, instigating a series of cursing from her sister-in-law and prayer by the mother-in-law. Hudā describes it all by saying that her mother’s “sharp coughing traveled through walls and windows,” so much so that Hudā and her younger brother, ‘Ādil, were “encircled by that cough” which caused them to seek refuge from it in their grandmother’s room. Such was the physical predicament of this mother-figure that even when she “laughed, she asked God’s protection from Satan” while her “facial features became tense as she remembered that laughter is a sort of sin.” However, it wasn’t the laughter that brought shame to this woman but her physical condition which her children “did not know” about nor comprehend, because they “did not want to know” and the elders “did not want [them] to know.”⁶¹

From all this, one surmises that in Hudā’s home there was - what Thomas J. Scheft has identified in his study of shame in general - “an endless chain reaction of unacknowledged shame.” This chain reaction is “both within persons

⁶⁰ Ibid.

⁶¹ Ibid.

and between them [...]”with regard to the mother’s illness.⁶² Hudā initially doesn’t express nor refer to this emotion. She only alludes to it in descriptions of the reactions of the persons in the house to the symptoms of the illness as well as when she talks of her mother’s overall inferior position within that private sphere. In fact, it is the insinuations of inferiority that seem to figure highly in all of Hudā’s references to her mother rather than just the illness itself.

Hudā knows there is something inadequate about her mother but she is not sure what has caused this inadequacy. Is it the fact that her mother is a woman? If so why does her grandmother, a woman, yield a semblance of power? Or is it the more troubling question of whether her mother’s inferiority is brought about by the illness itself? Or is it a combination of both? In all of Hudā’s musings on her mother both elements appear interlocked and sometimes they emerge as one and the same. And it is only Hudā’s self and consciousness that is split and traumatized. This appears to be triggered by the young girl’s confusion between knowing that something is drastically wrong with her mother and between not knowing, or rather pretending not to know, the nature of the drastic something. Consequently, the young self of Hudā that displays itself through the narrative is a traumatized one because of the physical predicament of her mother.

Specifically, the fact that Hudā refers to herself sometimes in the second and third person instead of the first exemplifies and indicates this. After all,

⁶² Thomas J. Scheft, “Shame and the Social Bond: A Sociological Theory,” *Sociological Theory* 18.1(March 2000): 90. Here Scheft is commenting and developing Elias Norbert’s sociological theory of shame.

according to Christopher Bollas: “Psychic confusion is part of the full effect of trauma because, unable to narrate the event in the first place, the person now re-experiences isolation, this time brought on by the loneliness of mental confusion.”⁶³ The young girl’s dilemma about the world around her and the confusion at the source of her mother’s inferior stance, in relation to the other women in the household and in relation to her father, are soon clarified in Hudā’s daily interactions with the outside world. In the comments of the women in the neighbourhood and in her friendship with her peers, Hudā’s “unnamed emotion of shame” is explicitly identified and through it her mother’s shame is brought to light.⁶⁴

The public sphere transfers the shame of the illness which Hudā’s mother suffers from to Hudā herself. The young girl is made to experience this by reason of her connection to the former. At the women’s ḥammām (public bath), one female neighbour wonders whether anyone would ever consider marrying Hudā when “she’s weak and pale. She’s skin and bones” and seems to have “her mother’s illness.”⁶⁵ The women are so convinced of this that they examine the girl searching for symptoms to affirm that she carries residues of illness. Similarly, Hudā’s friend Maḥmūd shames her with reference to her mother’s illness when he confronts her with the fact that the latter suffers from tuberculosis. So angry was Hudā at this that she chased him with a stone but

⁶³ Christopher Bollas, *Being a Character: Psychoanalysis and Self Experience* (London: Routledge, 1993)67.

⁶⁴ Ibid.

⁶⁵ Mamdouh, *Mothballs* 23.

Maḥmūd stood his ground. Hudā tries to tell him that her mother’s “chest is pierced with holes like a sieve” and that “maybe everybody’s chest has holes,” but Maḥmūd insists on the singularity of her mother’s illness and even admits he has been warned against playing with Hudā herself. “Don’t play with Huda- she’ll infect you” Maḥmūd reiterates the words of his elders. And Hudā can only think: “Infection, tuberculosis, isolation!” Through it all, she tries to remain defiant but is ultimately shamed and humiliated. She tells: “I wanted to raise my head again in front of Mahmoud but was unable to.”⁶⁶

In the confrontational scene with Maḥmūd, two elements in the discourse of shame in this feminine narrative are magnified. First, Hudā’s shame because of her mother’s illness is experienced through the emotion of anger. This, as Thomas Scheff and Suzanne Retzinger would contend, is brought about because Hudā still refuses to acknowledge the reality of her mother’s illness and through it her own shame. Scheff and Retzinger explain that shame is “the master emotion.”⁶⁷ If it is denied, it triggers, and leads to, anger, rage and even violence. Hudā’s anger at Maḥmūd is an indirect expression of her shame at her mother’s illness. Even more, it is the traumatically shaming experiences in the ḥammām and with Maḥmūd that yield further understanding of her mother’s position in society and her own position. In these scenes, Hudā’s shame is not detached from a gender dimension but further glued to it. Even at such a young age, Hudā is

⁶⁶ Ibid 24.

⁶⁷ Thomas Scheff and Suzanne Retzinger, *Emotions and Violence: Shame and Rage in Destructive Conflicts* (Lexington, Mass.: D.C. Heath, 1991) ix.

already being told that her mother's illness will minimize her chances of marriage later in life. What she is being told is that she will not be able to perform her proper role in the patriarchal society in which she exists.

On another level, the fact that it is Maḥmūd who confronts Hudā with her mother's illness is also very telling. After all, Maḥmūd is the boy Hudā has chosen for herself.⁶⁸ Although in the past Hudā had always felt like his equal and she was the one who chased him, this dynamic is reversed following Maḥmūd's pronouncement of her mother's illness. Through Maḥmūd's words, Hudā begins to register the social structure that defines what female and male is in a male dominated society and begins to feel inferior to her friend. She writes: "I was smaller than he. I was female and he was male [...] He was able to do many things: run, play escape from my father's face [...]"⁶⁹

What is obviously at play in all this is a gendered female shame that emerges from the mother's illness and extends to the daughter's daily life. While it is the nature of the illness that shames mother and daughter, this shame is charged upon both by those in a position of authority, i.e. men, and by those women around them who have internalized a patriarchal worldview. A clear example of how anger becomes the ultimate experience of the shame of the mother's physical illness and how it is further intensified by the gender dynamics

⁶⁸ Mamdouh, *Mothballs* 24.

⁶⁹ Ibid.

is acutely played out in the reaction of Hudā's mother when she learns that her husband has taken on a second wife.

Upon learning the news, Hudā's mother retreats to her room to face her husband. She stood in front of him "worn and weary" and listened as he told her he couldn't stand his life with her anymore while cruelly stating that he "wanted a real woman" and "more children."⁷⁰ Devastated by the news and still hoping for the best, Hudā's mother kneels in front of her husband, begging him not to marry and not to drive her away. "A woman may fall ill and take medicine and get well but she should never be left. Good God, Jamouli. Is this my reward?" she cries out. But Jamouli insists on putting all the blame on his wife's illness: "You've been ill for years. All that medicine and all the expense, and you're still the same."⁷¹ Throughout he talks about the young, healthy women who infiltrate the city of Karbala while demanding that his wife return to her parents' house in Syria because she is no longer of use.

It is at this point that the submissive wife and meek mother snaps. The humiliation that her illness brings upon her - through her husband's rejection - leads to a bout of hysteria so violent it threatens the woman's overall sanity. Hudā tells that her mother beat her legs, scratched her thighs, curled on the ground and throughout shrieked and howled. Juxtaposed with all these physical descriptions of hysteria are Hudā's memories of how her mother used to rub her

⁷⁰ Mamdouh, *Mothballs*. 37.

⁷¹ Ibid 38.

father's body, how she had whetted his appetite for sleep and snoring, covered him and gazed at him. Hudā remembers: "She had sat at the end of the bed until he awoke and when he called to her she went to him, bruised but radiant."⁷² Yet, it is this same man whom her mother had served for long who was getting rid of her and who has left the wife/mother so traumatized that she describes herself as a dead woman: "I am dead! I don't even have any blood left!" With these words Hudā's mother is dragged out of the house by Hudā's grandmother who fears her son's violent reaction, if he were to witness the hysterical scenario. As Hudā's mother departs, the sound of her "coughing sounded beyond the doorway and was heard no more."⁷³

In *Mothballs*, the physically ill mother figure, as E. Ann Kaplan would argue, is "spoken" about but is rarely "speaking." Except for the scene that describes her hysterical behaviour and sees her expressing her anger briefly, she remains an "absent presence." In other words, although Iqbāl is constantly present in her daughter's narrative, she remains in the periphery "always not the topic per se under consideration."⁷⁴ She is talked about from her daughter's point of view, referred to by the other women in the household, criticized and degraded by her husband for her weak disposition, and feared by some of the women in the neighbourhood for the nature of her disease. Yet, her subjectivity is acutely

⁷² Ibid 41.

⁷³ Ibid 43.

⁷⁴ E. Ann Kaplan, *Motherhood and Representation: The Mother in Popular Culture and Melodrama* (London and New York: Routledge, 1992) 3. All further references will be abbreviated.

absent - she is “present but absent.”⁷⁵ In that sense, *Mothballs* representation of the physically ill mother is not any different from the representation found in the works of male writers. Both appear to have depicted this figure as passive, submissive, silent, meek and patient in the face of her bodily ailment.

Yet while male writers approved of the mother’s silent presence in their narratives, marvelled at her patience in the face of the illness, venerated her overall performance and sometimes gave it saintly magnitude, *Mothballs* repeatedly undercuts this. On one level, the novel appears to internalize even reproduce the same stance toward female physical illness that is present in the male writings discussed earlier. This is evident in that the sick mother in Mamdūḥ’s narrative is, as Kaplan would identify it, “represented as an (unquestioned) patriarchally constructed social function.”⁷⁶ Hudā herself says of her mother: “A mythological figure stripped of all her roles.”⁷⁷ Also, the narrative fails to express the lived subjective experience of the mother’s physical suffering and the complexity of maternal configurations that ensue as a result. Nevertheless, unlike that of male writings, the patriarchal feminine ideals in the representation of the sick mother diverge in Mamdūḥ’s narrative.

Instead of the adulation of the sick mother’s silent existence, Mamdūḥ’s novel seems to contain an implicit attack on it. Hudā, from the start, appears to resent her mother’s subservient position and, through her, the whole patriarchal

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Mamdouh, *Mothballs* 29

structure that has forced such an oppressive existence; the predominant note of anger that permeates Hudā's actions and reactions every time she refers to her mother is a clear indication. Similarly, in the young girl's rage at every male figure in her world from her father, to her brother and later her friend Maḥmūd, one detects an unconscious back-lash at what their world order symbolizes. As such, through Hudā the narrative resists the dominant patriarchal discourse particularly with respect to sick mothers. It also exposes this discourse's severe traumatizing effect both on the sanity of the woman who suffers the illness and on those that are most closely aligned to her.

Consequently, *Mothballs* gives an echo of a voice to a figure that has otherwise been voiceless. In the ruminations of Hudā regarding her sick mother's predicament, Mamdūḥ's narrative indirectly affirms the brutality, humiliation and oppressive practices that the sick mother-figure, more than any other female character, has been forced to put up with because of her physical illness and because of the setbacks the latter creates upon her traditional feminine role. Hence, the sick mother's voice in *Mothballs* is not articulated in a conventional mode, but is similar to a sub-narrative or rather an embedded one that finds its way through the voice of the daughter. And it is this internal dialogue or implicit double-voicedness that situates the representation of female physical illness in *Mothballs* within a resisting feminine narrative rather than one that adheres only to stereotypical and traditional representations.

After all, throughout *Mothballs* Hudā narrates the experience of her mother with physical illness via an internal dialogue with herself. Her usage of the second and third person is both a reflection of the divided, traumatized self within her and a symbolic indication of the silent dialogue that takes place between herself/body and her mother's absent presence/body. Hudā's voice is not a single, monologic one with a focus only on the 'I' within the self but a 'you' outside of that self. It is a voice in dialogue with itself, on the one hand, and with the memory of a mother whose presence is fragmentary and, often, absent.

Both Hudā's voice and her mother's fragmented life story are repeatedly intertwined, creating what Bakhtin would call "a dialogue between two persons in which the statements of the second speaker are omitted," but still felt. Bakhtin elaborates on this by explaining that in such a dialogue the "second speaker is present invisibly, his words are not there," yet they have "a determining influence on all the present and visible words of the first speaker." One feels that "it is a conversation, although only one person is speaking," because the words spoken repeatedly "respond and react with its every fiber to the invisible speaker [...]" and to the "unspoken words of another person."⁷⁸ In line with this perspective, the narrative of *Mothballs* becomes not only about Hudā's turbulent psychological development and her coming of age in a patriarchal society but an

⁷⁸ M.M Bakhtin, *Problems of Dostoyevski's Poetics*, Edited and translated by Caryl Emerson (Minneapolis: Univ. of Michigan Press, 1984) 197.

attempt also to capture the voice and experience of the mother with physical illness and with oppressively traditional social structures. Not to mention the empty space the mother's absence causes in the life of her daughter. All these multiple forces that seep into Hudā's narrative create an overlap in stories.

Writing on women and autobiography, Linda Anderson notes the presence of an "aesthetic form which is structured around an absence."⁷⁹ Although Anderson does not elucidate on these forms, Jo Malin in her analysis of the mother figure in the writings of 20th-century female writers, such as Virginia Woolf and Adrienne Rich, argues that some of the aesthetic forms these writers employed included a focus on intimate female bodies and architectural spaces to create the sense of dialogue and, in turn, voice to that which otherwise cannot find one. Specific to these forms are mother-daughter dialogues.⁸⁰ To read Hudā's contemplations on her mother's illness and on the life of the women in the household is to see how the narrative also engages in these two aesthetic and dialogic forms.

On one level, Hudā's narrative repeatedly underscores a dialogue of bodies through the identification of Hudā's body/self with her mother's, whether forcefully or willingly. This allows for the construction of a voice that has for long been voiceless. For example, whenever Hudā speaks of her mother or

⁷⁹ Linda Anderson, "At the Threshold of the Self: Women and Autobiography," *Women's Writings: A Challenge to Theory*, Ed. Moira Montieth (Sussex: Harvester Press, 1986) 69. All further references will be abbreviated.

⁸⁰ Jo Malin, *The Voice of the Mother: Embedded Maternal Narratives in Twentieth Century Autobiographies* (Carbondale and Edwardsville: Southern Illinois UP, 2000) 15-55. All further references will be abbreviated.

remembers her, she discloses details of the latter's body - some intimate and others general. All, however, allude to bodily ailment. The young girl's descriptions of her mother repeatedly evoke the image of withered corporeality. Hudā describes lightless eyes, dry skin, hollow cheeks, and crooked teeth.⁸¹ She tells of the sounds of coughs and the sight of blood,⁸² and of the holes she imagines are in her mother's chest.⁸³ Throughout, she and the society she moves in connect her understanding of what her body is about to her mother's body. Again this is particularly played out in the public bath scene and in the confrontational scene with Maḥmūd. Both scenes connect Hudā's body to that of her mother and/or claim the young girl's body is constituted by her mother's infection. Years later, the association of both bodies still lingers in Hudā's psyche. As the latter touches Maḥmūd's fevered forehead and becomes aware of the physical repertoire between them, she does not think solely of her bodily desire. Instead she recalls that her "mother's lungs are diseased, and I am consumptive."⁸⁴ Hudā, in all this, is incapable of separating her awareness of her body from that of her mother.

At times, Hudā even becomes the site of her mother's body, performing the various emotions that infiltrate the latter's existence and bearing the brunt of all the oppression directed at her. When Hudā's father was on the verge of attacking her sick and terrified mother, Hudā "grabbed" her father "by his shiny

⁸¹ Mamdouh, *Mothballs* 5.

⁸² Ibid 39.

⁸³ Ibid.

⁸⁴ Ibid 59.

boot and used it to crouch between his legs” as he in turn shoved her.⁸⁵

Symbolically, what she becomes is the mirror-like reflection of her mother’s body and self. Therefore, what we have in Mamdūḥ’s narrative is not a dialogue or merging of a conventional voice between a speaking daughter and a silent mother but what Malin would describe as “a dialogue of [female] bodies” in the identification of the daughter with her mother’s body and her re-enactment of its workings no matter how traumatic and painful it proves.⁸⁶

Another mode of inter-dialogue or double-voicedness that takes place between the silent sick mother and her speaking daughter is the dialogue located in concrete space, specifically the house and the rooms that both Hudā and her mother occupy at various intervals. In this dialogue, the sick mother finds her voice or rather a fleeting echo of her voice seeps through in Hudā’s relationship to the house and her talk of it. Unable to constantly speak about her mother in concrete modes, Hudā unconsciously adopts spatial metaphors to evoke the voice of her mother and to tell of its particularities especially with regard to physical illness.

The presence of Hudā’s mother is not felt or exposed by what she says as she rarely says anything. Rather, it is through a certain atmosphere in which the space she resides in takes on or the feel of specific objects that are associated with her, at least in Hudā’s mind. Thus, the bedroom that was “at the end of the

⁸⁵ Ibid. 27.

⁸⁶ Malin, *The Voice of the Mother* 52.

hallway”⁸⁷ and away from the rest of the household, and which Hudā’s mother occupied, tells of the distant, lonely existence of Hudā’s mother. The “iron bed” that occupied half the room and the “only window, which looked out on the courtyard,” but was “usually closed,”⁸⁸ evokes the repressive predicament of that who spends all her days in it. Similarly, the descriptions of the wardrobe in her mother’s room that “erupt[s] in its own fit of creaky coughing,” are a reminder of the nature of her mother’s illness in the same way that the severity of its symptoms are captured in Hudā’s talk of the “warped doors” of this wardrobe which, if opened, “could not be shut again, unless someone pushed them up.”⁸⁹ And it is, as Hudā explicitly states, in “the embrace of that heritage” that her mother lived, roaming about and emitting “a scent of defeat.”⁹⁰

Likewise, when Hudā’s mother leaves, the young girl acknowledges that absence but can only elucidate on the deep sense of loss this creates within her by describing the feel of concrete spaces outside of her. She, for example, tells of the roof that swayed beneath her feet and the sight of the commotion inside the house which, despite her mother’s absent coughs, had developed “another form of fever and coughing.”⁹¹ On a similar note, as Hudā looks down at the house from her position at the top of the roof glass she realizes that the roof now

⁸⁷ Mamdouh, *Mothballs* 39

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ Ibid 71.

belonged to her aunt and uncle and she “no longer owned an inch of the sky.”⁹² Here, the loss of the mother and the attempt to tell of the vacuum her absence leaves is narrated through the image of the house as seen through the eyes of a child from atop a glass roof. In all this, one notes how much Hudā longs to hear her mother’s voice and to feel its echoes despite its painful nuance. But it is only through a relationship to the house that she can bring back her mother’s memory.

Hudā attempts to establish and give voicedness to her mother’s experience by identifying herself with her mother’s body at times and/or by employing spatial descriptions to speak on behalf of her mother’s experience. Amidst it all, one notes how ambivalent and traumatic this dialogue is upon the self of Hudā, so much so that the young girl shuttles between identification and, in turn, giving voice to the voiceless subjective experience of her mother and between distancing herself from it - albeit by identifying with the other women in her world who do not suffer the same condition as her mother. Again, this bonding with other women, who do not resemble her mother, takes place via the space of her body and other female bodies. After all, the sights, smells and feel of the fit female bodies are also repeatedly intertwined with the story of Hudā’s remembering of her life in Baghdad. The description of the healthy body of her aunt with its high hips, full legs and taut bosom is an antidote to her mother’s frail constitution. Likewise, her grandmother is the exact opposite of her mother. Described as a formidable presence, Hudā asserts that her grandmother was “the

⁹² Ibid.

center of the circle [...] she was strong without showing signs of it, mighty without raising her voice, beautiful without being finery,”⁹³ all of which are in contrast to the debilitating body of Hudā’s mother.

Even more, images of women in public baths, of taut thighs, delicate limbs, plucked out skin, smooth bellies and full fledged fresh naked female physicality are superimposed with talk on giving oneself to these women’s administrative hands as they washed and cared for her own small body. Interestingly, the process of sharing the public bath with these women and being washed by them has Hudā feeling like she is being purified. Of what one wonders? Perhaps of the affliction of her mother’s disease. As the women are about to embark on their task, Hudā contends: “Huda covered with sin, affliction and ruin was dragged like an animal to complete the first blessing.” Afterwards she tells that her “skin was now vacant, emptied of its secrets; filth too was a secret.” For Hudā, identifying with her mother’s body seems to have heightened the sense of sin and waste within her. Once the washing is over she “[gives] in and sleeps.”⁹⁴

Moreover, the fact that the text allows small narrative space for Hudā’s mother to rage against her husband and her suffering is an implicit subversion of the code of conduct to which sick mothers had up until then adhered, in literary works at least. After all, in the works discussed so far we have seen how the sick

⁹³ Mandouh, *Mothballs* 29.

⁹⁴ *Ibid* 21.

mother maintained her silent demeanour up until her death.⁹⁵ But in *Mothballs*, the mother's outburst after a long period of silence and passiveness alters the patriarchal manner in which sick mothers were expected to behave in the face of their illness. By dramatically and physically raging against her husband for wanting to send her away, the text allows the sick mother to transgress the traditional ending of the accepting sacrificial stance that such a figure had played out in other narratives even those by female writers such as Nuwaylātī and al-Shaykh.

Salwā Bakr: *al-'Arabah al-Dhahabīyah lā Taṣ'ad ilā al-Samā'*

Another writer whose work reveals a more developed female illness narrative and a more ambiguous representation of the sick mother figure is Bakr. Specifically, in her famous novel *al-'Arabah al-Dhahabīyah lā Taṣ'ad ilā al-Samā'* [The Golden Chariot],⁹⁶ the story of the sick mother in this novel echoes patterns of narration and representation found also in *Mothballs*. In a word, the narrative of the sick mother in *The Golden Chariot* operates within the metaphoric representational parameters of *Fī al-Layl* and the mother-daughter dialogic relation of *Mothballs*.

⁹⁵ See, for example, in chapter two the discussion of the sick mother in Maḥfūz's *Sugar Street* 131-141, and in this chapter the earlier section on al-Shaykh's *Faras al-Shaytān* 187-190.

⁹⁶ Salwā Bakr, *al-'Arabah al-Dhahabīyah lā Taṣ'ad ilā al-Samā'* (Cairo: Sīnā li-al-Nashr, 1991.) I will refer to the novel in the abbreviated title *al-'Arabah*. Also, all quotes will be from the English translation: Salwa Bakr, *The Golden Chariot*, trans. Dinah Manisty (Reading: Garnet Publishing Ltd., 1996).

A prominent Egyptian writer and journalist, Bakr was born in Cairo in 1949, studied business management and later theatre and literary criticism. Between 1974-1980, she worked as a government rationing inspector then became a critic for a number of cultural publications. It was during this time that she began to write creative work and her first collection of short stories received critical acclaim, setting the scene for later publications.⁹⁷ To date, she has published seven collections of short stories, seven novels and a play.⁹⁸ Some of her work has been adapted to theatre and film and others translated into several languages. In 1993, the German National radio also awarded her a major fiction prize for her short stories.

Commenting on Bakr's work, Hoda el-Sadda posits that Bakr's writing "transcends the limits of binary thought in her search for alternative structures, images and relations that will ultimately prove to be more liberating and more fulfilling for women and men." She also challenges "any reductive attempt at classification or categorization." Thus, according to the critic, Bakr's fiction does not focus on the "struggle of the sexes" but rather locates female characters within the wider "context of subjugation and enslavement which is the fate of individuals forced to submit to a life of drudgery and social inequality," and "by giving voice to the unheard voices of underprivileged women from the lower

⁹⁷ Her first collection of short stories was entitled *Zināt fī Janāzat al-Ra'īs* [Zinat at the President's Funeral] (1986).

⁹⁸ These include: *Maqām 'Aḥyah : Riwāyah wa Qiṣaṣ Qaṣīrah* [The Shrine of Atia] (1986), *Layl wa Nahār* [Day and Night] (1997), *'Ajīn al-Fallāḥah* [The Peasant Women's Dough] (1992), *Wasf al-Bulbul* [Describing the Nightingale] (1993), *Sawāqī al-Waqt* [Streams of Time] (2003).

classes of society.”⁹⁹ Dinah Manisty, on the other hand, highlights that in terms of the representation of women Bakr’s literary works “unfix the image of the ‘angel in the house’” that had become a recurrent trope in writings that emerged in Egypt and other Arab countries.¹⁰⁰ Consequently, some of Bakr’s female characters come forth as criminals, eccentrics, and mad women who, despite their temperament, are placed at the heart of the narrative to subvert their traditional gendered marginality. While Manisty’s observation is true, the fact remains that the ‘angel in the house’ and the representation of such a figure was present in some of Bakr’s work. Specifically, in her representation of female physical sickness in the much celebrated novel *The Golden Chariot*, the disabled mother figure is given the qualities of the angel in the house. She is a passive, submissive and gentle woman who is akin to a silent angel occupying the domestic domain. Still, her representation and the space she occupies in the narrative indirectly serves the very function that Manisty highlights, i.e. dismantling the patriarchal cultural configurations of the society within which female characters operate.

Published in 1991, *The Golden Chariot* takes place in a women’s prison outside of Cairo and at the time of Nasser’s era. ‘Azīzah, one of the inmates who

⁹⁹ Hoda el-Sadda, “Women’s Writing in Egypt: Reflections on Salwa Bakr,” *Gendering the Middle East: Emerging Perspectives* 134. El-Sadda also discusses Bakr’s style of writing which she posits is marked by a “magical fusion of classical Arabic and Egyptian colloquial Arabic” 141.

¹⁰⁰ Dinah Manisty, “Madness as Textual Strategy in the Narratives of Three Egyptian Women Writers,” *Alif: Journal of Comparative Poetics, Madness and Civilization*, no. 14(1994): 154. All further references will be abbreviated.

has been imprisoned for murdering her stepfather/lover, is the narrator telling the stories of the other female prisoners who share the ward with her. She does so in an attempt to decide on the most suitable candidates to share an imaginary golden chariot with her and which would then transport them to heaven. As 'Azīzah introduces the reader to the stories and tragedies of the other female prisoners, in a style reminiscent of the Arabian nights, it becomes clear that the characters that constitute the focal point of Bakr's narrative have been pushed outside of society by reason of supposed criminal acts. Yet, through 'Azīzah's narrative voice, their crimes become intricately tied to the unfairness their gender has brought upon them. What is regarded as "women's crimes punishable by law are recast," in this novel, as "gender issues," and "gender oppression."¹⁰¹ More importantly, Bakr's female characters "do not speak the truth until they are able to make themselves understood in the prison, amongst other women." Hence the prison is transformed into "a free space in which the imprisoned souls of madwomen, misfits and criminals are liberated."¹⁰² Yet what of the women who do not share that space? For example, what of 'Azīzah's mother, the visually disabled mother who only ever occupied the house of 'Azīzah's childhood and womanhood and who dies much early in the narrative and who remains a silent, voiceless figure in 'Azīzah's narrative?

¹⁰¹ Barbara Hallow, "Introduction: In *The Golden Chariot* Things Will Be Better," *boundary 2*, Feminism and Postmodernism, 19.2(Summer 1992): 151-2.

¹⁰² Manisty, "Madness as Textual Strategy" 164.

'Azīzah's mother is the angelic figure whose blindness does not deter her prospect to marry by reason of her beauty and sweet, docile temperament. The protagonist makes clear that her mother was "a happy gentle mother," whose visual handicap "gave her a certain poetic aura and a touch of humanity and nobility," all of which made her look like "the queen of the ancient mythic world she reigned with mystery and charm over [the] old seaside town" of Alexandria.¹⁰³ Yet this same blindness was behind the "ignorance and unawareness" of what went on under the mother's roof, including the illicit affair that was taking place between 'Azīzah and her stepfather. Rather, so socially blinded was this mother that she blessed what she imagined was her husband's fatherly affection towards her daughter. In this, 'Azīzah's blind mother serves as the shield against the incestuous relationship between the daughter and stepfather. Her sightless eyes cannot evoke proper reproach in 'Azīzah because she cannot witness the actions unfolding under her roof. Her visual handicap defuses 'Azīzah's guilt. As Elizabeth G. Gitter would postulate, the daughter's actions "cannot be said to exist if it is not seen and acknowledged" by the world. And the blind mother here becomes "pure object incapable of subjectivity."¹⁰⁴

Also, in descriptions of the mother's visual handicap one does not see the stigma that was generally attached to other physically sick and disabled female characters - at least not in the familiar mode found in other narratives. But the

¹⁰³ Bakr, *The Golden Chariot* 11.

¹⁰⁴ Gitter, "The Blind Daughter" 685.

mother's physical condition in *The Golden Chariot* still imbues the narrative with degrees of anxiety and shame. This is because, according to Gitter, although sightlessness offers protection by sheltering the guilty party from the "punishing [...] gaze" it, nevertheless, "arouses a profound uneasiness and poses a powerful symbolic threat." For the "passive blinded eye is the symbol of punishment enacted. The bland enucleated eye of the blind represents both an annihilation of the self and a terrifying exile from human community."¹⁰⁵ This total absence of a self of the blind mother becomes one aspect that 'Azīzah will later grapple with in her prison and one she will attempt to rectify.

Furthermore, while in male and some female representations the physically ill and disabled was largely made accountable for her invalidism, Bakr's portrayal extracts all blame for the lack of physical wholeness from the female character concerned. 'Azīzah's mother, we are told, "has been blind since birth" and, hence, her disability was something that "fate had ordained for her,"¹⁰⁶ and not the consequence of inappropriate public or private performance. Also, in the emphasis on her beauty and her mythic aura is a hint of a sentimental outlook to the whole picture of the mother's visual handicap.

Consequently, Bakr's representation of the disabled mother figure is as ambiguous and problematic as Mamdūḥ's representation. For the narrative, on one level, produces a traditional, patriarchal construct of the sick mother figure.

¹⁰⁵ Ibid 684-685.

¹⁰⁶ Bakr, *The Golden Chariot* 11.

Simultaneously, it counteracts the vision of sentimental domesticity it initially brings forth by posing it as a potential threat to the overall harmony and social stability of the domestic space that mother, daughter and stepfather occupy. The blindness of the mother and her inability to see and know what is happening under the very domain she inhabits becomes a metaphoric embodiment of a lack of insight and knowledge on her behalf. This same blindness also emphasizes her failure to exert a minimal level of influence and control in the household. While 'Azīzah is not forced into a relationship with her stepfather, one still senses that she implicitly blames her mother for failing to see what she had been doing.

'Azīzah herself complains that her mother "never tried to listen or use her other senses to detect what her eyes failed to distinguish."¹⁰⁷ The mother's sightless eyes and ignorance of things around her undermine an ideology which sees mothers rescuing their children from their faults. This, in turn, dents and spoils the sentimental image of the ideal angel in the house that had prevailed for long in other narratives. In this sense, the traditional sick mother figure in *The Golden Chariot* enters a negative discourse rather than one with an overriding note of adulation which marks male writings and, to some extent, in earlier women's fiction.

What becomes obvious is that Bakr's narrative attempts to suppress and contain the traditional representation of the sick mother figure by refusing to idealize her passive, oblivious existence and by undermining the sentimentalized

¹⁰⁷ Bakr, *The Golden Chariot* 186.

ideology that allowed mothers to perform their role as maternal agencies in saving and protecting their children. The refusal to allow the mother's condition to remain within these patriarchal mythical patterns stems from the text's association with the mother and her role, all of which are in contrast to the distancing that occurs when a text gazes with a patriarchal perspective.¹⁰⁸

At the same time, the narrative grapples with the desire to allow this figure to find a new feminine discourse that would enable her to establish a voice and to make herself present. For although the mother's physical and social defect situate her outside the space of representation, Bakr's narrative brings her back into it. As Hafez would contend, "the novel resorts to a significant technique which acknowledges the absence of the woman and turns it with the dexterity of narrative treatment into a sign of her overwhelming presence."¹⁰⁹ It is true that 'Azīzah's mother is dead and her death is underlined very early in the narrative, still she is an all-encompassing presence throughout. This, as in the case of *Mothballs*, takes place through the dialogic relationship that 'Azīzah establishes with her deceased, absent mother.

The mother's presence is felt through the imaginary conversation that 'Azīzah conducts with her in the prison ward. Thus, nothing was ever heard from 'Azīzah's prison ward except the "extended conversations with her mother," and

¹⁰⁸ See Kaplan, *Motherhood and Representation*.

¹⁰⁹ Hafez, "Women's Narrative in Modern Arabic Literature: A Typology" 172. Here Hafez is discussing another of Bakr's novels. However, his postulation applies to *The Golden Chariot* as well.

her murdered husband.¹¹⁰ As ‘Azīzah creates a narrative about her fellow inmates, she also creates a maternal voice to address and engage in dialogue with because her mother had no real voice in her life and because the daughter pines for her mother’s physical and emotional presence in her life.

‘Azīzah cannot recall a time when she had conversations and talks with her mother. Yet to give a story and voice to her mother’s absence, ‘Azīzah has to situate her mother’s biography in a “textual relationship next to [and] overlapping” with her own story creating the sense of inter-subjects.¹¹¹ For example, when ‘Azīzah tells of her relationship to her stepfather she also narrates the workings of the relationship that was underway between her mother and husband. After all, in days gone by, ‘Azīzah had “joined her mother in bestowing her abundant affection upon the beloved man,” adding that “both of them had inhabited the narrow world of two women restricted by the four walls of the large, old house [...]” Together these two women prepared themselves for his arrival, and “just like her mother” ‘Azīzah would adorn flattering nightgowns and set free her locks.¹¹² In ‘Azīzah’s narrative and remembering she and her mother had been “partners of the same body and companions of days past.”¹¹³

Herein ‘Azīzah’s enters, what Nancy Chodorow in her study of mothering has coined, “the triangular Oedipus situation” as a result of her

¹¹⁰ Bakr, *The Golden Chariot* 183.

¹¹¹ Malin, *The Voice of the Mother* 6.

¹¹² Bak, *The Golden Chariot* 12

¹¹³ *Ibid* 186.

complex relationship to her mother.¹¹⁴ According to Chodorow, the turn to the father is as much a mother-daughter issue as it is a father-daughter one.¹¹⁵ And the importance of this lies not in the development of a sexual orientation but in the “creation of a feminine sense of self-in-relationship.”¹¹⁶ ‘Azīzah’s tuning to her father/stepfather is both an attempt to strike at her mother and an articulation of the love she harbours for her.¹¹⁷ The protagonist oscillates between feelings of anger and hurt with regard to her mother’s physical lack which extends into her social absence from the daughter’s life and between “identify[ing] with her mother in their common feminine inferiority [...]”¹¹⁸ As such, she becomes involved in the Oedipus moment to find independency from her mother but also to become a substitute for the latter’s body.

‘Azīzah does not simply internalize her mother’s position in society as an object of desire and powerlessness but also merges her body to that of her mother and acts on it. By becoming the mistress of her stepfather she allows her body to become a stand-in for her mother’s own body both when alive and dead. And yet by murdering her stepfather when he takes a second wife, ‘Azīzah disrupts the oedipal complex of the father-daughter relationship all the while inverting the stereotype role of women in patriarchal cultures who succumb to the reality of their husbands taking on a second wife. In the act of murder, what takes place is

¹¹⁴ Nancy Chodorow, “Mothering, Object-Relations and the Female Oedipal Configuration,” *Feminist Studies* 4.1(Feb. 1978): 140.

¹¹⁵ Ibid 149.

¹¹⁶ Ibid 137.

¹¹⁷ Ibid 151.

¹¹⁸ Ibid 138-9.

a symbolic castration of the father-figure and her relationship to him as well as an ultimate expression of allegiance to the mother-figure.

Throughout all this, the narrative repeatedly establishes a textual and semiotic relationship between ‘Azīzah and her mother which, in turn, results in Malin’s notion of “a hybrid form of autobiographical narrative containing an embedded narrative of the mother.”¹¹⁹ Consequently, ‘Azīzah’s story of her childhood and of her love-affair and crime act involves a self that is largely plural rather than singular. And in the plurality of this voice is found the implicit voice and experience of the sick mother.

3. Speaking Daughters/Subjective Bodies

The mother-daughter relationship found in the narratives analyzed so far began to shape new realities in the representation of physically ill women and in their ensuing illness narratives. The struggle to give voice and meaning to the sick mother’s experience forged new narrative structures that saw the daughter not only observing and exposing the reality of that who needs to be represented but also becoming the carrier of the condition of that reality. Specifically, some narratives continued to engage in the mother-daughter dialogic but with a new twist to it, i.e. this dialogue was now approached via the very discourse in question: illness and disability. This is most evident in al-Ṭaḥāwī’s first novel *al-*

¹¹⁹ Malin, *The Voice of the Mother* 11.

Khibā' [The Tent] (1996).¹²⁰ The novel provides an example of a feminine text that engages with the metaphoric representations of female illness as they come forth in works such as *Laylah Wāḥidah* and *Faras al-Shaytān* and the mother-daughter dialogic that takes place in *Mothballs* and *The Golden Chariot*. More importantly, the novel enters into a subjective exploration of what it means to suffer from physical illness.

Mīrāl al-Ṭaḥāwī: *al-Khibā'*

Al-Ṭaḥāwī is an Egyptian novelist whose family are members of an elite Bedouin tribe. She was born in Gazirat Sa'du in Egypt in 1968, studied Arabic literature and language and is currently Assistant Professor of Literature and Criticism at Cairo University. Her research area is mainly concerned with the Desert Novel and the way it intersects with anthropology and ethnography. For a while she was a member of a Muslim Brotherhood in Egypt and it was during this period that she became interested in writing. She explains:

I was engrossed in the religious movements, particularly their social and political dimensions and, like a good religious girl, went about with my head covered. Yet this was also a time of doubt when I seriously began to question my engagement in the Islamic movements which I had believed for so long yet which now no longer seemed able to address the restless, anxious, questions that I was asking myself about my life and my world, about our social situation, about oppression and those values that seemed to me, above all, to hamper an individual's abilities and his or her right to self-fulfilment.¹²¹

¹²⁰ Mīrāl al-Ṭaḥāwī, *al-Khibā'* (Cairo: Dār Sharqīyāt, 1996).

¹²¹ Mīrāl al-Tahawi, "Writing as an Autobiography of the Soul: Is writing an adequate alternative to despair?" *DisORIENTATION: Contemporary Arab Artists from the Middle East*, Internet, Date posted July 2003, Date accessed 10 Feb. 2007

After eight years as an Islamic militant, al-Ṭaḥāwī decided to leave because it was proving too confining for her aspirations.¹²² Her first literary work was a collection of short stories, *Rīm al-Barārī al-Mustaḥīlah* [Absurd Steppe Antelope] (1995). A year later she published her first novel *al-Khibā'* and this was nominated for Best Egyptian Novel. Her second novel, *al-Bādhinjānah al-Zarqā'* [The Blue Aubergine] (1998), followed and this time it won her the State Prize in Egypt making her the first Egyptian female novelist to win such a prize. Her latest work, so far, is a novel entitled *Naqarāt al-Zibā'* [The Gazelle's Tap] (2003). To date, al-Ṭaḥāwī's works have been translated into more than ten languages gaining her wide recognition.

The Tent focuses on the world of Bedouins and the belief systems that determine the way women live and experience the world around them.¹²³ The main character is Fāṭimah, a young girl who – like the narrator of *Mothballs* – scrutinizes her Bedouin life and reacts to and against it. Within Fāṭimah's world there exists an ailing mother, three sisters and an over-powering grandmother who rules with an iron grip in the absence of the father. Grappling with her oppressive and secluded environment and incapable of breaking free of it by living with Anne, the female foreigner, for fear of losing her identity, Fāṭimah

< <http://archiv.hkw.de/en/dossiers/disorientation/kapitel2.html> >

¹²² Ibid.

¹²³ Miral al-Tahawy, *The Tent*, trans. Anthony Calderbank (Cairo: The American University in Cairo Press, 1998). All quotes will be from the English translation.

opts to live with her old maid. She also spends her days alone conversing with ghosts. In short, the novel chronicles Fāṭimah's lapse into madness as a result of the confined traditional life into which she has been forced. Alongside the portrayal of mental instability, the novel also depicts Fāṭimah's physical deterioration due to an accident and later her disability, both of which become entangled with the wider cultural dynamics and individual familial relations as well as with the experience of her mother with illness.

Very early in the novel, Fāṭimah injures her leg as she is climbing a tree. This takes place despite the warnings of Fāṭimah's grandmother and her maid against such play. Initially, the leg is merely massaged and wrapped in rags and the young girl goes about her daily activities dragging her leg around. Later, however, the leg is amputated and Fāṭimah becomes disabled. Thus, while the narrative focuses on Fāṭimah's mental degeneration, the latter develops and is concurrent with her physical incapacity. Even more, both conditions appear to be enmeshed in social configurations and wider cultural belief systems. Fāṭimah's crippled leg heightens her self-awareness of what it implies to experience a disability and restricted social rules.

But, the young girl, from a very early age, refuses to abide by patriarchal norms that dictate how boys and girls should play and behave. Her defiance of her grandmother's orders, her climbing the tree and the fall that leads to the amputation of her leg are proof enough. Fāṭimah's crippled leg is a marker of, and challenge to, the gender rules around her and a register of the pressures of

her life. Even whilst still a child, she realizes that her self is burdened by bodily restrictions because of who she is and what she represents. Her anxiety about gender norms and her female body become part and parcel of her childhood because of her interaction with the other women in the household. Yet it is her ailing mother and her awareness of the latter's body performance that creates the greatest sense of threat in the girl; Fāṭimah symbolically suffers her mother's predicament through her own self and body. In short, in *The Tent* female illness narrative is no longer localized in the body of the mother but extends to encompass the corporeal space of the daughter as well. As such, the maternal narrative that emerges is organized around a dialogue of ill bodies rather than the intimate bodies found, for example, in *Mothballs*.

From the beginning of the narrative, Fāṭimah is aware that something is not right about her mother. The woman's inability to produce male offsprings has brought social shame upon her and sickened her body and self. Thus, while in *Laylah Wāḥidah* a woman's health is linked to her reproductive capacities, in *The Tent* it is the sex of the offspring that determines her physical fitness. Fāṭimah's mother is described as someone who has only "brought grief" to those around her.¹²⁴ As the mother-in-law proclaims, "a deranged woman" who has "given birth to nothing but bad luck."¹²⁵ Consequently, the impression that Fāṭimah draws of her mother is that of a timid, fragile and sick woman whose

¹²⁴ Al-Tahawy, *The Tent* 66.

¹²⁵ *Ibid* 9.

presence created much foreboding in her youngest daughter. Fāṭimah describes the early mornings that were full of “anxiety and tension,” because her “mother wouldn’t open the door of her room, or, if she did open it” she gazed at her children with “apprehensive eyes.” What the young girl saw in her mother was a “pale, emaciated figure, the thin veins on the eyelids swollen from floods of tears,” all of which “choked [Fāṭimah’s] heart with sadness.”¹²⁶ The mother’s “helpless eyes” filled the girl with pity and caused her to flee “from the stench of tears.”¹²⁷

Because of all this, Fāṭimah’s understanding of female sexuality and its ensuing body performance is, in her mind, connected to a sense of despair, anguish and even violence. What she hears and what catches her eyes is what she imagines is the pain and suffering that the lovemaking between her parents causes in her mother. Fāṭimah tells of her father entering her mother’s room and of “the muffled sound which turned into a terrible inconsolable sobbing” afterwards. She also begins to believe the tales one of the female slaves tells of Fāṭimah’s father “strangling” her mother. And the young girl is driven by an intense urge to run away from all this.¹²⁸

Fāṭimah’s need to escape the reality of her mother’s life and sickness affects her psyche and her physical performance. The persistent desire to keep moving, roaming, climbing trees and fleeing the borders of the house stem from

¹²⁶ Ibid.

¹²⁷ Ibid 4.

¹²⁸ Ibid 38.

her wanting to break free of a future she sees awaiting her in her mother's own reality. Yet, Fāṭimah ultimately cannot and she suffers her mother's social and psychosomatic debilitation through her own body. Even more, the two women's life seems to be interlinked by similar social patterns and experiences.

Just as her mother is held accountable for not producing male off-springs and is made to feel the weight of this shame physically and mentally, Fāṭimah is blamed for her falling from the tree. Later, as the young girl seeks solace in the well, Fāṭimah's grandmother proclaims the girl is trouble because she is "crippled and possessed."¹²⁹ Like her mother before her, Fāṭimah's overall social performance shames her grandmother. The reality, however, is that Fāṭimah's condition is caused by her desperate attempt to flee the suffering of her mother and the suffering that awaits her as a woman. After all, reference to her mother's sobbing and how much it pained her is more than once juxtaposed with descriptions of her own attempts to crawl and find refuge in the well. Fāṭimah describes that she crawled despite the "thorns against [her] legs and the blood perhaps drying on the bandages."¹³⁰ But her mother's sobbing followed her wherever she went.

Part of the dilemma in the narrative about the mother's ailment and the daughter's crippled body in *The Tent* is how the daughter can bond with while simultaneously distinguishing herself from the mother. Fāṭimah repeatedly

¹²⁹ Ibid 41.

¹³⁰ Ibid 39.

attempts to absent her mother's story from the narrative by directing more narrative space to talk of her grandmother and the other women around her. This is because it is easier for her to speak of the grandmother's over-bearing presence than the mother's distant, victimized and sickly state. Yet, by injuring her leg, becoming crippled and slipping into a world of insanity, the daughter's life course identifies her with her mother. In that, Fāṭimah acts out the script of her mother's absent narrative and representation through her own body and self. The image of the mother's fragile, vulnerable and helpless body comes forth in Fāṭimah's limping, crawling, hopping body that had no one "to pick" it up or "carry" it.¹³¹

Amidst all this, the two women become two aspects in the story of female illness narrative and representation. They begin to exemplify the extremes of feminine corporeality and self in crisis. While Fāṭimah attempts to provide voice and agency to herself and her mother, she realizes that she is encumbered by the boundaries of her disabled body and the body of the woman to whom she unconsciously wanted to free from discrimination and powerlessness. At the end of the narrative, the protagonist realizes that she had become like her mother. She says: "I had entered the chamber of sobbing silence. The same swollen eyes."¹³² Elsewhere, she acknowledges that children were now making "fun of my deformity. They say I'm possessed."¹³³

¹³¹ Al-Tahawy, *The Tent* 108.

¹³² Ibid 124.

¹³³ Ibid. 130.

In al-Ṭaḥāwī's novel, the disabled and invalid female body is the site that witnesses and experiences much angst and the illness narrative of both mother and daughter reflects how a woman's body will impede her chances for autonomy and determination making the latter ultimately unreachable. Although Fāṭimah's body struggles to operate as an instrument that facilitates the emergence of her mother's disembodied narrative voice, the former remains a vulnerable entity that is incapable of its own empowerment. The young protagonist's disabled female body is both a validation of physical deviance and the product of cultural understandings of what female bodies should be and how they should perform.

Still, no matter the extent of Fāṭimah's loneliness, madness and disability, her experience resists the 'narrative margins' of her mother's story. By making her own body the stage for the drama of her mother's life and suffering and an embodiment of it as well as by entering into the female illness discourse through her own body, Fāṭimah's narrative pleads the case for those whose sick bodies have located them within the trope of otherness. More importantly, by opting to live outside the family house and in a small tent alone with only her maid and a ghost for company, Fāṭimah continues to defy norms and rules even in her madness. She becomes "her own darling and no one else's darling, darling of her own anger, and her own sad nights [...]."¹³⁴

¹³⁴ Al-Tahawy, *The Tent* 126.

What is involved in *The Tent* with regard to the female illness narrative is the same mother-daughter dialogic that is present in *Mothballs* and *The Golden Chariot*, i.e. the representation of the sick mother and her embodied experience occurs through a dialogue with the daughter. But in *The Tent* this dialogue does not take place through architectural spaces, intimate bodies or imaginary conversations but rather through an overlap of corporeal malady and fragility. Central to the story of Fāṭimah's awareness of her female body, and later her disabled body, is the story of her mother's own sick body and its failure on the level of reproductive performance. Fāṭimah organizes the narrative of her crippled body around the experience of her mother's invalid one. Together these bodies form a sub-narrative within the overall text that allow for a dialogic relationship similar to the one seen in *Mothballs* and *The Golden Chariot*. Consequently, what emerges is a double-voiced corporeal collage that combines talk on sexuality, gender norms, cultural restrictions and, mostly, suffering female bodies and selves.

More significantly in all this is the fact that in *The Tent* the inter-link between the mother and the daughter is transferred to an ontological level. For although the daughter's disability is physical in nature, it is - likewise - an ontological sickness that derives its impetus from the mother's condition. Whereas in previous daughter narratives of the sick mother the former internalized her mother's sickness, in this novel the protagonist identifies with

and also acts upon it. In this, she liberates her narrative from the overall inaction of previous protagonists.

Finally it is important to note that, as result of all these, the novel becomes one of the few texts of the 90's to offer a form of initial subjective exploration of what it means to be physically disabled both from a social and corporeal landscape. As such, it marks a significant passage in the narratives of ill and disabled female characters. Not only does the narrative attempt to transform these figures from, what Mary Poovey would describe as, representational metaphors and objects "of another's discourse," to "women as subjects of their own," it also struggles to speak of the semiotics of their bodies in the first person.¹³⁵

4. Domestic Representations/Oppositional Dynamics

In the analysis of female physical illness in the writings of male authors who published between 1950 and 2000, various representations of ill female bodies were offered. These shuttled between domestic and public spaces and dealt with female illness' as sites for sin and redemption, as representations of political and national ideologies and as tools for the embodiment and affirmation of patriarchal ideologies. On the other hand, and as this chapter has highlighted, the representation of female physical illness and disability in the works of Arab

¹³⁵ Mary Poovey, "Speaking of the Body: Mid-Victorian Constructions of Female Desire," *Body/Politics: Women and Discourse of Science*. Eds. Mary Jacobs et. al. (Routledge: New York & London: 1990) 29. All further references will be abbreviated.

women writers - who wrote during a similar period - appears to have engaged most with the trope of the sick mother and/or a woman's health in relation to her reproductive capacities. This in addition to the condition of visual handicap. Thus, the protagonist of *Laylah Wāhidah* understands her infertility as sickness, the sick female in *Habbāt al-Naftālīn* (*Mothballs*) and *al-'Arabah* (*The Golden Chariot*) is a mother figure while *al-Khibā'* (*The Tent*) situates the sick mother trope alongside the illness narrative of a disabled daughter. In *Fī al-Layl*, however, the young protagonist is blind while the sick mother in *The Golden Chariot* also suffers from the same condition.

From this, one surmises that female writers grappled mainly with domestic dynamics and structured the narrative of the physically ill female character around this discourse. After all, in the representations examined the feminine narratives struggled with the cultural and traditional dynamics that determined how illness was felt and experienced either by the sufferer or those around her, specifically her daughter. All this becomes reason to dwell on the oppressiveness of patriarchal ideology and to instil the texts with a tragic mood that is heightened not only through the illness itself but through a feeling of worthlessness.

Despite the limited tropes they engage in, particularly within such a lengthy time span, female illness narratives in the works of these women writers contains greater tension and conflict. The narrative structure with regard to the female illness experience is also more complex and ambiguous. On one level, the

texts appear to conform to the dominant patriarchal ideology that avoids talk of female physical illness and disability and that foregrounds absence and silence in all reference to the female body in pain. However, some of these texts succeed in constructing embedded narratives that criticize and resist the ideology that erases sick women and mothers as subjects. The few feminine narratives concerning female ill bodies are marked by oppositional forces: one internalizes and produces traditional and patriarchal representations of female physical illness while the other attempts to critique that by allocating counter-female characters who give voice to the sick and silent protagonist and who mirror her plight with her suffering body in a male dominated world.

This oppositional element is perhaps not very evident nor as developed in the earlier narratives to which *Fī al-Layl* and *Laylah Wāḥidah* belong. Written in the 50's and 60's respectively and at a time when women's writings were just beginning to find a place in the Arab literary world, the two novels' representation of the physically ill and disabled figure pave the way for talk on sick female bodies. They are also significant in that they reveal that within that period any understanding or reference to female physical sickness was still informed by traditional discourses that allowed talk on the latter only if it involved a woman's reproductive abilities or if it affirmed a lack of insight as manifested in the condition of blindness. Ultimately, however, the works fail to address the question of the sick female body in depth. Despite their attempt to achieve otherwise, Nuwaylātī and al-Khūrī's representation of sick women

remains largely within the scope of the body suffering suppressed social health. Furthermore, their narratives are above all monologic in that they produce the voice of a patriarchal worldview without really deconstructing it.

In the 70's, however, and with al-Shaykh's *Faras al-Shaytān*, this patriarchal oppressive culture with relation to ill female bodies begins to be deprecated. Although the novel provides a sketchy scene of the sick mother figure and her death, it still exposes and denounces the cruelty of patriarchy and underscores the abjection that the sick/dead mother leaves behind in the lives of those related to her, particularly her daughter. However, the novel stops short of venturing into the world of the sick woman/mother. Female illness in this work remains largely unexplored, subtly represented yet not completely present in the overall narrative. Hence, part of the limitations in al-Shaykh's illness narrative is that the sick mother's subjective bodily experience remains ultimately unvoiced both by herself and her daughter.

The 80's and 90's, however, brought more complex dynamics in women's writings and in the representation of sick female characters. Specifically, with works such as *Mothballs*, *The Golden Chariot* and *The Tent* a more developed and complicated illness narrative starts to take shape. This is made possible through the employment of a full fledged mother-daughter plot which continues to represent the sick mother as socially, emotionally and textually absent but which renders her a central figure in the daughter's narrative. The sick female and/or sick mother, in these works, is not "literally absent" but is

“experienced as absent” because patriarchal ideologies do not perceive her as a subject. By problematizing the trope of the sick woman/mother and by complicating the “issue of absence and presence” and the “discourse of speech and silence” as well as the modes through which a connection and a dialogue is established with sick female bodies,¹³⁶ Mamdūḥ, Bakr and al-Ṭaḥāwī’s narratives challenge the traditionally defined role of the silent, sick female figure whose story remains outside of the margins of representation.

Writing on mother-daughter relationships in feminist narratives, Marianne Hirsch argues that these models represent the mother as an absentee and engage in the mother-daughter relationship from the perspective of the growing child.¹³⁷ Hirsch notes that in these models, the daughter’s narrative takes precedence and the “mother’s part in that process remains absent, erased from theatrical and narrative representation.”¹³⁸ The majority of the female texts discussed in this chapter chart out a similar mother-daughter narrative where the sick woman/mother is not a speaking subject and her experience with illness is ultimately mediated through a daughter’s point of view. Furthermore, the latter also struggles to embody the mother’s agency without annihilating her own

¹³⁶ Traise Yamamoto, *Masking Selves, Making Subjects: Japanese American Women, Identity, and the Body* (Berkeley; Los Angeles; London: Univ. of California Press, 1999) 152. Although Yamamoto’s postulation is made in the context of Japanese American women’s writings, we see parallel experiences manifested in the Arab women’s writings discussed in this chapter thus making her comment applicable to the latter. All further references will be abbreviated.

¹³⁷ Marianne Hirsch, *The Mother/Daughter Plot: Narrative, Psychoanalysis, Feminism* (Bloomington: Indiana UP, 1989) 167. All further references will be abbreviated.

¹³⁸ *Ibid* 169.

autonomy. Yet this is complicated because, in most cases, the daughter/speaker relates to her mother's suffering.

In other words, the sick mother finds a voice through the daughter who is aware of her mother's suffering and is, at times, forced to identify with it. This transforms the sick mother figure into an intersubject, through her daughter's voice and within her daughter's narrative. What one begins to read is not a single voice but a double voiced one that, from a Bakhtinian perspective, enhances the dialogic nature of the text and opens it up onto the world around it. Bakhtin explains that when "the word, directed towards its object, enters a dialogically agitated and tension-filled environment of alien words, value judgments and accents," it ultimately "weaves in and out of complex interrelationships, merges with some, recoils from others, intersects with yet a third group." Thus, "the living utterance" cannot but "brush up against thousands of living dialogic threads, woven by socio-ideological consciousness" that makes it "an active participant in social dialogue." Consequently, "'an image' of the object may be penetrated by this dialogic [...] that meet and are interwoven in it."¹³⁹ In a word, the dialogic nature of the texts imbue it with a strong sense of 'social heteroglossia' that seems, at every juncture of the narrative, concerned with highlighting the hybrid and/or multiple female voices surrounding the

¹³⁹ M.M Bakhtin, *The Dialogic Imagination* 276-277.

protagonists of these texts as well as capturing the oppositional duality of their lives and experiences.¹⁴⁰

Although the daughter creates a narrative that positions her mother's story in a textual and social conversation with hers, she still struggles to become an active agent distant from her sick mother. Herein highlighting, as Hafez would posit, the notion of "generating meaning through the dual strategies of difference and deferral."¹⁴¹ For example in *Mothballs*, the protagonist seeks the company of other women while in *The Tent* emphasis is placed on the grandmother to escape talk of the mother. But, "the importance of the mother as a model of enculturation and resistance to the structures of patriarchy is central to the [daughter's] own agency,"¹⁴² hence the conflict that is rooted in most of these female illness narratives that rely on mother-daughter plots and that present maternal relations and rejection as necessary processes of a daughter's subjectivity. By repeatedly situating the marginal ill female figure who is often a mother at the centre of their fiction, these writers - according to Hite's explication on women's writings - "decenter an inherited narrative structure and undermine the values informing this structure."¹⁴³

¹⁴⁰ Bakhtin identifies heteroglossia as "*another's speech in another's language*, serving to express authorial intentions but in a refracted way," adding that "such speech constitutes a special type of *double-voiced discourse*" since it "serves two speakers at the same time and expresses simultaneously two different intentions." Furthermore, Bakhtin asserts that in this discourse, "there are two voices, two meanings and two expressions" and these are "dialogically interrelated." (*The Dialogic Imagination* 324.)

¹⁴¹ Hafez, "The Transformation of Reality and the Arabic Novel's Aesthetic Response" 111.

¹⁴² For an elaboration on the role of the mother in the process of enculturation in other women's writings see Yamamoto, *Masking Selves, Making Subjects* 165-175.

¹⁴³ Hite, *The Other Side of the Story* 24.

In his essay “Author and Hero in Aesthetic Activity,” and under a section entitled “Autobiography” Bakhtin discusses maternal biographies that are found in the writings of both male and female writers. He notes that in female biographies there is an overlap and a vagueness as to who is the hero of the text itself. For in female writings dealing with maternal biographies, the mother becomes a subsequent hero in her daughter’s texts because her story is rooted in the daughter’s narrative. She is the voice that resides in all of us. Bakhtin writes that: “In our ordinary recollections about our past, it is often this other who is active, and it is in his value-tones that we remember ourselves (in remembering our childhood this bodied other within ourselves is our mother).”¹⁴⁴ According to Malin, what Bakhtin is emphasizing here is that in mother-daughter narratives there is at play “the daily particularities of a life, the non-historical or nonheroic context.”¹⁴⁵ Bakhtin makes clear that women’s writings are largely focused on the experiences of the everyday. Moreover, he finds in these texts a “relational rather than alienational otherness” which undermines the “monologic” strategy of “accomplishment and great deed” that is more often found in male writings.¹⁴⁶ Thus, the expression of the protagonist’s self and worth via her mother’s story is, from a Bakhtinian standpoint, part of human discourse. Bakhtin argues that:

As a living socio-ideological concrete thing, as heteroglot opinion, language, for the individual consciousness, lies on the borderline between

¹⁴⁴ M.M Bakhtin., “Author and Hero in Aesthetic Activity,” *Art and Answerability: Early Philosophical Essays*, Eds. Michael Holquist and Vadim Liapunov, Trans. Vadim Liapunov (Austin, Texas: Univ. of Texas Press, 1990) 152-53.

¹⁴⁵ Malin, *The Voice of the Mother* 10.

¹⁴⁶ *Ibid.*

oneself and the other. The world in language is half someone else's. It becomes "one's own" only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention.¹⁴⁷

The presence of a relational otherness marks the narrative strategies that *Mothballs*, *The Golden Chariot* and *the Tent* employ to encapsulate the story of sick mothers. Ultimately it helps to "create a perspective" for this silent figure and to "create the situation and necessary conditions for it to sound."¹⁴⁸ Within the overall narrative, this device of capturing another's voice and presence initiates "an encounter" or a "hybridization" of two languages "co-existing within the boundaries of a single dialect" that is ultimately their gendered identity.¹⁴⁹ And to establish a relation/dialogue with the silent, alienated sick mother, the daughters in the texts under question resort to unconventional narrative modes and internal conversations. In *Mothballs*, it is through architectural spaces and intimate corporeal sites; in *The Golden Chariot* through imagined conversations; and in *The Tent* through the corporeality of ill bodies.

Moreover, while the physically ill female figure is ultimately silent in all the works discussed, the narratives of the eighties and nineties - again as evident in the examples of Mamdūh, Bakr and al-Ṭaḥāwī's novels - constructed this figure's silence as a mode of speech that enables one to formulate a dialogue with her. Analyzing silence strategies in Virginia Woolf's writings, Patricia Ondek Laurence argues that Woolf transmits the "unsaid, unspoken and

¹⁴⁷ Bakhtin, *The Dialogic Imagination* 293.

¹⁴⁸ Ibid 358.

¹⁴⁹ Ibid 358-359.

unsayable,”¹⁵⁰ by giving sensation, mind, feeling to it and hence constructing “a narrative space for silence.”¹⁵¹ Along a similar vein, in representing the physically ill female and sick mother, the majority of the writings discussed in this chapter, as Laurence would put it, “re-position this silent, seemingly passive, absent woman in literature and life,” by revealing that she is an individual who has a world that has so far not been “disclosed”.¹⁵² What they do, through the mother-daughter plot, is approach sick female characters with a “different scheme of perception.”¹⁵³ They “go through the masculine imagery” to expose the “way it has reduced women [and sick women] to silence.”¹⁵⁴ Through the centrality they gain in their daughter’s narratives, the sick mother figure is granted a space to establish her own discourse of silence and under-representation. In short, these texts ultimately narrate the life of the sick woman as experienced by the consciousness of another character.

More importantly, by the mid-90’s we begin to witness the slow emergence of the materiality of ill female bodies in women’s writings. This is clearly evident in *The Tent* which functions as a passage to the subjectivity of ill female bodies in literary narratives. By allowing the daughter to enter into the discourse of illness/disability through her own body and to speak of the emotions

¹⁵⁰ Patricia Oudek Laurence, *The Reading of Silence: Virginia Woolf in the English Tradition* (Stanford, California: Stanford UP, 1991) 3. All further references will be abbreviated.

¹⁵¹ Ibid 7.

¹⁵² Ibid 57.

¹⁵³ Ibid 58.

¹⁵⁴ Luce Irigaray, *This Sex Which is Not One*, Trans. Catherine Porter (Ithaca: Cornell UP, 1985) 164.

related to this, the novel facilitates the inscription of ill female bodies into existence. The shared experience of sickness between mother and daughter, and through it the experience of a common social reality, bring about a total collapse of the subject/object duality and this creates a sense of interrelation. In all this, an awareness of the body's experience with illness is heightened while still maintaining the emphasis on the body as a loci for cultural and gendered configurations.

Finally, in depicting the physically ill female character, women writers - like their male counterparts - emphasized the social body of this character rather than her concrete physicality. But, by also relying on sensory and bodily registers to speak about the latter's suffering, they begin to write these ill bodies into recognition. It is true that they ultimately do not speak explicitly about the body in pain, but they develop ways in which one can sense and feel the isolation of these characters because of their sickness. By attending to the discourse of silence that these figures have been forced into and by highlighting what Elaine Showalter and *l'écriture féminine* school would describe as "the holes in discourse, the blanks and gaps and silences ... and the blinds of a 'prison house' in language,¹⁵⁵ the novels reveal the formation of a new consciousness with regard to how ill female bodies should be perceived.

¹⁵⁵ Elaine Showalter, ed, *New Feminist Criticism: Essays on Women, Literature, and Theory* (New York: Pantheon, 1985) 255.

It is the awareness and expression of the silent position of physically ill female figures that renders them slightly more visible though still not fully present in women's narratives. It is also this that allows women's illness narratives to deconstruct the fundamental ideology of patriarchal culture. As such, the ambiguity of these illness narratives is that the ill woman's body is simultaneously subsidiary and dramatically transformative. After all, the fact that this figure manages to speak in later narratives, albeit through a daughter's voice and consciousness, allows it to "break with the very symptoms of representation in which it has been imprisoned" for long and particularly in narratives by male authors.¹⁵⁶ It also enables these narratives to achieve what Foucault identifies as the "production of reality" to those who are understood and perceived as powerless. For according to Foucault while power "excludes," "represses," "masks," and "conceals," - among other things - it also simultaneously "produces; it produces reality. It produces domains of objects and rituals of truth."¹⁵⁷ This is at play in Arab women's narratives on female illness. These narratives are constituted from a position of what Laurence would describe as "doubleness" of the writers themselves, who are both "insider and outsider of [their] culture at the same time." They are "socially positioned to listen to men

¹⁵⁶ Ibid.

¹⁵⁷ Michel Foucault, *Discipline and Punishment: The Birth of a Prison*, Trans. Alan Sheridan (New York: Pantheon, 1977) 194.

while creating a [literary] space to think for [themselves].” And it is this that enables them to produce rituals of truth.¹⁵⁸

¹⁵⁸ Laurence, *The Reading of Silence* 124.

Chapter Four

Rewriting the Suffering Body The Ill and Disabled Female Body in Works by Male and Female Writers (2000-2005)

The ill and disabled female body in works published after 2000 begins to register a different mode of representation from the one charted out in Chapters Two and Three. From a silent subject who is largely a symbol of something else to one whose presence and experience can only be mediated via another female character's voice, the ill female body begins to be stripped of its social and metaphoric meanings and to be positioned, and to position itself, within a discourse that invokes the physical experience of that ill body. By focusing on the physical presence of sick female characters and by directing the gaze at their wounds, illnesses and maladies, the narratives that will be analyzed in this chapter disrupt the long-standing tendency to focus on the social, sexualized, and maternal female body while avoiding the 'ill' and 'deficient' one. In that sense, the period after 2000 appears to give birth to the ill female body in pain and to address, by varying degrees, its lived corporeal reality. This development begins

to emerge in works by female writers and, to a lesser extent, their male counterparts.

While the analysis of each text will highlight the various literary modes through which the corporeality of the ill body becomes visible, the overall approach will emphasize a Foucauldian genealogy as it is dealt with in *The Birth of the Clinic*, *The History of Sexuality* and *Discipline and Punishment*. Thus, the discussion will engage in - among other things - aspects of the Foucauldian gaze, objectification, panopticism, and discipline as they relate to the texts under question: Dāwūd's *Makyāj Khafīf li-Hadhih al-Laylah* [Light Make-up for Tonight] (2003), Khuḍayrī's *Ghāyib* [Absent] (2004) and Bīṭār's *Imra'ah Min Hādhā al-'Aṣr* [A Woman of This Age] (2004).

1. Aesthetic Visibility

Ḥasan Dāwūd: *Makyāj Khafīf li-Hadhih al-Laylah*

Lebanese writer and journalist Dāwūd¹ belongs to a generation of literary figures who produced works during the country's long years of civil war.² But while other writers such as Rashīd al-Ḍa'īf and Ilyās Khūrī dealt directly with the war, Dāwūd - as Samira Aghacy notes - did not make it the locus of his

¹ Dāwūd is the writer's pseudonym. His real name is Ḥasan Zebīb.

² The Lebanese civil war took place between 1975-1990. Dāwūd, of course, continued to write and publish after that.

writings.³ In fact, the critic affirms that it is only in his first novel, *Bināyat Mātīld* [The House of Mathilde] (1983), that he focused on the war and its impact upon the daily existence of those experiencing it.⁴ On the other hand, his overall body of literary work explores the lives of individuals who are, more often, on the margins of society. Thus, his novel *Makyāj Khaṭīf*⁵ follows a similar vein in that it centres on one disabled Lebanese woman.

Born in 1950, Dāwūd studied Arabic literature in Beirut and remained in the city throughout its years of chaos and destruction. During that time, he worked as a journalist at the Lebanese daily newspaper *as-Safīr* and later became a correspondent to the Arab daily *al-Ḥayāt*. He is currently the editor-in-chief of *Nawāfeth*, the cultural supplement of the Lebanese daily newspaper *al-Mustaqbal*. He also contributes essays to European and American newspapers such as *Neue Zürcher Zeitung* and *The New York Times*. Throughout his journalist career, Dāwūd's articles tapped into various subject matters but, mainly, he remained focused on social themes and cultural criticism. With regard to his literary work, Dāwūd has so far published seven novels and two collections of short stories.⁶ Some of these have been translated into several languages.

³ Samira Aghacy, "To See with the Naked Eye: Problems of Vision in Hassan Daoud's *The Mathilde Building*," *Arabic and Middle Eastern Literatures* 3.2(July 2000): 205. All further references will be abbreviated.

⁴ The novel describes the daily activities of tenants in Beirut who belong to different religions and who occupy an old, unfit apartment building during the early days of the civil war.

⁵ I will throughout refer to the novel in this abbreviated version.

⁶ These include the novels: *Rawd al-Ḥayāt al Maḥzūn* (1985), *Ayyām Zā'idah* [Added Days] (1990), *Sanat al-Ottomatic* [The Year of the OAutomatic] (1996) and *Ghinā' al-Batriq* [The Song of the Penguin] (1998). The volume of short stories are: *Taḥta Shurfat Anji* [Under Anji's Balcony] (1984) and *Nuzhat al-Malāk* [The Angel's Excursion](1992).

In his literary publications, Dāwūd has repeatedly captured the predicament of ordinary lives - all with a distinctive style marked by an economy of words and precise attention to detail. Commenting on his narrative technique, Muḥammad Abū Samrah posits that Dāwūd's writing is "visual, scenic and silent' adding that he employs a "slow [...] and detailed' mode of description that is generally "closed upon itself."⁷ Dāwūd himself has acknowledged that he does "not narrate" and instead "always describe[s]."⁸ In fact, in *Makyāj Khaḥfīf* he works on the corporeal and psychological description of one woman's relationship to her scarred body and its place in the world.

Makyāj Khaḥfīf marks a significant trajectory in the representation, visibility and passage to subjectivity of ill female bodies.⁹ Through Fādia Naṣṣār, the central character in the novel and around whom the whole narrative is built, the writer provides an account of the female ill body that, as Lynda Nead would put it, exposes its "social and psychic formation" and that offers room for "both the inscription of its external surface and the production of its internal psychic operations."¹⁰ The novel is the story of Fādia, who is wounded during a bomb explosion and, as a result, enters into a two month coma. When she wakes up, she discovers that she has lost a husband and a sister. She also finds herself a disabled woman who suffers from severe scars on her neck all the way down to

⁷ Qtd. in Aghacy, "To See with the Naked Eye" 207.

⁸ Ibid.

⁹ Ḥasan Dāwūd, *Makyāj Khaḥfīf li-Hadhih al-Laylah* (Beirut: Riyād el-Rayess: 2003). I will refer throughout to the novel in the abbreviated title *Makyāj Khaḥfīf*.

¹⁰ Lynda Nead, *The Female Nude: Art, Obscenity and Sexuality*, 3rd ed. (London and New York: Routledge, 2007) 71. All further references will be abbreviated.

her lower body, a limp, and a hoarse voice that seems to whistle every time she speaks. This is in addition to the fact that she has lost the memory of the last three years of her life before the accident. Finding in Fādia's life-story material for a film, Jihān - the protagonist's childhood female friend and filmmaker - offers to make a film about her. Herein, the novel unfolds with Fādia describing her life, or what she remembers of it, and her thoughts to Jihān. On another level, the novel also explores the relationship between Fādia and the painter Sāmī who executes a number of nude paintings of her. In short, Fādia's coming to terms with her new identity, or lack of it, and her disability take place via two aesthetic processes: painting and cinema - both of which allow her to be a spectacle and a spectator of her body.

From the outset of the novel, Fādia operates as a body and self gone astray. In her relationship to her body and her descriptions of its workings, she evokes the impression of being incomplete and illusory - as if she exists only as a vestige of what she was once. She herself indirectly expresses this when she tells Jihān that a woman whose life has changed the way hers has, begins to "feel that she is only her second life,"¹¹ adding that who she was before the accident remained "there on the other side of the border."¹² Yet Fādia is also expected to live this new life like a woman "remaining as a trace of [the] dead man," who was her husband.¹³

¹¹ Dāwūd, *Makyāj Khafif* 22-23. All quotes from the novel are my translation

¹² Ibid 22.

¹³ Ibid 20.

To counter all this, Fādia struggles to perform herself and her body as complete. Thus, the way she works on synchronizing the mechanics of her walk, the mode with which she offers her hand for greeting and the manner in which she then sits on a sofa are carefully carried out in slow-motion, and with an almost suppressed technique, to give the impression of being “whole.”¹⁴ Except the low voice which barely comes out in a whisper, the scar which Fādia knows extends all the way to her lower body, and which she compares to a ‘dress zipper’ that hides beneath it things that have been “torn and cut,” betray the pretence of normality she wishes to establish.¹⁵ It also heightens the spectral quality of her appearance. In fact, even the way she experiences pleasure in her physical relationship with Sāmī has a vague, half-finished feel to it. Fādia tells that during her sexual encounters with Sāmī, they existed as “strangers when they were doing it and remain[ed] strangers afterward.”¹⁶ Elsewhere, she describes the pleasure she attained as one that was “light and slow at the beginning” and in need of time to develop.¹⁷ Fādia explains: “I reached with him [...] to the point we were supposed to reach, but what I felt with him was little,” like her body could not “catch up with her desire,” adding that what she experienced was almost like a trace of a pleasure that required more time to become “complete.”¹⁸

¹⁴ Ibid 19-20.

¹⁵ Ibid 12.

¹⁶ Ibid 43.

¹⁷ Ibid.

¹⁸ Ibid.

Parallel to all this is Fādia's actual attempts to reconstitute her body, self and past. By wanting to star in the film that will capture the story of her life, she betrays a wish for a real presence to be reflected on screen and to see herself and to be seen by others in her new shape and form. And all this is not about returning to her past self and body but of capturing the body, with all its scars and physical drawbacks, in a cinematic narrative that attests to that body's existence both visually and aesthetically. Hence, Fādia's insistence that the film start with the day she was released from the hospital.¹⁹

As Fādia narrates, omits, deletes, then reconstructs the story of her life to Jihān, or rather the cinematic frame, she observes herself captured on screen and shifts from being 'the spectacle to the spectator.'²⁰ When she watches a rehearsal shot of herself driving a car with the voice-over of Jihān asking questions, she admits that she had been in dire need of seeing herself to understand and see how others saw her.²¹ She also discloses that it suited her that "someone was busy with her" and that "someone would see in her something worth filming and watching."²² After all, Fādia realizes that her new 'deficient' physicality does not fit into the category of the ideal female body which enters the field of vision. Her insistent desire to star in her own film story and to have the film begin with her being dispatched from the hospital is an attempt to defy the prevailing aesthetic

¹⁹ Dāwūd, *Makyāj Khafif* 25.

²⁰ Mary Ann Doane elaborates on this shift in her study of the female body in films. See her article "Woman's Stake: Filming the Female Body," *October* no. 17(Summer 1981): 23-36.

²¹ Dāwūd, *Makyāj Khafif* 36.

²² *Ibid* 77.

that determines the nature of the female images that are included or omitted in many art forms and which, in turn, echo cultural and social definitions of what should be rendered visible and invisible.²³

As a female filmmaker, Jihān also seeks to deconstruct the above dominant cultural ideal. By wanting to film aspects of Fādia's body performance that underscore her disability, Jihān ultimately wishes to construct a presence for the ill/disabled body of Fādia and to allow her to become, as Nead would suggest, "the speaking subject of discourse."²⁴ In doing so, she also attempts to strip away the spectral quality attached to the object/subject of her film - Fādia. When directing the camera apparatus at Fādia, Jihān seeks to depict Fādia in the moment,²⁵ to highlight the awkward walk brought about by the accident and to capture the reverberations of a voice that whispered and whistled when speaking.²⁶

Even more, Jihān's camera endeavours to provide Fādia with images and scenes from her past existence. By choosing to chronicle Fādia's childhood and pre-accident years, the film provides Fādia with a narrative structure of her life. Throughout all this, Jihān employs a major Foucauldian device in her filmmaking process and which John Rajchman summarizes as the "before-and-after pictures." This process finds Jihān's camera aiming to reveal how Fādia

²³ For an explication on females who do not comply to feminine ideals and their emergence in art works see Nead, *The Female Nude* 60-70.

²⁴ Ibid 68.

²⁵ Dāwūd, *Makyāj Khafif* 129.

²⁶ Ibid 130.

moved from one system of being to another, or rather from one physical reality to another.²⁷ Jihān wants to show Fādia during her childhood and youth years, in her defiance and beauty and in her role as a wife and mother. But the film-maker also wants to capture the scene of the bomb, then Fādia's stillness, disability, and disconnectedness from the registers of the world around her - all of which show Fādia in a different light.

Jihān's camera tries to produce and inscribe an authentic image of the woman she is filming. She also seeks to obtain speech from her. Arguably, by allowing both Fādia's daughter and a professional actress to play phases in Fādia's life, Jihān's technique results in a form of exclusion of the protagonist's body and, even more, of the loss of control of her point of view. After all, Fādia's body is displaced onto these two other female figures who become, in a term coined by Kaja Silverman, "representation[s] of a representation."²⁸ This sense of exclusion is further intensified in the knowledge that Jihān wants Fādia's appearance on the screen to be fragmentary and short, so much so that Fādia begins to feel that half of what Jihān is shooting is something alien to her and to her experience. However, what this filmic structure ultimately achieves is to allow Fādia to enter into a "visual confrontation with [her] own lack."²⁹ For example, the close resemblance between Fādia and her daughter constructs a situation of vital mirroring that enables Fādia to see herself through her

²⁷ John Rajchman, "Foucault's Art of Seeing," *October* 44 (Spring 1988):90.

²⁸ Kaja Silverman, *The Acoustic Mirror: The Female Voice in Psychoanalysis and Cinema* (Bloomington and Indianapolis: Indiana UP, 1988) 3. All further references will be abbreviated.

²⁹ *Ibid* 19.

daughter's presence and as she had once been. And in doing so, Fādia admits that she became acutely aware of what she had lost.³⁰ Watching her daughter/herself at that age, Fādia becomes more conscious of her physical inferiority in relation to her daughter's young, beautiful and robust body. This drives her to recoil from such a scrutiny and to reject the film on the basis that it was farther away from who and what she is.

This cinematic process of disembodying Fādia's body and voice at the level of the invented cinematic narrative and structure are, according to Jihān's explanation of the directing, soon to give way to the real one. The voice and body are to be returned to its rightful owner in the shots that will depict Fādia in the present, without any physical camouflage or heavy makeup, sitting and telling her point of view of the events while her voice-over travels over other shots. The latter includes the scene of the night celebration with her husband, then the bomb and the siren of ambulances.

Through all the above, Jihān wants to portray specific spaces that have shaped who and what Fādia had become. In Foucauldian terms, Jihān wants to capture the "spaces of the constructed visibility" of Fādia. These spaces, as John Rajchman in his discussion of this Foucauldian approach explains, open up into a wider apparatus that serves "to construct the spatialization of the subject" or 'his being in space'." This, adds Rajchman, "makes certain kinds of properties of

³⁰ Dāwūd, *Makyāj Khafīf* 73.

[oneself] stand out as self-evident.”³¹ By wanting to show aspects such as the place where the bomb had exploded and the sight of destruction and chaos, Jihān wants to make visible things about Fādia’s experience related both to her body and psyche that have played a pivotal role in the woman she had now become. For, according to Rajchman, “it is not simply a matter of what a building shows ‘symbolically’ or ‘semiotically’ but also what it makes visible about us and within us.”³² From this perspective, the shots that will encompass aspects of Fādia’s life and experience, and which do not necessarily entail her presence on screen, transcribe experiences of Fādia that are interconnected with her present physical and psychological state.

Overall, Jihān’s film appears concerned with capturing the binary oppositions between Fādia before and after the accident. It also makes the physical reality of Fādia accessible to the eye through the alternative of the screen. For, as Jacques Lacan explicates, one of the main functions of the screen is to “re-establish things in their status as real.”³³ Simultaneously, Jihān appears engaged in urging Fādia to speak, to allow her to enter into a language and text that will undermine the objectification to which the screen ultimately subjects her. But through all this, Fādia begins to perceive Jihān’s cinematic narrative as a fragmentary and fictitious one and to experience it as an oppressive project.

³¹ See Rajchman, “Foucault’s Art of Seeing” 103-104

³² Ibid.

³³ Jacques Lacan, *The Four Fundamental Concepts of Psychoanalysis*, Trans. Alan Sheridan (New York: W.W. Norton and Company, 1977) 107-108.

Herein, she begins to keep some of her thoughts to herself and to spill them out of the frame of the camera.

Congruent to the cinematic framing of Fādia's body and self, is the painter/lover Sāmī's framing of Fādia on canvas. As Jihān films Fādia's story and body, Sāmī is engrossed in constituting the latter as a purely corporeal art spectacle by painting her naked. And the experience of posing as a nude and baring all her scars to the gaze of the male artist and of watching the manner in which her body is transformed as 'the object of the gaze' on a canvas has a remarkable effect on Fādia's relationship to her image and body.³⁴ The process that sees Fādia entering into Sāmī's apartment, performing a masquerade of femininity through the application of heavy make-up and many layers of clothing are soon replaced by an act of stripping the female body of all camouflage to gaze at the multiple edifices that constitute its materiality and at the signs of violence marked on its surface. This, consequently, also makes visible everything that Fādia, and the cultural environment to which she belongs, have kept invisible.

When she looks at the first painting that Sāmī completes, the main thing that Fādia sees is the "long, strong" scar which Sāmī has rendered protruded and rough, almost as if it was sticking out of the painting.³⁵ She also notes that the position she takes in the painting is one where she is starring back at the person

³⁴ For a discussion of the figure of the nude in specific art productions see Patricia Mathews, "Returning the Gaze: Diverse Representations of the Nude in the Art of Suzanne Valadon," *The Art Bulletin* 73.3 (Sept. 1991): 415-430.

³⁵ Dāwūd, *Makyāj Khafif* 81.

painting her. Fādia's gazing out of the frame and at the person beyond reflects her refusal to limit her presence to the artist's frame. The female disabled body is in this 'the object' of the gaze that the male directs at her but this gaze is defied by the very object itself.³⁶ But in the process of capturing her on canvas, Sāmī also undergoes inspection by the very object/female he is scrutinizing. In addition to revealing the object/subject kind of dynamics that was underway during the execution of the work, the painting also transmits the impression of the mute pain that was beleaguering Fādia throughout. It was almost like Sāmī had guessed that as she posed for him Fādia was struggling to "silence and hide" the physical pain that had heightened because of the immobile position she was forced to adopt for the benefit of the painting.³⁷

Yet Fādia cannot help but compare her sexuality or lack of it, as it is exhibited in the painting, to the paintings of other women that Sāmī had done. She says of her image: "I did not suggest the sexual desire that was reflected in the woman of his other painting [...] and nothing of what I saw could possibly arouse a man."³⁸ Nead would explicate that, in all this, Fādia plays out the role of both "viewed object and viewing subject, forming and judging her image against cultural ideals."³⁹ As she does so, she is forced to concede once more that her female body does not correspond to the ideal through which other female bodies

³⁶ For a discussion of other female characters as objects of the male gaze in specific western literature see Sheila C. Conboy, "Exhibition and Inhibition: The Body Scene in Dubliners," *Twentieth Century Literature* 37.4 (Winter 1991): 405-419.

³⁷ Dāwūd, *Makyāj Khafīf* 81.

³⁸ *Ibid* 82.

³⁹ Nead, *The Female Nude* 10.

enter the boundaries of an aesthetic piece of art. But her presence in Sāmī's painting attests to the deconstruction of this "artistic and bodily protocol[1]." ⁴⁰ In his insistence to paint her again and again, and to constantly highlight her scars and the awkward reflexes of her limp leg, Sāmī's paintings of Fādia are both "transgressive and disruptive" as they make "visible new definitions of physical identity." ⁴¹

Sāmī's last act of aesthetic disruption occurs when he sells all of his nude paintings of Fādia, hence forcing her image to be exhibited on the walls of total strangers. As Fādia says: "It felt like I was scattered naked in houses I did not know." ⁴² The realization that strangers were scrutinizing her nudity fills her with shame and embarrassment. In her reaction, Fādia seems aware that her less than perfect body is both at the core and periphery of the aesthetic discourse. It is at the core because of her heightened appearance in these paintings while the scars that Sāmī had focused on situate her at the edge of any painting. Paradoxically, however, it is these paintings that free the disabled body of Fādia from all social and cultural restrictions. As John Berger, in his discussion of the history of nude art in European art puts it, the naked is to some extent more liberated, semiotically unsealed and epitomizes the body free of cultural intrusion. ⁴³

⁴⁰ Ibid 61.

⁴¹ For further details see Ibid 77.

⁴² Dāwūd, *Makyāj Khafif* 105.

⁴³ John Berger, *Ways of Seeing* (London and Hramondsworth: BBC and Penguin, 1972) 54-57. For other studies on the naked and the nude in art see Kenneth Clark, *The Nude: A Study of Ideal Art* (London: John Murray, 1956).

If the aforementioned paintings of Fādia were displayed in the homes of strangers, the last unfinished one which Sāmī sends Fādia finds a central place in her own private bedroom. Unlike the others, this one reveals something other than the artist/model formal appraisal. Rather in this painting, Fādia's scar is no longer there as if Sāmī had lost interest in exaggerating its presence.⁴⁴ Fādia explains that he did not make the scar "what is worth seeing" in her nor what makes her "distinct and worthy" of being painted in the first place.⁴⁵ As for her leg, the painting showed none of the lack of balance there. Fādia elaborates that Sāmī "had wanted to show her without her flaws" and "in the way he wanted her to be."⁴⁶ In this, Fādia is provided with an image of herself that accentuates her power as an object/subject that provokes desire.

As Fādia looks at her almost perfect image in the painting, she sees in it not merely herself but Sāmī as well. "In that one body of mine I do not exist alone. We are two, me and him, dividing and sharing it," she proclaims. Elsewhere, she says that by observing the painting she can see both of them, "together in this drawing [...] showing us as if we were doing what we used to do many times."⁴⁷ Fādia's presence in this last painting attests to the artist's subjective and erotic engagement in the practice of reproducing and restructuring Fādia's sexuality. In his transmission of the acts of intimacy that occurred between him and Fādia into the painting, Sāmī perhaps restores to his female

⁴⁴ Dāwūd, *Makyāj Khafif* 106.

⁴⁵ *Ibid.*

⁴⁶ *Ibid* 107.

⁴⁷ *Ibid* 110.

model the sexual body that was almost obliterated following the accident. By watching herself in the painting and detecting the artist's desire of her body, she feels herself a woman rather than a disabled body. In short, Fādia's disabled body is repositioned as a site of desire. Arguably, the sexual body that is brought to light is ultimately one of the artist's construct and, thus, has been subjected to the regulatory laws of his aesthetic practice. Nevertheless, the painting remains one which fills Fādia with satisfaction and confidence. As Foucault would put it, there is a form of pleasure that one derives in seeing oneself. This is instigated by the fact that seeing is part of what we perceive as our sexuality, something which fascinates us so much so that we want to expose or exhibit it. This "fascination and exposition are linked to knowing it, or to the sort of truth it might tell us about ourselves."⁴⁸

As the analysis has highlighted, *Makyāj Khafif* engages in technologies of the visual to speak of and describe the scarred and disabled body. In doing so, it shifts the place of this body from domains of what has not been represented or spoken of, to landscapes of the visual and the visible. Perhaps aware of the difficulty of the literary representation of such a figure - who has for long been trapped in cultural codes of absence and silence - Dāwūd resorts to the 'meta-trope of framing' and the visual narrative it entails,⁴⁹ to call attention to the

⁴⁸ For more details on this see John Rajchman, "Foucault's Art of Seeing" 105.

⁴⁹ In her book *The Flesh Made Word: Female Figures and Women's Bodies*, Helena Michie discusses meta-tropes of female framing and unframing in the context of Victorian literature. See 102-123. Her observations are applicable in the case of Dāwūd's novel. All further references will be abbreviated.

female disabled body and to focus on aspects of its physical appearance and presence. Thus, in one frame is a cinematic narrative that chronicles Fādia's transmission from a beautiful, able body to one that is disfigured and traumatized. In the other frame, this disabled body is the object of corporeal stillness on canvas and of the erotic voyeurism of the artist/lover.

In terms of their internal textual function, these frames serve to provide Fādia with an instant image or mirror like reflection of her disabled body and self. They are one of her earliest visual encounters with her body and self in pain and the first images that her disabled body comes across as it tries to make sense of its 'infant' social position in the world. But, in Lacanian terms, the mirror that first introduces an infant to a notion of self and body is "by its very nature illusory, unstable and dependent on lack, absence and difference."⁵⁰ This is because the mirror fails to "produce or reproduce a totalized self." For "one comes to and through the mirror to a *corps morcelé*, or a fragmented body; the mirror can accommodate only those parts that are framing it and necessarily distorts and inverts even those."⁵¹ Drawing on this understanding of the function of mirrors and its effect, one can describe Fādia's entry into the frame of the

⁵⁰ For full explanation of the mirror stage see Jacques Lacan, "The Mirror Stage as Formative of the Function of the I as Revealed in Psychoanalytic Experience," *Ecrits*, Selected and translated by Alan Sheridan, Forword by Malcolm Bowie (London and New York: Routledge Classics, 2004) 1-8. I rely in my summary of Lacan's theory on Helena Michie's article and which reads Lacan's theory within the context of specific literary works. Helen Michie, "Who is this Pain?": Scarring, Disfigurement, and Female Identity in *Bleak House* and *Our Mutual Friend*." *NOVEL: A Forum on Fiction* 22.2 (Winter 1989): 202.

⁵¹ *Ibid.*

cinematic apparatus and the paintings, and through them into the text, as one that remains fragmentary and incomplete.

It is what Fādia spills outside of the frame and what she resists despite both artists' regulatory attempts that become the point through which her body and self begin to constitute themselves and perhaps chart out a passage to subjectivity. Framing in all this is essential, in as much as it allows Fādia to visually enter the text and to disconnect the "I" narrative of her body and self from the politics of the gaze of others. For during the first half of the novel, this "I" narrative is weak and ambiguous since it is trapped in the visual experience of the 'gaze'. After all, while it is Fādia who throughout speaks, the others do so visually and hence connect Fādia's recounting to the process of seeing. Even more, Fādia herself seems to depend on Jihān and Sāmī to connect her 'I' point of view to theirs. This is due to the fact that she initially seems incapable of seeing for herself and relies on them to see on her behalf. She is as much an accomplice to the framing dynamics into which she enters as those who initiate it. In this, Fādia also self-frames herself but only to establish a distance between herself and her new physicality and as a result of its traumatizing effects upon her.⁵² It is only at a later stage that she begins to resist and defy these framing processes by refusing to take part in Jihān's film anymore and in being Sāmī's nude model. This lends her "I" narrative momentum and, along with it, her body

⁵² For a detailed discussion of the dynamics of framing and self-framing in some Western literary works see: Beth Newman, "The Situation of the Looker-On: Gender, Narration, and Gaze in *Wuthering Heights*," *PMLA* 105.5(Oct. 1990): 1029-1041 and Helena Michie, *The Flesh Made Word* 102-123.

and self's power over its own narrative. When at the end of the novel *Fādia* proclaims she "had to go from there, where everyone was meeting, and never return," she is already making clear her awareness that she had to disengage herself from frames and framing processes.⁵³

Through the process of visual framing and the account of gazing that Dāwūd's novel provides, the reader is urged not only to look at the face and body that emerges on the surface of these frames but also at, what Michie would identify as, its "making and unmaking through pain."⁵⁴ Thus, *Makyāj Khafīf* is largely a visual narrative about a scarred body and self entering into its earliest phase of being and subjectivity. In highlighting all instances of corporeal arrival and presence and all language of physical emergence, it becomes one of the key literary texts to appear during that period and to reverse the representational mode that had up till then been allotted to such a figure.

2. Intimate Resistance

Batūl Khudayrī: *Ghāyib*

Like *Makyāj Khafīf*, the novel *Ghāyib* marks a significant change in the representation of female physical sickness in Arabic literature of the Levant.⁵⁵

Published in 2004, the novel is one of the few Iraqi novels to emerge recently and to focus on the experiences of those who have lived inside Iraq during its

⁵³ Dāwūd, *Makyāj Khafīf* 166.

⁵⁴ Michie, "Who is this in Pain?" 200.

⁵⁵ Batūl Khudayrī, *Ghāyib* (Beirut: al-Mu'assasah al-'Arabīyyah lil-Dirāsāt wa-al-Nashr, 2004). All quotes will be from the English translated version *Absent*. (Betool Khedairi, *Absent*, trans. Muhayman Jamil, Cairo: The American University of Cairo, 2005).

years under a dictatorship, sanctions and two wars. It also is one of the very few works to reveal the shifting balance in gender relations in today's Iraq and the strain which the average Iraqi male is under. Nevertheless, the novel's importance for this study is in its depiction of the disability of its first person female narrator/protagonist, Dalāl, and the illness of another female character, Ilhām. Through these two characters, further understanding of the development in the representation of female sickness is gained.

Khuḍayrī is a writer and painter who was raised in Baghdad by an Iraqi father and a Scottish mother and who currently lives in Jordan. While her novels are written in Arabic, she contributes French and English essays to such publications as *The Guardian* and *Le Jordain*. Her first novel, *Kam Badat al-Samā' Qarībah*, first appeared in 1999 to much international interest because of its focus on a number of issues including the cultural conflict of a young girl brought up by an Iraqi father and an English mother, the Iran-Iraq war,⁵⁶ and later the attack on Iraq following its invasion of Kuwait.⁵⁷ As such, the novel captured the social ramifications these realities stirred in the lives of ordinary Iraqi citizens. It has also since been published into several languages.⁵⁸ In her second novel, *Ghāyib*, the writer continues to capture the intricate and dismal conditions of those living in Iraq but this time not just against the backdrop of the war but also in the wake of debilitating sanctions and a dictator.

⁵⁶ 1980-1988.

⁵⁷ Saddam invaded Kuwait in 1990.

⁵⁸ The novel first appeared in English under the title *A Sky So Close* in 2001. It has also been translated into French, Italian and Dutch.

Ghāyib depicts the daily life of Iraqi occupants who live in a building in the heart of Baghdad and who share a common reality: social and economical deprivation caused by the conditions unfolding around them. Through the voice of its female protagonist Dalāl, the novel tells the story of her family and those around her in a juxtaposition of realism, black comedy and new briefings of endless killings and death. In her narrative, Dalāl focuses on female figures who seek the fortune teller, occupying one of the apartments, to find treatment and salvation from the emotional, physical and social ailments that assault them. For example, the women rush to the fortune teller to help them find cures for the loneliness they experience at night, to pour their heart out over their inability to escape the country and to rage at their deteriorating health and at the country's economy amidst the decreasing number of men available to support and take care of them. And while health issues related to both men and women are one of the troubling and painful aspects of the lives of the characters, it is the facial disfigurement of Dalāl and the breast cancer of Ilhām that is most revealing for the purpose of this study.

Khudayrī's novel implodes with images of bodies that are maimed, scarred, withered and mutilated. The sheer physicality and the embattled forms that are evoked are repeatedly linked to stories of illness and suffering rather than anything else. Similarly, nearly every illness and disability image/ story that is mentioned in the novel is connected to the social and political condition around them. Thus, as Arthur and Joan Kleinman would put it, the collective illness

narratives that are provided reflect relations between social orders, institutions and corporeal realities and show how “bodily processes unfold” into culture while “culture infolds into the body.”⁵⁹ In short, the physical suffering in *Ghāyib* extends to and highlights other traumatic accounts that involve death, fear, helplessness and humiliation. But despite the collective nature of physical dismemberment that is manifested in most characters and the symbolic resonance this gains in light of the plight of the Iraqi nation-state, the illness narrative of Dalāl and Ihām manage to undercut the impossibility of finding a single, individualized narrative of illness and suffering in the text. Rather, in Dalāl’s voice and in the illness narrative she transmits about her facial disfigurement and the breast cancer of Ihām we find an attempt to bring us closer to the physical ailment of their female bodies and an attempt to withstand their own presence in the face of forces that intimidate their voice, text and body.⁶⁰

Assailed by a brain clot at the age of 12, Dalāl tells us that her once normal face has since been “struck down by an illness” which has left her mouth “crooked” and her lips “drawn across to the right side of [her] face as though someone were pulling them with an invisible thread.”⁶¹ As she tries to pretend that all is still well, the image that stares at her in the mirror causes her to cry.

⁵⁹ Arthur and Joan Kleinman, “How Bodies Remember: Social Memory and Bodily Experience of Criticism, Resistance, and Delegitimation Following China’s Cultural Revolution,” *New Literary History* 25.3, Anniversary Issue (Part 1) (Summer 1994): 710-11. All further references will be abbreviated.

⁶⁰ For a discussion of illness narratives versus threatening political forces see Jurate A. Sakalys, “The Political Role of Illness Narratives,” *Journal of Advanced Nursing* 31.6 (June 2000): 1469-1475.

⁶¹ Khedairi, *Absent* 12.

She says: “I tried to convince myself that I was normal. My sad attempts to whistle always failed. I’d cry in front of the mirror that echoed back the sound *phht, phht* instead of a long elegant whistle.”⁶² This reaction is short-lived because the electricity is cut and she can no longer see herself anywhere. And, herein, begins Dalāl’s repeated attempts to make room, within her account of war-torn and sanction-stifled Iraq, for her own personal illness narrative amidst the massive suffering and the large number of people who share other physical predicaments. Yet the bits and pieces which she lets slip, as she narrates the stories of other people’s lives and pain, allow us to organize it into a whole by the end of the novel. This provides the framework for an individual illness narrative that is replete with the Foucauldian discourse of the panoptic gaze, discipline and acts of resistance.

While Dalāl does not muse much on her facial disfigurement and does not search for treatment for it, even in the apartment of the fortune-teller, her self-consciousness remains. She, for example, notices when others stare at her lips and even tells her hairdresser friend that no man would ever be interested in a woman who has her problem.⁶³ And when this same friend tries to correct her lips by filling in the missing part of her mouth with make-up, Dalāl rejects the new shape insisting “it’s been painted on, [...] it’s a fake.”⁶⁴ For Dalāl, part of the attempt to steer away from images and talk of her disfigurement and the

⁶² Ibid.

⁶³ Ibid 150.

⁶⁴ Ibid 107.

refusal to give it precedence is her inability to confront it on the one hand and her immersion in the stories of suffering of the people around her on the other.

Hence, while the facial disfigurement is 'the primal scene' or event in this young woman's life,⁶⁵ the overwhelming nature of the suffering everywhere makes it impossible for her to talk about it except on a secondary level. As she herself asserts: "Before the sanctions started, I used to feel that my life was divided into two halves, the time before the stroke and what came after it. Nowadays everyone talks about the Days of Plenty, and the times that followed; the days before the war, and those that followed; life before the crisis, and after it. I, too, find myself, reluctantly, thinking like everyone else."⁶⁶ Rather than talk about her own lived experience with the facial disfigurement, Dalāl is initially immersed in the stories of the people around her, one of which is the illness of her friend Ilhām.

For having just discovered that she has an advanced stage of breast cancer, Ilhām can only tell and show the workings of her pain to Dalāl, whose narrative voice transmits to the reader the former's illness narrative while at the same time making it a reflection and a critique of the socio-political conditions around her. After all, from the moment she is told she has cancer, Ilhām blames it on the nature of their existence and the deprivation with which they are forced to live. As Ilhām exposes her upper body to Dalāl, revealing the "red swelling on

⁶⁵ The term 'primal scene' was first introduced by Sigmund Freud in his reference to painful events in one's childhood which later becomes the cause of psychological and emotional traumas. See Sigmund Freud, *Three Case Histories* (New York: Macmillan, 1963) 213-34.

⁶⁶ Khedairi, *Absent* 105.

her right breast,” she announces “it seems that it’s my turn now,” adding that she “has seen it often enough to tell the difference.”⁶⁷ At one point she even professes that what everyone was going through was not a “military operation” but rather “we’re the real targets.” The ‘we’ here refers to the “women and children” that Ilhām sees on a daily basis in her capacity as a nurse at Başrah Hospital. Ilhām explains: “I know that very well. [...] The hospital I work for is full of sick women and babies dying in their mother’s arms.”⁶⁸ Elsewhere, she attributes the stage of her disease to the shifting social structure in the country and which has seen the disappearance and death of many Iraqi men. She, for example, wonders if she had a man “what has happened wouldn’t have happened.” She even admits that she “didn’t feel the lump while it was growing. It continued to enlarge while I was preoccupied with my work. It never occurred to me to examine my body looking for a tumour,” then concludes “that’s the benefit of having a man.”⁶⁹

More significantly, despite her physical condition Ilhām appears more concerned about her job than her illness. As she makes clear, without the former she cannot even pay for her treatment. Later when she undergoes a mastectomy to one of her breasts she worries in case her colleagues at the hospital notice the absence of her breast and figure out her illness, thus causing her to lose her job.⁷⁰

Consequently Umm Ghāyib, Dalāl’s aunt, decides to help by designing an

⁶⁷ Ibid 80.

⁶⁸ Ibid 58.

⁶⁹ Ibid 81.

⁷⁰ Ibid 122.

artificial breast for the patient made from a “mixture of beeswax, sawdust and tiny cut-offs of nylon,” which she “molds [...] into a moderate-sized dome” and then “sews a bra with double lining.”⁷¹ Likewise, the hairdresser friend sends Ilhām a “wig that was a replica of her hair and a set of false eyelashes,” Abū Ghāyib donates money for her painkillers while the fortune teller sends her a secret remedy to “heal [her] wound and regulate the period.”⁷²

Unlike previous representations of sick females in Arabic literature, the suffering and pain of Ilhām is acknowledged by one and all. This is largely due to the fact that within the world of the novel, the experience of ultimate suffering on all levels has made it possible for the characters to recognize the pain of others. Thus, while Ilhām’s illness is described and is grounded in the raw elements of her physical symptoms, it is transformed into a social experience because everyone in the community’s building gets involved in it. Just as Ilhām’s talk on her breast cancer serves to highlight her individual story of sickness all the while offering entry into the suffering of those she comes in contact with, others are also able to share her experience of pain by reason of their own physical and emotional traumas.

Despite everything, however, it becomes almost impossible to find meaning in Ilhām’s illness narrative beyond the initial raw elements of the physicality of her condition and the brief articulation of shared social experience

⁷¹ Ibid 122.

⁷² Ibid 121.

that the illness provokes because the institutional power of the state interrupts all this. For half way into the novel, Ilhām's story is halted "not because she has died of cancer, but because she has been imprisoned."⁷³ In short, just as Ilhām's condition serves as a marker of a whole set of traumas around, her disappearance is linked to acts of disciplinary and controlling measures carried out by the state.

Although Ilhām's body is erased from the narrative by hidden policing forces lurking at every corner, Dalāl's illness/disability narrative continues to develop after the disappearance of Ilhām. This, in turn, provides another scheme of events that allows Dalāl to re-imagine herself as other than what she is and to hope for a future different from the one that seemed to stretch out in front of her via the realities of the people around her. Through the attention that 'Ādil - the undercover government spy -⁷⁴ affords Dalāl, and the attraction and intimacy that ensue between them, the woman's disfigurement is reconstituted as a primal site not only of scars but also desire. In all this, acts of resistance against forces that threaten to obliterate and wipe her body and other bodies become more possible.

For 'Ādil, it is the feminine lack in Dalāl that he finds appealing. As the hairdresser bluntly puts it to Dalāl, 'Ādil is "so used to dealing with people who have a disfigurement" that there is nothing strange in his attraction to her.⁷⁵ 'Ādil himself admits to his lack of interest in beautiful women because "a beautiful

⁷³ Khedairi, *Absent* 131. The allegation behind her imprisonment is that Ilhām had been selling human organs to her boyfriend which she took from the operating room at the hospital where she worked.

⁷⁴ 'Ādil pretends he is a physiotherapist who helps install false limbs to those who need them. Khedairi, *Absent* 137.

⁷⁵ *Ibid* 151.

woman smells of danger. I don't like it when someone tosses me a piece of creamy cake. I could slip, or it might be a trap."⁷⁶ Furthermore, he seems to privilege Dalāl's body/features over other female bodies as he redefines her disfigurement as a site of desire. For example, in the physical encounter between them, 'Ādil leads Dalāl to the bedroom, lays her down on the bed and removes the scarf that is covering her face and which the hairdresser had placed on her earlier. He then asks her to observe herself in a mirror that he holds up for her aided by the light of the burning candle. As Dalāl succumbs to 'Ādil's bidding, he whispers to her to "imagine that [her] lips are about to take flight,"⁷⁷ and that "her mouth was being caressed by the wind,"⁷⁸ all the while claiming she was like "silver stars" that had "to be rubbed so that [she] may shine."⁷⁹ Throughout all this, 'Ādil massages Dalāl's feet until his touch drives her to submit to the bodily pleasures infiltrating her.

Although in the above scene the visual and the visualised are emphasized through Dalāl's act of looking at the mirror and through being placed in the centre of vision by 'Ādil himself, it is the tactile dynamics that give pre-eminence and effect in terms of the corporeality of Dalāl's face/body.

Commenting on the impact of sight versus touch, Grosz argues that:

The epistemological value of sight is based on the clarity and precision of the images of which it is composed. An image, traditionally has three characteristics: it presents a manifold field or set of events in terms of

⁷⁶ Ibid 160.

⁷⁷ Ibid 163.

⁷⁸ Ibid.

⁷⁹ Ibid 165.

simultaneity (it is the only non-temporal or synchronous sense); it functions at a distance, setting up a space or field between the seer and the seen, the physical and the psychical; and it does not imply or presume causality (because the other senses are monetary and occasioned by events, vision is ongoing and need not be focused on or caused by any object.⁸⁰

Sight, according to Grosz, allows for the “raw elements, the data necessary for the production of knowledge.”⁸¹ While sight works to determine one’s position in the world, touch for Grosz - and before her Merleau-Ponty - “defines a more corporeal ‘atmosphere’ - more fundamental because literally closer to the body - in which the visual experience of the world and other bodies must be contextualized.”⁸² Grosz, for example, describes skin as “the ground for the articulation of orifices, erotogenic rims, cuts on the body’s surface, loci of exchange between the inside and the outside, points of conversion of the outside into the body, and of the inside out of the body.”⁸³ In short, for Grosz, touch itself “defines the context in which all other relations between the body and the world, and objects within the world must be understood.”⁸⁴ This version of corporeality that undertakes touch as the central tenant for the body’s presence is obviously at play in *Ghāyib*. By touching every part of her body, ‘Ādil affirms Dalāl’s visibility and presence as a woman rather than a maimed individual. In a

⁸⁰ Grosz, *Volatile Bodies* 97.

⁸¹ Ibid.

⁸² For further elaboration on both Merleau-Ponty and Grosz’s ideas see Daniel Punday, *Narrative Bodies: Towards a Corporeal Narratology* (New York: Palgrave macmillan, 2003) 75-77. All further references will be abbreviated.

⁸³ Grosz, *Volatile Bodies* 36.

⁸⁴ Punday, *Narrative Bodies* 76.

word, he asserts her body - with its scars and paralysis - in a sensual and physical encounter.

Of course, the image that Dalāl ends up seeing in the mirror and in her imagination is of ‘Ādil’s construct. Yet the process involved in achieving this transforms her disability from one that has been distanced from the dynamics of feminine experience to one capable of triggering desire. Merleau-Ponty writes that it is “precisely because my body can shut itself off from the world, it is also what opens me out upon the world and places me in a situation there. The momentum of existence towards others, towards the future, towards the world can be restored [...].”⁸⁵ For Merleau-Ponty, subjects have the ability to retreat from their bodily reality to imagined experiences or previous perceptions that sustain them. And in this act of retreat, the probability for re-emerging into the world and the co-existence with a community are facilitated. Likewise in her study of black women’s bodies in novels of slavery, Farah Jasmine Griffin goes even further by suggesting that these retreats are essential for the ‘communal project’ of resistance. The critic argues that these instances of retreat can be carried out alone or with another and via erotic processes such as touching.⁸⁶

With this understanding, by allowing Dalāl to reclaim her erotic, feminine side, ‘Ādil also opens up the potential of resistance within her. This is because,

⁸⁵ M. Merleau-Ponty, *Phenomenology of Perception*, Trans. Colin Smith (London: Routledge, 2001) 165.

⁸⁶ See Farah Jasmine Griffin, “Textual Healing: Claiming Black Women’s Bodies, the Erotic and Resistance in Novels of Slavery,” *Callaloo*, Emerging Women Writers: A Special Issue 19.2(Spring 1996): 519-536. All further references will be abbreviated.

as Lorde would posit, the erotic connects women with “the energy to pursue genuine changes within our world.”⁸⁷ The erotic is interconnected with aspects such as the spiritual and the political and women who experience the erotic are a threat to institutions and individuals that disempowered them. The soft touch of ‘Ādil probing Dalāl’s body through the opening in her shirt, his hand slipping downwards to places that have always been kept hidden and his eyes as they meet Dalāl’s in a moment of full passion, define Dalāl as a feminine-self and enable her to gain feminine visibility and essence through his gaze and touch. It also armours her with a measure of power over ‘Ādil - the representative of the oppressive regime under which Baghdad lived. After all, the knowledge that ‘Ādil desires and wants her body gives her control over him or at least over his physical need of her. While Dalāl’s body was at the start of the novel one that experienced emotional and physical pain, it is here a body that gives, receives and experiences pleasure and, in that, it becomes involved in a mode of power.

It is true that ‘Ādil’s interest in Dalāl is triggered by his position as a surveyor and a disciplinary agent of the state. His gazing at her, and later his touching, is imbued with the dynamics of the panoptic gaze and its disciplinary mission. In a sense, his gazing and touching of Dalāl is a “calculated manipulation of [her body’s] elements, its gestures, its behaviour,” thus highlighting what Foucault describes in an interview as “the extent to which

⁸⁷ Audre Lorde, “Uses of the Erotic: The Erotic as Power,” *Sister Outsider* (New York: Crossing Press, 1984) 53. All further references will be abbreviated.

power seeps into the very grain of individuals, reaches right into their bodies, permeates their gestures, what they say, how they learn to live and work with other people.”⁸⁸ As such, Dalāl’s body not only transmits the story of her disfigurement, it also begins to tell the truth about the nature of the state to which she belongs.

In the physical encounter with ‘Ādil, Dalāl affirms that the gaze of the disciplinary agent inhabits not just public spaces but private ones as well. Yet her body slips out of the control of ‘Ādil through the very process of disciplinary measures upon her body. Seeking perhaps to control her, via his erotic hold on her body, Ādil finds himself in the very position he sought to undertake upon Dalāl. What he didn’t bargain for was his genuine attraction for her and perhaps the feelings of love for her that developed and which the hairdresser himself points out to Dalāl. Hence, even though he finally leaves her, it is a different Dalāl that has emerged - one who becomes a potential and social agent of resistance and change. In fact, the outline of this resistance begins to take shape when Dalāl decides to find out what was behind the walls of the tennis court near their building and which was marked as a restricted zone.⁸⁹ Also, when at the end of the novel Dalāl decides to teach the young newspaper boy how to read and write, she exhibits another instance of resistance in that she wants to prepare the boy for a better future than the one the rest are experiencing.

⁸⁸ See Alan Sheridan, *Michel Foucault: The Will to Truth* (New York: Tavistock Publications, 1980) 217.

⁸⁹ Dalāl discovers that the place is filled with masses of dead bodies that have not even been buried. Khedairi, *Absent* 190-194.

By choosing to educate the young boy, Dalāl engages in a covert act of resistance from inside her society instead of an overt act involving military action or political uprising. From a Foucauldian perspective, it appears that no matter the physiological twists of Dalāl’s body, it is also “involved in a political field” and the “political investment of [her] body is bound up in accordance with complex reciprocal relations” as well as being “largely [...] a force of production [...] invested with relations of power and domination.”⁹⁰ Furthermore, and as Griffin would suggest, by “attempting to function in the world with other bodies and [...] in opposition to those persons and things that seek to destroy it,”⁹¹ rather than just witnessing from afar, Dalāl’s disfigured body reclaims itself in an affirmative narrative about her lived experience and her nation state.

Finally, in Chapter Two we saw how the disabled female character was represented as a metaphor of the nation, albeit one locked up in a passive position that left her devoid even of voice.⁹² In *Ghāyib*, however, a different representation and discourse takes place. Through her facial disfigurement and the breast cancer of Ilhām, Dalāl’s illness narrative serves as a socio-political critique and a reflection of the degenerative condition of the body politics of her nation. As Foucault sums it up in his discussion of “the body and the spectacle for the reproduction of truth” in 17th century and in Western Europe: To extract

⁹⁰ Michel Foucault, *Discipline and Punishment: The Birth of the Prison*, trans. Alan Sheridan, 4th ed. (London & New York: Penguin Books, 1991) 25-6. All further references will be abbreviated.

⁹¹ Ibid 524.

⁹² See pages 98-127.

truth often involved manoeuvring and torturing the body.⁹³ *Ghāyib* relocates this aspect of employing the body as the site of truth onto its narrative by drawing on the female ill body as the site through which the violations of the state are affirmed. Furthermore, the focus on a female voice (Dalāl) allows the disabled and sick female character to establish her personal point of view both in terms of the truth it tells about its body and about the community around it. In this, *Ghāyib's* importance in the literary representation of ill and disabled female figures is that it lends authority to the narrative voice of one such character and transforms her body into the site of truth trying to speak through and, in spite of, its injuries. Herein, the experience of female sickness is liberated from the enclosure of silence and absence of personal perspective.

3. Passage to Subjectivity

Hayfā' Bīṭār: *Imra'ah Min Hādhā al-'Aṣr*

A Syrian writer and ophthalmologist, Bīṭār was born in 1962 in the city of Ladhīqiyah to highly educated parents.⁹⁴ She was, from an early age, an avid reader of literary works and one who enjoyed writing as well. She studied medicine and graduated in 1986 with a degree in Ophthalmology, then settled in her hometown to practice her profession. Along with her work, she also began to

⁹³ Foucault, *Discipline and Punishment*, 4th ed. 97

⁹⁴ Her mother was a philosophy instructor while her father taught Arabic Literature.

write short stories, novels and essays in Arab newspapers and journals.⁹⁵ So far, she has published eleven collections of short stories and nine novels.⁹⁶ In 2002, her collection of short stories *al-Ṣāqīṭah* [The Fallen Woman] (2000) won the Abū al-Qāsim al-Shābbī award in Tunisia,⁹⁷ for its profound insight into the realities of the lives of women in the Arab world and for its tackling of taboo topics. Both factors have been, and remain, building blocks for most of her literary publications. Starting from her first novel, *Yawmīyāt Muṭallaqah* [Diaries of a Divorcee] (1996), Bīṭār has repeatedly explored the complex and, sometimes, corrupt aspect of relationships between men and women as well as the relationship of women to themselves and to their aspirations.

In fact, her first novel examined all this but in light of her own personal experience with a failed marital relationship and a messy divorce. Bīṭār has admitted that it was her painful marriage experience which was responsible for the start of her literary career: she started writing during this phase of her life to unleash and soothe the pain she was going through. As she explains in an interview, she was only 25 at the time with a single daughter who was not yet one year old. Yet it was the long divorce process in the Christian courts that left her angry and traumatized. After all, it took her seven years to get the divorce, a

⁹⁵ For example, she published essays in the Syrian daily *al-Thawrah* and the Lebanese daily *as-Safir*.

⁹⁶ These include her collection of short stories *Ghurūb wa Kitābah* [Sunset and Writing] (1994) and *Mawt al-Baj'ah* [Death of the Pelicans] (1998) as well as the novels *Afrāḥ Ṣaghīrah*, *Afrāḥ Kabīrah* [Smalls Joys, Big Joys] (1996) and *Imra'ah min Ṭābiqayn* [A Woman of Two Storeys] (1999).

⁹⁷ This is an Arabic literary award established in 1986 and which carries the name of the renowned Tunisian poet Abū al-Qāsim al-Shābbī.

time during which she remained separated from her husband. Four years into her waiting period, Bīṭār published *Yawmīyāt Muṭallaqah* - a novel she completed in one full day because it was already written in her head.⁹⁸ The novel, however, received condemnation both from her parents and from the public at large because of its bold subject matter. Her father, for example, thought it inappropriate to disclose private matters in public and to depict religious figures in the manner she had done. Bīṭār recalls: “I felt like I was writing in a space that was akin to a cage and surrounded by a cloud of fear and caution.”⁹⁹

Commenting on this defiance of traditional norms and values in her society and in her writings, Bīṭār confesses that “the only thing that I was a success at was the fact that I was never what people wanted me to be,” adding that she has created herself without any concern for the opinions and judgments of others.¹⁰⁰ Of her early writing experience, she also acknowledges that one of the things she found difficult was experiencing herself through language. Yet, she soon realized that the problem was not in any linguistic lack but in her own deeply ingrained fear of those same values she denounced and which caused her to attempt to unconsciously want to abide by them. As she let go of the latter, she found that her ability to express and write had no limits. And from her own

⁹⁸ Khalīl al Taqī, “Hayfā’ Bīṭār,” *Arab Voice*, Internet, Date accessed 11 Dec. 2007, <<http://www.arabvoice.com/modules.php?op=modload&name=News&file=article&sid=7353&mode=thread&order=0&thold=0>>

⁹⁹ Ibid.

¹⁰⁰ Ibid.

private wounds she moved on to write about the wounds of others.¹⁰¹

Throughout, Bīṭār seems to have remained focused on female characters who suffer social and psychological injuries because of the treatment of men and because of their inability to move beyond certain values.

In *Imra'ah*,¹⁰² Bīṭār writes a confessional narrative of one woman's experience with breast cancer against the backdrop of her two failed marriages and a series of relationships with men, some of whom exploit her body and self while others are exploited by her.¹⁰³ All this leads her to conclude that men are not an integral part of a woman's identity and enables her to form an implicit yet deep bond with other women, particularly those who have been touched by the trauma of an illness. While the book is a self-reflective narrative on illness and a woman's relationship to her body during such a time it has, nevertheless, provoked criticism and condemnation for its explicit talk of the erotic and sexual aspects of the protagonist's relationships. For example, in a review of the novel, Yāsīn Rifā'īyah denounces the subject matter claiming that it presents an extremely unrealistic portrayal of the life of its protagonist. The critic scathingly wonders to what age the protagonist of this novel belongs and even posits that "she is neither of Lebanese or Syrian age nor of any other Arab country," adding that even if one were to "look at the women of these countries [and those living in the West] one would find that they are less frank or "pornographic" than

¹⁰¹ Ibid.

¹⁰² I will refer throughout to the novel in this abbreviated form.

¹⁰³ Hayfā' Bīṭār, *Imra'ah Min Hādhā al-'Aṣr* (Beirut: Dār al-Sāqī, 2004).

Imra'ah Min Hādhā al-‘Aṣr.”¹⁰⁴ Elsewhere, the critic also questions the nature of Maryam’s memories in light of the fact that she is on the verge of death. But, according to Maudie Bitar, Maryam is “not a pure victim” nor one who seeks to “lecture” anyone. Rather she “deserves to be saluted because she did not ‘learn’ from her experience as any [...] Arab young woman would.”¹⁰⁵ This is a reference to the fact that she refused to lie and construct a “pretence of virtue.” If anything, the writer depicts her protagonist as “a victim of the culture of sex,”¹⁰⁶ all the while moving beyond what the critic identifies as “narrow women’s discourse” to offer a transparent portrait of passions that are universal and omnipotent.¹⁰⁷

In short, the novel is a meditation on one women’s experience with breast cancer, mastectomy and aggressive medical treatment. Yet the sub-narrative makes it also the story of a woman’s life and quest for freedom and a challenge to the status quo of female sexuality in some Arab cultures. *Imra’ah* offers both a developed narrative of female physical illness, and through it a narrative of the sexual configurations of that woman’s previous and present body. It is, as Elizabeth Alexander would explain, “a map of lived experience and a way of

¹⁰⁴ Yāsīn Rifā‘īyah, “al-Ghiwayah fi Ḥuḍn al-Mawt,” *al-Mustaqbal*, Issue 497(14 January 2004) 20.

¹⁰⁵ Maudie Bitar, “Thoroughly Modern Maryam,” Rev. of *Imra’ah Min Hādhā al-‘Aṣr*, trans. Issa J. Boullata, *Banipal*, Issue 21(2004): 138.

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid* 135.

printing suffering as well as joy upon the flesh.”¹⁰⁸ After all, Bīṭār seems primarily concerned with all things related to her protagonist’s body and flesh. She focuses on what is executed on Maryam’s body in terms of surgery, chemotherapy and radiation and what Maryam’s body engages in, in terms of sex, erotic fantasies and sexual relations for the sake of finding love. Throughout, the physical body becomes the locus through which Maryam articulates her voice.

As noted, from the start of the novel and as she grapples with the discovery that she suffers from breast cancer, Maryam keeps the reader fully in touch with matters of her body and aspects of its pure physical landscape. This includes detailed descriptions of the disconnection between the different parts of her body as a result of this illness. For example, when she refers to her breast cancer she seems to separate her breasts from other parts of her body then tries to reintegrate the void it leaves by recalling what her breasts have meant to the men in her life. In the chapter prior to her mastectomy, Maryam feels her breast under the shower for the last time then tells that she bid it adieu and “stored its feel and constitution in the palm of her hand.” As she does so, she recalls “the palms of all the men who caressed” this breast.¹⁰⁹ She then whispers to her “poor breast”

¹⁰⁸ Elizabeth Alexander is here postulating from within the context of Lorde’s experience with breast cancer and as it is narrated in the latter’s work. Alexander “Coming Out Blackened and Whole: Fragmentation and Reintegration in Audre Lorde’s *Zami* and the Cancer Journals,” *American Literary History* 6.4 (Winter 1994): 697. Interestingly, both Lorde’s autobiographical narrative and Bīṭār’s fictional one have parallel patterns of speaking of the body. All further references will be abbreviated.

¹⁰⁹ Bīṭār, *Imra’ah* 19. All quotes from the novel are my translation.

by reminding it that “when you were healthy and strong they used to rush to you but now that you are sick no one stands by you and you remain alone.”¹¹⁰ Here and elsewhere, Maryam seems acutely aware that her physical constitution is deeply tied to her sexuality. Consequently, when she confronts the reality of becoming one-breasted she acknowledges the disintegration of her sexuality and all that it entailed. She explains: “The end of my breast is the end of man in my life,” adding that she “could not after today love a man when I had one breast” only.¹¹¹

After the mastectomy, Maryam’s main concern becomes where her breast has been disposed of. She asks the nurse: “Where do you throw cancerous breasts,” then thinks that “cut breasts should be buried in a manner that befits them because breasts are a symbol of life and tenderness and beauty.”¹¹² Even more, the sight of her “new body” with the “red, scarred skin,”¹¹³ makes her want to “flee the prison of the body.”¹¹⁴ But the trauma of her body is so real and present that Maryam cannot but mourn her removed breast. She tells: “Pain [...] filled my whole being,” while an “enormous sadness froze me” as the breast is discarded adding that: “I don’t know why I felt the need for a divine justice, a justice that would save me from the feeling of abyss into which I was

¹¹⁰ Ibid.

¹¹¹ Ibid 15.

¹¹² Ibid 22.

¹¹³ Ibid 24.

¹¹⁴ Ibid 30.

slipping.”¹¹⁵ Throughout, Maryam transmits how she feels towards her body, how her body is being torn apart by the illness and how she reacts towards it. She also affirms the physical significance of her body/breasts as she underscores the notion that the “metaphysical resides in a physical space, the body.”¹¹⁶

On another level, the protagonist charts out the process through which the illness causes her body to disintegrate. This disintegration is not only between the different parts of her body but also between the body and self. As she undergoes her first chemotherapy treatment, she describes how the medicine dripping through the syringe left her wanting to “collect her self that was scattered across the place.”¹¹⁷ This fragmentation soon becomes reflected through the space of language itself. Maryam tells: “I discovered that I have lost the fluency of clause. My sentences are disconnected and my phrases are broken and I feel gaps of forgetfulness in the heart of my brain.”¹¹⁸ In this, Maryam alludes to the havoc that pain creates even on one’s ability to express through language. According to Scarry, physical pain and trauma is impossible to express and voice and even disrupts the language of the person involved because it lacks referentiality to things external. Scarry writes that pain is “language destroying: as the content of one’s world disintegrates, so the content of one’s language disintegrates: as the self disintegrates, so that which would express and project

¹¹⁵ Ibid 24.

¹¹⁶ For further elaboration on this see Alexander, “Coming Out Blackened and Whole” 697.

¹¹⁷ Bītār, *Imra’ah* 50.

¹¹⁸ Ibid 100.

the self is robbed of its source and its subject.”¹¹⁹ Pain damages a person’s self and body - one that is “experienced spatially as either the contraction of the universe down to the immediate vicinity of the body [as in Maryam’s case] or as the body swelling to fill the entire universe.”¹²⁰

The fragmentation that Maryam’s ill body causes tries to find a coherent whole by writing a history of that body to assemble it into some form of order. Consequently, at every treatment session Maryam embarks on a journey across time where she recalls her past relationships, sexual affairs with strange men, her traumatic motherhood experience and the dreams of her body and self that have since gone astray. The protagonist tries to remember all that she had lived through up till the point of the illness to occupy herself and to recapture “the taste of the past” which had taken “ a new flavour and new perspective: the perspective of a woman who had cancer [...]”¹²¹

It is important to note that at this early stage of her narrative, and although she acknowledges the traumatic loss of her breast, Maryam remains incapable of accepting the loss of possibilities that the breast symbolized. By wanting to remember her previous relationships she reveals her refusal to shut down the prospects of action of which the body can achieve.¹²² But the choice of what to remember at every stage of her treatment remains ultimately determined by the nature of each session. Thus, the first session sees her remembering the

¹¹⁹ Scarry, *The Body in Pain* 35.

¹²⁰ Ibid.

¹²¹ Bītār, *Imra’ah* 30.

¹²² Grosz brings forth this idea in her book *Volatile Bodies* 85-90.

miser she once dated and slept with, although he wasn't a serious partner, because he was like the first chemo treatment, "the most difficult and repulsive."¹²³ And when she begins to experience the side-effects of the chemotherapy and to feel that her body is being abused by the cancer, she tells of her abuse and the abuse of others of her sexuality.

Maryam's illness narrative and the story of her life are a dialogue between her present, scarred body and her previous, healthy one. It is also a dialogue between the body and its different parts. In a sense, her illness narrative transforms the self into what Alexander would describe as a "collaged-overlapping and discernibly dialogic."¹²⁴ Maryam says: "I am outside the parameters of life and try to create an intimate dialogue with myself to boost my morals [...]"¹²⁵ Even more, as she tells of her life and experiences she articulates her 'self' through her body, where the body becomes the locus which reflects the cruelties that befall women more than any other individual - be it from a repressive husband who transforms her "from a lover to a slave,"¹²⁶ a cruel mother-in-law who stripped her of her husband and son or exploitive lovers who made her feel "as if [she] was being raped."¹²⁷ In short, there is throughout a corporeal locus to the story of the protagonist's life as a result of the physical reality that the cancer perpetrates.

¹²³ Bītār, *Imra'ah* 50.

¹²⁴ Alexander, "Coming Out Blackened and Whole" 697.

¹²⁵ Bītār, *Imra'ah* 100.

¹²⁶ *Ibid* 70.

¹²⁷ *Ibid* 48.

Similarly, when Maryam describes her sexuality and desires she does so openly and in a manner that few Arab women writers have been bold enough to do. We are told that images of “the fever of desire,”¹²⁸ cannot be restrained by “the glory of virtue that had a rotten smell,”¹²⁹ but rather through an explicit invitation to a stranger to “have sex with her.”¹³⁰ By repeatedly reminding the reader of her lived bodily experience in health and illness, Maryam- as Alexander would suggest - “works towards the [scarred] body’s integration through struggle, a synecdoche for the struggle of the self to remain whole,” or to construct a wholeness.¹³¹

Maryam’s persistent need to remember and re-invoke her past as she goes through her cancer treatment allows her to go through the major losses in her life and to come to terms with the trajectory of her life path. Yet, the process of constructing the illness experience through a life narrative heightens the sense of social tensions while emphasizing cultural values that have been detrimental to the protagonist’s being. Simultaneously, it reveals that long before the illness Maryam’s self was already in crisis. This self appears to have been stifled by many social forces including wifehood, motherhood and later career expectations. In a word, Maryam’s notion of who and what she is had been denied her prior to the illness.

¹²⁸ Ibid 102.

¹²⁹ Ibid 96.

¹³⁰ Ibid 98.

¹³¹ Alexander, “Coming Out blackened and Whole” 719.

While critics such as Scarry have rightfully noted that pain sometimes destroys the sufferer's subjectivity, this is not the case for Maryam. Even prior to the illness, Maryam's right to personhood had escaped her because of the nature of the social institutions she existed in and which affected the course of her life and her status as an autonomous subject. Her experience with illness does not simply highlight the deconstruction of her subjectivity but, in a term coined by Bibi Bakare Yusuf, the "desubjectification of a desubjectified subject."¹³² From a husband who imposed a specific dress code and social mannerism upon her to lovers who affected how she performed her body, Maryam had spent a major part of her life without recognizing herself.

Furthermore, from her recollection of her life narrative and from the number of men who had desired and controlled her body, one notes what Turner refers to in his discussion of the body and society as the "loss of sensuous ownership of the body," and a "form of corporeal alienation."¹³³ This is caused by the fact that Maryam had employed her body and her feminine attributes as a "commodification of [her] sexuality devoid of subjective commitment and affective attachment."¹³⁴ In the physical relationships she engages in, and in her desire for physical contact, Maryam experiences her body as an object controlled

¹³² Bibi Bakare Yusuf, "The Economy of Violence: Black Bodies and the Unspeakable Terror," *Feminist Theory and the Body* 319. Bakare Yusuf makes this observation in the context of her analysis of the subjectivity or lack of it in the experience of slaves and enslavement. All further references will be abbreviated.

¹³³ Turner, *The Body and Society: Explorations in Social Theory* 220.

¹³⁴ *Ibid.* Turner here draws on Marx's idea that the loss of 'personal control' also implied being isolated from one's body.

by men. Also, the references to her insatiable sexual desire reveal how this desire is transformed into the only functional one because her other desires have remained out of reach. Maryam, it seems, had throughout been denied the awareness and perception required to operate as a subject.

Interestingly, although the illness experience and the suffering it inflicts upon her body initially causes further bodily alienation and disintegration of self, it still forces Maryam to re-examine her past and world and to begin to gain the heightened 'self-reflective vision' of things, as it facilitates the expression of her subjective consciousness without the prohibition of external forces and individuals. This has the effect of opening up the possibility for transformation which starts with an unsettling perception of things and issues around her.¹³⁵

After all, according to Kleinman, for those experiencing a chronic illness "insight can be the result of an often grim, though occasionally, luminous, lived wisdom of the body in pain and the mind troubled."¹³⁶

The illness experience and the process of recalling the past allows Maryam to be reacquainted with herself and to reclaim her lost self which, at one point, she affirms is no longer "concerned with the world of men," and this gives her "a true sense of security."¹³⁷ Rather, the only man who remains the locus of her life is her son who makes her "forget that she is without a breast" and takes

¹³⁵ Kleinman alludes to this in his theoretical work on the nature of illness narratives. See his *The Illness Narratives*.

¹³⁶ Ibid 55.

¹³⁷ Bītār, *Imra'ah* 122.

away the feeling of being diseased and scarred.¹³⁸ Along with this maternal healing, comes Maryam's connection with other women who share the same experience as her. In a sense, her relationship with these women brings about a form of 'female-identified experience' that causes the protagonist to want to experiment with "the treatment of love" on women whose breasts, like her, have become struck with cancer and amputated.¹³⁹ And ultimately, it is this that gives her a full sense of happiness and provides meaning for her life after the illness, the treatment and the cancer remission phase.

As highlighted, marking Maryam's narrative of her illness and life is the acute sense of pain. This pain not only permeates her organs but is also ingrained in her sense of self and worth, in her relations to men and in her loss of motherhood. It is also one that becomes, from the standpoint of Kleinman's theories, a central "idiom of a network of communication and negotiation" between her body and self and between these and wider social and cultural values.¹⁴⁰ Through all this, Maryam begins to chart a path for the development of her autonomous identity and subjectivity. And what is unique about this passage is that it does not depend solely on what Grosz identifies as "categories of interiority,"¹⁴¹ but one which integrates all of this within the framework of the "primacy of corporeality."¹⁴² Maryam's entry into subjective narrative space is

¹³⁸ Ibid 153.

¹³⁹ Ibid 213.

¹⁴⁰ Kleinman, *The Illness Narratives* 72

¹⁴¹ Grosz, *Volatile Bodies* viii.

¹⁴² Ibid.

one that involves surface and depth, or more specifically, materiality and interiority. In fact, not only does she speak the body in pain but also speaks her sexuality in corporeal language. Maryam's emphasis on her sexuality is remembered in relation to "an act, a series of practices and behaviors involving bodies, organs, and pleasures."¹⁴³ This is not unusual as the body appears to come into heightened awareness with illness and disability. Writing from the perspective of his own experience with disability, Murphy affirms that in the latter "the body no longer can be taken for granted, implicit and axiomatic, for it has become a problem."¹⁴⁴

While previous Arabic narratives of physical illness and disability focused mainly on the ill figure 'as-she-is-written' about, in Bīṭār's narrative the focus is on the sick protagonist 'as-she-writes,'¹⁴⁵ her body and self into existence and as she constructs herself as a subject. This identity formation and passage to subjectivity is 'sited' in corporeal space and through the experiencing of the body and voice in an 'I' narrative. The latter ultimately charts Maryam's awareness of her body in physical pain and how this affects her sexuality, femininity and sense of self. It also affirms that it is the aggressive and traumatic suffering of her body that initiates her into a journey for self-discovery. This

¹⁴³ Grosz identifies four categories of sexuality. The first can be understood in terms of drives and impulses, the second involves pleasurable acts and practices, the third is concerned with identity, while the fourth relates sexuality to orientation. Ibid.

¹⁴⁴ Murphy, *The Body Silent* 12.

¹⁴⁵ For a detailed discussion of figures being written about and those who write see Susan Rubin Suleiman, "Writing and Motherhood," *The M(o)ther Tongue: Essays in Feminist Psychoanalytical Interpretation*, Eds. Shirley Garner et al. (Ithaca: Cornell UP, 1985) 352-377.

culminates in her being free of the adverse effects of the institution of patriarchy and free of man's influence as it underlies her bonding with her son and other women who have cancer. Thus, at the end of the novel Maryam says: "My happiness is no longer connected to an other,"¹⁴⁶ adding that "it is as if this illness has made deeper and stronger roots for me in the landscape of life." She also feels that she has "crossed from one border to another."¹⁴⁷ And this border crossing is from a desubjectified self and body to a present and living one whose agency is the illness experience itself.

4. Narrative World of Visibility

The analysis of the three texts in this chapter affirms that the period after 2000 saw the ill female body entering into a narrative world of visibility. It also underscores the narrative process through which Arab writers such as Dāwūd, Khuḍayrī and Bīṭār began to appropriate the ill female body and its' lived experience onto the body of the text. Their narratives are, as such, transgressive in that they begin to write this body into existence and to give it access to a semblance of subjectivity. As they disrupt the traditional representational mode of speaking and writing about this ill body, the three writers under question contribute - each in their own way - to creating a narrative discourse that makes the ill female body freer from social symbols and national metaphors, takes her

¹⁴⁶ Bīṭār, *Imra'ah* 177.

¹⁴⁷ *Ibid* 172.

out of the margins of representation and situates her body within the centre of their texts. Consequently, they open up spaces through which the voice and point of view of this figure begins to emerge.

In *Makyāj Khafīf*, a significant literary instance when the female suffering body makes an entry into domains of visibility is recorded. By focusing on all aspects of physical pain and all moments of material presence, the novel opens up new fields of knowledge from which to grasp the lived experience of female physical suffering and trauma. To achieve this, Dāwūd employs a specific narrative strategy that relies on aesthetic visual practices which engage in the meta-trope of framing and the dynamics of seeing and being seen. The focus on such a strategy provides the reader with what Foucault identified as the “space through which bodies and eyes meet.”¹⁴⁸

Specifically, the cinematic and art framing of Fādia allow her body to be positioned in the domains of vision and to become the object to which ‘the narrative gaze’ repeatedly revisits.¹⁴⁹ Also, the framing process enables the protagonist to confront the reality of her physicality and, even, to come to terms with her physical lack all the while constructing her material visibility for a reader who begins to see and know of this figure’s presence via the very techniques of the visual that are encoded in the text. As Peter Brooks puts it: “To know in realism is to see, and to represent is to describe. To the extent that

¹⁴⁸ Foucault, *The Birth of the Clinic* xi.

¹⁴⁹ For a discussion of the dynamics of the gaze, objects and fields of vision in arts and narrative see Peter Brooks *Body Work: Objects of Desire in Modern Narrative* (Harvard UP: Cambridge, Massachusetts, 1993). All further references will be abbreviated.

persons are the object of knowledge, they too must be described not only in their psychological composition but also in their 'objectal' form as bodies."¹⁵⁰

Initially, the use of visual techniques to shape and constitute Fādia's body affects her 'I' point of view. For during the first half of the novel, and as her material presence is announced and rendered an object of aesthetic vision by both the filmmaker and the painter, Fādia's 'I' narrative is informed and affected by outside onlookers. In a sense, despite it being an 'I' narrative, Fādia is unable to constitute the text around her body and self. Thus, her willingness to enter into a frame so she can accommodate her disabled body heightens the impression that her point of view serves as a supplement to the point of view of the gazer. Yet this same gaze, which at the start affects the authorial quality of Fādia's voice, also opens up the possibility of resistance to it. As Fādia begins to thwart the eye of the cinematic gaze and the artist's appraisal of her, her 'I' narrative no longer feels compelled to be mediated by the point of view of others. Fādia's voice no longer remains anchored in an 'I' outside of her but shaped by an 'I' within her. In this, *Makyāj Khafīf* not only chronicles the moments through which the disabled and suffering body of Fādia enters into narrative discourse but also the process through which the self begins to search for a passage for its subjectivity and the subjectivity of other female bodies in pain.

Like *Makyāj Khafīf*, Khudayrī's *Ghāyib (Absent)* also gives the corporeality of ill and disfigured female characters much precedence, thereby

¹⁵⁰ Ibid 88.

contributing further to underscoring the narrative force of its lived experience. Through the suffering bodies of Ilhām and Dalāl, an illness narrative whose sub-scopes emphasize the heartrending reality of the Iraqi-nation state is brought to light. More significantly, there is the narrative's concurrent construction of individualized female illness stories that transmit knowledge about the latter's material experience all the while rendering it more tangible. The physical account of Ilhām and, more so Dalāl's illness, incorporates sight as an important strategy in witnessing and making claim to this suffering. Thus, it is important for Ilhām to show Dalāl the marks of the disease on her body just as it is important that she conceal the makings of this tragedy from her colleagues to sustain her job in the hospital. Yet the suffering body of Ilhām is soon erased from the space of the narrative by the oppressive measures of the state and the political discourse it practices.

On the other hand, the dynamics of vision that dominate the narrative that is related to Dalāl's disfigured body and its material construction are more complex. For in the story of Dalāl's less-than-perfect physicality, a 'panoptic' narrative structure between the observer and the observed is charted out. 'Ādil's gazing at Dalāl is a state-governed gaze that seeks to dislodge all aspects of the private and public world of the woman, who is almost a prisoner in her city. In a word, and as Brooks would suggest, the narrative "deploys a gaze subtended by the desire to know, a gaze that wants both to record the observable and to penetrate to the essential, to appropriate both appearances and their inner

principles.”¹⁵¹ Yet the “voyeuristic relation”¹⁵² to Dalāl’s body soon gives way to an “erotic investment of the gaze.”¹⁵³ Herein, the novel highlights the moment when Dalāl’s body begins to “ente[r] the machinery of power” that ‘Ādil belongs to and which ultimately investigates her body, “breaks it down and rearranges it,” thus bringing to life a Foucauldian “mechanics of power” that heightens the body’s “capacity” and “aptitude.”¹⁵⁴

In terms of narrative development, the erotic encounter captures the transmission of ill and disabled bodies from objects of vision to a more felt knowledge of their lived experience that involves sensory perceptions, mainly touch. Consequently, it underlines the workings and performance of this body and how it enters into a physical and social exchange with the world around it. As Grosz argues, “Touch is regarded as a contact sense. [...] It provides contiguous access to an abiding object; the surface of the toucher and the touched must partially coincide,” adding that touch “yields access to the surface – and, in some cases at least, to the depth [...]”¹⁵⁵

In other words, the sexual encounter between Dalāl and ‘Ādil heightens a key moment in the text when the physicality of Dalāl’s body gains full visibility, through the sensory perception of touch, while its potential for pleasure, power

¹⁵¹ Brooks, *Body Work* 89.

¹⁵² Ibid 111.

¹⁵³ Ibid 122. Although an erotic dynamic was also underway in Dawūd’s novel, in Ghāyib the makings of this voyeurism is described in detail, hence giving it more importance in its influence on the visibility of the protagonist.

¹⁵⁴ Foucault, *Discipline and Punishment*, 4th ed. 138.

¹⁵⁵ Elizabeth Grosz, *Volatile Bodies* 98-99.

and resistance opens up. In that moment when Dalāl gains erotic power over ‘Ādiil, she begins to see herself in a new light and to respond to the circumstances surrounding her in a more active and rebellious way that finds her participating in acts of social resistance against the very state that ‘Ādil belongs to. Dalāl’s defiance to the oppressive conditions around her is not the only marker of the power that her disfigured body begins to gain in the world of the narrative. Rather, from her position as ‘primary spectator’ and narrator, one reads a significant indication of the privileging of her voice in telling the story of the collective and individual suffering around her.¹⁵⁶ In short, while *Ghāyib* evolves around the collective physical illness, and through it the socio-political degeneration of the Iraḳi-nation station, in the character of Dalāl and, to a lesser extent Ilhām, a female illness narrative takes shape. This illness narrative is shaped both by the pain itself and by an exercise of power that involves pressure, struggle and resistance.¹⁵⁷

The need to articulate the lived experience of ill female bodies gains full momentum in Bīṭār’s *Imra’ah*. Even more, in this novel, one notes a marked development in the narrative strategies through which this body’s story is transmitted. For the concern in this text is no longer limited to making visible ill female bodies through sensory perceptions such as seeing and touching but on allowing it to participate in the production of knowledge about itself and its

¹⁵⁶ For a detailed discussion of primary spectators see Jean Gallagher, *The World Wars Through the Female Gaze* (Carbondale, IL: Southern Illinois UP, 1998).

¹⁵⁷ See Foucault, *Discipline and Punishment* 27-28.

suffering. Therein, physical pain becomes the agent through which sick females enter into a discourse of self-awareness and reflexivity. This culminates in an exploration of their identity and consciousness rather than a representation that seeks to silence them. Maryam's overarching attempt to focus on the question of her cancer-ridden body and its shifting position with regard to her sexuality and the patriarchal world around her find her establishing a dialogic relationship between her body and self, between her past and present sexuality and between her once healthy and current ill body. All this, as Kleinman would argue, "creat[es] a unique texture of meaning - external layers written over internal ones to form a palimpsest" of her own experience with breast cancer.¹⁵⁸ And throughout all this, the reader becomes witness to one woman's journey from a repressive healthy existence to a liberating, yet pain-fraught, experience. The latter leads to a disengagement from a male-fetish need as well as maternal healing and female bonding experiences.

According to Nead, there is "no monolithic category of the body," rather a variety of types, some of which have been identified as "deviant" and, even more, kept invisible and silent.¹⁵⁹ In writing about the ill female body in a mode that was rarely written about, Dāwūd, Khudayrī and Bīṭār's novels bring to the surface these other types of female bodies that do not involve merely the sexual or maternal body but rather the ill one. They also devise narrative strategies and

¹⁵⁸ Kleinman, *The Illness Narratives* 32.

¹⁵⁹ Nead, *The Female Nude* 64.

approaches that allow the female suffering body to begin to be constituted and to be placed at the heart of the literary text. These strategies range from reconfiguring the gaze towards the ill female body, exploring the ill female body through touch and transforming it into a corporeal site of resistance and power, to speaking of the female character's bodily pain and malfunction in a way that was rarely spoken of before.

Rather than permit bodily pain and suffering to silence their female characters, the works discussed open into the sick female character's pain-filled experience and employ this pain to mark out her voice and her body. Also, by supplying their protagonists with the power of the 'I' narrative, all three writers allow her not only to affirm her visible body but to find her voice as well. As Luce Irigaray puts it: "To find a voice (*voix*) is to find a way (*voie*)."¹⁶⁰ In short, what these writers do is - as Nead's would observe - "represent the defiant assertion of the autonomy of those other kinds of bodies and subjectivities,"¹⁶¹ that have for long been invisible. More significantly, read as a body of works, the three novels under question become not only narratives of female illness and disability but the story of the approach and movement of Arabic literary texts towards the female body in pain.

¹⁶⁰ Qtd. in Susan Snaider Lanser, *Fictions of Authority: Women Writers and Narrative Voice* (Ithaca and London: Cornell UP, 1992) 3.

¹⁶¹ Nead, *The Female Nude* 64.

Conclusion

From Domains of Invisibility to Spaces of Visibility

In studying the representation of Arab female physical illness and disability, we have noted that this representation has been marked by a slow movement from domains of invisibility to spaces of literary visibility, from metaphoric and symbolic meaning to lived, corporeal experience and from a voiceless presence to one that charts a passage to its subjective and self-reflexive narrative. Throughout, the long-standing stigma associated with ill female bodies in the wider Arab cultural surrounding is highlighted while the changing relationship to ill female bodies underway at the moment is transmitted.

The chapter dealing with the works of male writers who published between 1950-2000, focused on how the ill female body was absented. It was a body pushed outside the narrative and away from the space of other bodies. Both realities were at odds with the space that female sexual bodies were occupying in the general wave of works by Arab male writers.¹ And yet, as my analysis has

¹ In many male writers' work, much emphasis is placed on the sensuality and sexuality of female characters. Some of these writers include Faṭḥī Ghānim, Najīb Maḥfūz, Yūsuf Idrīs, Jabrā Ibrāhīm Jabrā and Ḥannāh Mīnah to name but a few.

attempted to demonstrate, the avoidance of a female illness narrative in these literary texts is in itself a telling narrative about the condition of concrete absence and metaphoric presence in which these bodies were situated as well as the acute dimension of stigma this imposed.

Section one, which dealt with al-Sibā'ī's *Naḥnu lā Nazra 'u al-Shawk* and Taymūr's "Wa Usdila al Sitar," located the manner in which the ill female body is approached in these works within a discourse that highlights the notion of sin and redemption and, hence, is ultimately a 'moral narrative'. These two texts attempt to construct an illness narrative via a past which has been imploded with sinful deeds and a present in which the illness itself becomes an attempt to redeem previous actions. Throughout, the ill self is trapped in symbols of stigma and shame. Section two focused on Kanafānī's *Rijāl fī al-Shams (Men in the Sun)* and Qāṣim's *Abnā' al-Qal'ah* and expounded on how female illness became, under certain circumstances, the terrain through which writers addressed political ideologies yet sustained their hegemonic stance towards female sexual bodies in general. In these works, the ill female body is a symbol of the predicament of the nation but also one whose national embodiment is undercut by her gendered identity. The third section analyzed Maḥfūz's *al-Sukkarīyah (Sugar Street)* and Mīnah's *Baqāyā Ṣuwar (Fragments of Memory)*, to highlight another trope in the representation of female physical illness, which is the figure of the saintly mother whose portrayal is grounded in domestic ideology. This section

demonstrated that to read female illness experience in the aforementioned works is not to read about further attempts to give meaning to the illness experience, but rather about counter-attempts to exclude the illness experience and/or to confine it within an internal domestic space. This, paradoxically, makes claim to matriarchal values and domestic female influence hence lending the two works under question a more complex discourse.

In all this, the representation of female sickness dramatizes a repeated, tense border crossing from a public, social and national sphere where the ill body interacts with wider social and political realities to a private, domestic one that closes upon the individual, ill female character without actually giving it a voice. More importantly, the narratives ultimately fail to affix themselves upon the material body of the sick female while a resistance to confront the workings of her bodily pain and selfhood persists. All this emphasizes an instance where ‘the gaze’ that Foucault deemed pertinent for the visibility of a body remained largely absent. What takes place in these illness narratives is not a process that gives meaning to the concrete physical reality of the female suffering body but rather a narrative that employs that body to express socio-political and cultural discourses.

For example, the moral dimension at the core of both Taymūr and al-Sibā’ī’s works reflect how Arab societies, and specifically Egyptian society, viewed illness, female ill bodies in pain, and how these fit into the overall structure of that society within the specific time period. These views were

influenced by the pressure underway at the time between tradition and modernity and between dominant masculine ideologies on the one hand, and the emancipation of women on the other. After all, women in the 50's and 60's were already breaking restrictions and entering domains that had initially been demarked for men. Their representation in literature was expanding and shifting from one of romantic and idolized figures to more realistic portrayals. In addition, writers of that period were turning to realistic social renditions of the world around them. This, of course, included the depiction of women and the various issues regarding their position in society.

Writing on the status of women in the Arabic short story, Roger Allen contends that the various changes in women's status have been exemplified in literature, particularly the short story. Allen explains that since its early phase of development this genre has provided writers with a "plethora of opportunities for the exploration of the conventions that govern the lives of women in the Arab world,"² adding that a number of narratives focused on the status of girls within the confines of a protective patriarchal family, on the social restrictions that women grappled with within this family enclosure and on women who move away and exist outside of this institution.³ Yet, in some of the narratives - such as the one that Taymūr and al-Sibā'ī produce - the attempt to trigger changes in the theme of marriage and its institutional subtleties were repeatedly undercut by

² Roger Allen, "The Arabic Short Story and the Status of Women," *Love and Sexuality in Modern Arabic Literature*, Eds. Roger Allen, Hillary Kilpatrick and Ed de Moor (London: Saqi Books, 1995) 78.

³ Ibid 83.

traditional discourses of male hegemony that seeped through and, consequently, marked some works of literature of that time with a note of didacticism. This element of preaching is at play both in Taymūr's short story and al-Sibā'ī's novel.

Although in their respective works both Taymūr and al-Sibā'ī highlight and attempt to be sympathetic to the lot of women who, for some reason or another, fail to secure a successful marriage institution and/or fail in their maternal role, the note of authoritarian didacticism is not totally obliterated. Hence, the friction between sympathy and denunciation still comes through and this allows male-dominated trains of thought to hold the flow of the personal female account. This is obvious in the fact that both narratives evolve around questions of moral value and the narration of a female life history with ups and downs that mostly tackle her gendered body performance. That is not to say that Taymūr and al-Sibā'ī are critical of their respective protagonists. Rather, it is to affirm that, throughout, both attempt to remain sympathetic to the tragedies of women, hence their representation of the social ills they fall into as ordained by fate rather than an explicit flaw in their character. The notion of fate as being responsible for all the tragedies in their life is, accordingly, carried into the presentation of the illness itself as being fated and one where nothing can be done about it.⁴

⁴ This discourse of illness versus fate is also one that appears in works that deal with male sickness. But, in the latter, fate never renders the ill male body static or totally invalid. For example, in works such as Maḥfūz's *al-Shaḥḥādih* and *Za'balāwī*, the characters' illness accounts

However, in the accounts of female physical illness, particularly those related to the aforementioned works, the patients are totally invalid, their deathbed scenes are constructed in such a way as to be fully emotional and completely domestic while their ruminations on the pain are aligned with religious and moral subtexts. Moreover, and as a result of this, the account of their physical suffering constructs passive pictures of the female subjects in question. Not only are the two female patients depicted as incapable of receiving appropriate treatment, they ultimately stop seeking one. Even more, they recline in total repose and await their death. This approach of resignation and acceptance of the pain highlights the romantic sensibility of the works in question.⁵ It also expresses the Islamic health discourses that was/is very much a part of Egypt's social life and the life of the wider Arab cultural network.

Consequently, the illness narrative in both works finds its momentum in Islamic health discourses which form the "cultural compound of Islamic societies" such as the one to which both novels belong.⁶ For although a secular state, religion was and continues to influence the social life of Egyptians and the outline of Islamic health discourses determine, to a certain extent, how Egyptians

unfold via physical journeys they undertake to find a cure. Whether they find a cure or not is beside the point so long as the understanding of their illness and the workings of fate are predicated on the journey motif. Similarly, when illness is too chronic to permit physical activity, the experience of male sickness does not shy away from explicating on its physical essence as is the case in some of the works of Yūsuf Idrīs, particularly *Lughat al Āy Āy*.

⁵ For a general discussion of the romantic sensibility and the female ideal in Arabic literature, particularly poetry see Robin Ostle, "The Romantic Imagination and the Female Ideal," *Love and Sexuality in Modern Arabic Literature* 33-45.

⁶ Sholkamy, "Conclusion: The Medical Cultures of Egypt" 115.

and other Arab societies confront suffering and disease.⁷ As such, the notion that Muslims should not dispute God's will, even when it subjects them to hardships, is behind the compliant attitude of many patients.⁸ It is this aspect of Islamic devotional belief that emerges in the illness narratives of both Taymūr and al-Sibā'ī's work. However, in both texts the protagonists are still rendered socially passive by reason of their age and gender rather than their faith; the latter is the only terrain through which they are able to become active agents in the face of the illness and the suffering. The moral structure of the narratives enables the patients to consciously forge, or restore, socially respected selves via religious belief systems of redemption and purification. The latter materialize through heightened states of awareness of the almighty, prayer and un-attendance to worldly affairs.

On the other hand, the fact that both protagonists are elderly female patients undermines their active agency in the general structure of the illness narrative. It also transforms their physical bodies into a venue for other forces such as that male-gendered approach which sustains a traditional view of female bodies - albeit ill female bodies. By choosing to construct an illness narrative of

⁷According to Sholkamy, the role of faith in providing social and psychological comfort for patients is a strong component of health-related attitudes in Egypt. Also, a rising phenomenon today are Islamic clinics that provide good quality services to patients in a way that national health services have failed to do. Yet, the latter is more of a political project and should be distinguished from the devotional beliefs that predetermine how patients approach and handle suffering. Ibid.

⁸Sholkamy explains that this does not in any way mean that in Islamic health discourses patients are not encouraged to seek treatment, only that patients are encouraged to armor themselves with faith in the almighty to find "social and psychological relief" from the suffering they encounter. Ibid.

elderly female patients who await the closure of their life because of their age and their illness, both writers indirectly decode a relationship to female bodies that cannot confront its physical disruption except when it is in that last phase of life where physical beauty is, with or without the illness, supposedly diminishing. The depiction of the female patients in these two literary works exemplifies an inability to speak of the workings of female physicality except to describe states of body perfection where sensuality, eroticism and enticement of the male become the function of that physicality in the text.

This attitude towards female bodies wasn't particularly odd. Even though the literature that was emerging in the 50's and 60's attempted to give voice to a woman's landscape of consciousness and to articulate the changing position towards her, many of the literary works produced continued to associate women's voice with the charms of her body. Al-Sibā'ī and Taymūr attempt to present new narrative space for women and even allow them to tell their stories, speak of their experiences and give their viewpoints. But in the personal voice of their protagonists, one also hears the voice of the writers themselves or, more specifically, the voice of a patriarchal order. The illness accounts that are narrated in the first person female "conform to the patriarchal conceptions" from which both writers are unable to break free. This, consequently, affirms their "nostalgic resistance to change."⁹

⁹ Hafez, "Women's Narrative in Modern Arabic Literature: A Typology" 163-164.

Furthermore, while the overall narrative in Taymūr and al-Sibā‘ī’s works attempts to create a new space for female voices to emerge, and to condemn a society that restricts their life to the domestic sphere, both writers ultimately strengthen domestic ideology via the structure and form of the female illness account they construct. By structuring the illness narrative around notions of moral power and heavenly rewards, both writers enforce traditional female domesticity. As Herndl argues, domesticity is not merely about the division between the private and public but also about the question of “whether women can ever really prosper in that private sphere.”¹⁰ Although on a surface level, Sayyidah seems to thrive in the house of her employers, while the female protagonist in Taymūr’s short story finds solace in her room, the insistence on anchoring their power in spiritual deliverance and moral rejuvenation, and in locating the ultimate reward in an afterlife, both writers enforce yet another divide – this time, as Herndl would identify it, between the domestic world and the other world. The domestic ideology anchored in both narratives “privileges women’s moral power,” but it also “offers women only a modest promise for reward in this world.”¹¹

With both Kanafānī and Qāsim’s respective works, the representation of female physical invalidism transforms into an embodiment of the nation or rather the nation that is broken, disrupted and perhaps temporarily powerless. The

¹⁰ Herndl, *Invalid Women* 47.

¹¹ *Ibid.*

symbolic realm that these bodies take are sometimes implicitly put forth, as in the case of Shafiqah, and sometimes clearly stated as with the case of Fawzīyah. Also, the major symbolic resonances of that body are accomplished not only by what is said and not said about it but by the overall frame in which it is situated.

More importantly, it appears that to write about the period in which both works were set meant that writers could not escape the political and national rhetoric that was at play at that time. But, in their portrayal of the female disabled body as yet another icon of the country/nation, these works recorded the discrepancy between the official national ideology of a unified nation collectively struggling against occupation and between the lived and felt reality of its citizens, particularly Palestinians. In *Men in the Sun* and *Abnā' al-Qal'ah* the female disabled body as a national symbolic subject is far-removed from the reality of what Hafez describes as the “cohesive” Arab self that is “monolithic in its entity” and that was prevalent in other works of literature that preceded the 60’s.¹² Rather, the disabled female as country is, in these two works, an ‘Other’ in her womanhood to the patriarchal order and an ‘Other’ to society. This almost foreign self which she takes on is by reason of her wounded body. Also, by obliterating the landscape of consciousness of the disabled female and by having other characters describe her and localize their disintegrated self upon ruminations on her, these works capture the aloneness that individuals felt and experienced because of the socio-political conflicts around them and which had

¹² Hafez, “Women’s Narrative in Modern Arabic Literature: A Typology” 94.

become cognizant by the time these two works were produced. In this, both the minor illness narrative and the major one are analogous in reflecting the failure of the project of an Arab collective entity. These works register the beginning of the disappointment with the “very ideals of Pan-Arabism on which the Palestinian aspirations for deliverance and a victorious return to their homeland had largely been based.”¹³

Nevertheless, amidst the symbolic space that the disabled body is given and the ideologies it reflects and subverts is also embedded a silent bodily realm that cannot escape the stigma of what it is and what it is not capable of performing. Female physical disability/illness in both works constructs and upholds alternate realms of experience where the ill body is a metaphor for something other than itself and a social body that reflects the relationship of society to imperfect female physicality. Throughout, however, the physical body remains obscured and its bodily experience obliterated amidst narratives about nation, domesticity and social attitudes regarding women’s relationship to both. Moreover, the portrayal of these bodies as exemplifications of the state of the nation never manages to escape the masculine ideology that sees women as domestic subjects whose role is limited to the private sphere. This is perhaps best indicated by the fact that in both *Men in the Sun* and *Abnā’ al-Qal’ah*, female disability involves losing a leg rather than an arm. This, of course, carries a lot of

¹³ Barbara Harlow, “History and Endings: Ghassan Kanafani and the Politics of Terminations in Palestine,” 72.

significance since hands are generally perceived as key tools in domestic spaces facilitating the tasks that women are required to perform in the nurturing and caring of that enclosure. Legs, on the other hand, perpetuate movement. By having the disability centred on legs, these narratives undercut the national significance of these female characters and almost imprison them in what is perceived as their rightful place in the private sphere.¹⁴

On the other hand, in both *Sugar Street* and *Fragments of Memory*, the illness account focuses on the figure of the sick mother/wife. These works represent the sick female as an exemplary, spiritual and passive mother/wife who embodies the traditional patriarchal ideals of womanhood. But, embedded within the illness narrative and its emphasis on silent suffering and flawless motherhood, is a slightly more complex and subversive representation than the ones charted out earlier. This is evident in that these two novels shift the power base of culture to the domestic sphere. For although both writers portray a traditional masculine hegemonic stance when it comes to writing about female physical illness, in doing so they ultimately lend more power to domestic presence. In that sense, they transmit part of the workings of the empowerment of women in the public sphere, and that was underway at the time, onto the

¹⁴ This is strikingly different from literary and film narratives of male disability. Disability in men is largely presented as the consequence of a heroic act and remains a symbol of that. Moreover, in many cases, the disabled male loses an arm and continues to practice his rightful place in the public sphere and to engage in national struggles. A good example is the Egyptian film, *Allāhu Ma'āna* [God is with Us] directed by 'Aḥmad Badrakhān. In this film, the disabled male protagonist loses an arm in a national battle but afterwards still contributes in the fight for the liberation of his country because the arm itself does not hinder the role he has to play.

domestic space without having their female characters commit the border crossing. Writing on 19th century American domestic fiction, Helen Papashvily,¹⁵ Ann Douglas,¹⁶ and Nina Baym¹⁷ argue that women writers of that time produced fiction that, in one way or another, sought to heighten a woman's domestic merits so as to situate women, specifically mothers, at the heart of culture. The critics postulate that domestic fiction provided representations of women with an angelic nature that was meant to undercut and shame the male's overall spiritual and social demeanour. All this promoted the matriarchal ideals of caring and acceptance. *Sugar Street* and *Fragments of Memory* do not belong to this period of literary production nor do they spring from the same cultural politics which these critics were examining. Nevertheless, it is interesting to note that in the portrayal of the sick mother Maḥfūz and Mīnah's works exhibit a similar ideology and approach to domesticity and the mother-figure.¹⁸ Moreover, while the works that Baym and the others analyze were written by females, in *Sugar Street* and *Fragments of Memory* it is a male writer who destabilizes the power dichotomy in the narratives and, mainly, through the mother-figure and

¹⁵ See Helen W. Papashvily, *All the Happy Endings: A Study of the Domestic Novel in America, the Women Who Wrote It, the Women Who Read It, in the Nineteenth Century*.

¹⁶ See Ann Douglas, *The Feminization of American Culture*.

¹⁷ See Nina Baym, *Women's Fiction*, 2nd ed.

¹⁸ This perhaps is not surprising as the process of acculturation and appropriation by direct and indirect contact with another culture perpetuated much insight and affected the Arab modernist movement. It also gave it knowledge of "different cultural values, techniques, and textual strategies, and the transformations they go through as they enter into the experiences of the appropriating culture." This is not to imply that Mīnah's work was directly influenced by nineteenth century American domestic fiction but to make clear that Syrian literature, like other Arabic literature, "appropriated a number of the major movements in both European and American literatures." Thus the connection between literary movements and textual strategies is not totally strange. (Shamoun, Op. Cit. x).

more so through her sickness. Thus, they capture the complex changing structure of Arab society both within and outside of the narrative.

In summary, to understand and interpret the experience of female physical illness in these male writings one is faced with the task of not only trying to decode the nature of the subsequent stigma tied to its representation but also looking at the vacant, and often silent space, in which the woman is placed, to gain a minimal degree of her illness experience within the society and culture to which she belonged. After all, this figure was ultimately an invisible presence and any access to her experience had to be worked out via the socio-political and cultural discourse of the overall work from which she sprang. Even more, it is the relationship of others to her illness rather than her own relationship to her suffering body that constitutes the illness account.

In his assessment of Foucault's epistemological view of the body, Shilling argues that the "biological, physical or material body can never be grasped by the Foucauldian approach as its existence is permanently deferred behind the grids of meaning imposed by discourse." Shilling states that in Foucault's analysis the "body is present as a topic of discussion, but is absent as a focus of investigation," adding that the bodies that are discussed in Foucault's work "do not enjoy prolonged visibility as corporeal entities."¹⁹ My intention in mentioning this is not to contend or refute Shilling's assessment,²⁰ but to make

¹⁹ Shilling, *The Body and Social Theory* 70 -71.

²⁰ Shilling, however, does not deny that Foucault's work is still concerned with the body "as a real entity," specifically in his analysis of the body in relation to scientific thought (Ibid 70).

clear that this idea of a material body that gets lost amidst social, gendered and political discourses is one of the key components of what the representation of female physical illness and disability in the works of Arab male writers involved. In the latter's work, the female ill body is primarily there to serve a passive physical function and an active social one: it exposes social and political ideologies without having any space to express its ideologies let alone the pain. The representation of female physical illness records moments in time where the characters become "objects of another's discourse" rather than "women as subjects of their own."²¹ Even more, one can only describe the physical pain of these female characters, to use Scarry's words, as an absent reality that "seem[s] to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth."²²

In short, the literary representation of the female sick body is one that soaks the social fabric of interrelations and national ones. It speaks the language of metaphor and symbol. And when it confronts its pain, it does so largely with the voice of a male authority rather than its own. After all, most of the characters in question remain silent throughout their episodes of illness. Amīnah in *Sugar Street* never utters a word after her fall; Shafīqah in *Men in the Sun* barely says a few words and her words tell nothing of her relationship to her disability but

²¹ Poovey, "Speaking of the Body" 29.

²² Scarry, *The Body in Pain* 3.

voice implicit concern over the fate of Marwān; while the mother in *Fragments of Memory* speaks of God and heaven and divine protection but never of her pain. On the other hand, the illness account in Taymūr's "Wa Usdila al Sitar" and al-Sibā'ī's *Naḥnu lā Nazra 'u al-Shawk* is written in the first person narrative but the voice that tells of the body's relationship to pain and invalidism is not that of the sick female protagonist but of a male dominated society finding a channel to express its ideology through the writer himself and, ultimately, the illness narrative.

What is taking place throughout these illness accounts is what Wendell would identify as an "attempt[t] to transcend or disengage oneself" from the female sick body.²³ By 'transcendence' Wendell means that the accounts of illness attempt to construct it in such a way as "to expand the possibilities of experience beyond [and away from] the miseries and the limitations of the body."²⁴ Hence, the ill body is represented as a "cultural construction and the body or body parts are taken to be symbolic forms in a culture,"²⁵ while the experience of the lived body itself is obliterated. It is true that in my analysis of the illness narratives and the representation of female ill bodies in Chapter Two, I have also emphasized the very reading to which I attribute to the male writers under question, i.e. I rely in my analysis of the representation of physically sick female characters on a social understanding of the body and, hence, read these

²³ Wendell, "Feminism, Disability and the Transcendence of the Body" 328.

²⁴ Ibid 332.

²⁵ Ibid 325

bodies as socio-political and cultural receivers of meanings.²⁶ But my intention in this is not to disavow or isolate the material body of these characters. Rather, it is to foreground the impossibility of offering concrete understanding of the reality of their physical pain precisely because, in the narratives, the characters and their material body are, as Bakare Yusuf would posit, “unspeakable” and any analysis that seeks to make “connections with matters of the flesh on the lived body” in these works is difficult.²⁷

What is largely missing in these representations and the discourse they embody is what Foucault recognizes as a precondition for the existence of any discourse. This, as he shows in his study of the history and birth of the clinic, is “a simple confrontation of a gaze and a face... a sort of contact prior to all discourse, free of the burdens of language,”²⁸ and one that “lets things surface to the observing gaze without disturbing them with discourse.”²⁹ It is this lack of visual concentration upon the surface of things and the focus on individuality and accounts of difference,³⁰ that appears to be most absent from all these representations of the female sick body and that heightens its sense of stigma and shame. Thus, while the Foucauldian subject is ultimately involved in the making and resistance of discourse, the subject only produces discourse from the very

²⁶ See Shilling, *The Body and Social Theory* 60-62.

²⁷ Bakare-Yusuf, “The Economy of Violence: Black Bodies and the Unspeakable Terror” 313-314.

²⁸ Foucault, *Birth of the Clinic* xv.

²⁹ *Ibid* xix.

³⁰ For a discussion of Foucault’s ideas on the gaze, see Thomas Osborne, “On Anti-Medicine and Clinical Reason,” *Reassessing Foucault: Power, Medicine and the Body* 28-47.

moment it becomes physically cognizant. Yet, the multifarious discourses at play in the representation of physically ill female characters in male writings deny this figure any participation in the fabrication of discourse let alone in resisting and responding to it. The sick female character remains throughout these works the object of a plethora of discourses and ideologies and never manages to become a subject that participates in the latter, even with the remote echoes of a subordinate voice.

Without being contradictory, it is pertinent to clarify that while my reading has repeatedly affirmed that the absence and invisibility of the female physical ill body and the socio-cultural and political discourse that persistently tied itself to her in male literary works is largely influenced by an inability to speak of female physical imperfection, it would be unfair to claim that these writers intentionally sought to wipe out this figure's voice. Rather, it is more accurate to say that the times during which the majority of the texts, to which the representations belong, were produced was a very complicated one in modern Arabic history. As mentioned earlier, from the question of women's emancipation, political instability, social reformation as well as an implicit cultural opposition to the overwhelming transformations deemed it inevitable that these representations be replete with a number of discourses that offer no single and clear-cut ideology but rather one that is at odds with itself and with the world and the characters. With the physically ill female character, her representation is marked by this surplus of social and political discourses that

were undergoing transformations in real life. Yet, the only fixed and unchanging reality that emerges is that, in all this, the experience of the female physical body with illness during the periods emphasized was an absent reality that had yet to find visibility and voice both in Arabic culture and literature.

Regarding female writers who published within the same time span as their male counterparts, one notes that the illness narratives/representations they produced offered less diverse tropes. Rather, and as the works in Chapter Three indicate, they seemed to derive their impetus mainly from domestic realities and issues. Thus, infertility as sickness and the trope of the sick mother dominate any talk of illness while blindness is the one female disability that is repeatedly evoked. Furthermore, in the earlier illness narratives to which al-Khūrī and Nuwaylātī's works belong, what remains foregrounded is the social landscape of illness rather than its material workings. For example, in *Laylah Wāhidah* infertility as sickness is symptomatic of the psychological distress and the social restrictions the protagonist suffers. The workings of the illness and the manner in which it is played out and described attest to its employment as a metaphor that expresses gendered and social problems. Similarly, the blindness of the protagonist of *Fī al-layl*, the way in which the protagonist succumbs to it as well as its overall narrative profile testifies to its root in a set of psycho-somatic and personal disappointments. In short, these two female writers speak of women's gendered and social constraints through the body and through an involvement with one form or another of physical malady and malfunction. Throughout, they

try to deconstruct the restrictive measures of patriarchy and reverence to it by also undermining the social and physical attributes of the males directly involved in the story of their protagonists' lives; in *Fī al-layl* by attributing the inability to conceive upon the husband and in *Laylah Wāḥidah* by highlighting the social blindness of the music instructor. They also attempt to create a textual presence for their female protagonists and rely on the 'I' point of view and voice. Nevertheless, both writers ultimately create a world view, regarding illness and health, that ultimately conforms to prevailing patriarchal and social norms.

This, however, begins to register changes with works that appeared from the 70's onwards and that mainly involved the trope of the sick mother whose illness had to be obscured and renounced. Al-Shaykh's *Faras al-Shaytān* and, to a larger degree, Mamdūḥ's *Ḥabbāt al-Naftālīn (Mothballs)*, Bakr's *al-'Arabah (The Golden Chariot)* and al-Ṭaḥāwī's *al-Khibā' (The Tent)* bring about more developed female illness narratives that are infused with greater tension, complex structures, and subversive ideologies. Although the sick mother's presence in these works remains invisible and silent while her representation seems to conform to patriarchal ideology, what sets her experience apart from previous representations is that the writers' in question attend to this silence, express its resonance and articulate its oppressive quality. They ultimately construct the connection between female physical pain and culture as a difficult 'knot' of bodily and psycho-social problems and show how female physical illness is an

experience that cannot be ignored; it is an experience that imposes restrictions to the meanings attached to it by cultural belief systems and social discourses.³¹

To fill the gaps in the disembodiment of this figure, the narratives rely on a younger protagonist, mainly a daughter, who gives voicedness and agency to one that has otherwise been denied this. The daughter becomes the medium through which the experience of the illness/disability of the mother, and through it the gender oppressive system to which she belongs, are articulated. This is undertaken using non-conventional modes of narrative, i.e. the illness experience is expressed indirectly and through sensory and spatial descriptions and connections. Therein, a dialogic relationship between the sick mother and her daughter is established based on these same unconventional strategies. For example, in *Mothballs*, to narrate the story of her mother's silent existence and suffering body, the young girl enters into a dialogic relationship with her mother that involves the visualizing of the older woman's frail body through metaphors of architectural spaces - mainly the house and the room that her mother occupied- and through a dialogue of intimate bodies that involves her mother and the women around her.

Similarly, in *The Golden Chariot* the disabled mother, who is largely absent both physically and socially, gains a presence through her centrality in the narrative of the daughter and through the imagined conversation the latter

³¹ For an explication on the complex relationship between illness, the body and cultural limitations see Mary-Jo DelVecchio Good et al., eds. *Pain as Human Experience: An Anthropological Perspective* (Berkeley and London: Univ. of California Press, 1992) .

conducts with her from her prison ward. Furthermore, in the daughter's relationship to her stepfather an oedipal triangle is constructed but later subverted with the murder of this male figure. In all this, another instance of a dialogue or an overlapping of bodies between the sick, silent mother and her speaking daughter is further affirmed. After all, 'Azīzah seems to adopt and perform her mother's sexual body in her relationship with the stepfather.

The Tent, on the other hand, develops the mother-daughter dialogic relation by overlapping the story of the mother's illness and the daughter's narrative and takes it onto an ontological level. For the illness of the mother is played out on the body of the young female protagonist who charts out her experience of disability and social stigma around, and in conjunction with, her mother's ailing body. Thus, the novel serves as a narrative inter-juncture between the polarities of silence and speech with regard to experiences of illness and disability.

Interestingly, in these female narratives, the silence of the sick mother begins to emit an echo of a voice not present in male writings. The interplay and dialogue with the sick mother's felt absence lends her a central presence in the story of the daughter's life: the latter's narrative cannot be subtracted and distanced from the experience of the mother with illness, gender-restrictive values and patriarchal ramifications. Even more, the mother's illness becomes enmeshed in a complicated and problematic discourse that involves the makings of a daughter's subjectivity. Therein, the female illness narratives of the

aforementioned works rely on the mother-daughter plot as a narrative strategy through which young female protagonists could express the prevailing norm of silence with regard to female illness, while at the same time highlighting their search for autonomy and subjectivity unperturbed by their mothers' submissive self.

Perceived from a wider social and cultural context, one notes that the works of these younger generation of writers contained an embedded narrative that is as much a story of their self-formation and resistance to old forms of social orders as it is a biography of a different breed of women. It also underpins the necessary dialogic relation that was taking place between writers who represent and speak of a new feminine order and a class of women who had experienced a traditional one. Bakhtin makes clear: "In any given moment of verbal-ideological life, each generation at each social level has its own language; moreover, every age group has as a matter of fact its own language, its own vocabulary, its own particular accentual system [...]."³² He adds that often "languages of various epochs and periods of socio-ideological life cohabit with one another."³³ Consequently, according to Bakhtin:

At any given moment of its existence, language is heteroglot from top to bottom: it represents the co-existence of socio-ideological contradictions between the present and the past, between differing epochs of the past, between different socio-ideological groups in the present [...]. These "languages" of heteroglossia intersect each other in a variety of ways, forming new socially typifying "languages".³⁴

³² Bakhtin, *The Dialogic Imagination* 290.

³³ Ibid 291.

³⁴ Ibid.

From this standpoint, it appears that any attempt to contextualize the history of patriarchy in Arab society seems to have been deeply tied to dislodging and recuperating the story of an older generation of women. The female writers discussed in Chapter Three and who, according to Hafez, were “concerned with granting the voiceless female a mature narrative voice that is truly her own”³⁵ also established a generational link between their voice and the voice of older women who had been encumbered by male-dominated world views. This, consequently, positions their works within a writing praxis that seeks to establish a female resisting voice vis-à-vis other women and which succeeds in re-assessing the familial, social and cultural atmosphere in which women’s defiance to silence, invisibility, and oppression are intertwined and transmitted. As Chodorow would explain it, “in any given society, feminine personality comes to define itself in relation to and connection to other people, more than masculine personality does.”³⁶

With works published in 2000 and beyond, the overall silent representation of the sick female gives way to the birth of her ill and disabled body. The sick female body begins to overcome any symbolic and/or social representation in which it had been locked and to be textually and physically constituted in some male and female narratives. As Dāwūd, Khudayrī and Bīṭār’s

³⁵ Hafez, “Women’s Narrative in Modern Arabic Literature: A Typology” 170.

³⁶ Nancy Chodorow, “Family Structures and Feminine Personality,” *Women, Culture and Society*, Eds. Michelle Zimbalist Rosaldo and Louise Lamphere. (Stanford, California: Stanford UP, 1974) 44.

works attest to, the female suffering body slowly becomes the object of focus, therein lending it a physical and embodied presence that had otherwise been obscured. *Makyāj Khafīf*, *Ghāyib (Absent)* and *Imra'ah* - all of which were analyzed in Chapter Four - reveal the literary modes through which some writers began to inscribe the female suffering body onto the body of their text, the narrative structure they employed to facilitate its social and cultural interaction with the world around it and the manner through which their narratives opened up onto this figure's subjective and self-reflexive development.

Makyāj Khafīf, for example, focuses on all aspects of the protagonist's physical presence as it structures the inscription of her disabled body around the gaze of a camera and a male artist, both of whom take a long look at the 'object' of their aesthetic endeavour. But the object of this gaze (female disabled body) challenges this gaze as she perceives herself through the gaze of others.³⁷ Throughout, the female disabled body begins to enter into the centre of the text, participate in the dynamics of the gaze and confront and come to terms with her disability. This allows her to acquire an authority over her 'I' voice and presence independent of the voices and frames that mediate her story during the first half of the novel.

Similarly, *Absent* also relies on the politics of the gaze to affirm and give corporeal presence to its sick female characters. But while in *Makyāj Khafīf*

³⁷ For a discussion of the gaze and female subversion in films see Jacqueline Levitin et. al, eds. *Women Filmmakers: Refocusing* (Canada, Vancouver: The Univ. of British Columbia Press, 2003) 445.

those engaged in viewing the female suffering body do so for aesthetic ends, in *Absent* the sick body - like healthy bodies - is brought into the field of vision because of the disciplinary and controlling measure of the state apparatus. The gaze, in this novel, operates within the context of a panoptic framework that seeks to penetrate the very private life of citizens. Yet this oppressive state of affairs soon leads to an intimate encounter that allows ill female bodies to engage in a reciprocal exchange with the world which relies on seeing and being seen and, more significantly, on the sensory perception of touch. In that sense, *Absent* takes the visibility of ill female bodies to another level that enables it to interact with other characters, both on an intimate and communal level. As the young protagonist's disfigurement becomes a site of desire for the state agent, her potential for power and resistance expands. This results in her participation in acts of resistance against oppressive political measures. Herein, the disfigured protagonist is not isolated as is the case with other sick female characters in earlier literary works. Rather, her physical and emotional suffering is depicted as both an individual and collective experience. More importantly, the sick female protagonist is granted an authorial voice through which she can tell about the reality of the state in which she and others exist as well as her own experience with disability and her friend's experience with breast cancer.

Imra'ah, on the other hand, culminates the narrative efforts of the two previous works by providing a literary text that is deeply tied to the corporeal and psychological experience of one woman with breast cancer. In fact, the novel

stands out as perhaps one of the first works in contemporary Arabic fiction to dramatize so clearly female physical illness and to speak explicitly about its social and psychological trauma.³⁸ The text takes us through a woman's bodily pain and the violation to which the disease and the treatment subject her, all the while anchoring the narrative on a life history fraught with disappointments, patriarchal injustices and lack of autonomy. Throughout, a mode of self-reflexive awareness that is ultimately linked to the illness is established. The protagonist's experience with breast cancer, and the ensuing surgery and treatment, repeatedly evoke the past which is being physically and emotionally constituted and reconstituted at every juncture of her narrative.³⁹ Simultaneously, the narrative tells about, what Sarah Nuttall in her discussion of subjectivity within the context of race, describes as the process of "becoming someone you were not in beginning: of becoming someone else," as a result of the illness experience.⁴⁰ In a sense, the first person narrative of the sick female protagonist "reveals [...] how individuals in the context [of illness] act upon themselves, and the technologies of selfhood that they respond to and employ" to deal with the condition of their body and the trauma it causes.⁴¹

³⁸ Al-Sa'dāwī's short story "Lā Shaya' Yafna" deals with a woman who discovers she has cancer but the overall narrative focuses on the scene where she is told of her condition. Hence, it does not explore the experience of living with an illness.

³⁹ James Dawes, "Narrating Disease: Aids, Consent, and the Ethics of Representation," *Social Text*, No. 43 (Autumn 1995): 30.

⁴⁰ Sarah Nuttall, "Subjectivities of Whiteness," *Ways of Seeing: Beyond the New Nativism African Studies Review*, 44.2 (Sep. 2001): 135.

⁴¹ *Ibid.*

By staging and structuring events around the surface of the body, be it as it is seen, felt or experienced, the novels of Dāwūd, Khudayrī and Bīṭār succeed in shaping narratives that encapsulate the lived reality of female sick bodies. What distinguishes their narratives is that there is throughout an overwhelming physical quality and atmosphere that focus on bodily trauma and suffering and that capture the relationship of pain to society and culture. Moreover, through the focus on a combination of sensory perceptions that indicate and make claim to the visibility of these characters, a literary space opens up for the subjective voice of sick females. In short, the effect of the textual and narrative strategies employed is the emergence of ‘an anatomy of female subjectivity’ related to illness and disability.⁴² After all, these writers ultimately highlight that any politics of the body should address its materiality and its socio-psychological discursive dynamics, all the while transgressing prevalent modes of representation.

In drawing this thesis to a close, though, the pressing question remains: what has triggered the focus on the ill female body in a literary tradition that has, for long, captured representations of female illness in such a way as to be distant from the body and the illness experience? What social and cultural forces have shaped and affected how writers approach the ill female body in their narratives today? And why is it that some Arab writers are attending to female illness narratives and prioritizing the flesh and blood of its subject? The answer perhaps

⁴² This is a term coined by Silverman in her book *The Acoustic Mirror* x.

resides in understanding a number of social and political forces and transformations in the Levant and Egypt and that have brought the body into the centre of literary and cultural discourse. After all, as Hafez explicates, the changes in the socio-political and cultural reality in the Arab world has always been closely interconnected to changes in the Arabic novel and to the transformations in the aesthetic sensibility of Arab writers.⁴³

Firstly, it is important to remember that the heightened emphasis on the body in recent Arabic literature, mainly the novel, seems to be an antidote to what Hafez describes as the collapse of the collective national and political ideologies of pan-Arabism. The homogeneous collective self that had marked Arab identity and which slowly began to be overtaken by an individual and divided one from as far back as 1960 seems to have imploded into internal notions of difference and otherness. The disintegration of this sense of social uniformity was further thwarted by destabilizing events in the two major cultural centres in the Arab region, Egypt and Lebanon.⁴⁴ Thus, the once “open geographical territory” was taken over by a “closed urban space” as the previous homogenous national self disintegrated across the Arab region. This gave rise to a preoccupation with the individual self and identity, both in society at large and in literary narratives.

⁴³ For a detailed study of this see Hafez, “The Transformation of Reality and the Arabic Novel’s Aesthetic Response.”

⁴⁴ As Hafez explains this occurred because Egypt was soon entering a phase of self-reflection triggered by the 1967 defeat and the condemnation it received following Sadat’s visit to Jerusalem in the seventies. Lebanon, on the other hand, was dealing with its own civil war. (Ibid 95.)

Coupled with all this was the loosening of the patriarchal hold because of a number of factors, first of which was Arab women's increased education and their active mobility in the public sphere. Along with the rise of feminist activists, making claim to women's rights and redefining their position in society, was the emergence of a new breed of female writers who created and shaped rich narrative spaces that brought female marginal voices into the centre of their texts. Initially, and as some works by female writers of the late 50's and 60's reveal, these literary voices seemed to strip women of bodily attributes in order to emphasize her self and worth rather than her physical and sexual features. In fact, two clear examples relevant to this study are al-Khūrī and Nuwaylātī's novels which endeavour to speak of female illness, yet what marks their illness narratives is their precise non-attendance to the physicality of sickness. These writers grappled with the social body of women and its place in society, nevertheless, as women's writing developed and matured they no longer seemed to shy away from capturing, subverting and negotiating a woman's gendered identity and subjectivity on all levels, be it through her social, psychological and/or physical presence. They, like their male counterparts, responded to the same forces taking place in their society and culture and, hence, exhibited a similar interest with the individual which had become the locus of contemporary Arabic narratives.

This transformation in the social and political spatiality, and through it individual identity, saw a heightened preoccupation with the body that cut across

space and gender. In narratives, this manifested itself in an increased interest in the physicality of bodies. For the body became the site through which writers could express, and grapple with, individual identities and consciousness and with the failure of a national collective self. The disappointments accompanying the loss of a collective identity, which had been anchored in notions of liberation and freedom from colonial forces, seems to have transferred itself to a celebration of the freedom of the body from all social, cultural and sexual restrictions.

Subsumed within these transformations are other sub-specific conditions in certain Arab countries that have intensified some writers' engagement with the physical body and, more so, in the context of the body that is diseased and/or destroyed. For example, the concern with the body appears even more pressing and central in narratives that emerged or captured the reality of a war-torn Arab country or one rising from the remnants of war. The evocations of matters pertaining to flesh and blood in war and post-war novels amongst Arab writers, particularly those from Lebanon, attested to a need to reconstitute the individual physical body being undervalued and wiped out by destructive forces. Similarly, the dimension of the social, political and health crisis in Iraq during and after the sanctions and the occupation finds its outlet in an increased focus on the suffering body of the individual and the community. More significantly, the dimension of stigma and shame that would otherwise have marked how, say, Iraqi writers speak of female illness is no longer applicable today amidst, and as a result of, the experience of massive suffering to which everyone is subjected.

For at the height of cultural, social and political suffering an opening emerges through which people can acknowledge the experience of pain of others and, even, grasp the extent of their suffering.

The combination of an over-emphasis on the physical body in contemporary Arabic narratives, the maturation of female writings and the condition of war and health crises in some Arab countries begins to record itself in a new approach to the female body in pain. The literary narratives that give rise to the materiality and subjectivity of female suffering bodies appear to emerge largely from a setting engulfed by war, destruction, illness epidemics or memories of these. In fact, Dāwūd and Khudayrī's novels are quintessential examples of this.

Of course, in all the causes and registers that influenced how Arab writers spoke of female physical illness, one must not overlook the modern and postmodern world predicament related to the rising number of chronic illnesses and people's heightened awareness of them. Thus, just as this has affected and contributed to the increased attention to illness in Western literary works, the same could be said about some Arabic narratives which, as they engage more and more with the body, find themselves also attending to the question of the body wracked with illness or traumatized by a disability.

In conclusion, one cannot but appreciate the degree to which some literary narratives in the Arab region appear to be defying previous existing modes of referring to the female suffering body. By giving as much priority to

the materiality and subjectivity of this figure as to other characters, they have granted her a place in literary narrative discourse and have liberated her, to a certain extent, from old-standing stigmas and silences. However, it is also important to bear in mind that although these narratives have opened up onto the female suffering body, many others remain closed to it. Whether the latter will also begin to respond to the changing relationship and perception towards the female suffering body is something only time will answer.



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Film

Allāhu Ma'anā. Directed by 'Aḥmad Badrakhān. Egypt, 1955.

