

“The Horror! The Horror!”: Narrative Intersections between Gothic Fiction and the Embodied Experience of Chronic Pain and Disability in Christina Crosby’s *A Body, Undone*

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In *A Body, Undone: Living On After Great Pain* (2016), Christina Crosby establishes a critical dialogue between horror fiction and her own experience of spinal cord injury and chronic neurological pain. In the chapter “The Horror! The Horror!” Crosby gives a phenomenological meaning to the Freudian concept of uncanniness (*Unheimlich*), a narrative element in horror stories that dislocates readers from their familiar world. Considering Edgar Allan Poe’s Gothic short story “The Fall of the House of Usher” as the prototypical terror tale that challenges logic and rationality, Crosby reflects on how quadriplegia and chronic pain abruptly threw her into the unfamiliar world of dependence and loss. This article analyses the experience of uncanniness in the context of bodily dysfunction and the fear resulting from the uncertainty about the future after permanent damage to the central nervous system. The concept of “uncanny” will be expanded beyond its Freudian connotations to explore the symbolic and phenomenological meanings of the (body) double and the relationship between sublimity, horror and pain.

Keywords: Gothic horror; disability: pain; uncanny; sublimity

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“¡El horror! ¡El horror!”: Intersecciones narrativas entre la ficción gótica y la experiencia subjetiva de dolor crónico y discapacidad en *A Body, Undone*, de Christina Crosby

En *A Body, Undone: Living On After Great Pain* (2016), Christina Crosby plantea un diálogo crítico entre la ficción de terror y su propia experiencia de lesión medular y dolor neurológico

crónico. En el capítulo “The Horror! The Horror!” Crosby le da un sentido fenomenológico al concepto freudiano de lo siniestro (*Unheimlich*), un elemento narrativo de las historias de terror que transporta al público lector fuera de su mundo cotidiano. Al definir el cuento de horror gótico de Edgar Allan Poe “The Fall of the House of Usher” como el prototipo de relato de terror que desafía la lógica y la razón, Crosby reflexiona sobre cómo la cuadriplejía y el dolor crónico la desterraron al desconocido mundo de la dependencia y la pérdida. Este artículo analiza la experiencia de lo siniestro en el contexto de la disfunción corporal y el miedo a causa de la incertidumbre sobre el futuro tras una lesión permanente del sistema nervioso central. El concepto de lo “siniestro” se ampliará más allá de sus connotaciones freudianas para explorar los significados simbólicos y fenomenológicos del doble (corporal) y la relación entre sublimidad, terror y dolor.

Palabras clave: terror gótico; discapacidad; dolor; siniestro; sublimidad

I. INTRODUCTION

In 2016, Christina Crosby published her memoir *A Body, Undone: Living On After Great Pain*, a personal story about her life after a severe spinal cord injury that resulted in quadriplegia and caused her chronic neurological pain. In her narrative, she explores issues related to bodily dysfunction, such as care, stigma, shame, dependence and sex, which she discusses not only drawing upon her own embodied struggles, but also her brother’s experience with multiple sclerosis. Throughout her memoir, Crosby describes her own disabled body by recurrently referring to the deterioration of her brother’s bodily functions. The loss of bodily control was Crosby’s main concern, and she devotes a whole chapter to discussing the social, embodied and anatomical phenomena related to bowel management. Her critical approach to pain and disability, influenced by her academic knowledge of literature, phenomenology and queer and feminist theory, defies the conventions of the genre of disability and illness memoir—sometimes even diluting the autobiographical tone of the narrative. This outlook is explicit in the chapter “The Horror! The Horror!” (2016, 184-97), where Crosby dissects Edgar Allan Poe’s Gothic short story “The Fall of the House of Usher” ([1839] 1993) in order to describe her own experience of embodied horror. Crosby’s aim, however, is not to borrow the stylistic and narrative conventions of Gothic fiction to create her own horror story about disability and pain. As she clarifies, “I’m not writing a horror story, I’m living one” (2016, 192). This author approaches her memoir as an act of defiance. She acknowledges the dangers of writing about both disability and chronic pain and the dangers of creating a “pathologizing narrative” that transforms disability into “‘misshapen’ bodies and ‘abnormal’ minds” (7). Her aim is to write a self-story that revolves around human suffering beyond physical pain:

Chronic pain and grief over loss [...] remain as unavoidable facts of lives shaped by catastrophic accident, chronic and progressive illness, or genetic predisposition. Despite

their strategic elision in disability studies or transcendence in happy stories in the popular press about trauma overcome, bodily pain and grief persist, to be accounted for as best one can. This book is my contribution to that record (7).

Crosby breaks with realism and the rational and consequential order of events that characterises disability narratives. Setting her painful and disabled body as the narrative horizon of her storytelling means to narrate from “the neurological storm of spinal cord injury” and the associated lack of logic and order (2016, 187).

Building upon Susan Stewart’s epistemology of horror narratives (1982), Crosby transcends the genre of non-fictional memoir and discusses the principles that govern a fictional genre that plays with the limits of realism and supernaturalism in order to analyse the tangibility of the fear fictional horror stories evoke. In her narrative, she acknowledges the tension between the realism demanded by the autobiographical genre and the experience of pain and disability that, for her, implies “living a life beyond reason” (2016, 189). Echoing the supernatural or non-rational events of Gothic horror stories, the life of this memoirist trespasses the boundary of reality, as chronic pain and quadriplegia transported her to the underworld of suffering and isolation. Her analysis of Poe’s short story illustrates how her own life has been coloured by a terror that is not rational, but rather an affective response to embodied doubt and uncertainty about her future after a catastrophic bike accident. Her injury radically altered her relationship with her body and the surrounding world, imposing a sense of self-estrangement and a feeling of being cast apart from her everyday reality. In this sense, Crosby’s memoir revolves around the phenomenology of the loss of embodied familiarity, as she claims in the first chapter:

Life no longer feels radiant. The more mundane enjoyments of everyday life [...] are also gone, because they depended on a body radically different from mine now. I can no longer feel the satisfaction of cycling forty miles, or hiking up a desert canyon, or kayaking in the ocean, or riding my gorgeous Triumph motorcycle. I don’t want to forget how those pleasures felt in my body, and I fear the erosion of embodied memory (12).

Crosby’s narrative offers a new vision to rethink the concept of unfamiliarity or “uncanniness”—firstly developed in Freudian psychoanalysis and later borrowed by phenomenological philosophy to explain the sense of alienation caused by physical dysfunction. The response to this embodied uncanniness is fear, as the body and the world it inhabits are no longer recognisable or intimate, but strange and even threatening for the vulnerable subject.

The goal of this paper is to further investigate from a phenomenological perspective the parallelisms that Crosby establishes in her autobiographical narrative between the elements that incite fear in Poe’s “The Fall of the House of Usher” and the experiences of disability and chronic pain. Although Crosby does not refer to them explicitly, there

are tropes and motifs of Poe's short story that are also present in her biography, as both are stories about a brother and a sister that struggle with illness. These narrative correspondences between Poe's fictional story and Crosby's autobiographical account will be analysed through the lenses of three critical concepts related to Gothic terror that will be applied to describe the experience of bodily dysfunction. Firstly, the concept of the "uncanny" will be examined as a narrative strategy used in Gothic fiction to elicit terror, as well as a phenomenological concept that describes the sense of otherness of the body inherent to the experience of illness or severe injury which provokes a feeling of unfamiliarity with oneself. Secondly, underlying the concept of the uncanny is the idea of replication, which in fiction is represented by a symbolic (body) double, while in illness is experienced as the dualistic opposition between self and flesh. Finally, the notion of the "sublime," an intense reaction associated with the negative emotions of fear, shock and being overwhelmed, reveals the connection between the unspeakable terror inflicted on the characters of Gothic fiction and the inexpressibility of intense pain, as both experiences overrun rationality and linguistic expression. The analysis of the uncanny, the double and the sublime in Crosby's memoir and in Poe's fiction presented in this paper explores the ways in which fear and terror operate in fiction and in the reality of cervical spinal cord injury.

2. THE UNCANNY

The "uncanny" represents the connection between psychology, literary criticism and phenomenology. Originally coined by Ernest Jentsch in 1906, this concept was re-examined by Sigmund Freud in his ground-breaking essay "The Uncanny" ("*Das Unheimliche*") ([1919] 1981). This notion has since been adopted and adapted to describe different modes of foreignness and strangeness not only in the field of psychoanalysis, for, indeed, the influence of Freud's essay was unexpectedly greater in the field of literary studies. Despite initially stating his intention of separating the aesthetic uncanny from the experiential uncanny, Freud's analysis of E.T.A. Hoffmann's tale "The Sandman" demonstrates that reality and representation are closer to each other than he was willing to admit, as he concluded by acknowledging that he had "drifted into this field of research [aesthetics] half involuntarily" to illustrate his idea of the uncanny (1981, 251). Similarly, Crosby's memoir proves that both modes of uncanniness are complementary to each other, as she offers a critical analysis of Poe's "The Fall of the House of Usher" in order to contextualise a lived experience that exceeds realism. This failure to recognise reality as one's own is precisely the essence of the uncanny, as the memoirist suggests that the otherworldly experiences of the supernatural in Gothic fiction and spinal cord injury unleash the same type of chaos.

In general terms, the "uncanny" can be defined as "a sense of unfamiliarity which appears at the very heart of the familiar, or else a sense of familiarity which appears at the very heart of the unfamiliar" (Bennett and Royle 2004, 34). The uncanny,

therefore, is not the complete loss of familiarity, but the disquieting experience of unfamiliarity within the familiar, and vice versa. The sense of uncanniness as the disturbance of the everyday world is crucial in the creation of horror narratives. As Stewart postulates in her epistemology of terror fiction, fear works under the principle of metonymy: “[T]he horror story often is effective through a kind of thematic inversion in which the familiar is transformed into its opposite” (1982, 42). In fictional worlds, this ambivalence is represented by ambiguous characters that embody the liminality between life and death, good and evil, or self and otherness. The uncanny experience, in this respect, tends to be associated with supernatural or metaphysical beings or objects. Yet, as will be discussed in this section, in his short story Poe discards conventional paranormal elements, such as the haunted house, and employs other strategies to engender terror.

The house, as the title of the story suggests, plays a central role in providing the mood and setting for the narrative. At first sight, the building evokes “a sense of insufferable gloom,” “an iciness” and “a sickening of the heart” that unnerves the leading character-narrator (1993, 73). The feelings, sensations and impressions that the house and its dwellers provoke in him are, nonetheless, downplayed by his rational and analytical approach, which ascribes logical principles to the strange events he witnesses: “[T]here are combinations of very simple natural objects which have the power of thus affecting us” (74). In contra-position, his friend Roderick Usher, the owner and lifelong resident of the Usher estate, represents the non-rational, madness and the supernatural world. Although the sceptical narrator tries to attribute logic to the host’s behaviour, arguing that he is a “lost drunkard” and “eater of opium” (79), Roderick’s phantasmagorical belief that the decayed house and its grotesque atmosphere have an evil nature becomes more compelling as the story evolves, while the narrator’s rational explanations for the apparently supernatural events are perceived as implausible.

Both Roderick and his twin sister, Madeline, experience the influence of a strange malady. Roderick is afflicted by an illness he describes as a family curse, which causes “a morbid acuteness of the senses” (79), while Madeline has declined mentally and physically due to a mysterious condition that “had long baffled the skill of her physicians. A settled apathy, a gradual wasting away of the person, and frequent although transient affections of a partially cataleptical character, were the unusual diagnosis” (81). Shortly after the narrator’s arrival at his friend’s house, he is informed that “the lady Madeline was no more,” and helps Roderick entomb her in one of the many vaults of the mansion (86). However, two weeks later, after hearing noises coming from inside the walls of the house, Roderick panics as he believes that he entombed his sister alive, a premonition that seems to be confirmed when she suddenly appears with “blood upon her white robes, and the evidence of some bitter struggle upon every portion of her emaciated frame” (94). *In extremis*, Madeline falls upon Roderick, who, afflicted by his sister’s agony, dies with her. The narrator flees the building in terror and outside he looks back to the collapse of the Usher house that inexplicably splits into two and shatters.

The story ends with several unanswered questions about the real nature of the twins' illnesses, the cause of Madeline's apparent death, and her implausible resurrection and escape from a vault secured with an iron door and a coffin that was "screwed down" (87). Although the narrator is the voice of authority and reason, he does not provide readers with an explanation of these events, for they escape logic and realism. This character fits Stewart's model of the Gothic narrator, as he is "the voice of a scientist or scholar, a servant of reason presenting us with the unrealizable and thereby reframing it as the real" (1982, 44). Yet, in Poe's story, readers witness the narrator's mental struggle between rational familiarity and supernatural strangeness. The frontier between objectivity and subjectivity blurs, and his sense of reality starts to waver. This produces an uncanny effect in this horror story, as Crosby also notes in her own analysis:

Every element of the narrative is overcharged with significance, every detail mysteriously endowed with a blank surplus that oppresses rather than enlightens. Horror stories insist on this referential surplus to overwhelm our efforts to figure out what's going on. Such stories defy the cerebral undertaking they seem to encourage, because their meaning is affective, not referential. The fear they induce is the fear of fear itself (2016, 190).

The characters and readers of Poe's story are invaded by uncertainty. In fact, fear and uncanniness are directly related to doubt, as the ambiguity and confusion of the events recounted by the narrator force readers to consider possibilities that drag them away from the everyday familiar world and throw them into an uncanny dimension. Additionally, the purpose of horror stories is not to reveal the truth of the events, but rather to hide it. This certainly explains why "The Fall of the House of Usher" has no unanimous critical interpretation.

As G.R. Thompson notes, "The Fall of the House of Usher" is a Gothic story masked as "a typical 'supernatural' tale" that encloses multi-layered meanings: "[T]here is, on one level, a rational explanation of the seemingly supernatural events, on a second level, a psychological explanation, and on a third level, an insinuated burlesque (under or around the whole structure of explanations)" (1972, 17). The narrator and Roderick Usher present two different perspectives that discredit each other. Thus, focusing on one character or the other individually will lead to different interpretations of the story, either closer to scientific knowledge or to supernaturalism. In this sense, in his critical analysis I.M. Walker considered the tarn next to the house as the central element in the story, arguing that the malady Roderick Usher described as "a constitutional and a family evil, [...] a mere nervous affection" (Poe 1993, 79) was actually "febrile miasma"—an illness caused by the inhalation of gases and vapours emanating from the stagnant water of the tarn (Walker 1966, 588). Walker also notes that, at some point in the story, the narrator is influenced by the air that surrounds the house, and for that reason he rejects Madeline's resurrection as "a literal fact," and interprets it as the product of the hallucinatory effects of the tarn on the two protagonists, Poe's

intention being to “explore mental derangement rather than to present an elaborate Gothic horror story,” because “the terror it contains is psychological not ‘German’” (591-92). James O. Bailey, in contrast, explains that Poe’s story follows the tradition of vampire lore—which explains Madeline’s languishing, the acuity of Roderick’s senses, his decision to keep his sister’s corpse in the vault, Madeline’s resurrection and the house’s symbolic vampirism—in that it “draws vitality instead of blood” from the Usher family (1964, 454). However, for Bailey, the absence of evident elements related to vampirism in the story only points to “Poe’s tauntingly deliberate effort to be faithful to the lore he was using, without defining it” (454). In either case, the scientific and unorthodox interpretations of this short story lead to the same conclusion regarding the main characters’ state of mind, that is, to the failure of logic and sense of reality. Poe’s transgression of the limits of realism and fantasy becomes the main source of uncanniness, for although the reality captured in the text is recognisable, it is perceived as foreign or alien.

According to Crosby, illness and disability produce the same uncanny effect in her own embodied reality. In order to explore this dimension of uncanniness, it is necessary to refer to the phenomenology of illness developed by philosopher Fredrik Svenaeus (2000), who defined Freud’s concept of uncanniness through Martin Heidegger’s sense of “unhomelike being-in-the-world” as being a mode of embodied otherness. In his work, Svenaeus explains that the ill body becomes uncannily unfamiliar or foreign to the subject because it becomes an obstacle to their actions in the world, yet their sense of “mineness” regarding corporeality is not lost: “The body is alien, yet, at the same time, myself” (131). At this level of embodied uncanniness, the body is lived as broken, or as Crosby poetically puts it in the title of her memoir, “undone”—an incomplete or dysfunctional version of what it was. The uncanny, as Nicholas Royle explains, unchains a sense of experiential uncertainty and a crisis of what is perceived as “natural”: “Suddenly, one’s sense of oneself (of one’s so-called ‘personality’ or ‘sexuality’, for example) seems strangely questionable” (2003, 1). Dysfunction destroys the phenomenal certainty regarding the skills of one’s body and infuses what Havi Carel calls “bodily doubt,” occurring when “[b]asic tacit beliefs about bodily abilities that were previously taken for granted are suddenly, and sometimes acutely, made explicit and thrown into question” (2016, 92). The body’s attunement to the world is abruptly disrupted, leading to the loss of the feeling of being “at home” in one’s body and familiar worlds of experience.

Bodily doubt also alters the ill subject’s biographical certainty, as there is an incongruent temporality between the stable and coherent past self and the present of the unpredictable ill body, which throws the ill subject into an uncertain future (Svenaeus 2000, 333). Illness, therefore, can be defined as “the loss of opportunities, possibilities, and openness. It is the closure of a previously open future: future possibilities close down as illness progresses. But it is also [the] closure of the present: current daily activities lose their habitual aspect and become carefully planned and demanding”

(Carel 2016, 68). Chronicity, in particular, entails the impossibility to imagine a future beyond illness or incapacity. Doubt and uncertainty engender fear, which is not rational but the result of an existential crisis. The loss of physical functionality destroys the illusory sense of “personal indestructibility” associated with well-being (Toombs 1992, 92). In this regard, for Crosby, her accident revealed the precariousness of life and the vulnerability of the human body. Her fear, therefore, does not have a referent, and nor is it retrospective, but rather it is prospective: “Something horrible awaits—the future. [...] I fear getting older and bearing the trials of aging in my deeply compromised body. I fear living with interminable pain, both neuropathic and emotional, and I fear interminable grief. It colors the world and is just too hard sometimes to bear. I fear not death, but living” (2016, 192-93). Echoing the phenomenological definition of human existence as ‘being-towards-death’, Crosby asserts that she does not fear death, for mortality is a certainty. It is her own life and future that are uncertain, as she confesses that she fears heading towards an unbearable life.

Similar to the confrontation between the rational and irrational embodied by the two main characters of Poe’s short story, Crosby is trapped between reason and unreasonableness. She tries to reconstruct her fragmented memories about the accident, offering an analytical perspective of the “physics of the event,” preceded by an explanation about the mechanics of “serious” bicycle riding: “apparently I came to a dead stop when the branch got wedged in the spokes of my front wheel, which pitched the bicycle instantly over to the right. The force of my full body weight, coupled with the force of violently arrested forward movement, slammed my chin into the pavement” (2016, 14-15). Here, the memoirist establishes a cause-effect relationship to explain the origin of her injury. However, when she describes her embodied experience of pain and quadriplegia after the accident, logical associations are impossible to establish. Crosby firmly believes that her experience does not fit realism, as the world of suffering and immobility in which she is immersed does not correlate with the rationally ordered everyday world, but rather belongs to the realm of horror fiction:

[S]pinal cord injury casts a very long shadow, the penumbra of which will only grow darker as the years pass and the deficits of age begin to diminish me still further. I’m living a life beyond reason, even if I have invoked some of the stabilizing conventions of realism in this narrative. Those conventions are the ones I know best, but profound neurological damage actually feels to me more like a horror story, a literary genre governed not by rational exposition but rather by affective intensification and bewilderment (2016, 189).

Crosby contrasts the objective world with the subjective world of suffering. Neurological damage is not simply functional. As this author narrates, it implies the loss of her identity as an independent subject and the fragmentation of her embodied identity, for she experiences an alienating detachment from her injured and weakened body. In her memoir, Crosby explores the different dimensions of the experiences of embodied

fragmentation and the concept of (un)familiarity, creating some associations that are more symbolic than biographical and that are encapsulated in the concept of the (body) double, as explained in the next section.

3. THE DOUBLE

The uncanny, in the Freudian and phenomenological sense, involves a sense of repetition or duality—a split within the (embodied) self. In the context of horror stories, Crosby notes that fear is constructed

by introducing some form or another of a shadow figure, *doppelgänger*, or by describing a setting that you immediately recognise as every day [...] but now it's off-kilter, and populated with frightening characters. The walking dead, ghosts, and zombies are creatures of horror both alive and dead, but even more frightening are the familiars who intrude into what should be ordinary everyday life, bringing with them a whiff of the underworld (2016, 94).

As Stewart also explains, in horror fiction the double represents not only the metonymy of the familiar and unfamiliar worlds, but also the “polysemy of the self” (1982, 43). These stories are constructed upon the binary oppositions of good and evil or natural and unnatural to call our sense of reality into question. However, the double is not simply a trope in horror fiction; replication and duplicity can adopt different patterns. In “The Fall of the House of Usher,” for example, Poe uses repetition as a thematic, linguistic and structural device to articulate the narrative. The twofold meaning of the title prefaces the significance of duality in the plot, as it refers to the destruction of both the Usher family and the mansion. Lexical replication is also recurrent, as Scott Peeples explains in his syntactic analysis of the first paragraph of the story (2004, 180-81). These linguistic repetitions create a mirror-like effect that reinforces the idea of mimicking upon which the uncanny is sustained.

Throughout the story, several examples of symbolic duplicity can also be found: the reflection of the house in the tarn described by the narrator at the beginning; the Usher twins; the house that splits in two and collapses at the end. These images represent the contraposition between the rational and non-rational. Thus, the tarn mirroring the house is a metaphor of the subconscious, while the fractured building symbolises the damaged consciousness. In a similar vein, the characters of the Usher twins are correlative to each other, Roderick seeming to embody the intellect—expressed in his interest in poetry, music and art—whereas Madeline represents the corporeal—her physical condition deteriorating due to her mysterious malady. This relationship of complementarity explains the simultaneous deaths of brother and sister, as one cannot exist without the other, in the same way that the mind cannot exist without the body, and vice versa. In their *doppelgänger* relationship, and despite their gender differences, Madeline and Roderick are portrayed as each other's looking glass. William Bysshe

Stein concludes in this respect that “the Gothic convention of the common fate of twins is the chief vehicle both of Poe’s effect of terror and of his psychological rationalization of the terror” (1960, 109-110).

The twin motif is precisely the element that Crosby’s life story has in common with Poe’s story. The title of the chapter “The Horror! The Horror!” in itself insinuates a sense of symbolic replication that the memoirist further explores in terms of her relationship with her brother, Jeff. Crosby’s life seems an imitation of the Gothic canon, for her quadriplegia and her brother’s degenerative illness are more than a macabre coincidence. In her biographical account, Crosby narrates how she developed the childhood fantasy of being her older brother’s twin, even though they were born thirteen months apart: “Jeff and I wore the same clothes, had the same equipment, played the same games, and were equally matched. What one was given, the other was given. Ergo, we were the same—as twins look to be” (2016, 87). Spinal cord injury seemed to reveal Crosby’s fixation of body-doubling her brother in her imagination. In this context, the uncanny can be interpreted in a Freudian fashion as the revelation of something hidden, “the return of the repressed” (Royle 2003, 2)—especially with regard to childhood anxieties. When she was a girl, she considered her brother as a sort of body-mirror, as both developed the same physical skills and strength. By adopting the attributes traditionally associated with masculinity, Crosby subverted the constraints of gender binarism and constructed her embodied identity, conquering the “privileges of boyhood,” before puberty altered their gender roles (2016, 87).

Although Crosby and her brother went separate ways in their adulthood, particularly after he was diagnosed with multiple sclerosis in his late twenties, she “joined him in quadriplegia” in their middle age (10). After her accident, paralysis brought home to her the restriction of her bodily capacities as never known before. The loss of strength and immobility provoked estrangement from her own body and a newfound familiarity with her brother’s experience with neurodegenerative illness. At that stage of her life, the pairing of their bodies gained a new significance. She was witness to her brother’s physical decline and progressive quadriplegia, an experience she later lived through herself: “After my injury, as I lay in the hospital thinking about Jeff, I felt the strangeness of being on the other side of the looking glass. Suddenly I was quadriplegic, too, just like my brother. The odds against that doubling just beggared my imagination. It seemed a terrible and uncanny repetition of an intermittent childhood fantasy of mine” (9). Crosby’s accident, then, is the originator of her sense of familiar unfamiliarity. Her experience of unfamiliarity is related to the destruction of her embodied identity based on her physical capabilities, and her new status as a dependent and immobile subject. Nonetheless, this sense of internal unfamiliarity was still in fact familiar to her, as her brother had already introduced her to the underworld of illness and disability: “I was sad to see the changes in his body as the muscles in his legs began to atrophy, his torso muscles weakened, and he slowly lost his upright posture” (100). The realisation of her childhood fantasy of being her brother’s twin, can be interpreted in this regard as

the epitome of the uncanny, a feeling that emerges when primitive, repressed or secret thoughts or complexes are imitated in the real world.

The uncanny is an experience of liminality (Royle 2003, 2). The sense of strangeness that comes from within the subject provokes a conflict in terms of the boundary between oneself and otherness. In becoming her brother's double, Crosby seems to lose her sense of embodied self. When considering her brother as her looking glass, she cannot establish a boundary between *herself* and *not-herself*: "My brother/myself. Is quadriplegia doubled a fantastic coincidence or foreboding sign? If I am myself, what the hell/who the hell is this body!? My life feels split in two. The horror, the horror" (20). The memoirist cannot distinguish the borders between her own corporeality and her brother's, for both are virtually homologous in their sharing of a dysfunctional central nervous system, need to use a wheelchair, their immobility and weakness. She, therefore, does not perceive her body as completely hers, but rather as an extension of her brother's. Crosby cannot define herself without him—he was the axis in the formation of her identity both before and after her injury. Her identification with her brother is so strong that she even devotes more pages of her own memoir to describing his illness experience than to recounting her own life with pain and paralysis. Thus, unlike horror fiction being built on the inversion of family relationships (Stewart 1982, 42)—as in Poe's story when Madeline returns from the dead to presumably haunt her twin brother and the narrator—in Crosby's biography the sense of unfamiliarity arises not from her relationship with her brother, but from the relationship with her own body. Her quadriplegic body, therefore, becomes the real *doppelgänger* (i.e., the evil double) in her story.

Crosby's intention in her autobiographical account is not to bring forth the horrors of pain and quadriplegia in order to scare or mortify the reader—even though she admits that disability stories can at some points be "grim" (2016, 189). With her critical association between her biography and her own analysis of Poe's story, this author remarks that in the same way that horror fiction "detaches the audience from the realm of the ordinary and precipitates us elsewhere" (192), chronic illness and disability dislocates the subject from their familiar world. For Crosby, horror and uncanniness are not narrative elements, but rather express the true nature of her embodied experiences, especially regarding her fear of suffering the same fate as the brother—a future of neurological degeneration:

I find myself repeatedly, daily, relentlessly, and wearily horrified by the elsewhere of spinal cord injury. All too often I feel as if I'm living in another world, a dark realm overshadowed by the life-threatening accident that didn't kill me, but obliterated the life I had been living and put me in a mimetic relationship to my brother. I'm advancing toward something that evokes horror in me, the referent of which is shrouded in a baleful mystery rendered more menacing as I proceed, my horror gathering as I realize that whatever "it" is, it has already happened, yet worse lies ahead. [...] In becoming Jeff's twin, my world was destroyed, and the terrifying aura of neurological destruction and paralytic incapacity encompassed me (192).

Building on Sara Ahmed's *The Cultural Politics of Emotion* (2014), Crosby describes fear as being like pain in the sense that it is "an unpleasant form of intensity" that "projects us from the present into a future" (65). For her, fear anticipates a tragic prospect. This affective response has a disorienting effect as it bonds her and her brother together in disability, while simultaneously provoking in Crosby feelings of denial and rejection. Her resistance is not only related to the distress of becoming like her brother, but also to the conflict of accepting her new life with her paraplegic body. Crosby's inner struggle, in this respect, is provoked by the impossibility of disengaging from what she experiences as unfamiliar. There is a dysfunctional union (or dys-union) between Crosby, her own body and her brother. In this context, the affective force of fear may also be linked to what Ahmed defines as "disgust," which provokes a distancing from the object that causes the feeling (2014, 85). For Crosby, disgust is closely related to loss of control of bodily functions. As mentioned in the Introduction, she devotes a whole chapter, "Bowels Lead" (2016, 103-116), to narrating the experience of bowel dysfunction, firstly experienced by her brother and later by herself: "It wasn't until I was introduced to my bowel program in the rehab hospital that I came to understand what Jeff faced" (104). Crosby talks openly and in detail about body waste, enemas, laxatives and "accidents." Disgust and rejection are the affective responses to the abject nature of these corporeal events that, as Julia Kristeva defines in *Powers of Horror* (1982), continually transgress the boundaries of one's corporeality and elicit the ambiguity between the inside and the outside, the public and the private, challenging what is culturally considered acceptable. This transgression is interpreted in dualistic terms, fuelling the separation between mind and abject body. Dependent on a bowel program, Crosby can only describe her experience in terms of horror: "[M]y own bowel program sometimes horrifies me—it's *mine*, it's unavoidable, unpleasant, and sometimes downright nasty. What troubles me most, however, is a simple fact—I'll never not have an insistent and unforgettable bowel program in my insistent, unforgettable future. The future of my body can only be worse than it is now" (105; italics in the original). Fear and disgust, then, intermingle in the experience of embodied horror.

Illness stories, like fiction, have a dramatic nature, i.e., they represent "a conflict between forces," Arthur Frank claims (2007, 380). Crosby's articulation of her terror corresponds to Frank's notion of "drama of fear and loss" (388), a struggle that arises from the sense of uncertainty about the future and the capacities of her body after the accident. When she refers to "it" in the above-quoted excerpt she is not pointing to a concrete source of fear, but rather a "meta-fear," defined by Frank as "the fear of how bad it might actually get or the fear of where the bottom is" (388). Again, a connection between reality and fantasy can be established since the non-referentiality of fear is the same principle upon which horror and suspense are constructed in fiction. In the realm of horror, Crosby explains that Poe's narrative is built upon "affective intensification" (2016, 190), since this type of story works within the limits of rationality, noting that Poe does not create a causal relationship between one event and another. In the realm of

illness, however, Crosby does establish a cause-effect correlation between her accident, paralysis and chronic pain, but this causal rationalisation is not enough to explain her embodied experience, since her suffering goes beyond the physical injury.

4. THE SUBLIME

Suffering, for Crosby, was multifaceted. In her memoir, she expresses that her emotional pain due to the death of her brother—who lived only into his fifties—was comparable to the mourning of her own body after her bike accident. Physical suffering was equally devastating, as chronic neurological pain invaded her body, producing sensations that were extremely unfamiliar. Crosby describes the “painful currents running” through her body as the most “terrible” pain she has ever experienced (2016, 26). She can only describe her pain in terms of awe:

What a horror, to finally and viscerally understand how profoundly I was hurt! I “knew,” of course, from bedside conversations with my physicians and with Janet [Crosby’s partner] all that was known about the injury I had sustained. My mind was intact, but how could I understand a body so fundamentally transformed? I had no real idea until then of the scope of my injury, how far up on my body it came. And what a horror that the drugs I was being given didn’t make it stop! (27)

Pain is the most uncanny of human experiences. As Freud put it, uncanniness “is undoubtedly related to what is frightening—to what arouses dread and horror” (1981, 219). Pain, like horror, cannot be articulated or defined objectively. The identity of the pain sufferer is transmuted into “a self centered on the urgency of fear, on the loss of the familiar, and on an uneasy acknowledgement of its own emergence” (Gotlib 2013, 49). Yet, as Drew Leder argues, the unbearable nature of pain paradoxically implies an “excess of being,” which defies interpretation and rationality (1984-85, 260). This sense of obliteration of the self is what extreme pain has in common with the sublime. This conceptual association between pain and fear is supported by Edmund Burke, who argued in the context of the sublime terror that “the ideas of pain, sickness, and death, fill the mind with strong emotions of horror,” for they are experienced as threats to the integrity of the self and reason (quoted in Morris 1985, 308). In this respect, in the same way that the uncanny is an element present in both horror fiction and illness stories, the sublime can be applied as a critical term to understand the experience of pain as an embodied event.

As pain scholar David Morris argues in his revision of Burke’s concept of sublimity and Freud’s notion of uncanniness in the context of the Gothic novel, the sublime “explores a terror of the unspeakable, of the inconceivable, of the unnameable” (1985, 312). In Poe’s story, sublimity is associated with a downfall, personal as well as material, as the double meaning of the “house of Usher” in the title suggests. The simultaneous

death of the Usher siblings represents an extreme expression of the sublime: Roderick's shock when he thinks his sister has been entombed alive led to his instant death. The response to this terror is speechlessness, as Poe portrays in the final moments of the Ushers: "For a moment she remained, trembling and reeling to and fro upon the threshold—then, with a low moaning cry, fell heavily inward upon the person of her brother, and in her horrible and now final death-agonies bore him to the floor a corpse, and a victim to the terrors he had dreaded" (1993, 94). Madeline's scream was echoed by the shattered mansion, which let out "a long tumultuous shouting sound like the voice of a thousand waters" (95). Terror is here, then, articulated through wordlessness and expressed instead as either cries or silence. According to Morris' study, the scream is the "original and recurrent language of terror," which Gothic fiction has recreated as a "wordless speech incapable of naming exactly what it fears" (1985, 313). The Gothic characters are trapped in between screams and speechlessness as the excess of fear they experience cannot be verbalised. Terror obliterates their minds in the same way that pain obliterates the mind of the sufferer. This idea can be further supported with Elaine Scarry's seminal work *The Body in Pain* (1985), where she defined pain as a word-destroying force: "Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned" (1985, 4). The subject in pain, therefore, is exiled in a pre-symbolic territory, where language will never catch up with pain.

"Pain," Crosby too claims, "seems on the other side of language" (2016, 12). It is an experience of an excess of feelings and embodied sensations that cannot infiltrate subjectivity, for it immediately activates a response of rejection and aversion, resisting verbal expression. "Crying, and screaming, and raging against pain," Crosby writes, "are the sign of language undone" (31). Pain destroys language and substitutes words with meaningless expletives and cries that she inevitably produced after she was hospitalised following her accident:

"Ah Goddamn it—Jesus Christ, Jesus Christ..." I moaned and cursed the pain electrifying my body as I lay in my bed at the Hospital for Special Care. A CNA [Certified Nurse's Assistant] was by my side, and when I glanced up, I saw a small gold cross on a delicate chain around her neck. Miserable as I was, I thought that I must have offended her sensibilities, and apologized. Her voice was quiet and gentle. "You couldn't have called on a better name" (35).

Crosby suggests that the linguistic crisis unleashed by pain inevitably causes an intersubjective conflict. Pain is a private experience and the lack of a language to describe it properly makes it unshareable with others. In her memoir, Crosby expresses her powerlessness when constantly falling short of words to describe the uncanniness of her body transformed by damage in the central nervous system: "How was I to describe

this pain, lost in a body so foreign to me I could translate it into speech only in the most primitive way?” (2016, 25). The memoirist found it extremely difficult to put into words an experience that does not belong to the world of familiar sensations and experiences. Her crude verbalisations of pain were thus only a provisional outlet for resolving the subjective and social crisis by breaking the boundary between private suffering and the public world. Yet, since this type of expressions was assessed as inappropriate by Crosby herself, for her expletives could offend others' sensibilities, she practised a voluntary self-censorship: “I decided [...] it would be better for me to stop swearing in company, reserving oaths and obscenities for my private relief. I now say ‘gosh,’ ‘heck,’ ‘darn,’ ‘goodness,’ the acceptable refuges of offensive language, and those words no longer feel foreign in my mouth” (35). Crosby was also aware that the form of complaining about pain could condition its legitimation, especially when moaning is excessive.

The relationship between pain and language can only be mediated by time, as the temporal distance from traumatic events is necessary to allow sufferers to reflect on how they were transformed by injury and pain. Time allows the transition from wordlessness into meaning-full-ness, as Crosby notes: “Not until I reached the rehab hospital a month after the accident could I begin to put into words a body that seemed beyond the reach of language” (2016, 3). Crosby was involved in a constant struggle to find the words adequate to describe her new embodied reality. For her, language was not enough to express an uncanny embodiment that departs from everyday reality: “There are 108 single-word prepositions in the English language, and none is adequate to representing the relation of mind to body” (198). Crosby felt the necessity to abandon ordinary language and appropriate the vocabulary of specific fields of knowledge to describe the consequences of the damage to her and her brother's central nervous systems: “Searching to represent unfathomable experience—both his and mine—has sent me repeatedly to the dictionary and to the concentrated language of lyric poetry, to ways of knowing like phenomenology and psychoanalysis that seek to understand human subjectivity, and to feminist and queer thinking about embodied and relational life” (201). By adopting the concept of “uncanniness” from the fields of psychoanalysis, phenomenology and literary criticism, Crosby feels closer to fully understanding her own experiences and to creating a space into which invite others to provide them with an understanding of the conflicts of living in a quadriplegic body in pain. Crosby's memoir is the result of this exercise of remaking the language and meaning destroyed by pain. She writes from her urgency to make sense of a life that thwarts reason and certainty, and to escape the loneliness and isolation imposed by pain. Illness stories need to be put into words, since the unshared drama of loss and fear has a destructive power over the sufferer, but “when these emotions are articulated within narratives, the stories can take care of those who tell them” (Frank 2007, 389). Story-telling has a therapeutic power, which for Crosby allows her to *name* her fears and express them in a narrative that she can share—a story about her journey from her “inexpressibly difficult life” into a “livable” life (2016, 200).

5. CONCLUSIONS

In *Body, Undone*, Crosby's borrowing of critical terms from the field of psychoanalysis, phenomenology and the horror genre to reflect on the limits of her body illustrates Frank's postmodernist claim that considers the body as a (dramatic) text. Before her accident, Crosby's body already had a story about breaking gender boundaries through her twinning with her brother and adopting the physical attributes associated with masculinity. Although gender and her brother's own illness drew them apart in their adulthood, her spinal cord injury was the dramatisation of her childhood fantasy of being her brother's body-double. Crosby's injured body not only tells a story about personal losses, but also the story of her brother's physical decline and death. Immersed in an experience that defies reality, Crosby finds in horror fiction a way to express her conflicts with her quadriplegic body in pain and her experience of embodied unfamiliarity. The chapter "The Horror! The Horror!" is the narrative manifestation of her conflicts with fear and loss caused by chronic illness and permanent disability in the face of an uncertain future of physical and cognitive degeneration. Crosby dislocates the principles of horror in Poe's "The Fall of the House of Usher" in order to reinterpret the experience of bodily dysfunction in terms of uncanniness. After experiencing cervical damage, she became uncannily familiar with her brother and uncannily unfamiliar with her own body: the closer she felt to him and his body history, the more detached she felt from her own corporality.

The analysis provided in this article further expands the concept of the uncanny in order to explore the symbolic and phenomenological meanings of the (body) double and sublimity as elements in both horror fiction and the embodied experience of Crosby. The events in both Poe's narrative and Crosby's lived experience escape logical explanation, as they incite the intensification of emotions related to fear, danger, loss or estrangement, which at extreme levels obliterate linguistic expression and destroy the sense of self. The readers of this memoir are immersed in a dimension that resembles macabre fiction, but that still produces these real embodied reactions. The memoirist, however, claims that her intention is not to incite (self)pity, since her story is not about the horrors of being disabled, but about the fear of vulnerability and the frailty of human health and bodily integrity. As she explains, alluding to Adrienne Rich's poem, "Diving into the wreck of my body. I have no wish to embarrass you or mortify myself, but I do believe that living *in extremis* can clarify what is often obscure, in this case the fragility of our beautiful bodies and the dependencies of all human beings" (2016, 10; italics in the original). Crosby thus forces readers to abandon their familiar and comforting world and witness the embodied struggles of spinal cord injury, uncertainty, uncanniness, pain and immobility. Yet, the actual story this author attempts to share through her memoir is not pessimistic at all. As she expresses in the subtitle of her book, despite loss, grief and fear she is able to *live on*.¹

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